Going through the motions

Sophisticated machines work together to monitor patients as they perform elbow and shoulder movements, an activity often affected by stroke.
Facing
The Feinberg School of Medicine and Northwestern Memorial Hospital have teamed up with the Chicago Cubs to showcase the new Northwestern Medicine™ brand throughout historic Wrigley Field. As part of this important sponsorship, there is highly visible signage near the visitors’ on-deck circle, as well as on the new Chicago Cubs Wall of Fame in the concourse, and the logo is emblazoned on dozens of hand sanitizers all over the park. Northwestern Medicine is the name attached to our collaborative strategic plan to transform health care and be among the nation’s top-tier academic medical centers.
Dean’s Message

The Class of 2010 celebrated graduation on Thursday, May 20, surrounded by friends, family, and faculty. Professor Dan Federman, senior dean for alumni relations and clinical teaching at Harvard Medical School, and one of the leading educators of our time, offered perspectives on the profession of medicine and encouraging words as this next generation joins our ranks. The enthusiasm of the graduating class was electric and I was buoyed by thoughts of their future contributions to medicine. They have been accepted to a range of wonderful residency programs across the country, including three of the eight Family Medicine slots offered by our new Feinberg program.

Each graduating class reminds us of the importance of continuous curriculum renewal. The rapid changes in medicine are sometimes startling and we must keep pace with new developments such as electronic medical records, simulation technology, genetics, and imaging. At the same time, many facets of medicine such as altruism, empathy, communication, and dedication remain unchanged, and are arguably even more important as patients navigate an increasingly complex health care system. During this 100th anniversary of the Flexner Report on medical education, it is fitting that we are deeply engaged in curriculum reform to address changing student needs. This is a major undertaking, the details of which we will continue to share as we work toward implementation for the 2012/13 academic year. The new curriculum will be built upon the solid foundation that exists in our current framework, and the Steering Committee envisions an innovative, integrated curriculum that provides students with earlier, substantive clinical experience, increased flexibility in designing a course of study, and the opportunity to explore scholarly areas of interest in greater depth. One small aspect is highlighted in the “Reform School” feature in this issue, describing the activities of our recently reinvigorated Department of Family and Community Medicine.

It is a challenging but exciting time to be in health care and medicine. With many of the changes we are currently pursuing at Northwestern University Feinberg School of Medicine, we will continue to create areas of excellence in our approach to medical education, striving to form the careers of talented clinicians and researchers, and blazing new trails for others to follow.

Best regards,

J. Larry Jameson, MD, PhD

Vice President for Medical Affairs and
Lewis Landsberg Dean
The Maggie Daley Center for Women’s Cancer Care, part of the Robert H. Lurie Comprehensive Cancer Center of Northwestern University, was unveiled in April. The center is a partnership between Northwestern University Feinberg School of Medicine, Northwestern Medical Faculty Foundation, Northwestern Memorial Hospital, and the Rehabilitation Institute of Chicago.

Named after the First Lady of Chicago, who receives treatment for breast cancer at the Lurie Cancer Center, the new two-floor Center for Women’s Cancer Care offers a unique integrative, holistic approach to cancer care that addresses all of a woman’s needs — emotional, aesthetic, and physical — during treatment. Centralizing these services is important because finding and driving to various locations often feels overwhelming to a patient whose primary focus is cancer treatment.

At the center, located in Northwestern Memorial Prentice Women’s Hospital, a patient can access services to improve quality of life in the same place she is receiving cutting-edge therapy for breast and gynecological cancers from internationally renowned medical oncologists, gynecologic oncologists, and surgical oncologists. A woman could get acupuncture or Reiki, visit a nutritionist or see a health psychologist to cope with her diagnoses and life during treatment, all while receiving chemotherapy. A new program also offers rehabilitation services for women to maximize their strength and endurance. A “healing boutique” offers wig and prosthesis fittings, hats, and makeup consultations for patients undergoing chemotherapy and radiation treatments.

The Center for Women’s Cancer Care also offers patients access to novel therapies and drugs, as well as more than 100 clinical trials. A cancer genetics program screens patients at higher-than-average risk for cancer and provides education and guidelines for early detection and possible disease prevention. The center includes 11 private chemotherapy rooms, most with lake views, as well as a group chemotherapy area.

Mrs. Daley, accompanied by her husband, Mayor Richard M. Daley, spoke at an April 19 ceremony to celebrate the center’s opening.

“ariously I have received from Northwestern Hospital and the Lurie Cancer Center has impressed upon me the remarkable healing power of care in every sense of the word — from treatment to thoughtfulness, protection, and sensitivity. “When people walk into this center for women’s cancer care, which now carries my name … a fact that has honored me more than anyone will ever know … I feel certain that they will receive the utmost care possible, both medically and emotionally, in both big and small ways,” she said.

Marla Paul

Feinberg Moves Ahead — Again!

For the second year in a row, Northwestern University Feinberg School of Medicine has jumped one space forward in the U.S. News & World Report rankings, moving from No. 19 to No. 18 in the category of Best Research Medical School. Feinberg shares the spot with Mount Sinai School of Medicine.

Rankings are based on five categories that can be classified into two areas: the opinion of experts (deans, program directors, and senior faculty members) about program quality, and statistics that measure the quality of the school’s students, research activity, and faculty. The medical school began participating in the survey in 1995 and ranked 32 that year.

U.S. News & World Report ranking has been consistent for more than a decade
Medical School Journey Complete for the Feinberg Class of 2010

Members of the Class of 2010 spent four momentous years navigating the challenging world of medical school—studying and training in a focused effort to absorb all they could about the practice of medicine. On May 20, these 156 Northwestern University Feinberg School of Medicine graduates joined their family, friends, and faculty mentors at Chicago’s Navy Pier Grand Ballroom to complete the last leg of their emotional journey to become physicians: earning their Doctor of Medicine (MD) degrees.

J. Larry Jameson, MD, PhD, vice president for medical affairs and Lewis Landsberg Dean of the medical school, cut through the nervous anticipation of all assembled and set the stage for the long-awaited event. Jameson reminded the 151st graduating class that they were departing medical school during a time of health care reform and great scientific advancements—an exciting, yet challenging time of change and transition that they are well poised to handle and succeed in.

Jameson went on to say, “Please retain the passion that brought you into the profession of medicine and the core values that you have developed during your training here; these will guide you throughout your career. Also, never forget along the way that Northwestern University Feinberg School of Medicine will always be one of your homes, an alma mater, a place to renew your friendships.”

In his remarks, University President Morton O. Schapiro, PhD, again spoke directly to the graduates, declaring a certain faith he has in them to proudly represent the medical school and the university in their practice of medicine. “I know you’re going to change the world,” he emphatically stated.

During the ceremony, Thomas C. Corbridge, MD, professor of medicine in the Feinberg Division of Pulmonary and Critical Care Medicine, received the 2010 George H. Joost Award for teaching excellence. During his acceptance, Corbridge reminded the class to savor their accomplishments and make certain they remain students for life. He added that he was “truly moved to be recognized by such an intelligent group of physicians.”

In presenting the award, Class President Martin Pham, MD ‘10, of Santa Ana, Calif., described Corbridge as a “persuasive instructor and wonderful friend.” Pham, who was matched in the University of Southern California’s neurological surgery residency program, is excited to be returning to his home state to start his career.

“I’ve always been interested in science and want to use that knowledge to help people directly,” Pham said. “As a physician, I’ll be able to help people at their time of greatest need; it’s more than an honor, it’s a privilege.”

Following the faculty award, Daniel D. Federman, MD, senior dean for alumni relations and clinical teaching and Carl W. Walter Professor of Medicine and Medical Education at Harvard Medical School, presented the keynote address. His lighthearted, yet insightful recommendations focused on three main topics (teaching, loving, and choosing) and for each, he provided a mantra that the newly proclaimed doctors could bear in mind throughout their careers.

In regard to teaching, Dr. Federman’s advice was to “stick to the basics, think out loud, and be kind,” reminding the class to never miss a chance to say something positive to someone else. As he discussed loving, Federman recalled his residency
experience and cautioned graduates that the long hours, constant fatigue, and overwhelming responsibility for the life and death of patients would take its toll on their relationships. Despite their hectic schedules, he counseled them to “kiss and hug your loved ones at every chance” because you never know when you will fall asleep and lose the opportunity to do so. When speaking of making choices in a world of “moral hazard,” the Harvard dean pleaded with the graduates to “always take the high road,” regardless of the pressures they will most certainly face.

Dr. Federman’s poignant address served as the final lesson for the Class of 2010. It was, at last, time for Dean Jameson, along with President Schapiro, to distribute diplomas, while the college mentors hooded each graduate, signifying their transition from student to doctor. At the same time, many graduates were honored with additional academic distinctions. Following the conferring of degrees, Susie Morris, MD ’10, MA ’10, of Price, Utah, who was selected as the class speaker by medical school deans and her Student Senate peers, addressed the convocation. Morris will soon begin her psychiatry residency at the University of Southern California.

In her humorous and retrospective speech, Morris shared an embarrassing story about a patient care mishap that a kind-hearted resident had deemed her “one big screwup,” and tales of medical school memories she would carry with her forever. Morris also reflected on her teachers — those faculty members “who remember that in the beginning, nothing is obvious; that ‘pimp’ questions should not be ego driven; and that ‘Is there anything else I can do for you?’ is student-speak for ‘Can I please go home now?’”

To conclude the ceremony, the graduates recited The Declaration of Geneva, also known as The Physician’s Creed — the same oath they took as first-year medical students — pledging to maintain by all means in their power “the honor and the noble traditions of the medical profession” and always considering the health of their patients first and foremost.

Upon departing the ballroom, the Class of 2010 gathered with Dean Jameson, who led a traditional champagne toast that celebrated their achievements and marked the beginning of the next phase of their lives — their new journey as physicians.

Katie Costello

“As a physician, I’ll be able to help people at their time of greatest need; it’s more than an honor, it’s a privilege.”

— Martin Pham, MD ’10
Health Care Reform 2010 Highlights

President Obama signed the Patient Protection and Affordable Care Act (PPACA) into law on March 23, 2010, legislation that holds promise of being the most important public policy achievement of this generation. Until now, payment for medical care had grown, except for Medicare, in a fashion entirely without public planning. Consequently, the United States has been the only developed nation without universal health care coverage, with more than 45 million Americans without access to pay for health care. To add insult to injury, despite pockets of world-class medicine, the U.S. as a whole does not rank near the top of any list of national health care excellence, while leading the world in costs. Here are some highlights of the 1000-page bill.

NEW INSURANCE REGULATIONS
PPACA prohibits some of the most negative practices of the health insurance industry. Effective immediately, insurance can no longer exclude children because of pre-existing conditions. By 2014, pre-existing exclusions for adults will disappear. Until then a subsidized health insurance exchange will temporarily be available. Insurance companies cannot impose lifetime limits on coverage. The federal government will regulate annual coverage limits until 2014, at which time annual limits will disappear. Dependents of parents with insurance must have optional coverage until age 26. The law prohibits rescission, the practice of insurance dropping individual coverage because of high utilization. Finally, preventive services will have no out-of-pocket costs.

INSURANCE PLAN
Insurance companies, like any other business, need revenues to exceed expenses. Employers choose among various plan benefits and prices that are difficult to compare because benefits vary from plan to plan. PPACA addresses this challenge in several ways. Insurance companies will participate in insurance exchanges to create transparency and facilitate comparison shopping. Both individuals and employers will choose coverage from these exchanges. Larger employers can self-insure or purchase plans. The Department of Health and Human Services will review and certify plans. PPACA allows new insurance plans.

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Coverage for the Poor
The federal government will mandate that states provide Medicaid for all below 133% of the federal poverty level, with graduated mandates up to 400%. The federal government will provide matching subsidies to states that have less generous provisions. In addition, Medicaid must pay at 100% of Medicare rates. There will be subsidies so residents can purchase individual plans from insurance exchanges.

Payment Reform
The Congressional Budget Office (CBO) certified PPACA as budget neutral or better over 10 years. Clearly, the CBO predicated potential for controlling rapidly escalating health care costs to payment reform. At present, both governmental and private insurance reimburse for individual services, an environment that leads to disproportionate compensation for specialty versus primary care and a strong incentive to do more. Medicare, and consequently almost all insurers, use a Resource-Based Relative Value System to set payments. Unfortunately, this system has been a total failure and has escalated the drift of physicians into specialized care. The reform law provides for demonstration projects to bundle charges, replacing pay for service or procedure.

The legislation proposes complicated mechanisms for physicians and hospitals to report quality measures, ultimately progressing to adjusting payment to quality. Both metrics to assess quality and appropriate sampling size remain undefined. There are funds for demonstration projects to assess using “accountable care organizations” as a method to measure quality while controlling costs and coordinating care.

The haphazard U.S. health care system is inequitable, inefficient, and financially unsustainable. PPACA is a partial fulfillment of President Obama’s campaign promise to create a sustainable, fair system. The health care reform legislation leaves many unsolved challenges, but may prevent a system meltdown.

Jim Foody, MD, FACP
Professor of Medicine and Vice Chair for Clinical Affairs
Northwestern University Feinberg School of Medicine
Governor, American College of Physicians, Northern Illinois Chapter
Batjer Co-chairs NFL Head, Neck and Spine Medical Committee

H. Hunt Batjer, MD, Michael J. Marchese Professor of Neurological Surgery and chair in the Northwestern University Feinberg School of Medicine Department of Neurological Surgery, was recently named by Commissioner Roger Goodell as one of the new co-chairs of the National Football League (NFL) Head, Neck and Spine Medical Committee.

As co-chair of the committee, Batjer will assist in strengthening the NFL’s leadership role in research, education, prevention, and treatment of head and spine injuries in sports. Batjer will also seek to advance the mission of the NFL Head, Neck and Spine Medical Committee. Batjer, and co-chair Richard G. Ellenbogen, MD, of the University of Washington School of Medicine, will also be responsible for appointing other members of the committee.

While the focus of their research explorations will be on the safety of NFL players, Batjer says that the findings regarding how to make contact sports safer will apply to non-professional sports and even children’s athletics.

“This is a great opportunity to take a fresh look at the science that we have behind NFL policies and engage in proactive activities like longitudinal assessments of athletes throughout their careers and beyond that will allow us to discover new knowledge,” he says.

Batjer anticipates that a number of his colleagues from Northwestern will be involved in the projects that the committee initiates, including materials sciences experts from the Robert R. McCormick School of Engineering and Applied Science who can assist in developing technology like nanomaterials in order to improve the safety of athletic equipment by making impacts safer on the head and spine.

Teresa Woodruff Awarded Tripartite Legacy Prize

Teresa Woodruff, PhD, Thomas J. Watkins Professor of Obstetrics and Gynecology, chief of the Division of Fertility Preservation, and director and founder of the Institute for Women’s Health Research at Northwestern University Feinberg School of Medicine, is the 2010 recipient of the Tripartite Legacy Faculty Prize — an award presented annually at Lewis Landsberg Research Day to the faculty member who has demonstrated excellence in research that emphasizes translational approaches, teaching and mentoring, and leadership.

Teaching and mentoring are at the heart of Woodruff’s successful career at Feinberg, which began in 1995; and her impressive research and career accomplishments place her among the medical school’s most honored faculty. Woodruff maintains that she’s simply a product of the university’s research-based environment.

For Woodruff’s colleagues, it was no surprise that she was this year’s winner of the Tripartite award, as they consider her one of the “best and the brightest.”

Sherman Elias, MD, John J. Sciarra Professor and chair in the Feinberg Department of Obstetrics and Gynecology, nominated Woodruff for this honor because, he says, her work as an educator at all levels — from high school students, to university students, to postgraduate education — has had an enormous impact on individuals and society.

“Teresa has helped Northwestern become one of the premier national and international centers for reproductive biology, obstetrics and gynecology, and women’s health care research and care,” says Elias.

Pat Garcia Named to Presidential AIDS Council

Patricia Garcia, MD, MPH, associate professor in the Department of Obstetrics and Gynecology at Northwestern University Feinberg School of Medicine, has been appointed to the Presidential Advisory Council on HIV-AIDS.

For the next three years, she will serve on President Barack Obama’s 24-member council (including researchers, service providers, and community leaders) to help reduce HIV-AIDS incidence, improve health outcomes, reduce disparities, and assure access to quality care.

Dr. Garcia believes her appointment comes at a critical time.

“Health care reform is incredibly important to those affected by HIV,” she said. “As money becomes tighter, states are being forced to weigh prevention versus treatment, and prevention is the key to the future.”

Garcia, who also chairs the board of the Pediatric AIDS Chicago Prevention Initiative, believes her appointment to the Presidential AIDS Council is a reflection of the progress the Chicago community has made in perinatal HIV prevention. Northwestern has a long history of collaborating with many organizations devoted to this cause, including the AIDS Foundation of Chicago.

“We’ve focused on providing services to pregnant women and prevention in both women and children,” said Garcia, director of the Perinatal HIV Program at Northwestern Memorial Hospital. “I’m excited and enthused to address HIV issues on a national and international level.”

(information taken from Northwestern Memorial Hospital press release)
Pediatric medicine is different than adult care and so are the safety issues,” explains Woods, co-director of graduate programs in Healthcare Quality and Patient Safety, a collaboration between the graduate and medical schools at Northwestern. “Clinicians are seeing children from infancy to 18 years of age — the epidemiology and treatments are different, as are the cognition and physiology — which leads to a lot of complexity. Medication safety, the most widely studied area of pediatric safety, indicates that errors in medication delivery are more common in children because dosages must be customized and calculated for each patient.”

With these complicating factors, and the volume of pediatric patient care, Dr. Woods, a research professor at Northwestern University Feinberg School of Medicine, felt a multi-institutional approach was necessary. Together with Dr. Holl, associate professor of pediatrics, she convinced pediatric chairs at Chicago hospitals treating large numbers of children, including John H. Stroger Jr. Hospital of Cook County, Mt. Sinai Children’s Hospital, Advocate Lutheran General Children’s Hospital, and Advocate Hope Children’s Hospital, to join their efforts.

The duo co-chairs the group, which includes urban and suburban, as well as a safety net and a freestanding children’s hospital. This diversity allows them to collect important data about inpatient safety risks (the sickest kids and most complex cases), and develop effective interventions to improve pediatric patient safety in different environments, says Woods. It also gives them a significant volume of patients to study and provides anonymity to the participating institutions.

“We were very fortunate in identifying pediatric department leaders who said, ‘we know we need to do this’ — and who really took on the task of convincing their leadership,” says Dr. Holl, who was recently named director of the Institute for Healthcare Studies at the Feinberg School of Medicine.

Clinical Perspective

Michael Reese Health Trust provided the Consortium’s initial funding to conduct pediatric patient safety assessments. Sixty-five focus groups were held with clinicians at different professional levels in each institution. It was no surprise that teamwork and communication — as previously shown in the literature to be the root cause of many patient safety errors — were highlighted.

“We learned a lot through this process,” explains Woods, “and, as a result, developed training modules around standardized communication. Communication is a fundamental skill; we learn it early and it becomes connected to who we are. Because there is no significant training on how to communicate in health care, each person brings his or her own idiosyncratic style. We felt there should be a standardized structure for organizing information.” In addition to creating a 20-minute computer training module covering standardized communications in patient care and appropriate clinical team responses, they crafted the policies required to support these activities.

Woods and Holl quickly learned that table-top exercises and computer modules worked to enhance patient safety awareness, but to change behavior, more robust training was needed. As a result, they began using simulation exercises on medical teamwork and communication. These videotaped sessions enable individual clinicians to view and critique their approaches, highlighting the need for personal and team improvement.

The Consortium typically uses Children’s Memorial Hospital to pilot test all interventions before dissemination to the other participating institutions. “This is a beautiful example of how
academia can team up with and leverage the clinical capacity of community partners to effect change,” says Dr. Holl, CMH’s patient safety medical director. “Children’s has seen the overall benefits of this through increased focus and awareness.” At present, the Consortium is tapping into the expertise of Dr. William Hamman, who helped create training systems for pilots at United Airlines, to develop and implement a method of simulation called “in-situ” — scenarios conducted in the actual clinical setting. The focus is twofold: develop capacity to conduct these simulations and build effective models for medical teamwork.

Dr. Holl also took advantage of the relationship between United Airlines and CMH and adapted one of the air carrier’s robust programs to fit the hospital’s needs. “We’ve been able to implement a successful reporting system (100 incidents reported every week since 2005) and a separate organizational structure to promote patient safety,” explains Holl. The cross-disciplinary Safety Quality Learning Team reviews, addresses, and communicates solutions about reported problems.

Open to Sharing
An original Consortium member is Dr. David Soglin, chairman of the Department of Pediatric Health and Hospital Systems for Cook County and John H. Stroger Jr. Hospital. “We launched this group thinking, ‘Let’s see where it takes us.’ We’ve worked together to develop research-driven projects that have practical value — things that I can and should be dealing with and that contribute to our QI work at Stroger,” he explains.

“There are real advantages to participating, including access to like-minded colleagues with different ideas, and the opportunity to contribute to the knowledge of pediatric safety,” Soglin continues. “From a scientific standpoint, working with different hospitals with different characteristics has allowed us to figure out if the problems we identified were unique to one organization or an issue that all the institutions were experiencing.”

Along with two other doctors and a research assistant, and pulling in other staff as needed for different Consortium projects, he participates in bi-weekly phone calls and quarterly meetings. The busy chair says he wishes he could do more.

Still Going Strong
In its seventh year, the consortium has received three grants from Michael Reese Health Trust to continue its pediatric patient safety work, which now is focused on teaching member institutions how to develop and implement their own in-situ simulations to improve communication and teamwork and identify issues and challenges in existing organizational systems. Woods and Holl are pleased that the Consortium has continued to evolve and that the members are still committed after so many years.

“The Consortium members have been great colleagues throughout this process,” says Woods. “They have been very supportive on many dimensions because they see the true value not only in our work in Chicago, but also in the papers and presentations that spread the knowledge and learning.”

There are two current research projects funded by the Agency for Healthcare Research and Quality that Drs. Holl and Woods believe have widespread potential. The first involves creating a national standard for critical communications to improve effectiveness, reliability, and safety when transferring seriously ill children from smaller referring hospitals to institutions with large pediatric services. The second project will build the capacity to conduct in-situ simulations to improve communication, teamwork, and the safety of organizational systems within the diverse Consortium institutions.

“Our work is so relevant to clinical practice,” Holl explains. “We realize it has spurred internal process improvement, putting pediatric patient safety on the Consortium hospitals’ radar screens and bringing different clinicians together to design improved safety processes and systems.”

Michele M. Weber
DEPARTMENT CHAIR HELPS REFORM MEDICAL EDUCATION TO ADDRESS POTENTIALLY SEVERE PHYSICIAN SHORTAGE

BY CHERYL SOOHOO

RUSSELL ROBERTSON, MD
Using 22 different pens, President Obama signed the historic 2010 Patient Protection and Affordable Care Act (also known as the Health Reform bill) into law on March 23. Making health care more affordable for the estimated 32 million Americans currently without insurance, and bringing it more in line with the financial means of many others, the act also aims to improve patient safety and quality of care. It hopes to promote a culture of disease prevention and wellness, where individuals and families more frequently seek doctor’s offices and other care models rather than emergency departments for medical treatment.

While health reform will improve patient outcomes and care for the underserved, one significant wrinkle could make caring for many more Americans extremely difficult. By 2025 the United States may be running a deficit of as many as 159,000 physicians, with reform measures potentially increasing the shortfall by 25 percent, according to the Association of American Medical Colleges (AAMC).

“There are physician shortages in a variety of areas; general surgeons and pediatric subspecialists, for example; however, by far the largest shortage of providers we face is of primary care physicians and that’s without health care reform,” says Russell G. Robertson, MD, chair of the Department of Family and Community Medicine at Northwestern University Feinberg School of Medicine. Since 2006 Dr. Robertson has served as chair of the Council on Graduate Medical Education (COGME). One of 17 council members, he advises Congress and the Department of Health and Human Services on issues relating to U.S. physician supply and distribution. “One of the challenges is helping people understand how dire the shortage really is.”

Involved in the development of the legislation pertaining to primary care training and access, Dr. Robertson traveled to Washington, D.C., more than a dozen times last and early this year. Fortunately, his background makes him uniquely suited to educating legislators and others concerned about a future drought of physicians and other health care professionals. Dr. Robertson taught elementary and junior high school in Utica, Mich., for four years before deciding to become a physician. After fulfilling his pre-med requirements, he started on his new career path by earning an MD degree at Wayne State University in 1982 and then completing a family medicine residency at Grand Rapids Medical Education and Research Center in Michigan, as well as a fellowship in faculty development at the University of Missouri in 1985. He later acquired a certificate of added qualification in geriatrics. Joining Feinberg in 2005 as department chair, Dr. Robertson continues to focus on education as a means to ensure an adequate pipeline of health care providers for the nation through innovative academic programs and experiences and mentoring junior faculty.

“Russ sees the big picture across many different stages, from national to local, and does a good job of finding the right people with the appropriate skill sets to make his vision come to life,” explains Deborah L. Edberg, MD, assistant professor of family and community medicine. “He’s an inspirational leader who sees people’s strengths—some they haven’t even identified themselves. He wants people to succeed and that’s refreshing.”

She speaks from experience. In 2007 Dr. Robertson recruited her to the former Evanston Northwestern Healthcare, where she became associate residency program director. In 2009 Dr. Robertson recruited Dr. Edberg to Northwestern to serve as program director for Feinberg’s new family medicine residency. But first, she had to help develop it. “He called me with a ‘crazy’ idea about starting a program from scratch,” laughs Dr. Edberg. “I was hesitant but also excited about all of the amazing things we could accomplish. If anybody could make this happen, Russ was the one to do it.”

One of only some 20 training programs in the country located in a Federally Qualified Health Center (FQHC) and affiliated with a university, it provides family medicine residents with community-based experience in underserved areas. Early on, Dr. Robertson recognized the impact physician shortages have on vulnerable populations. So he began exploring a new educational model for training family physicians while the Feinberg School’s family medicine residency was still based at Glenbrook Hospital. He quickly found a receptive audience in medical school leaders who were open to deepening and broadening the institution’s community engagement.

In 2007 Dr. Robertson started searching for a partner. He explains, “As we looked at hospitals to work with there were several necessary criteria: it had to be helping under-
served patients, be reasonably accessible from our Chicago campus, and be eager to become a teaching institution.”

The decision to approach Norwegian American Hospital grew out of a conversation with Mark Loafman, MD, MPH, one of Dr. Robertson’s first faculty recruits and the chief clinical integration officer at Norwegian. It became apparent to them that a partnership would be a win-win for both organizations.

“Norwegian American’s patient population is medically underserved, and Erie Family Health Center’s [an FQHC] Humboldt Park office was only a few blocks away,” says Robertson. “In addition, Erie has a long history of collaboration with the medical school, and Northwestern Memorial Hospital Corporation has been providing Erie with financial support to maintain their clinical presence there.” Norwegian also shared the risk of starting a new training program and sealed its commitment to becoming part of Northwestern’s educational community: the hospital will be contributing $250,000 annually, in addition to providing graduate medical education funding.

Adds Dr. Loafman, “We all benefit from the collaborative relationships that have evolved. These partnerships will change the health care landscape, opening new doors for Northwestern to connect with and help transform the Humboldt Park community.”

The new three-year residency not only offers a rich environment for clinical training in diverse inpatient and outpatient settings but also affords a focus on research and leadership training. It will expose residents to programs that provide a full spectrum of community health issues, such as maternity care, HIV programs, and elder care. Three quarters of Erie’s patients speak Spanish, so the new trainees will begin learning the language through a month-long immersion program.

Approved late last year by the Accreditation Council for Graduate Medical Education (ACGME) Residency Review Committee, the program filled all of its eight spots during this year’s Match. Northwestern’s first class of family medicine residents will begin their training in July.

The AAMC and its members have embarked on their own strategy to avoid a physician shortage. Among its solutions, the organization supports the increased use of non-physician health care professionals such as physician assistants—and so has Northwestern in a big way. In early June, the Feinberg School of Medicine will welcome 30 students to its new 24-month PA program. Serving as the program’s academic home, the Department of Family and Community Medicine also houses classroom and training space in its Abbott Hall offices for these new students.

Dr. Robertson credits former medical school Dean Lewis Landsberg with initiating the PA program at Northwestern. An alumnus and former faculty member at Yale University’s School of Medicine, Dr. Landsberg had watched physician assistants and PA students interacting with faculty members and students at his alma mater. He wondered why Northwestern didn’t have a similar program.

“I got wind of his idea to create a program at Feinberg and helped lay the initial groundwork,” Robertson recalls. “Our new PA program adds to the portfolio of individuals that we will be training to become health care providers. At the same time, we will introduce medical students to more contemporary models of care that rely on mid-level providers and their contributions to interdisciplinary health care teams.”

The plan calls for budding physician assistants and physicians to learn together and from each other in classroom and small group discussions that already exist in the medical school curriculum. Topics such as bioethics, economics, and organization of medicine could provide common ground to explore their future working relationships and understand how each group may have differing yet complementary approaches to patient care.

“One of Feinberg School’s main competencies focuses on system awareness and team-based care,” says James A. Van Rhee, PA program director and associate professor of family medicine and community medicine. “It’s difficult for students to achieve this competency if they are only exposed to working with similar students. If we can add a different group of learners, with different life experiences and future responsibilities to the mix, it may help to enrich, enliven, and bring new ideas to discussions.”

By law, physician assistants must work as part of a team with supervising physicians. While medical students will
benefit from the perspective of their health care paraprofessional colleagues, Northwestern’s first crop of PA students will gain an early appreciation of the challenges physicians face. Remarks Van Rhee, “Our PA students will not need to wait until the clinical rotations of their second year to come in contact with physicians. We will start integrating the two groups now.”

Dr. Robertson recounts how he had just stepped out of his car, after a two-hour drive down a bumpy road to a Mayan village near the Guatemala-Belize border in Central America. A frantic man approached: his pregnant wife was in labor in a nearby thatched-roof hut with dirt floors. Dr. Robertson entered the simple home to find a woman lying on an elevated wood frame bed cushioned with cardboard. The baby had a compound presentation with its hand next to its head, putting the mother at risk for vaginal tearing.

Using his satellite phone, Robertson reached out to Sherman Elias, MD, chairman of the medical school’s obstetrics and gynecology department. His advice? An emergency C-section and preferably performed in a hospital. Dr. Robertson promptly loaded the woman in a car and off they went to the nearest medical facility. The woman and baby survived, and Dr. Robertson once again learned that practicing global medicine means to expect the unexpected.

If the United States potentially faces a severe physician shortage, especially critical in rural and underserved urban locations, then imagine what underdeveloped and impoverished areas of the world face every day. As board president of Hillside Healthcare International, a health clinic in Punta Gorda, Belize, Robertson has been committed to providing global health services—both immediate and sustainable—since his first volunteer stint at the clinic in 2001. He says, “It was a transformative experience. We take for granted so much of what we have in our country.”

Dr. Robertson has used his expertise to foster Hillside’s mission to provide inexpensive medical services and valuable clinical experiences for medical students and other allied health care students from the U.S. and abroad. Traveling to Belize at least once a year, he serves as faculty supervisor for the organization’s clinical education program.

This former faculty member at the Medical College of Wisconsin brought his personal interest and acquired skills in international medicine to his position at Northwestern, where the Department of Family and Community Medicine soon began developing clinical global medicine opportunities for medical students and residents. Dr. Robertson is now the associate director for global education within the Feinberg School of Medicine’s Center for Global Health. Among many educational initiatives, he plans to create a series of courses that better prepare students for some of the surprises they will encounter in international and under-resourced settings.

Interestingly, Dr. Robertson’s efforts in boosting this nation’s supply of primary care providers have a global and a local connection. Several years ago, he shared data showing a weak but real connection about medical students with international experiences being more likely to become primary care physicians with Robert J. Havey, MD ’80, GME ’84. Dr. Havey, who practices with Chicago Lake Shore Medical Associates, had noticed a disturbing recruiting trend that was affecting his clinical practice: a shortage of generalist physicians. As a result of their conversation, Dr. Havey and his associates raised more than $250,000 for the Center for Global Health in 2009 to make it financially viable for Northwestern medical students to travel to underserved areas around the world to expand their education.

Although Dr. Robertson transitioned from being a teacher to becoming a physician some 35 years ago, he has never stopped being the consummate educator. He uses the power of education to address health care challenges that affect us close to home and across the globe, while doing what he loves best: being a primary health care provider.
Dr. Jules Dewald and his team look to change how physical therapists approach the treatment of movement disorders through an innovative use of robotics.

By Devon McPhee
If you were a study participant in the lab of Jules Dewald, PT, PhD, chair of the Department of Physical Therapy and Human Movement Sciences (NUPTHMS), you might find yourself with an arm floating in virtual anti-gravity, or pushing through simulated viscous matter, or repeating an exercise that replicates the action of lifting a gallon of milk, all while attached to a high-definition electroencephalograph (EEG) recorder. By studying these movements and mapping the accompanying brain patterns, Dewald and his team hope to unlock the basic science behind movement disorders — specifically those found in stroke and cerebral palsy patients — and develop more targeted therapies to treat them. Reaching this goal, Dewald says, requires an innovative use of robotics in human movement science.

“Robotics has been used in research since the early ’90s, but we are among the first to use it to study the science behind movement disorders,” explains Dewald, associate professor of physical therapy and human movement sciences, biomedical engineering, and physical medicine and rehabilitation at Northwestern University. “Once we understand the science, we can use these robots for therapy.”

Dewald’s science-based approach to developing therapies for movement disorders diverges from the way rehabilitative treatments have traditionally been developed.

“The way physical therapy currently works is through qualitative evaluation — trial and error,” he says. “Usually, therapies are developed before we understand the underlying mechanisms of the movement disorder. Our approach is to first understand the mechanisms, and then develop therapies based on that understanding.”

Getting from point A (figuring out the science) to point B (more targeted therapies) requires a hefty investment of time, since researchers must break a movement into distinct pieces and understand each one to get at the whole. “It’s literally like taking Humpty Dumpty apart and putting him back together again,” he explains.

The slow pace of understanding the mechanisms underlying movement impairment following brain injury is likely one of the main reasons this approach to rehabilitation science remains novel, Dewald says, but he has faith that once clinicians see the results from science-based therapies, they will become converts.

“The best way to convince rehabilitation clinicians about the merits of reductionist scientific inquiry is to demonstrate the results you can obtain,” he says.

A team of researchers aids Dewald in his pursuits, including two assistant research professors of physical therapy and human movement sciences, Ana Maria Acosta, PhD, and Jun Yao, PhD; an instructor in physical therapy and human movement sciences, Michael Ellis, MPT, DPT; a research associate in biomechatronics engineering from the Netherlands, Arno Stienen, PhD; five DPT/PhD in biomedical engineering students, Theresa Sukal Moulton, DPT, Christa Nelson, Laura Miller, Rachel Hae, and Lindsay Garmirian; three PhD students, Daniel Krainak, MS, Jacob McPherson, MS, and Natalia Sanchez; and three research physical therapists, Carolina Carmona, DPT, Donna Hurley, DPT, and Justin Drogos, DPT.

Taking a peek inside the Dewald lab, one could easily draw comparisons to a strength training room at the gym — except the machines here build knowledge instead of muscle. Three large machines have customized robotic arms that measure movement or create “haptic” or virtual environments for study subjects to operate in, and serve as important tools for the research being conducted.

In May, Dewald added a fourth robot to his collection, which he calls the “Rolls Royce” of upper extremity robotics. The new device, developed and built with a quarter-million dollar grant from the National Institutes of Health (NIH), will allow for a much larger work space on which to conduct studies and has the added ability to perturb the arm — mimicking the action of an arm getting pushed out of the way or the jerking of a steering wheel — to add to the complexity and real-world application of the lab’s studies. The device also gives participants the ability not only to move their arms forward but also up and down.

The ACT-2D measures the effect of abnormal shoulder/elbow joint torque coupling on the expression of spasticity in stroke survivors.
A Sequence of Studies

For the past 20 years, Dewald has studied one of the most stereotypical movement disorders following a stroke, abnormal movement coordination of the shoulder and elbow. For a stroke patient with this disability, everyday tasks such as putting on a coat or turning a car radio dial become difficult because the more she lifts the affected arm at the shoulder, the more her elbow flexes.

To begin decoding this impairment, Dewald developed two studies that quantified the mechanics of the shoulder-elbow system in stroke patients.

One study asked participants to reach for a target, first with the arm supported by an air-bearing device, then without support. Dewald and his colleagues at the Rehabilitation Institute of Chicago found that individuals with severe limitations could reach the target fairly accurately when supported but not when unsupported. This occurs, Dewald says, because a support provides a surface for the arm to push down on, eliminating the need for the shoulder to lift up and allowing the elbow to extend as normal.

The second study involved evaluating the isometric movement of the shoulder and elbow using a load cell, a mechanical device that measures the forces acting on it. Participants’ forearms were placed on a metal plate attached to the load cell. Hands, wrists, and half of their forearms were set in a cast to restrict movement and to hold the arm in a set position. The subjects then lifted up their arm or flexed their elbow, and the load cell measured what was happening. At the same time, patients were attached to a high-resolution EEG device (using 160 electrodes), recording which parts of the brain were activated.

Data from the second study helped Dewald determine two things about stroke patients. First, coupled with information from the first study, it presented a quantifiable definition of how the shoulder and elbow worked together. Second, by pinpointing the areas in the brain that were activated during shoulder and elbow activity, Dewald and his team could then compare the patterns of stroke and non-stroke subjects. They found that non-stroke patients had more succinct areas of activation, while stroke patients had more overlap. In other words, stroke patients were asking their brains to do the same job with fewer neurons.

Developing a Treatment

Therapeutic benefits of the research were observed in a small study of seven individuals with chronic moderate to severe stroke. First, the researchers measured the work area (ability to extend in a circular motion) of participants using a range of limb weights generated by the ACT-3D haptic robot. They found that as the limb became heavier, the participant’s work space became smaller. Next, subjects conducted reaching exercises three times a week over the course of eight weeks. Throughout the study, if a subject was able to consistently reach at least 90 percent toward the target, the weight of the limb was increased by 25 percent.

After eight weeks, each participant’s work area was once again measured. All patients saw, at minimum, a 20 percent increase. Dewald attributes this improvement to the plasticity of the brain: it had learned how to use its remaining neural pathways more efficiently, as opposed to creating new ones in that short time span.

“It’s like when the express lanes on the highway open up,” Dewald explains. “No new road is built, but you make better use of what exists.”

Brain images taken during the study bolster Dewald’s hypothesis. Those taken at the beginning of the session showed that participants used both ipsilateral and contralateral sides of the brain as they reached with the affected limb. After eight weeks, activity had shifted primarily to the contralateral side which, in non-stroke individuals, controls the entire movement.

Current Projects

With the basic mechanics laid out, the team has now begun the process of unraveling how a stroke patient’s shoulder, elbow, and brain operate in real-world situations. Combining robotics with virtual reality, a new
study explores reaching movements in a variety of environments, including across a hard surface, through sticky matter, and in anti-gravity.

Going one body part further with stroke research, the lab has also started looking at hand disabilities. The complexity of the hand makes it one of the most highly affected areas post-stroke, Dewald says, because a big part of the cortical loss occurs to parts of the brain that control it, which also makes it one of the most difficult systems to decode. Current work has shown promise in the use of neuromuscular electrical stimulation of wrist and hand muscles to help subjects regain the ability to open and close their hand, as well as to grasp objects.

The lab began its initial work on movement disorders in children with cerebral palsy about five years ago. That effort has accelerated over the past two years thanks to an R01 grant from the NIH. These funds will support a study that hopes to determine how the muscles in children with cerebral palsy work together and a second study that will challenge the mobility of subjects with reaching exercises.

Finally, an extension of the lab’s international reach is set to occur this year when research associate Arno Stienen, PhD, returns to the Netherlands and the University of Twente. Stienen will retain an adjunct assistant professorship at Northwestern, and facilitate a fluid collaboration between the two schools.

“Under our collaboration, we will be taking the [robotics] wish list from this department and seeing what we think is possible to build in the Netherlands,” Arno explains.

Research and Technology

Dewald attributes his lab’s success to the strong support he has received across the university, saying that Feinberg’s focus on systems research and close collaboration with the Robert R. McCormick School of Engineering and Applied Science was what initially drew him to the school in 1988. Today, as chair of NUPTHMS, Dewald has made it a point to incorporate research and general engineering knowledge into the DPT curriculum.

The department launched a new curriculum in 2009 that includes a technology-related course during the final trimester of the third year, and all DPT students spend at least a year and a half conducting research. Additionally, instead of separating clinical and basic science courses, the new curriculum gives students exposure to the two in parallel, making the relevance of basic scientific knowledge to clinical cases immediately apparent and allowing DPT students to better retain this information for their future careers, Dewald says.

Two new degree offerings (both launched during the 2009-10 academic year) also focus on the combination of movement science and engineering or research. Students in the dual-degree DPT/PhD in engineering program enroll in one of three engineering tracks — biomedical, mechanical, or electrical engineering and computer science — as well as in the DPT program. These students take DPT courses with those in the traditional program, further exposing all students to engineering and science principles.

The existing PhD in neuroscience now offers students the option to specialize in movement and rehabilitation science. The NUIN-MRS program prepares graduates for work in neurobiology-related rehabilitation research, specifically in the study of the brain and the neurobiological mechanisms underlying movement disorders. The degree will generate systems neuro-scientists with strong backgrounds in technology and data analysis for the rehabilitation sciences, Dewald says.

Overall, the department chair says he still expects the majority of NUPTHMS graduates to become clinicians, adding that he believes Feinberg DPT students’ early exposure to research and technology during medical school — something that few other institutions offer — will advance the treatment of movement disorders.

“Our students will open doors and be our ambassadors to get newly developed, device-based therapies into clinical practice,” he says.

Jules Dewald, PT, PhD, chairs the Department of Physical Therapy and Human Movement Sciences at Northwestern University.

For more information about cerebral palsy research in the NUPTHMS department, visit WardRoundsOnline.com.
These words from the 2010 Alumni Weekend materials hinted at the fun and excitement that awaited alumni who signed up for the weekend April 9-11. And they didn’t overpromise. With beautiful spring weather in Chicago, delicious dinners with lovely desserts, and plenty of time to visit with classmates and learn about what is new at their alma mater, the 568 guests (alumni, faculty, staff, and students) dedicated themselves to the weekend’s activities. Forty-one members of the Northwestern University School of Medicine’s Class of 1960 (see photo on page 20) attended at least some of the weekend’s events. The Department of Physical Therapy and Human Movement Sciences joined in the celebration at the Reunion Ball with two of its own 50-year graduates in attendance.

As Roger Hurwitz, MD’60, told Ginny Darakjian, assistant dean of Alumni Relations, at the Reunion Ball on Saturday, “I have looked forward to this 50-year class reunion for so long and I am enjoying it so much that I’m quite sad that it is nearly over.” There were 30 events over 36 whirlwind hours on Friday and Saturday. Among the activities enjoyed by alumni were: the State of the School from Dean J. Larry Jameson, vice president for medical affairs and Lewis Landsberg Dean, and Jeffrey C. Miller, vice dean and chief operating officer of the medical school, who retired from his position in June.

There was a medical school history tour by Ron Sims, special collections librarian from the Galter Health Sciences Library, and a lecture, as well as a CME program, class dinners, receptions, luncheons and Jeff Miller’s talk about health care reform, a scholarship brunch, and the Reunion Ball, a black-tie affair attended by a host of alumni, along with Dr. Lewis Landsberg, dean emeritus of the medical school, Northwestern University President Morton Schapiro, and Northwestern Memorial Hospital CEO Dean M. Harrison.

IF YOU ARE INTERESTED IN VIEWING THE STATE OF THE SCHOOL OR JEFF MILLER’S TALK, “HEALTH CARE REFORM: WHAT HAPPENED?”,

visit WARDROUNDSONLINE.COM.
1. Bruce Henschen, a second-year medical student, accompanies Drs. Dick Bryan, Ronald Semerdjian, and Thomas Soper, Class of 1960, on a tour. 2. Medical students attended the Daniel Hale Williams Award dinner honoring Joseph DiCara, MD ’86. 3. Northwestern University President Morton Schapiro addressed Reunion Ball attendees. 4. Melvin Gerbie, MD ’60, received the 2010 Dean’s Award. 5. Dean J. Larry Jameson presents the State of the School to alumni. 6. Annette Barnes, MD ’87, (left) enjoys the weekend’s activities along with Carla Hightower, MD ’87, GME ’91, and Ann Hightower, MD ’85. 7. During a dinner on Friday night, the Class of 1985 gathered to share fond memories. 8. Drs. Nancy Schriver Furey and Elsie Steelberg returned for their 50-year reunion.
Class of 1960

There were 33 graduates from the Class of 1960 who attended a Saturday luncheon at the Ritz-Carlton as part of Alumni Weekend events. They included:


To view more photos from Alumni Weekend 2010, visit WardRoundsOnline.com.
9. Bruce Scharschmidt, MD ’70, received the Distinguished Alumni Award. 
10. Archana Lal-Tabak, MD ’84, and Theresa Yuschok, MD ’85, at the Daniel Hale Williams Award dinner. 
11. James A. Hill, MD ’74, GME ’79, and wife Sandra at the Reunion Ball. 
12. Attendees touched a simulation model during their tour of the new Simulation Technology and Immersive Learning Center. 
13. Bill Healey, coordinator of PT alumni affairs, danced with 1st-year PT students Sarah Kraushar (left) and Christine Marchinski at the Reunion Ball. 
14. Lindsay Huurman, Christine Kelly, James Kelly, MD ’73, and Walt Huurman, MD ’62, connected at the Nathan Smith Davis Club reception. 
15. Jeanie and Tim Sullivan, MD ’64, put on their dancing shoes at the Ball. 
16. Warren Furey, MD ’60, received the 2010 Medical School Service Award. 
18. Hal Oloffson and Ruben Shehigian, both 50-year PT graduates, represented their program at the Reunion Ball.
President’s Message

Attending Alumni Weekend this year provided the full spectrum of experience for me. Here are snippets of my observations:

- The CME discussion featured advances in imaging. Lee Rogers, MD ’59, former chair of radiology at Northwestern, described his relationship to Nobel prizewinning Sir Godfrey Hounsfield and his creation of cross-sectional imaging — the “CAT Scan.” (The first one appeared on campus while I was a medical clerk at Wesley.) Dr. Rogers noted that “this machine didn’t come with instructions.” It is this sense of novelty that permeates the medical school campus.

- The students I met had the same sense of enthusiasm that I remember in my classmates on the first day of anatomy lab. Yes, they seemed a bit more sophisticated, but certainly not jaded. A mentorship luncheon was attended by more than 80 students who asked alumni insightful questions about their chosen specialty. At another luncheon, I heard the stories of talented students who were able to attend Northwestern only because of scholarship funding. Their experiences confirmed my sense that our profession is in good hands for the next generation.

- Our alumni dinner featured Michael Barratt, MD ’85, GME ’89 who brought a medical school sesquicentennial banner back from his trip to the International Space Station. Newly inaugurated University President Morton Schapiro delighted the audience with his disarming humor.

- Back at the educational session, an imaging technique that differentiates the presence of uric acid crystals within the synovial fluid was demonstrated in the evaluation of a patient with acute podagra. The look on the faces of the Class of 1960 said it all — “I don’t need a fancy test to treat THAT!” It reminded me that in our enthusiasm for technology, experience and clinical judgment should always have their place.

All the best,

F. Douglas Carr, MD ’78, MMM
President, Alumni Association

Multiple Themes Surfaced at Alumni National Board Meeting

Change, collaboration, scholarship … these were a few of the topics covered during the bi-annual Alumni National Board meeting on Saturday, April 10. Vice Dean Jeff Miller spoke about new and continuing efforts underway at the medical school, and Bruce Scharschmidt, MD ’70, shared progress on the Nathan Smith Davis Club Scholarship efforts.

Jeff Miller, who retired from his medical school position in June, represented Dean J. Larry Jameson (who missed the event for the first time due to a conflict with a Council of Deans meeting) to provide an overview of the school’s progress. Change was the theme of his presentation, with curriculum reform, One Northwestern, Northwestern Medicine, and NuVentions cited as programs to help elevate education and keep collaboration thriving at the medical school.

“We have to dramatically change what we do,” said the school’s chief operating officer. “Medical schools are always changing curriculum and faculty tracks; we’re doing both at the same time. Beginning very early in the new curriculum, our students will be introduced to clinical activity.”
In its third year, NuVentions, a program created by students in the engineering, law, medical and business schools, is enabling unique team collaborators to develop and commercialize new medical devices. Along the same vein, One Northwestern is the intersection of medicine and science. With many grants now involving more than one investigator, students and faculty on both campuses are learning to break down silos that once existed between the disparate disciplines, according to Miller.

Continuing the theme of working together, Northwestern Medicine is fueling a new spirit of collaboration between the medical school and Northwestern Memorial Hospital in areas such as finance, IT, communications/marketing, and development. “This brings the clinical aspects of the enterprise closer together, creates synergy in research and education, and will help us derive benefits from each of the parts being engaged in one another’s mission,” explained Miller. “This doesn’t happen unless you force it ….”

Bruce Scharschmidt, MD ’70, president of the Nathan Smith Davis Club, updated the board on the direction of the NSD Club Scholarships, of which there were three inaugural recipients in 2009, each receiving $12,500 per year for four years. With 160 lifetime club members ($35K cumulative), and 300 to 400 annual members ($1K or more), approximately 25 percent of alumni participate. NSD total contributions were $2.9 million in 2009, enabling the new scholarships for students based on merit and need. Dr. Scharschmidt noted that things are going well but he wants to enhance the Club’s visibility. His goal is to establish well planned, interactive communication channels, keeping messages short and direct, to share progress and enlist more alumni talent.

Following Dr. Scharschmidt, Julie Melchior, MD ’91, reported on participation in the student mentoring event that occurred on Friday, April 9. First-, second-, third-, and a few fourth-year students took advantage of the opportunity to talk with alumni about their specialized areas of medicine. More than 108 students registered for the event. Fourteen alumni, representing 13 specialties, spent time answering their questions. “Internal Medicine was the most popular specialty, which has been a change from the past,” explained Dr. Melchior. Emergency Medicine, Ear, Nose and Throat, Neurology, and Ophthalmology were the next most popular areas of interest. Looking to include as many specialties as possible in future mentoring events, Dr. Melchior invited other alumni who might be interested in participating to contact Ginny Darakjian in alumni relations.

The Office of Development recounted two unique events that occurred earlier in 2010 — in California — held in the homes of Richard Ferkel, MD ’77 (Los Angeles) and Gene Bauer, MD ’67 (San Francisco). The receptions allowed alumni and current students to interact with prospective students from the area who had been accepted to the medical school’s Class of 2014 but had not yet committed. Dean J. Larry Jameson and Dr. James Schroeder, senior associate dean for external relations, each attended one of the events, which were well received by the prospective student guests, according to development’s Larry Kuhn, senior associate director for academic initiatives.

In the last order of business, Assistant Dean Ginny Darakjian thanked outgoing board members for their years of service and provided each with a gift. Departing members were Steven Azuma, MD ’70, Laura Mikhail-Malek, MD ’00, GME ’03; Sonja Boone, MD ’90; and Yvette Cua, MD ’94, GME ’97. New and re-elected board members include: (new) Carla Hightower, MD ’87, GME ’91; Paul Bonucci, MD ’96; Kerry Humes, MD ’90; (re-elected) Carlos Flores, MD ’78; Alan Micco, MD ’87; Julie Melchior, MD ’91.

Jay Sarthy, Brittne Halford, and Miguel Visbal from the Class of 2013 are the recipients of the inaugural Nathan Smith Davis Club Scholarships. They will receive $12,500 per year for four years. The scholarships are based on merit and need. Alumni donors and scholarship recipients met during a brunch in the Lurie Atrium on Sunday, April 11, bringing Alumni Weekend events to a close.

The next National Alumni Board meeting will be Saturday, October 2, at 2 pm.
Being a Good Samaritan

50 million people in the U.S. are without health insurance
8 out of 10 people come from working families
18,000 people in the U.S. die each year because they don’t have health insurance.

These are some of the statistics Kerry Humes, MD ’90, was concerned about as she saw patients without health insurance in her private practice. She decided to do something to make a difference for those in her community who were working hard but unable to afford high insurance premiums and unable to get government assistance. Along with two nurse practitioners in Moline, Ill., she devised a plan to open a free medical clinic to help some of the 50,000 uninsured people in the Quad Cities (once four, now five communities in Illinois and Iowa). Eighty percent are working in low-paying jobs and falling through the “cracks of the health care system.”

Thus was born the Good Samaritan Free Clinic, which first operated out of a church in May 2007 and then moved to a bigger facility in 2008 when space was donated by the Sedona Group, a temporary agency in the area. Open two half days each week, they have treated approximately 1,800 people, and have recently had to limit the number of patients they can see. Their goals are to provide free medical care through an all-volunteer staff and to provide free medications, or assistance in obtaining them at a much-reduced price.

“With more than 70 people, we have plenty of volunteers,” says Humes, the clinic’s volunteer director, to Northwestern medical students during her presentation in February. “We’ve even had to tell people that we’ll call when we need them.” Receptionists, nurses, and doctors are all giving of their free time. Each volunteer is asked to be there at least once a month and many are there consistently every week. “We have a number of retired individuals and stay-at-home mothers who help us out during the day and working health care professionals who assist on our evening shift,” explains Humes, who left her medical practice in 2004 to spend more time with her three young children and take up this cause. “The clinic is a wonderful place because all of the volunteers want to be there.”

Although she was armed with a medical degree and plenty of practical experience, without a background in business, fundraising, or law, there was much to learn about opening a free clinic and finding the support to remain viable. “It took awhile to get the pieces together,” she explains. “There were a lot of things we needed to know to make it happen.” To learn how to run operations, the three founders visited a number of free clinics in Illinois and Iowa.

“We realized early on that the hospital had to buy in to the process — we needed their support to make this work,” she admits. “For a hospital, it’s clearly a positive.” Trinity Hospital, where both Kerry’s primary care and her husband’s (Tim Humes, MD ’89) radiology practices were connected, realized the benefits and gave an initial grant of $40,000 to start the clinic off on solid footing.

“Because we were an unknown entity, once we had Trinity’s support, it was easier to get others to help us,” Dr. Humes continues. “The big thing was to find an appropriate space that was free.” One of the clinic’s founders attended Faith Lutheran Church, so they began operations in its education wing, which they were told they could use as long as they needed. Sharing this space with other programs, they had to set up and tear down equipment each day. Later on, one of the clinic’s generous board members donated an 18,000-square-foot space, where they created four exam rooms, a waiting area, a doctor space, and a nurses’ station.

In addition to the hospital, pharmaceutical companies, other health care organizations, and local foundations were willing to provide support. “I’ve been surprised at the generosity we’ve experienced,” she explains. “All of our furniture and equipment has been...
donated. A local lab has been evaluating our labs at no charge. My husband’s practice takes X-rays and reads them for free. And whenever we’ve had to admit a patient, Trinity has written off those expenses. It’s totaled approximately $80,000, but we’ve saved the hospital close to $2 million because we’re keeping many of these people out of the ER.”

Along with free doctor visits, patients get help obtaining free or reduced-price medications to keep health issues like diabetes, hypertension, and asthma in check. Chain drugstores like Target, Walmart, and Walgreens offer many generic medications for $4. And many pharmaceutical companies offer patient assistance programs, if you submit the required forms. One volunteer, who recently became the clinic’s only paid employee, helps patients fill out and send these forms, obtaining $150,000 worth of medication at no cost in one year. And for any medications that aren’t provided elsewhere, the local hospital will supply them at a $5 cost to the patient, charging the clinic the remaining fees.

“If patients take their meds, they’re going to stay out of the ER and be better off for it,” Humes explains. “Fifty-nine percent of the uninsured with chronic medical conditions missed at least one dose of medicine. Of that group, 33 percent visited the ER for an overnight stay. In Illinois, an overnight stay is $16,000 and in Iowa, it’s $18,000. It doesn’t take much to see what kind of an impact the clinic can make.”

Medications are the clinic’s biggest expense. To ensure that they can help patients pay for the prescriptions they need, Humes and the other two founders have become grant writers. “I don’t like asking for money, but it’s for my patients,” the physician says. Working within their community, they have secured nearly $200,000 from two fundraisers and a number of grants from private foundations. “Luckily, we don’t have many expenses because we operate on a shoestring, so we usually get everything we ask for.”

One premise of their successful operations is to order only the diagnostics that are necessary. “I won’t deny my patients what they need, but I won’t order tests that don’t make sense. In Illinois, our clinic is protected by the Good Samaritan Act, which means we don’t have to practice defensive medicine and can operate without malpractice insurance.” Humes approves all specialist referrals and expensive procedures.

“This health care model could serve our American system well and would save us money,” Dr. Humes continues. “The U.S. orders four times as many CAT scans as other countries at the same economic level, with no added benefit. And the expectations of our patients are different — they want to get better and take care of themselves. They don’t expect a lot of blood work and extra tests.”

Asked why she started the clinic when she did, Dr. Humes responds, “It was just the right timing. The hospital where I had my private practice was phasing out non-employees, my children were young and I wanted to spend more time with them, and because my husband has a good job, I was very fortunate to be able to do this. It’s hard not be intimidated by a project like this, but I just had to do it.”

Michele M. Weber
Alumni Achievements Recognized at 2010 Reunion Ball

Jeffrey Glassroth, MD, vice dean of Clinical Academic Affairs, presided as the master of ceremonies at the 2010 Reunion Ball, announcing three alumni award winners who were recognized for their service to the school, the profession, and the community.

Joseph DiCara, MD ’86, a pediatric hospitalist at Prentice Women’s Hospital in Chicago, received the 2010 Daniel Hale Williams Award for the Chicago Youth Program (CYP), which he founded with fellow medical students in 1984. It began as a recreational program to keep 40 Cabrini Green kids off the street. Space was donated by the medical school and funds were obtained by passing the hat. During his pediatric residency at Children’s Memorial, CYP became a non-profit, offering many medical students the opportunity to volunteer in the free clinic. CYP now includes more than 50 programs that serve 400-500 youth, preschool through college, at three Chicago public housing sites. Six hundred volunteers provide health care services, injury and pregnancy prevention, safe recreation, cultural programs, education, career guidance, and one-on-one mentoring. For most of its history, Dr. DiCara has been the volunteer executive director and has continued his daily volunteer work.

The 2010 Distinguished Alumni Award was presented to Bruce Scharschmidt, MD ’70, senior vice president and chief medical officer at Hyperion Therapeutics, a specialty pharmaceutical company in South San Francisco. Dr. Scharschmidt has been active on the Medical Alumni Association national board for the past six years and is currently serving as president of the Nathan Smith Davis Club, as well as on the Scientific Advisory Board of NUCATS, a Northwestern organization dedicated to translational science.

Working with the medical school’s Alumni Relations and Development groups, he spearheaded the creation of Nathan Smith Davis Club scholarships for medical students. In November 2009, the first $12,500-per-year grants were awarded based on both merit and need.

Dr. Melvin Gerbie, MD ’60, professor emeritus of obstetrics and gynecology, received the 2010 Dean’s Award. A Northwestern faculty member since 1967, he has served on various hospital and university committees. In 1975 Dr. Gerbie founded the Colposcopy Clinic.

He has been honored for his student and resident education efforts, including an Outstanding Teacher Award, as well as three resident teaching awards. He has received the Medical School Service Award twice and in 1990, the University recognized his contributions with the Alumni Service Award. In 1996 he was the recipient of the Chicago Maternity Center Byford Award from Prentice. In March 2001, he received the Northwestern University Alumni Association Merit Award.

Dr. Gerbie is a supportive member and past president of the Northwestern University Medical School Alumni Association. Because of his strong alumni ties, he was tapped to chair the successful 1988–1993 Alumni Fund Campaign for Medical Research and the Life Sciences. He and his wife co-chaired fundraising efforts for the medical school’s Albert B. Gerbie Professorship in Obstetrics and Gynecology, in memory of his brother.

After the alumni awards, Michael R. Barratt, MD ’85, GME ’89, who returned from his mission on the International Space Station in fall 2009, presented Dr. Glassroth with the medical school’s Sesquicentennial Banner, which he carried in his official flight pack. While Alumni Board president Dr. Doug Carr and emcee Glassroth unfurled the purple and white, Dr. Barratt shared the travels of this special flag. “It was launched on Space Shuttle Discovery 119 in March 2009 and spent 180 days in space, logging over 75 million miles.”
Progress Notes Awards & Honors

Jay Perman, MD ’72, has been appointed the new president for the University of Maryland, Baltimore, where the schools of medicine, nursing, pharmacy, dentistry, social work, and law are located, along with a graduate school. Currently, Dr. Perman is dean and vice president for clinical affairs at the University of Kentucky College of Medicine. He will join UMB as president in early July.

Arnold R. Eiser, MD ’74, received the ACGME Parker Palmer Courage to Lead Award for Designated Institutional Official in March at their annual conference. He has also been named a senior fellow of the Jefferson School of Population Health and an associate fellow at the Center for Bioethics at the University of Pennsylvania School of Medicine. Dr. Eiser continues as vice president of medical education for the Mercy Health System and associate dean and professor of medicine at Drexel University College of Medicine.

In January, Christina Jenkins, MD ’00, was appointed by Mayor Michael Bloomberg to the board of directors of New York City’s Health and Hospitals Corporation (HHC). HHC is the largest municipal health care system in the U.S., with 11 acute care hospitals serving 1.2 million New Yorkers annually. Dr. Jenkins is adjunct faculty at the Mount Sinai Medical Center and chief medical officer of HealthWage, a health care startup launched in October 2009 to provide incentives promoting long-term changes in behaviors associated with preventable diseases.

A “Renaissance Man”

Nicholas Demos, MD ’55, GME ’58, of Short Hills, N.J., is professor of clinical surgery at University of Medicine and Dentistry, New Jersey, where he has been teaching since the early 1960s. Dr. Demos spends his weekends painting and perfecting his foreign language skills. “I speak English, Greek, and Spanish fluently, while I simply get by speaking French, German, and Italian. I am also able to say ‘good morning’ in two dozen other languages.”

The Mayor of Highland Park, Ill., has appointed Albert J. Miller, MD ’46, to the Healthy Highland Park Task Force, an organization dedicated to health education and implementation of preventive measures in that city.

Michael F. Schafer, MD, GME ’72, was appointed chair of the Communications Cabinet of the American Academy of Orthopaedic Surgeons at its board of directors meeting in New Orleans in March. During his two-year term, he will help communicate the academy’s activities to members, patients and the public. The cabinet will plan, organize, direct, and evaluate ongoing communication vehicles for the academy.

Galter Library Changes Alumni Services

As of June 1, 2010, the Galter Health Sciences Library will provide only on-site access to GHSL print and electronic materials to alumni with a valid Alumni Membership card. Remote electronic access to JAMA and other materials will no longer be available. Electronic copies of Library-owned articles can be accessed for a fee through the Loansome Doc service. Free alumni services include answers to short reference questions, book check out for locals, and classes on many topics. In-depth literature research services can be provided for a fee.

See the full alumni service list at: www.galter.northwestern.edu/Request-Services-and-Materials/alumni.
Progress Notes

1950
William Cape, MD, GME ’51, of Lake Forest, Ill., is attending physician emeritus at Highland Park Hospital. Dr. Cape and his wife, Norma, are enjoying life at Lake Forest Place, a retirement community. While Dr. Cape spends one day per week practicing cardiology at a free clinic, he says the couple spends most of their time feeding their addiction to competitive bridge.

1960
Elsie Enns Steelberg, MD, of Wichita, Kan., continues to practice as a full-time psychiatrist. In order to spend more time seeing patients, she joined a psychotherapist and an advanced registered nurse practitioner in opening a private practice in October 2008.

1969
Louis Fazen III, MD, is chairman of the Board of Health in Southborough, Mass. After leaving an established pediatrics practice two years ago, Dr. Fazen says he is now enjoying his “encore career.” He also works part time with the Indian Health Service, taking numerous trips to the Painted Desert in Tuba City, Ariz., and to the golden wheat fields of Wolf Point, Mont. Dr. Fazen says these experiences have taught him a great deal about the Navajo and Sioux cultures.

1985
S. Ahmed Abdullah, MD, a plastic surgeon and owner of Plastic Surgery Institute in Fargo, N.D., and founder of Lexi International, a skin care company, recently partnered with the Dubai Health Authority to sponsor the construction of a 100-bed surgical specialty hospital in Dubai. Care at the hospital will be provided by board-certified physicians from the U.S. who will administer services to patients during month-long rotations. Dr. Abdullah says he is in search of physicians to participate in this project.

1986
Phil Johnson, MD, of Lakeside, Ariz., is on the state advisory board, assisting in the development of the trauma system. Dr. Johnson is also assistant professor and medical director of the emergency department at Summit Healthcare Regional Medical Center.

1989
Laurie Gutstein, MD, GME ’90, of Fort Meyers, Fla., is a diagnostic radiologist for NightHawk Radiology Services. Dr. Gutstein has been performing teleradiology for the past seven years.

1999
Richard Heller III, MD, GME ’00, of Oak Lawn, Ill., and his wife, Beth, have two boys, Richard IV (4 years old) and Julian (2 years old). Dr. Heller is chief of pediatric radiology at Advocate Hope Children’s Hospital.

2000
Brendan Tribble, MD, has been working as an anesthesiologist at the Naval Medical Center San Diego. Dr. Tribble and his wife, Leah, will be moving their family to Guam this fall. Dr. Tribble was previously stationed for three years in Spain, where he served as a flight surgeon.

2001
Anand Shivnani, MD, GME ’06, of Irving, Texas, and his wife, Sarika B. Shivnani, MD, welcomed their second son, Vijay, on March 3, 2009. Dr. A. Shivnani is currently a radiation oncologist at Baylor Irving Cancer Center.

An Able Wife, Mother, Doctor

Lynn Ables, MD ’85, GME ’88, of Winfield, Ill., was diagnosed with stage 3 breast cancer in October 2006, but is happy to report she completed treatment in January 2008 and is doing well. She and her husband, Dennis Lyons, have five children (ages 4 to 10), including two sets of twins. Dr. Ables is currently employed as a pediatrician at Wheaton Pediatrics.
2003
Carina Yang, MD, GME ’08, FEL ’09, of Chicago, will soon be joining a private radiology practice in Naperville, Ill. For the past year, Dr. Yang has been a neuroradiology attending at Children’s Memorial Hospital, where she is also assistant professor of radiology.

In Memoriam
John W. Brouhard, MD ’53, GME ’58, GME ’60, of Arlington Heights, Ill., died November 7, 2009.
Allen M. Ransdell, MD ’59, GME ’65, GME ’68, of San Diego, Calif., died February 25, 2010.
Alexander Sanders, MD ’36, of Indianapolis, Ind., died March 8, 2010.
Homer M. Smathers, MD ’43, of West Bloomfield, Mich., died February 27, 2010.

Items for Progress Notes may be sent to the Office of Communications, Northwestern University, Feinberg School of Medicine, 420 East Superior Street, Rubloff 12th floor, Chicago, Illinois 60611 or via e-mail to ward-rounds@Northwestern.edu. They may also be submitted online at www.wardroundsonline.com. Be sure to include the year the MD degree was received or the GME or Other Program was completed. Photo submissions also are welcomed. Please note: Progress Notes appearing in the print edition of Ward Rounds may be posted on WardRoundsOnline.com and are password-protected.

August 7, 2010
Update of Eczema, Asthma, and Atopic Conditions / Northwestern Memorial Hospital, Feinberg Pavilion Conference Center, 251 E. Huron, Chicago. For more information, call 312/695-6837.

August 13-15, 2010
Controversies & Conversations in Laser and Cosmetic Surgery / Four Seasons Aviara, 7100 Four Seasons Point, Carlsbad, Calif. Associate course director: Murad Alam, MD. For more information, call 817/922-0984.

October 6, 2010
2nd Annual Hospital Medicine Procedures Precourse / Northwestern Memorial Hospital, Feinberg Pavilion Conference Center, 251 E. Huron, Chicago. For more information, contact the Office of Continuing Medical Education, Northwestern University Feinberg School of Medicine, 312/503-8533.

October 7-9, 2010
6th Annual Midwestern Hospital Medicine Conference / Northwestern Memorial Hospital, Feinberg Pavilion Conference Center, 251 E. Huron, Chicago. For more information, contact the Office of Continuing Medical Education, Northwestern University Feinberg School of Medicine, 312/503-8533.

October 16-18, 2010
Echo Northwestern 2010 / Northwestern Memorial Hospital, Feinberg Pavilion Conference Center, 251 E. Huron, Chicago. For more information, contact the Office of Continuing Medical Education, Northwestern University Feinberg School of Medicine, 312/503-8533.

October 28-31, 2010
12th Annual Lynn Sage Conference / Fairmont Hotel, 200 North Columbus Dr., Chicago. For more information, contact the Robert H. Lurie Comprehensive Cancer Center of Northwestern University Education Center, 312/695-1392.

Correction:
A photo caption in the Spring 2010 Progress Notes entitled, “Visiting Beirut,” misidentified Dr. Fuad Chemali’s wife Dolly (who is pictured in the photo) as Lynn Eckert, MD, DPH, the spouse of Dr. Louis Fazen III. Our apologies for this error.
Look for our first online-only issue of Ward Rounds in October.

It will include a photo feature on the new Learning Center at Feinberg.

Simulation Technology and Immersive Learning Center.

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