

BROWN MEDICINE

Volume 17 | Number 3 | Fall 2011



GENTLEMAN SCHOLAR

Calm, cool, connected,
Griffin Rodgers pushes for
research that will serve
the people.

PLUS:

PRIMARY CARE REIMAGINED
MAKING BABIES

LETTER

FROM THE DEAN



Start of One Era, End of Another

The opening of the new Medical School in Providence's old Jewelry District on August 15 marked one of the most important milestones in our history. Now our students have a state-of-the-art, spacious, and absolutely stunning home to call their own. This historic, creatively restored building off College Hill is close to several of our major teaching hospitals and the Public Health Program. Furthermore, it symbolizes Brown's commitment to the city and the state to educate the next generation of physicians for all of us.

Reunion and Commencement were carried out with beautiful weather and our usual traditions. Alumnus Griffin P. Rodgers, director of the National Institute of Diabetes and Digestive and Kidney Diseases—one of the National Institutes of Health—gave an inspiring commencement speech to our graduating class and is featured in this issue. He emphasized the excitement of research in human biology in this era of genomics, proteomics, and systems biology. Advances over the next decades will be spectacular and will change the way we care for patients.

Since the earliest classes, the Medical School's graduates have enhanced the lives of their patients as well as their communities. Some, such as Dr. Rodgers, have gone on to national careers. Others have starred in basic science—for example, Arthur L. Horwich '73 MD'75, Sterling Professor of Genetics and professor of pediatrics at Yale School of Medicine, has won a share of this year's prestigious Albert Lasker Basic Medical Research Award, one of the highest awards for basic science in the United States and often a precursor to a Nobel Prize. Others contribute at local, national, and international levels. We are extremely proud of all of our alumni.

On a final note, we have been guided and spurred on by President Ruth Simmons for the past decade. Her vision, passion, and support of the Medical School and the Division of Biology and Medicine have been instrumental in our success. We wish her the very best for the future.

Edward J. Wing

PETER GOLDBERG



“I wanted to give phenomenal care at an affordable price point.”

—Aaron Blackledge MD’01, Page 37

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BY EILEEN O’GARA-KURTIS

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BY KRIS CAMBRA

For some medical students, it’s not only studying that keeps them up until all hours, it’s their babies. How do they make it work?

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Cover: Dr. Griffin Rodgers by David Peterson

Count Your Blessings

Having been raised by people for whom fairness is sacred, I was shocked the first time I heard that some parents have favorite children. How could you love one child more than another? Didn't seem possible. But I'm guilty: I've developed a special soft spot for *Brown Medicine*.

I'm well aware of how lucky I am to have a job that contains so much variety, both in the people my team and I work with and in the projects we undertake. The new Medical School building has made for two years of nonstop excitement, culminating in the Grand Opening Celebration in August. A year's work of collaboration, creativity, and sweat went into redesigning the Medical School website. Creating case statements and viewbooks, producing videos, tweeting on Twitter—it's all good. Bored is one thing our small team is not.

But these other projects are like healthy, assertive children, demanding much of our energy and time. *Brown Medicine*, on the other hand, quietly waits, like Cinderella or some virtuous Dickensian orphan, needing much but asking little. And somehow, in spite of all the other work clamoring for our attention, the magazine gets done. (I shouldn't say "somehow." I know how: through the hard work of the myriad contributors who make it come together in what we hope is a coherent, not uninteresting set of ideas and images.)

It's been an extremely busy summer—sometimes painfully so. But then I think about what it would be like to direct an NIH institute, or start my own micro-practice, or have a baby and go to medical school at the same time, like the people in this issue. And I think I've got it pretty good.



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A FISH CONNECTION

It may interest your readers to know that my colleague, Professor Emeritus of Medical Science Leon Goldstein, who joined the Brown faculty in 1968, was an author on two research articles on coelacanth physiology in the 1970s (Field Notes, Spring 2011). The first, in 1973, reported the presence of urea cycle enzymes and trimethylamine oxidase in the coelacanth liver, important data that supported the finding that this ancient and iconic fish uses urea and trimethylamine oxide as body fluid osmolytes to minimize water loss to the marine environment. The second paper, in 1976, described the composition of coelacanth urine.

Donald C. Jackson, PhD
Professor Emeritus of
Medical Science
Brown University

HAVE FAITH

Thank you for the outstanding job on the in-depth coverage of Dr. Michael Tso and His Mansion Ministries ("Medicine Avenue," Spring 2011). This is the first contact I've had with your magazine, but if this article is representative, I'm very impressed with the high stan-

dard you have set. Michael is, indeed, a great tribute to Brown University and a valued leader in the His Mansion Ministries leadership team. As one of the Ministry's co-founders who served full time on staff for 24 years in various non-paid leadership positions, I can assure you firsthand that men of the character and caliber of Dr. Tso are a gift from the Lord. And thank you for being clear that we attribute the life changes of those who come for help to the Lord Jesus.

Hal Moore
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Thanks to Dr. Michael Tso for thinking far "outside the box" when it comes to healing social-emotional-soul wounds. I hope that the Institute he directs is able to help establish many more such faith-focused residential healing communities. I also hope that those of other faiths might follow his lead so that healing guided by faith becomes a realistic option for more of those unreached by conventional psychiatry. Future generations will have cause to judge our generation harshly if we do otherwise. Control of psychiatry by the psychophar-

maceutical industry cannot possibly serve the needs of all whose wounds need healing. It serves corporate interests extremely well. (The prison industry is a relevant, egregious corollary.) Rather than allowing more "broken" people to be permanently discarded, let's create real opportunities for healing that require deep transformation, not merely chemical fixes, as well as social structures to make the healing sustainable.

Amy Trent '92
Delhi, NY

BROWN MEDICINE REGRETS

- **A caption** on the 1920s-era photo of 222 Richmond Street that appeared in the article "Climate Change" (Spring 2011) incorrectly referred to The Nemo Manufacturing Company. The name of the manufacturing company that built the factory building now home to Alpert Medical School was Brier Manufacturing Company. Little Nemo was the trade name the jewelry was sold under.
- **The article** "Feel Free to Cut In" (From the Collections, Winter 2011) should have credited George Bray, MD '53, not John, for the gift of rare books to the Brown Library's History of Science Collections. Apologies to Dr. Bray.



WDYT?

Please send letters, which may be edited for length and clarity, to:

- Brown Medicine
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Full of Win

Brown Medicine recently added some new trophies to its collection. The New England Society for Healthcare Communications (NESHCo) awarded a Gold Lamplighter to Silver Branch Communications for Eileen O'Gara-Kurtis's article "Primary Consideration," from the Fall 2010 issue. Kris Cambra's article "Snakes on a Plane" (Spring 2010) won an Award of Excellence from NESHCo. Both awards were in the Excellence in Writing (Feature Articles) category.

During the summer, the Council for Advancement and Support of Education (CASE) awarded *Brown Medicine* a Silver in its prestigious national Circle of Excellence competition. The magazine was chosen from 36 entries in the Special Constituency Magazines category.

THE BEAT

WHAT'S NEW IN THE CLASSROOMS, ON THE WARDS, AND IN THE LABS



Warren Alpert
Foundation President
Herb Kaplan gets three
cheers. Right, Providence
Mayor Angel Taveras,
Gov. Lincoln Chafee '75,
Sen. Sheldon Whitehouse,
and Sen. Jack Reed
show their support.

BIG REVEAL

Regenerative Medicine

New Medical School building opens its beautiful glass doors.

“So, what do you think?” Dean of Biology and Medical Sciences Edward J. Wing asked a crowd of about 300 medical students, administrators, legislators, and donors gathered for the grand opening of the new Alpert Medical School building on August 15.

With natural light filtering through the atrium and spectators watching the simulcast in finely appointed

lecture halls, the question was mostly rhetorical.

The ribbon-cutting ceremony coincided with the first day of instruction for the MD class of 2015, the first to spend all four years of their training in the Medical School's first dedicated home. Brown University President Ruth J. Simmons addressed these physicians-to-be: “This structure is for you. It is

about you. It is about preparing you to serve in an area vital to the public good.”

The new building brings medical education at Brown more in line with the world of medicine these future physicians will be practicing in. The Medical School is transitioning to the use of iPad-based electronic textbooks and course materials. In the new 10,000-square-foot anatomy suite, students perform dissections by referencing their tablets, not lab manuals. In the clinical skills simulation center—where students practice doctoring skills on standardized patients in authentic-looking outpatient exam rooms—they learn how to make notations in an electronic medical record. In the George S. Champlin Library on the second floor, there are



almost no printed books, but there is a full-time librarian and abundant connections for computers and iPads to access vast online resources. Similarly, the building has power outlets at every lecture and seminar room seat and wireless Internet throughout to allow students to stay connected all day.

Much ado was made of the building's former life as a jewelry factory and its

FRANK MULLIN; MIKE COHEA

starring role in the city's Knowledge District.

"It's restoring an old strength of Providence, the jewelry manufacturing industry, and turning it into a new strength for the city and state," Wing said. "It will be education, medical care, research, and biotech and retail. This is a renaissance for the city of Providence and this building will be one of the important keystones for that."

Pinning their hopes on the building to ignite economic growth, Rhode Island's entire US Congressional delegation, as well as the state's governor and the city's mayor, were on hand to show support.

"It is a catalytic moment in the history of Rhode Island," Governor Lincoln Chafee '75 told the crowd.

Providence's mayor, Angel Taveras, agreed that academic-government partnership can drive economic growth. "I look forward to working with you to see this area become that foundation of our new economy," he said. "I know that together we can make that happen."

FIRST-TIME HOMEOWNERS

Jenna Lester MD'14, who represented medical students on the dais, said, "Believe it or not, 222 Richmond Street gives us medical students a reason to be excited about studying. No longer will we be on the never-ending prowl for study space, scattered among various classrooms and buildings on Brown's campus, never quite finding a space of our own."

Check out sights and scenes from the opening at <http://med.brown.edu/newbuilding/grandopening>, and experience the new building's interiors on page 30.

—**Kris Cambra**



Med students at the BSCC consult with Dr. Sybil Cineas.

DIY

Hands On

Students learn—and learn to teach—in new community clinic.

In 2010, the three Rhode Island Free Clinic (RIFC) student volunteer coordinators for that academic year—Devin Smith MD'13, Pamela Escobar '09 MD'13, and Ina Soh MD'13—found they were fielding myriad questions from fellow volunteers about how to get more involved in the delivery of patient care. Founded in 1999 by Stephanie Chafee and nationally recognized for its volunteer

The clinic gives Alpert medical students the chance to experience directly the health care system and its challenges.

provider/community partnership model, RIFC provides free primary care, laboratory and diagnostics, specialty health and translation services, pharmacy, and wellness programs to Rhode Island's most vulnerable residents. In 2011, more than 700 volunteers will provide nearly 10,000 patient visits to the state's low-income, uninsured, working poor, and unemployed adults. The clinic also gives Alpert medical students the chance to experience directly the health care

THE BEAT

system and its challenges. “Medical students are part of our solution to solving the problem of providing health care to the uninsured,” says RIFC CEO Marie Ghazal.

But students were looking for real hands-on experience at RIFC. “Most of the medical students had been helping out with administrative tasks, such as scheduling, medical recording, and translating,” says Soh. The three coordinators and other students explored the idea of a student-run clinic. “We saw a unique opportunity to address two concurrent needs: primary care provision”—the RIFC is of course unable to meet the needs of the some 140,000 uninsured Rhode Islanders—“and direct student exposure to interdisciplinary, systems-based primary care,” she says.

With the support of Medical School faculty and administrators and RIFC staff, and after researching other stu-

dent-run clinics, the students prepared a proposal for the Brown Student Community Clinic (BSCC) and started planning the logistics. “We received a tremendous amount of support from volunteer physicians at RIFC, who were excited for the

Students are overseen by long-term, dedicated RIFC faculty-mentors. “[They] have plenty of time to see their patients with supervision,” says Ghazal. “Data have shown that the care received in this type of environment is not substan-

“The excitement created by this wonderful learning environment is contagious.”

educational piece of our project,” says Soh. “With so much student and faculty enthusiasm, it all went fairly quickly.”

The pilot clinic opened in the spring of 2011, and as planned, students are involved in every step of the patient visit. One particular concern of both RIFC and the Medical School—that the BSCC provide the same high level of care RIFC offers—has been carefully considered.

dard, but excellent,” she adds. “Patients are extremely satisfied.”

The patient visit is collaborative and structured. First, a junior medical student performs vitals and gathers the patient’s history. Next, a senior medical student works with and helps guide the junior student to complete the physical exam and establish a preliminary diagnosis and treatment plan. An attending physician then reads the students’ notes and examines the patient. Lastly, the entire team—including the attending—confirms the final diagnosis and plan and sets up continuing care. This approach gives medical students not only clinical experience, but practice teaching less experienced clinicians—a skill they’ll need as residents.

Over the summer, the BSCC expanded its student volunteer base. Now scheduled to be open regularly, the clinic will enable more uninsured patients to be seen at the RIFC—and will likely attract more physicians to volunteer. “The excitement created by this wonderful learning environment is contagious,” says Ghazal. The BSCC will also give students early on in their medical education a chance to care for patients directly, to manage a community clinic, and, perhaps most importantly, to “experience the need for providers in primary care,” Ghazal says.

—Kylah Goodfellow Klinge



Proud Parent

Announcing four new public health departments.

On July 1, 2011, four academic departments were born to Brown’s Public Health Program, replacing the Department of Community Health. This is an important step toward the Program’s accreditation as a school of public health. The departments and their chairs are as follows:

- **Health Services, Policy and Practice**
Ira Wilson, MD, MSc
- **Behavioral and Social Sciences**
Christopher Kahler, PhD
- **Epidemiology**
Stephen Buka, ScD
- **Biostatistics**
Constantine Gatsonis, PhD.



Catherine Volle, center, rubbed elbows with Countess Bettina Bernadotte and Nobel Laureate Thomas Steitz.

NOBELITY

Meeting of the Minds

Brown sends its first representative to Lindau.

How would you like an all-expense-paid trip to Europe to hang out with some rock stars? That's what graduate student Catherine Volle did during her summer vacation, only these celebs don't have guitars slung around their necks. They have Nobel medals.

Volle was the first Brown student to be chosen for the US delegation to the Lindau Nobel Laureate Meeting in Germany. Held annually since 1951, the meeting fosters the exchange of knowledge between Nobel Laureates and young researchers from around the world. For five days, the laureates offer scientific platform lectures and roundtable discussions and socialize with the delegates.

A fourth-year graduate student in the Department of Molecular Biology, Cell Biology, and Biochemistry, Volle works in the lab of a chemist: Sarah Delaney, an assistant professor of chemistry. The lab studies trinucleotide repeat diseases and DNA damage repair. These repeats occur throughout the genome, but in some cases they undergo

expansion and lead to disease. One example is Huntington's disease. Volle is trying to discover how that expansion happens by investigating the behavior of these repeats within the context of chromosomal packaging.

"We're using chemical techniques to assess biological problems," Volle explains. "We're chemists, so we're not looking at cells, or mice. We use techniques such as chemical probing to look at DNA structure in a more controlled,

in vitro system, and assess how changes in the DNA structure lead to genomic expansion."

Associate Dean for Graduate and Postdoctoral Studies Elizabeth Harrington

nominated Volle to represent Brown. At the national level, she was chosen to be one of 80 delegates from 400 nominees.

Volle landed in the medieval city of Lindau on June 26. Mornings were spent listening to keynotes by the laureates. Then the students moved on to plenary sessions, where they could ask the scientist questions about anything at all—their work, how they made their famous discovery, what it was like to win the biggest prize in science. "No one is allowed in but the delegates and one laureate," Volle says.

Her favorite laureate was Sir Harold Kroto, a chemist who shared the 1996 Nobel Prize in Chemistry for the discovery of fullerenes (commonly known as buckyballs). "He's very eccentric ... he talks more about advocacy, inspiring teachers. He was adamant that we all need to know how to present our research to the public. He's the kind of guy who just says what's on his mind."

She was able to spend some time talking to him one on one. "I like to joke that I'm his new best friend," Volle says.

The highlight of the meeting, however, was "sitting around the beer garden with other members of the delegation talking about science," she says.

The 550 delegates represented 77 countries, and Volle spoke with many from the Middle East. "I'm very inter-

At the national level, **Catherine Volle** was chosen to be one of 80 delegates from 400 nominees.

ested in women in science so I found it was a great opportunity to ask 'What is it like for women in your country who want to be scientists?' It was interesting to get their perspective."

—K.C.

THE BEAT

BOUNTY

White Coats, Green Thumbs

Student initiative
teaches better health
through nutrition.

“You are what you eat,” the old adage says, and by and by, research has proved this to be true. Recognizing that our country’s most pressing health problems—obesity, diabetes, heart disease—are rooted in poor nutrition, a group of medical students started an organization to teach people about the connection between food and health.

BrANCH (Brown Agriculture, Nutrition and Community Health) was founded in the spring of 2010 by Jonathan Treem, Sarah Schmidhofer, Elizabeth Gilbert, and Erin Kunkel, all members of the class of 2013. “BrANCH was born to be a forum for students and professionals at Brown who were interested in using urban agriculture as a tool to educate, inform, and support the health of the Providence community at large,” says Treem.

Urban Fresh, one of BrANCH’s programs, reaches out to school-age children who know little about where their



Blackstone Academy, a charter high school in Pawtucket, welcomed the opportunity to have a garden on the school’s property. With financial support from the Medical School’s Petersen Educational Enhancement Fund, first-year students Neil Jackson, Raj Vaghjiani, and Ryan Mason taught a spring semester class to 15 high school students on gardening, health, the environment, and food science. “With the class,” Treem says, “they turned a gravel parking lot in front of the school into a thriving [600-square-foot] garden!”

BrANCH is guided by faculty advisers, including Assistant Professor of Medicine Mary Flynn, RD, whose research focuses on optimal diet recommenda-



Ryan Mason MD’14, above, builds a fence around the community garden.

“[T]hey turned a gravel parking lot in front of the school into a thriving garden!”

food comes from and the impact it can have on their health. BrANCH members envisioned a student-managed high school garden as a hands-on way to teach high school students about the nutritional content of food, environmental stewardship, and how food relates to personal and community health.

tions for weight loss and slowing disease progression, and Fred Jackson, director of Brown’s Plant Environmental Center, who supervises the gardening aspect of the program.

When not getting down in the dirt, BrANCH students teach monthly nutrition and diabetes classes at Rhode

Island Free Clinic in Spanish and English. “We always walk out feeling like a few more people are better prepared to confront their health than they were before,” Treem says. The classes have featured a Johnson & Wales student (the aptly named Frances Flowers), who showed the participants how to prepare vegetables fresh from BrANCH’s garden. What wasn’t used in the classes—more than 100 pounds of fruit and veggies—was donated to the Rhode Island Community Food Bank.

Gilbert says the future physicians who participate in BrANCH will learn the challenges and the successes of advocating for their patients’ health. “We will get out of the context of health care providers as mechanics who fix people’s bodies when they break down, and into the role of guides who help people choose the healthiest road to take.” —K.C.

KRIS CAMBRA

9/11+10

Formative Moment

Ten years ago, her future started to emerge.

A decade ago, Angela Hua '08 MD'12 was a high school sophomore in Fort Lee, NJ. She was in Government class, staring out the window, when she saw the first plane hit.

"Too many students lost one or even both parents that morning," Hua recalls. "After the initial wave of incredulity, I was filled with a strong desire to join my fellow volunteer firefighters and EMTs to help out at Ground Zero."

Hua had always thought about being a doctor, but after 9/11 she zeroed in on emergency medicine. In the summer of 2008, she embarked on a scholarly concentration in Disaster Medicine and Response, titled "Injury and Illness Patterns of Workers During the 9/11 Rescue and Recovery Operation at the World Trade Center." Working with Professor of Emergency Medicine Greg Jay and Associate Professor of Emergency Medicine Selim Suner '86 MS'87 MD'92 RES '95, Hua has mined the 10,000 medical records of the first responders that they and colleagues treated as members of the RI-DMAT team that traveled to Ground Zero (see *Brown Medicine*, Spring 2002).

"What a touching and somewhat haunting experience to read through these records of the rescue and recovery workers—some of whom I knew personally!" says Hua. "In the next couple of months I hope to finish my data analysis and contribute to disaster planning, preparation, response, and recovery with this project."

—Sarah Baldwin-Beneich and
David Orenstein

Stat Sheet

First Class

A thumbnail sketch of MD'15.

The class of 2015 will be the first to complete all four years of their medical education in the new Medical School building. Students hail from 28 states—from Hawaii to Maine—with 13 students from California, the largest group from one state. Undergraduate institutions range alphabetically from Amherst to Yale and geographically from British Columbia to Texas. Nine have earned advanced degrees in education, engineering, public health, humanities, and biology.

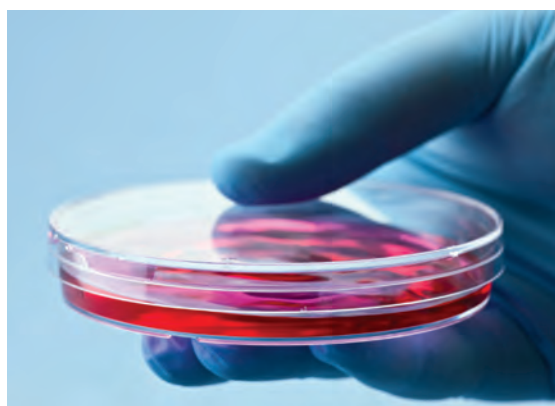
The class includes the valedictorian of the West Point class of 2011, a Ugandan-born poet and accomplished researcher (and cake decorator), and a Fulbright scholar who studied German hip-hop culture in Berlin. Like myriad Alpert medical students before them, members of the incoming class are committed to community and global outreach. Many have worked with service groups and programs both at home—the class includes three Teach for America veterans—and abroad. They aren't all work and service, however: the MD class of 2015 includes musicians of every stripe, athletes, artists, and writers.

Below are more clues as to what the Class of 2015 is made of.

TOTAL STUDENTS	109
Female	57 (52%)
Male	52 (48%)
AMCAS (Standard)	52
Program in Liberal Medical Education	39
Postbaccalaureate	15
Early Identification Program	3
Age Range	21-37
Advanced Degrees (MA, MPH, MST, MS)	9
Undergraduate Institutions	48
Public	13
Private	35
Most common is Brown, then Harvard and Yale, followed closely by University of California schools.	
Undergraduate Majors	
Physical and Life Sciences	52.4%
Humanities	43%
Engineering, Statistics,	
Biomedical Engineering	4.6%

THE BEAT

Findings



Stay Flexible

How stem cells determinate.

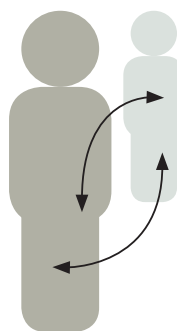
Stems cells, which can change into any other cell, are critically important to human development and life. Although stem cells have been carefully studied, how they “decide” whether to differentiate (become a specific cell type) or to remain pluripotent (stay flexible) is not well understood. A new study published in *Genome Research* and led by Assistant Professor of Biology William Fairbrother sheds some light. The researchers show that different proteins called transcription factors compete and cooperate in the cells to produce complex bindings along crucial sequences of DNA. This game of shifting

alliances is part of what determines whether stem cells retain their pluripotency and—perhaps even more importantly—whether differentiated cells can regain it.

Whites Leave, Minorities Enter

Shifts in nursing home population.

Over the past decade, the nation’s nursing home population has shrunk, and nursing home residents have become proportionately more black, more Hispanic, more Asian, and less white, according to a new study led by Assistant Professor of Health Services, Policy and Practice (Research) Zhanlian Feng. These findings at first seem to indicate that elderly minorities



ties are gaining greater access to nursing home care. According to Feng, however, the shift is occurring in part because minorities do not have the same access as whites to more desirable forms of care, such as home and community-based alternatives. The study was published in *Health Affairs*.

—D.O. and K.G.K.

WHO KNEW

Playing Doctor

Ventriloquist’s dummy helps student engage geriatric patients.

Brenna Brucker ’09 MD’13 knows that building a trusting relationship with patients isn’t always easy. That is why she has always brought Dr. Knowitall—her “vent figure” or ventriloquist’s dummy—to the health discussions she led as an undergraduate in Brown’s Program in Liberal Medical Education, and continues to lead as a medical student. “Dr. Knowitall enables me to better connect with people,” says Brucker. “Using a vent figure allows dry, scary topics to feel entertaining and less daunting.”

As a child, Brucker bandaged plastic dinosaurs and dreamed

of becoming a doctor. She was first introduced to the power of the toy intermediary when she and her older sister, April, distributed their handmade sock puppets to local nursing home residents. “These were not designer-grade sock puppets,” says Brucker. “But from that experience I learned that simple objects can be an easy medium to bridge barriers.” Soon after, the sisters received their first vent figures. They were instantly hooked. And they still are: April, now a stand-up comic in New York City, uses ventriloquism in her routine.

Brucker, who “doesn’t like bright lights and stages,” performs mainly at nursing homes. At a recent lecture series at a local care center, Dr. Knowitall danced, sang, and spoke to the enthusiastic elderly audience about basic and diabetic nutrition. People find the mini-doctor, who also helps Brucker teach chair yoga, eminently approachable. “No matter where Dr. Knowitall goes, people ask her questions,” she says. “It is a great way to start conversations, especially about health.”

INNOVATION

Apps for Education

iPads save trees and create opportunity.

Along with the usual stethoscope, ophthalmoscope, and sphygmomanometer, iPads have been added to the list of required equipment for first-year Alpert medical students.

Students can find all of their lecture handouts, assignments, and study guides posted on Canvas, the Medical School's new learning management system. These materials are easily accessed from their iPads, as well as their laptops or library computers. While not all of the required textbooks are available on the iPad yet, students were able to purchase iPad versions of some of them.

Second-years Rahul Banerjee and Mike Kim were part of the iPad implementation project and have been helping train students and faculty how to use it. "Most of these innovations are geared

toward the first-year class, since they're the first that was required to buy an iPad. However, 26 (second-year) students—more than a quarter of the class—have opted to buy them," Banerjee says.

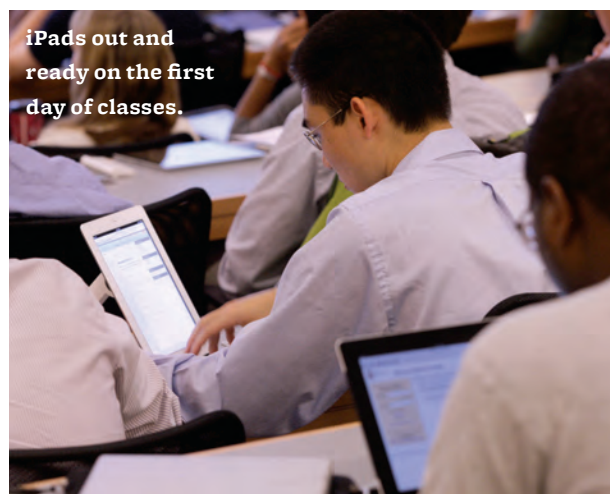
"One big advantage of the iPad is the sheer number of medical-related apps. The iPad-based cardiology small groups [where eight or nine students use problem-based learning to apply concepts learned in class to a patient case], for instance, have access to apps that describe catheterizations or give us extra practice with reading EKGs."

Banerjee says that the first-year class has been quite supportive of the new technology. "They've been using them extensively to take notes in class, read textbooks, and even examine slides via virtual microscopy, as opposed to using physical microscopes each time."

And future educational uses for the iPad appear endless.

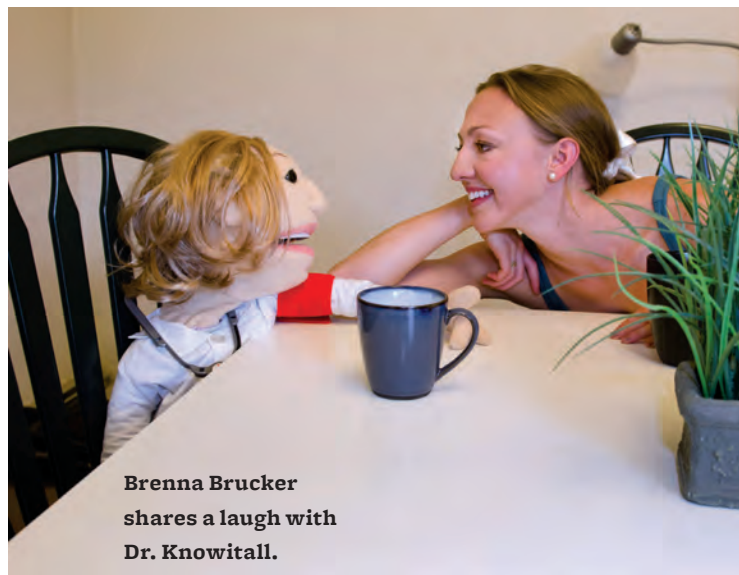
"I was talking to the head of the pre-clinical pathology course, for instance, and she's excited about the iPads because it will allow a renal pathology

iPads out and ready on the first day of classes.



small group to happen," Banerjee says. "Before the iPads and our online virtual microscopy system (through an online service called PathXchange), allowing students to explore microscope slides of renal pathology was impossible because renal biopsies tend to be small and difficult to reproduce onto 100 slides for the entire class to use. But with our new virtual platform, she thinks she'll be able to digitize the slides and make renal pathology small group a reality." —K.C.

DAVID DELPOIO; MIKE COHEA



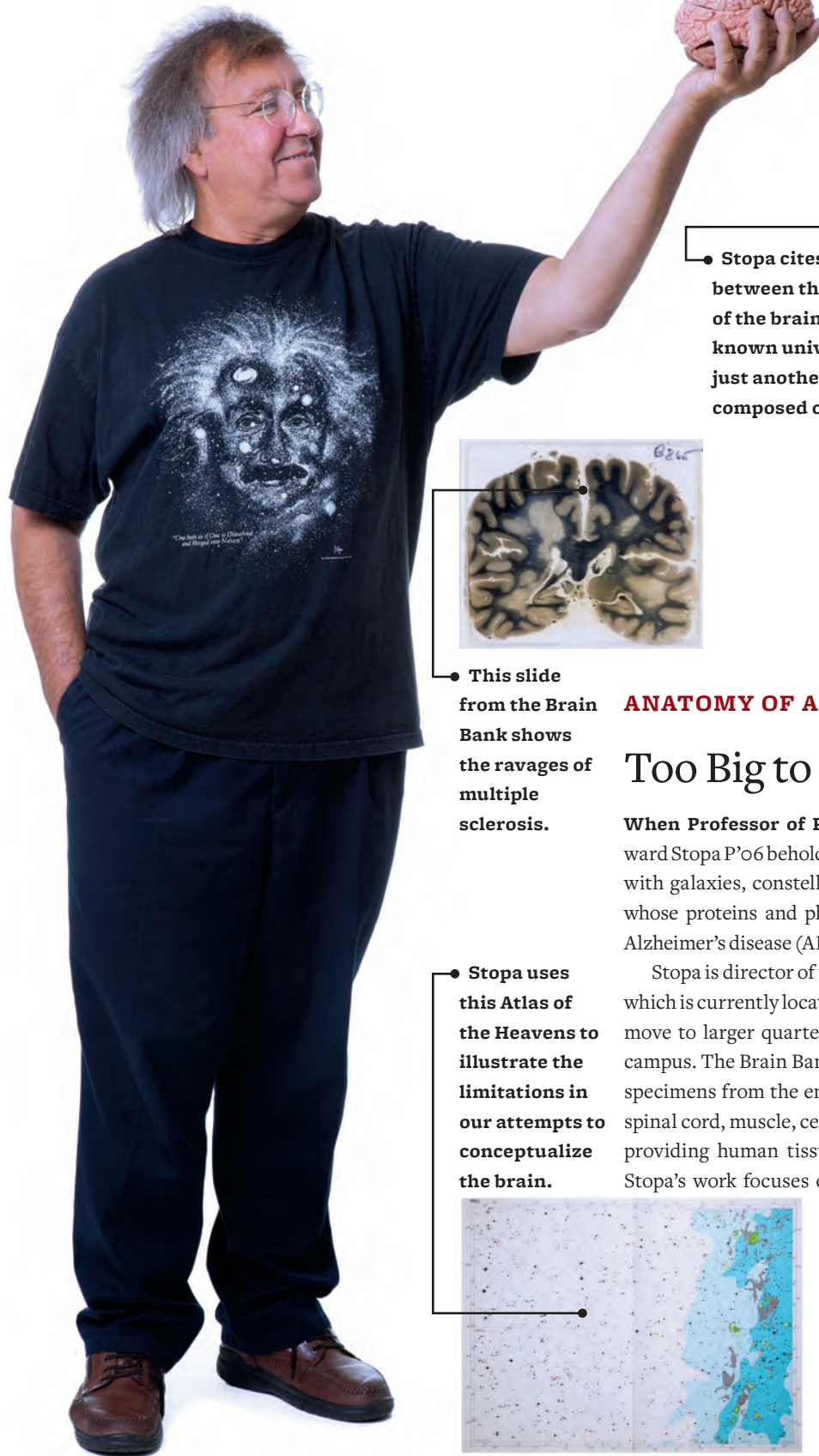
Brenna Brucker shares a laugh with Dr. Knowitall.

Initially drawn to Brown because "everyone I met on my first visit smiled," Brucker says that her classmates at Alpert Medical School are "all unique and gifted." She is firmly in that category herself: Brucker is not only a talented ventriloquist, but a prolific writer. She has published more than 250 poems and feature, news, and humor pieces, as well as a scientific article in a recent issue of *Medicine & Health Rhode Island*. She's also a bona fide inventor, with a patent pending on a brace to help stabilize the oblique muscles during exercise.

Brucker, who says she plans on going into either geriatric medicine or surgery, may not be able to bring Dr. Knowitall into the operating room or onto the hospital floor when she is a physician. But her talents—and the lessons Dr. Knowitall has taught her—will help her become the kind of doctor that every patient wants: approachable, unpretentious, and decidedly human.

—K.G.K.

THE BEAT

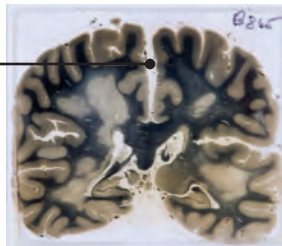


● Map of the brain taken from the *Alsop Riley Brain Atlas* found in Stopa's personal library.

● Stopa cites parallels between the mysteries of the brain and the known universe. "It's just another Box of Stars composed of neurons."

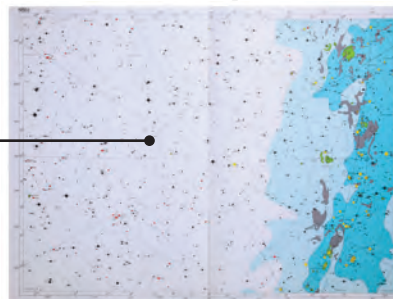


● One of Stopa's favorite ties is patterned with the misfolded proteins that cause bovine spongiform encephalopathy, or mad cow disease.



● This slide from the Brain Bank shows the ravages of multiple sclerosis.

● Stopa uses this *Atlas of the Heavens* to illustrate the limitations in our attempts to conceptualize the brain.



ANATOMY OF A NEUROPATHOLOGIST

Too Big to Fail

When Professor of Pathology and Laboratory Medicine Edward Stopa P'06 beholds the brain, he sees the cosmos, complete with galaxies, constellations, and stars. He also sees an organ whose proteins and physiological processes hold the secret of Alzheimer's disease (AD) and other degenerative brain diseases.

Stopa is director of the Brown Brain Tissue Resource Center, which is currently located at Rhode Island Hospital but will soon move to larger quarters in the Biomedical Center on Brown's campus. The Brain Bank, as it is known, is a repository of donor specimens from the entire nervous system—not just brain but spinal cord, muscle, cerebrospinal fluid, and peripheral nerve—providing human tissue for basic and translational research. Stopa's work focuses on AD and dementia, but researchers at

Brown and in the broader scientific community can draw on it to study memory disorders, strokes, mental illnesses, and more.

Stopa attributes the expansion of the Brain Bank to "the growing concern people have for curing the devastating neurologic disorders that touch the lives of so many."

—S.B.B.

ADAM MASTOON

DIVERSIFY

A New Chapter

Latino medical students come together.

When Angel Taveras was sworn in last January, he became the first Latino mayor of Providence, a city where about 38 percent of the population is also Latino. Last year a group of Latino students at Alpert Medical School realized that having a chapter of the national Latino Medical Student Association (LMSA) at Brown would not only unify and represent medical students, it would help students serve this diverse Latino community.

The LMSA chapter coalesced in the summer of 2010. Four students drew up a constitution for the group and obtained approval from the Medical School, and quickly kicked off a year of outreach and peer education.

The students assisted at the monthly meetings of Young Leaders of Medicine, an organization run by two pediatrics residents that guides high school students interested in health careers. LMSA brought another group of teens from Providence's Cooley Health and

Science Technology Academy to the Brown campus, where they learned about the cardiovascular system and spent a few hours in the anatomy lab.

The culminating event was a bilingual health fair, *Healthy Kids, Happy Community/Niños Saludables, Comunidad Feliz*, held at Baldwin Park Elementary School in Pawtucket. "We started planning in November for a May event," says Linda Paniagua '07 MD'12, LMSA's past co-chair.

The event drew 500 participants and dozens of sponsors, including generous contributions from Memorial Hospital of Rhode Island, Campus Compact, and Performance Physical Therapy that Paniagua says made the event possible.

The school's nurse, Lucie Rafferty, and principal, Raymond Dalton, also provided support. Screenings for high blood pressure, diabetes, and developmental delays were offered, in addition to workshops on drunk driving, bullying, skin protection, and nutrition. There was some fun, too: children and their families enjoyed a bounce house, bicycle and toy raffles, a salad bar, and face painting by RISD students. Latino Public Radio broadcasted live from the fair.

Paniagua says the Medical School's Office of Diversity and Multicultural Affairs, led by former Assistant Dean Emma Simmons MD'91 MPH'04 and coordinator Zoila Quezada, was instrumental in helping LMSA get off the ground. Clinical Assistant Professor of Family Medicine Carla Martin, who had been a national LMSA co-chair when she was a medical student, signed on as the faculty adviser.

LMSA is not just for Latino students,

"All medical students need to be aware of Latino health issues."



Libby Flores MD'14, above, checks blood pressure at the LMSA health fair.



Paniagua says. "All medical students need to be aware of Latino health issues, not just Latino medical students. With the increasing diversity of the US population, physicians are more and more likely to encounter situations that require the delivery of culturally competent care and access to a vast array of language services." —K.C.

THE BEAT

FUTURE

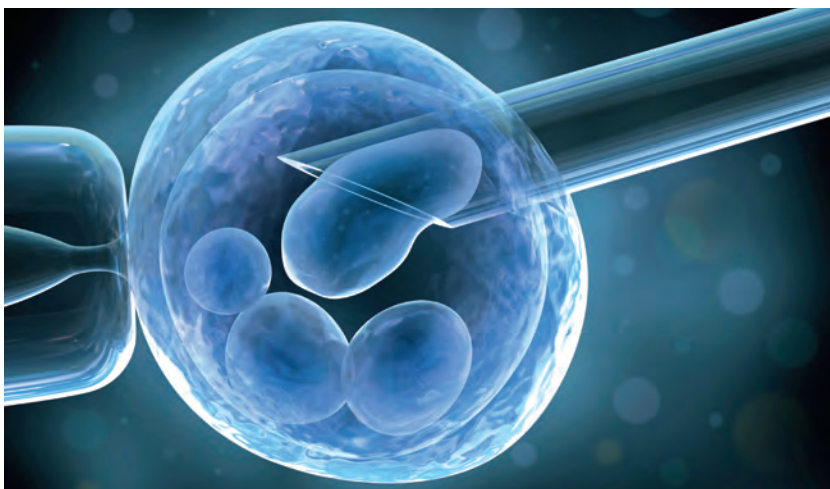
Freeze!

Experimental procedure preserves fertility.

As cancer treatments have advanced, allowing more patients to survive, more attention is being paid to the toll aggressive treatment takes on the body. This is particularly true for young cancer survivors, whose entire lives may be affected by treatment decisions made when they are young.

Enter a new research program under way at Women & Infants Hospital and Hasbro Children's Hospital. The research, supported by the National Institutes of Health's Oncofertility Consortium, is studying how best to freeze the ovarian tissue of young girls. That's because some of the treatments for cancer can render a woman infertile.

The procedure requires a multidisciplinary



“We can give a hope of fertility to these young cancer survivors.”

plinary team. Earlier this year, Jared Robins, a reproductive endocrinologist and leader of the Program for Fertility Preservation at Women & Infants, cryo-

preserved an ovary of a 2-year-old girl from Ohio with stage four neuroblastoma. Robins worked with his co-principal investigator on the study, Jennifer Welch, a pediatric oncologist at Hasbro Children's Hospital. The team also includes the Division of Pediatric Surgery at Hasbro, which assisted with a laparoscopic procedure to harvest the girl's ovarian tissue. Once the child is cured of her cancer and ready to have children, this tissue may be transplanted back into her body or eggs may be extracted from the tissue for in vitro fertilization.

The Women & Infants /Hasbro site is one of only a few in the country and the only one in New England to be enrolling children.

“Freezing part of a child's ovary to preserve her fertility 20 or 30 years down the line is a research procedure. Although we are far from knowing all of the facts about its efficacy, we do believe that we can give a hope of fertility to these young cancer survivors,” Robins says.

—K.C.



Panic and Stress: It's Complicated

Symptoms can increase over time.

A new study presents the counterintuitive finding that, for adults with panic disorder, certain stressful life events cause panic symptoms to increase gradually over succeeding months, rather than to spike immediately. “We definitely expected the symptoms to get worse over time, but we also thought the symptoms would get worse right away,” says Ethan Moitra, lead author and postdoctoral researcher in the Department of Psychiatry and Human Behavior. Even if a stressful event doesn't appear to trigger an immediate panic attack, patients, family members, and therapists should remain vigilant for the months following, say the researchers. The findings were published in the *Journal of Affective Disorders*.

—D.O. and K.G.K.

Findings

RESIDENT EXPERT

BY NOAH ROSENBERG, MD RES

Sorry, Dr. House

No physician is an island.

“That’s the kind of doctor I want,” my father-in-law, Stuart, is fond of saying. The doctor in question is not myself, but rather his favorite TV physician, Dr. House. In the TV show by the same name, House plays a sarcastic, bad-tempered doctor who makes the difficult diagnosis when no one else can. “He can act like a jerk as long as he knows what he’s doing,” Stuart asserts.

Stuart is not alone in this sentiment. The archetype of a surly but brilliant doctor seems deep-rooted in our culture, especially medical culture. Your health is important and better to have the best doctor than the nice doctor, or so the thinking goes. Is Stuart correct? Should you accept a skilled jerk as your doctor? I think his choice is misguided. Technical skill and brilliance are certainly beneficial but cannot make up for poor communication and lack of teamwork. Give me a doctor of average medical ability but an exceptional team leader and communicator, one who knows when and how to ask for help.

Perhaps in the dark ages of medicine the technical skill and encyclopedic knowledge of a doctor mattered beyond all else—when nurses stood in the presence of a doctor and patients deferred meekly. Maybe that was a time when a single doctor could have a comprehensive grasp of all the treatment options, limited as they were. Thankfully, we’ve advanced considerably. Once, little could be done for a heart attack, but now, with quick diagnosis and intervention we can save lives. To treat an acute heart attack,



medics in the field must suspect the diagnosis and relay their information to emergency physicians in the hospital. When the ambulance arrives, emergency physicians work with nurses and techs, coordinating with cardiologists, to administer medications, stabilize the patient, and open the blocked artery. Today we work in teams, and doctors who do that best save lives.

To achieve good patient care we rely on others, which does not represent a tragic devolution of the legendary, superhuman physician into weak mortals of today who sleep, eat, and make mistakes. Rather, teamwork in health care is an appropriate response to magnificently complex human biology and pathophysiology. New surgical techniques or pharmaceutical tools introduce challenge with opportunity—the chance to cure disease but also the challenge to diagnose promptly and avoid adverse effects, surgical complications, medication interactions, and toxicity.

When we fail, and patients are injured or die, the root cause often comes down to communication. What nurse would want to be yelled at by Dr. House for ques-

tioning a confusing medication dose? Will the student who had a bloody sponge thrown at her (true story) feel comfortable raising the possibility of a wrong-sided surgery later on with that same sponge-throwing surgeon? I doubt it.

I rely most on the nurses who feel comfortable relaying concerns, even if unfounded. I count on interns I supervise to approach me with questions rather than guessing to save face. I can’t appropriately resuscitate a pulseless patient by myself. Nobody can. The safest and most effective doctor is one who listens respectfully even to the most junior member of the team, accepts and gives constructive feedback, coordinates care, and leads the team.

There is still a place for physicians like Dr. House—on TV. After all, well-behaved physicians rarely make for good entertainment.

Noah Rosenberg attended Oregon Health & Science University School of Medicine. He is in his fourth year of Alpert Medical School’s emergency medicine residency program and a member of the program’s creative writing group.

Military Medicine Man

An 18th-century Scot advances scientific methods and gets hospitals to clean up their act.

Throughout its development, Western medicine held to the ancient tradition of identifying disease as an imbalance of bodily humors. Then, in the 18th century, physicians found themselves amidst growing scientific inquiry, which led to many advances in physiological and pathological study. They increasingly adopted empirical methods, focusing on experience and inductive reasoning, rather than relying solely on traditional theory.

In reading about medicine, I repeatedly came across references to a Scottish physician, Sir John Pringle (1707-1782). Historians identified him as a staunch empiricist and often touted him as the “father of modern military medicine.” They noted his sagacity and strong grasp of the scientific method, yet they seemed to gloss over him, offering little critical analysis of his work. My curiosity sparked, I worked with Professor of History Harold Cook at Brown University to conceive a summer project: conducting history of medicine research at the Royal Society, Wellcome, and British libraries in London. My research suggests that, though Pringle may not stand among the likes of Hippocrates and Osler in the class of immortal physicians, he nonetheless deserves recognition and acclaim for his contributions to medicine.

BAD AIR

Pringle earned his medical degree in 1730 after studying under the eminent

Herman Boerhaave in Leiden. He accepted a professorship at the University of Edinburgh and held the position until he was appointed physician to the British army in Flanders during the War of Austrian Succession (1742). Pringle's six years in the army saw his rise to the rank of Physician General of His Majesty's

treatment options for many diseases. Ultimately, Pringle's experiments fail to hold up to modern medicine's rigors, but his methods and reasoning are remarkably cogent for his day. Pringle pioneered the study of antiseptic agents in Britain, and his experiments paved the way for future research in antiseptics.

Pringle pioneered the study of antiseptic agents in Britain, and his experiments paved the way for future research in antiseptics.

Forces. During the war, he kept extensive notes of his medical observations, and these formed the foundation of his later works.

Following his service, Pringle settled in London, where he practiced medicine, published his observations, and became involved in the Royal Society (of which he was elected Fellow in 1745). In 1750, he published a series of papers titled “Experiments upon Septic and Antiseptic Substances” in the Royal Society's journal, *Philosophical Transactions*. These groundbreaking experiments shattered the long-held assumption that alkaline substances induced putrefaction by demonstrating that, in fact, they resisted it. Pringle also identified several other substances that resisted putrefaction, and in so doing, widened the range of

For his astounding work, the Royal Society awarded him the Copley Medal, its highest honor, in 1752.

That same year, Pringle published his seminal *Observations on the Diseases of the Army in Camp and Garrison*. Growing British imperialism had already highlighted the importance of naval medicine, but *Observations* was the first treatise to specifically address the army's needs. Several editions were published, and it was translated into several languages. In this tour de force, Pringle related his experiences treating the diseases that ravaged the army. He vividly described “intermitting fevers” and “hospital and jail fevers”—what we now recognize as malaria and typhus, respectively. He failed to appreciate their transmission by vectors, and instead ex-




emplified the contemporary climatological disease theory by blaming their transmission on stagnant air in hot, muggy environments. But most importantly, he provided specific guidelines to curb morbidity with better hygienic practices. He called for clean, dry, spa-

cious, and ventilated facilities—measures that ultimately do reduce spread of these diseases. Pringle also maintained that filthy, crowded hospitals themselves were the greatest source of disease, and he advocated for sanitation and ventilation as the cornerstones of

preventive medicine. Hence, Pringle's recommendations formed the basis of new military and hospital hygienic standards.

For his work, Pringle enjoyed a global reputation, and his vast network of correspondents included Albrecht von Haller and Benjamin Franklin. Pringle was eventually appointed Physician to the King and Queen, and served as President of the Royal Society from 1772 to 1778. Today, we might characterize Pringle's medical thought as an assimilation of new discoveries into the old humoral framework. Characteristic of an age before germ theory, many of his medical hypotheses ultimately proved incorrect. However, Pringle changed contemporary approaches to disease comprehension and prevention, and he laid the groundwork for future investigations. Furthermore, Pringle still serves

as a model doctor today in being shrewd, caring, and a lifelong learner. 

Shreyus Kulkarni graduated from University of Maryland, College Park, where he majored in physiology and neurobiology and minored in art history.

It's No Accident

The emergency medicine leader, mentor, and clinician has grown with his young—and still-evolving—field.

On a hazy summer afternoon in Providence, Brian J. Zink is describing the book he authored, *Anyone, Anything, Anytime—A History of Emergency Medicine*, when his assistant politely but purposefully enters. There's a phone call; it's about a patient, and it's urgent. Zink, medical historian, is no passive observer of the field whose progression he has studied and cataloged. A dynamic and dedicated clinician, mentor, and leader, he has in fact helped drive the development of emergency medicine into a full-fledged academic specialty. The growth of his 25-year medical career has in many ways paralleled the evolution of the field itself.

The second in his family to pursue an education beyond high school, Zink was exposed to emergency medicine while working in college as a summer orderly, first at Meadville City Hospital in Pennsylvania, and then at Shore Memorial Hospital in New Jersey. It was around 1980, and emergency medicine had only just been officially recognized as a board-certified specialty. "At the time, most of the physicians in the emergency departments were family practice doctors who had simply migrated," says Zink.

During those college summers and later in his clinical rotations in medical school at the University of Rochester, Zink saw near-drownings, "horrific" car crashes—seatbelts were not yet commonplace—strokes, and every other injury and illness that tend to end up in an

emergency department (ED). Fascinated and invigorated by the specialty's pace and variety, by its demands and intensity, by the sense that this was the wild, wild West of medicine, Zink knew he had found his place. In the ED he also met his future wife, Dana, an emergency nurse (now director of clinical skills assessment at Alpert Medical School), with whom he has three children.

INTO THE UNKNOWN

Though emergency medicine had called to Zink, the field was still viewed skeptically by a number of academics. When he started to apply to residency programs in the field, Zink was admonished. "Rochester's head of internal medicine called me and said I was making a big mistake," says Zink. "He told me that entering the field was a considerable risk—that it was untested." The warning "only made me want to do it more, of course," he says. He applied and was accepted to the University of Cincinnati, whose emergency medicine residency program, started in 1970, is the oldest in the county.

"I went into residency thinking I was going to be a community emergency physician," says Zink. However, inspired by his mentors—some of the first emergency medicine academicians in the nation—Zink decided that he, too, wanted to focus on an academic career in the field. In his third year of residency,

he started to do research—on trauma and shock, brain injury and alcohol effects in brain injury. "There was no going back," says Zink.

The University of Cincinnati was ahead of most of the country. "There was still very little research going in the field at large," says Zink. When he grad-



EMERGENCY ENTRANCE



uated residency, he was appointed research director of the Department of Emergency Medicine at Albany Medical College. He had limited laboratory experience and only a few published articles under his belt. “It is laughable, how poorly prepared I was,” Zink says. But with more experience than most,

Zink, through trial and error, slowly built the program over four years.

FORGING THE PATH

A larger story, however, was being written. One of Zink’s favorite residency mentors, William Barsan, MD, had recently joined the University of Michi-

Zink is the inaugural Frances Weeden Gibson-Edward A. Iannuccilli, MD, Professor of Emergency Medicine (the dedication was held September 12), chair of Emergency Medicine at Alpert Medical School, and physician-in-chief, Emergency Medicine, Rhode Island Hospital and The Miriam Hospital.

ZOOM

gan as the emergency medicine section director in the Department of Surgery; he urged Zink to follow him. Though one of the country's premier academic medical centers, Michigan had "no real presence of emergency medicine at the time," says Zink. "Naturally, the opportunity was impossible to resist."

Charged with growing the emergency medicine residency—which was established when he arrived, in 1992—and launching a research program, Zink faced significant challenges. To garner support for the section, he and his colleagues had to convincingly demonstrate the value of high-quality emergency care and the critical role of board-certified emergency physicians in it, as well as the importance and feasibility of research in the field. "We had to prove [it] was a legitimate academic

Zink. His interests and skills, he says, were leading him toward medical education, administrative, and leadership positions. During his 14 years at Michigan, he served as assistant dean for medical student career development and associate dean for student programs and, on the national level, as president of the Society for Academic Emergency Medicine. And during a nine-month sabbatical, he wrote the history of emergency medicine.

THE TIME, THE PLACE

In life and in work, it is hoped that one's steps will together form a worthy and definable path—a path that will bring one to a place one is needed, and meant to be. The choices Brian Zink made—in college, medical school, residency, and beyond—led him to Brown.

RIH's emergency department is **one of the 10 busiest in the country.**

field—to the University, to the larger medical world," Zink says.

Zink and his colleagues did just that: they built the emergency medicine section into a full department, and constructed the research program from the ground up. It soon became a national leader in emergency medicine funding. Zink himself received NIH funding and recognition for his work on alcohol and brain injury.

After about 10 years, however, he gave it up. "I realized I would be better off supporting and enabling great researchers than doing the research myself," says

In 2005, Alpert Medical School recruited him to chair the newly formed Department of Emergency Medicine. This was the first emergency medicine department in the Ivy League, and its establishment was a watershed moment for the field. "This was a place where a new chair with a new department could have an impact," says Zink.

Zink was also drawn to Brown's clinical setting—and particularly to the EDs at The Miriam Hospital and Rhode Island Hospital. Emergency medicine plays a vital role in these hospitals, Zink says, because of the high patient volume—with

more than 150,000 annual emergency patient visits, RIH's ED is one of the 10 busiest in the country—and the high acuity of these cases. "Emergency medicine is the center of what makes the hospitals go here," says Zink. This is a relative rarity: "In academic medical settings, EDs are not always seen as vital to the whole operation, clinically or academically."

FROM A TO ZINK

Shortly after arriving, Zink, along with other Medical School leaders, established a clear mission for the Department: provide exceptional medical care, education, research, and service to the people of Rhode Island and beyond. "Above all, we had to build our academics," says Zink. Although the goals were both wide-ranging and far-reaching, Zink was—and is—viewed as equal to the challenge. "He has a top-to-bottom and bottom-to-top understanding of emergency medicine practice, including all of its academic and clinical dimensions," says Gregory D. Jay, vice chair for emergency medicine research.

Zink first focused both on developing the existing medical staff and on hiring additional, and highly academic, physicians. To date, he has brought on 35 new faculty, many of whom are fellowship-trained. "These physicians have helped us develop our academic program," Zink says.

He has also ensured that the Department is varied and dynamic. Half of the physicians Zink hired are female, and faculty possess and develop expertise in a wide range of areas, from international emergency medicine to the medical humanities, with Zink's robust support. "The Department offers the opportu-

Zink says **his job** as chair is to “**help his faculty find a passionate focus.**”

nity to learn from an incredible diversity of minds,” says Jay Baruch, assistant professor of emergency medicine and director of the ethics curriculum.

The cornerstone of any academic program is research, and from the start this has been a top priority for Zink. One of his initial efforts was to establish a seed grant program that has helped “launch the research careers of promising Department faculty,” says Jay. Zink has also supported innovative programs that “other chairs might have questioned, both in terms of cost and value,” says Assistant Professor of Emergency Medicine Megan L. Ranney. One such project was as a grant writing workshop that she helped develop. Although the idea was untested, “Dr. Zink saw its value, encouraged its development, and helped guide it to success,” says Ranney. Ultimately, the program not only increased the Department grant submission rate, but received a national award for innovation in emergency medicine education. This tale of success is only part of a larger narrative: three years after Zink’s arrival—two fewer than he initially planned—the Department had doubled its research funding. It is now one of the nation’s leading emergency medicine departments in research.

The list of what Zink has accomplished in five years goes on: he increased his Department’s involvement in the Medical School, particularly in re-

search and in its centerpiece course, Doctoring. He advanced clinical care at Brown’s affiliated hospitals, creating with his colleagues, for example, a psychiatric and substance abuse disorder emergency unit. He worked to establish new Emergency Medicine divisions—including International Emergency Medicine, Sports Medicine, and EMS and Disaster Medicine—and to bolster existing programs. He advocated for the creation of new fellowships: Brown now has one of the most comprehensive emergency medicine fellowship and residency programs in the country.

BEYOND THE DESTINATION

A committed clinician who still takes weekend, evening, and overnight shifts, Zink is also an inclusive and accessible administrator who works to get to know and understand the diverse opinions of everyone in his Department. “He always makes time for you,” says Ranney, “even at the end of one of his very long days.” As the leader of a varied and dynamic group of physicians, Zink—even in the heat of a passionate debate—“gets the conversation back on track with just a few words,” says Associate Residency Program Director and Assistant Professor of Emergency Medicine Jessica L. Smith.

This sense of balance comes perhaps from his belief that work is just part of a full and healthy existence: known to cut a rug with his wife at the annual holiday

party, Zink has initiated social, wellness, and “know and grow” events for residents and faculty, as well as a journal club at his home and with his wife, kids, and pets.

But Zink’s greatest passion, he says, is helping others—from medical students to senior faculty—develop their careers, a spirit of generosity that can be traced to the moment he put aside his own research at Michigan to support others. (In October, this role was formalized: he was appointed Assistant Dean for Medical Student Career Development.) Zink, who says his job as chair is to “help his faculty find a passionate focus,” makes a point of working with each member to develop a personal mission and vision. Known to nominate those on this team for national teaching, clinical, and research awards and positions, he is “committed to growing each individual member of the Department,” says Ranney. This deep sense of responsibility extends even beyond the faculty: “Dr. Zink cares about the patients; he cares about the staff; he cares about the hospital,” says Smith. “He simply cares.”

It can be argued that Zink, by believing in its importance as an academic specialty—and by lifting up those around him—has elevated his field. As the challenges, especially in clinical emergency medicine, continue to mount, Zink’s focused and steady leadership will be critical. “He has a vision,” says Smith.

When Zink returns to the room after taking his patient call, he apologizes, and picks up the dog-eared copy of his *History of Emergency Medicine*. “Where were we?” he asks. It’s as though this story—of the field, of Zink—has just begun.








BIG SHOT

JOAN TENO MS'90, MD

Autumn of My Years

A physician focuses on the art of seeing.

Since 2005, I have been carrying a camera with the goal of taking a picture a day. For me, it serves as a reminder to forget the deadlines and my overflowing email inbox and focus on finding beauty in my everyday, ordinary existence. This picture was taken during a lunch break when I was teaching an intensive course in palliative care for 20 teams from Eastern Europe in Salzburg, Austria. After 15 years of working at Brown's Center for Gerontology and Health Care Research and as an associate medical director at Home and Hospice Care of Rhode Island, the simple yet important lesson that I have learned is: life is short. Take stock and try to find beauty in each day. 

Joan M. Teno is professor of health services, policy, and practice and associate medical director at Home and Hospice Care of RI. Her research and her photography were featured in Brown Medicine, Winter 2011.

For **GRIFFIN RODGERS**,
overseeing an NIH
institute means bringing
the best research to
the greatest number of
patients.

BY SARAH BALDWIN-BENEICH

PHOTOGRAPH BY DAVID PETERSON

The Ambas

A silhouette of a man in a suit and tie, looking out of a window. The background shows a cityscape with buildings and trees, visible through the window. The lighting is soft, creating a contemplative mood.

sadlor

It's

a breath-stoppingly hot August day in Bethesda, Maryland. The thermometer reads 98, but the real-feel temperature is around 110. The sidewalks of the National Institutes of Health's 300-acre campus are mostly deserted. The heat finds you even under the trees. You can almost hear the leaves sizzle.

But nine stories up, in the "A" Wing of Building 31, Griffin Rodgers '76 MMS'79 MD'79, MBA sits in his office—bookshelves tightly lined with journals and reference books, desk barely visible under neat piles of yellow, red, and blue folders—and emits an enviable aura of cool. As director of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), he is responsible for the fifth largest of the NIH's 27 institutes, and one that seeks to cure many of the most common, chronic, and costly maladies that plague Americans today: diabetes, obesity, liver disease, Crohn's disease, hepatitis, kidney and bladder diseases, and hyperthyroidism, to name a few. Yet you get the sense that the heat is no more likely to make Rodgers break a sweat than is his responsibility for a \$2 billion annual research budget and 1,300 of the country's best scientists and administrators.

It's only gradually that you realize that for all his warmth and calm, this is a man of intense and entwined passions—for science and medicine, and for service to others.

For Rodgers, NIDDK research is not

an end in itself. Rather, the mission is to make the best research relevant and affordable to the public. Citing the staggering social and economic toll of diabetes, for example—26 million Americans with the disease, another 79 million with pre-diabetes, \$174 billion in health care costs annually—and a concurrent flat or shrinking budget, he makes a compelling case for creating the most effective programs that can reach the greatest numbers. (One of these is the National Diabetes Education Program, based on a lifestyle modification study supported by NIDDK and tested by researchers—including Rena Wing, professor of psychiatry and human behavior and director of Brown's Weight Control and Diabetes Research Center.)

IN HIS BLOOD

A **hematologist** by training, Rodgers first became interested in medicine growing up in the '60s and '70s in New Orleans. He attended the distinguished all-male St. Augustine High School, which coupled an emphasis on community service with academic rigor (his graduating class alone had more Na-

tional Achievement Finalists, including him, than the remainder of Louisiana, Alabama, and Mississippi combined). He excelled in math and science early on. His father taught physical education and science. But it was his mother, a public health nurse, who first exposed him to the practice and potential of medicine.

"Many of my mother's patients weren't able to get to the clinic during the work week. She'd take it upon herself to visit them at their homes during the weekend. We went to some rough neighborhoods," Rodgers recalls, laughing softly, "and she took me along as protection." He watched as she applied her nursing training and practical approaches to solve medical problems. "I learned quite a bit this way. Her knowledge, compassion, and ability to get along with people went a long way in getting them to follow instructions, do follow-up."

Making the rounds with his mother was formative in another sense, as well: "I saw that diabetes, obesity, and kidney disease hit African Americans harder than others. This was my first exposure to the effects and interaction of genetics and the environment."

“Parents aren’t supposed to bury their children, and neither are their friends.”

It was when the teenage Rodgers watched three close friends suffer “unbearable, unimaginable pain” before dying of sickle cell disease that interest became vocation. Sickle cell disease is an inherited blood disorder in which red blood cells become crescent (sickle) shaped and block small blood vessels, resulting in damaged tissue and often, until recently, death. “Parents aren’t supposed to bury their children,” he says, “and neither are their friends.”

Rodgers enrolled in Brown’s medical program so he could pursue his passion for research and medicine right out of high school. (At the time, Brown had a six-year program leading to a master of medical science degree, after which students transferred to a conventional medical school for their final, two years of clinical training. Shortly after Rodgers matriculated, in 1972, Brown received provisional accreditation for awarding the MD degree; full accreditation as a four-year medical school came in 1975.) Despite the shock of Providence’s harsh winters and substantial snowfall, his transition to Brown was smooth, thanks in part to some influential faculty



Rodgers (top left) with his parents and brother, Howard, at his Brown medical school graduation. With Mary Tyler Moore, Sugar Ray Leonard, and Nick Jonas (above), testifying at a Senate hearing in support of research funding for Type 1 diabetes. The hearing was part of the 2009 JDRF Children’s Congress.

members. He was assigned a faculty adviser, Dr. Pierre Galletti, then vice president of biology and medicine and an early architect of the Medical School, whom Rodgers calls “an outstanding mentor.” Galletti, a Swiss physician-scientist renowned for his groundbreaking work in artificial organs and tissue engineering, directed Brown’s Artificial

Organ Laboratory. Rodgers worked in the lab as an undergraduate, “analyzing the blood of the large animals ... before and after it passed through the filtration and oxygenation device.”

Another key influence was his thesis adviser, Dr. Herbert Lichtman, an eminent hematologist recruited from SUNY Downstate Medical Center in the ’70s to

become physician-in-chief at The Miriam Hospital. “We wanted to do a study of sickle cell disease but there weren’t a lot of patients in or near Rhode Island,” Rodgers explains, “so we focused on blood issues in people who were octogenarians and older. We compared aspects of their blood to that of people in their 20s, and we made some key findings: we thought that the red blood cell might be a key indicator of how the other cells are functioning as you age. This turned out to be a quite novel concept that has been replicated by others over the succeeding 30 years.” They published their findings in the *Journal of the American Geriatric Society*.

Then, during his clinical rotations, Rodgers met a third—and ostensibly unlikely—mentor, Brown’s founding chair of dermatology, Charles McDonald. Though Rodgers was more interested in blood than skin, the dermatologist’s work intrigued him. McDonald, who had come to Brown from Yale in 1968, was a pioneer in the use of chemotherapy to treat nonmalignant disease—in this case, psoriasis. “This approach led me to use chemo in sickle cell disease,” explains Rodgers—an innovation that in turn led to the development of the first effective, FDA-approved therapy for sickle cell anemia, for which he is credited. Today Rodgers is exploring the use of blood stem-cell transplant therapy, which has already proven effective in adults.

Rodgers’s calling was confirmed. After completing an internal medicine residency at Barnes-Jewish Hospital and Washington University School of Medicine in St. Louis, he embarked on a career at the NIH: in 1982, he began working in

“As a researcher, you can indirectly touch and perhaps save the lives of millions of people worldwide.”

the laboratory of Christian Anfinsen, winner of the 1972 Nobel Prize in Chemistry, on molecular and cellular aspects of sickle cell disease, along with hematologist Alan Schechter. Rodgers has been there ever since.

GRACE AND GRAVITAS

Rodgers’s portfolio of responsibilities at the NIH has steadily expanded for two decades. Named chief of the Molecular and Clinical Hematology Branch in 1998, he became NIDDK’s deputy director in 2001, acting director in 2006, and director in 2007. And all the while, he has run a laboratory studying the molecular basis of globin genes and how certain drugs induce production of fetal hemoglobin, and has maintained a cadre of patients—including a 31-year-old woman whom he first began treating for thalassemia when she was 12.

This capacity to enjoy a truly dual career in research and medicine is part of what distinguishes the NIH, says Ira Levin, PhD ’61. He should know: he spent 48 years there, most recently as scientific director of the NIDDK, before retiring last summer. Levin calls Rodgers “a true physician-scientist—which is, if not a dying breed, a small one.”

He is also, says Levin, a gifted leader. Not only does Rodgers have a “phenomenal grasp” of the complexities of all NIH programs, both intra- and extramural, he is also “so thoughtful, so considerate, so understanding of problems

that he puts everyone at ease, from top managers to young postdocs.”

“We used to ‘walk the farm’ together, dropping in to visit my scientists’ labs,” Levin recalls. “Griff would ask unbelievable questions about their science. He knew as much as I did about the work these young people were doing!”

Dr. Allen M. Spiegel, who preceded Rodgers as the NIDDK’s director and is now dean of Albert Einstein College of Medicine, concurs, noting his successor’s “love of science and medicine coupled with a sense that helping others is the best reward for one’s efforts.”

Spiegel cites another quality, as well: “tremendous people skills,” a key requirement of the job. For Rodgers is in essence an ambassador—for his institute, for the NIH, for biomedical research. And his stakeholders are multiple and varied, from lawmakers to patient advocacy groups, from young science lovers to NIH-funded investigators themselves. In addition to meeting with colleagues in his lab, preparing his research for publication, and caring for patients, a typical week for Rodgers might include a visit from the Juvenile Diabetes Research Foundation (JDRF), testifying at a Senate hearing, speaking to summer students in the NIDDK’s Short-term Education Program for Underrepresented Persons, and recording “Healthy Moments” segments for local and national radio.

Shake his hand, and it’s easy to imagine Rodgers in this ambassadorial role.

But if he has all the elegance and polish of a diplomat, he also possesses an air of profound sincerity and the remarkable ability to be utterly present and yet somehow recede, so that all the focus is on the work.

SEEING THE FOREST— AND EVERY TREE IN IT

Listening to Rodgers talk about biomedical research is like looking first through one end of a telescope, then the other. In his commencement address to the Alpert Medical School Class of 2011 last May, he expressed his hope that many of them would choose the path of physician-scientist, as he did, for its

potential breadth of impact: “A physician can affect the lives of several thousand people over the course of his or her career. Teachers of medicine can prepare hundreds of students, ultimately affecting the lives of hundreds of thousands of people. As a researcher, you can indirectly touch and perhaps save the lives of millions of people worldwide.”

At the same time, he spoke as the young man who had lost three dear friends, and exhorted the graduates never to lose their sense of the patient as a person: “It’s all about people’s lives—unique, precious, irreplaceable human beings.”

For Rodgers, who earned an MBA

from Johns Hopkins in 2005, there’s an economic imperative as well. “We can help our nation by improving quality of care at a lower cost—saving lives, our economy, and the federal budget,” he told the graduates. “That is why we’re embedding comparative effectiveness, health economics, and health disparities research in all the large-scale clinical trials we conduct or support.”

With responsibilities and challenges like these, it’s a wonder Rodgers can sleep at night, but he insists he does: “If you don’t get enough sleep it can contribute to obesity,” he says, with a laugh. Then he soberes. “What I do worry about is how low our budget will actually go and whether this will have a substantial impact on the next cohort of biomedical researchers. People go into a profession because of their mentors, of who they aspire to be. And if researchers have a difficult time in getting their own research funded, it sends a bad message to the junior people You have to keep the leaders involved and engaged, but you also need to pay special attention to the younger investigators.”


If Rodgers is calm, perhaps it’s also because he knows how to “leave work at work and home at home.” He’s always made a point to enjoy his family (he is married to Dr. Sherry Mills ’78, director of the NIH’s Office of Extramural Programs, and they have two sons, Christopher and Gregory) and play the occasional round of golf.

But fundamentally, it’s because he feels he’s exactly where he’s supposed to be. “It’s hard to believe you can have this much fun and get paid for it,” Rodgers says. “I’m doing what I’ve been preparing for my whole life.”



The weekend before Rodgers delivered his commencement address to Brown’s MD Class of 2011 (above), he—along with Elie Wiesel—received an honorary degree from Washington University. He shared the dais with his son Christopher, who earned a bachelor of science the same day.





PHOTOGRAPHY BY WARREN JAGGER

JUST WHAT THE DOCTOR ORDERED

After a \$45 million facelift, the Alpert Medical School building is ready for its close-up.

Walking through the new Alpert Medical School, you see a lot of smiles. Smiling faculty who have state-of-the-art lecture halls to teach in, smiling students who have comfy spaces for study and easier access to their advisers. A super-smiling dean who is thrilled to see the entire medical community making itself right at home at 222 Richmond Street. In their new surroundings, the possibilities seem endless; administrators, teachers, and students have only begun to devise ways to use the space and the new technology to its full educational potential. Take a virtual walk through the Medical School's new home.

—**Kris Cambra**



EXTREME HOME MAKEOVER

The atrium (above) is the building's spine, a central connector to the programmatic areas. Light spills in from three-story windows on either end. The exposed ceilings and columns were preserved to honor the building's former life as a jewelry factory.

Richmond Street entrance



Eddy Street entrance at dusk



8:00 AM

.....

Doors
open

TIMELINE PHOTOGRAPHY BY MIKE COHEA

A DAY IN THE LIFE

With medical education and administration now located under one roof, the building is abuzz from early morning through the evening with students, faculty, and staff.



A/V SQUAD

Two **case study rooms** (right) have 70 seats arranged in a U to give the class a clear view of physical exam demonstrations, standardized patient interviews, and presentations.

A multipurpose room has no fixed furniture so that it can be used for different types of instruction. The latest in audiovisual technology makes it easy for instructors to use a variety of materials in class.



A CLEAN, WELL-LIGHTED PLACE

Though it might be as conducive to daydreaming as to studying, the **first-floor library** boasts clear views of the riverfront and what will someday be a pedestrian bridge linking the Knowledge District to College Hill. A full-time librarian provides support for accessing the vast digital collections, nary a print book to be found.





MULTIMEDIA EXPERIENCE

Students in the lecture halls can call up the instructor's slides on their iPads during the presentation, and access them later while studying. With 150 seats in each, there's room for the class to grow.



"The new building is bringing out the best in the students and faculty. I feel more inspired to teach than at any other time in my career."

PHILIP GRUPPUSO, associate dean for medical education (above)



TOUCHES OF HOME

Students from all four years are assigned to one of three academies. The academies will help maintain the small-school feel as class size increases.

“With this new building, we will thrive because of our surroundings rather than in spite of them.”

JENNA LESTER, second-year medical student



“I want the doctor to understand the science but also to understand that each person is unique in their life and lifestyle.”

—LARRY KIRKLAND, artist

ONLY THE PATIENTS ARE FAKE

The **clinical skills simulation center** (above and right) works just like a real doctor’s office—the diagnostic equipment, the examining table, even the electronic medical record all function as they would in an outpatient office. But these exam rooms have video cameras so that student interactions with standardized patients can be reviewed, helping them to improve their clinical skills.






PUBLIC DISPLAYS OF CONNECTION

Artist Larry Kirkland was commissioned to create the **public art**. The collage's representation of two heartbeats and two marble chairs directly in front of it celebrate the doctor-patient relationship. Each academy, like the **Blue Academy** (right), has director and faculty advisers' offices, a kitchen, and study areas. These spaces encourage peer mentoring and access to advising. You'll find students eating, studying, even napping on the couches. 📖





**IN TODAY'S
HEALTH CARE
LANDSCAPE,
SOME DOCTORS
CHOOSE TO
BLAZE THEIR
OWN TRAIL.**

BY EILEEN O'GARA-KURTIS

MAKING MEDICINE work

ILLUSTRATION BY
JAMES STEINBERG

IN late 2008, as the global economy sputtered and gasped, Aaron Blackledge MD'01 was launching a storefront primary care practice in the heart of San Francisco's Mission District.

With entrepreneurial audacity, Blackledge hoped to prove a practice model that would breathe new life into the dream of primary care in America—drawing on both tradition and technology to empower patients and physicians.

There would be 24/7 coverage. There would be house calls. There would be minimal staffing and overhead. There would be online scheduling. There would be artful branding and smart use of technology. And there would be integration into the life of the neighborhood.

“I wanted to get back to the idea of the small-town doctor who was really part of the broader community,” says Blackledge, who lives a few blocks away. “I wanted to give phenomenal care at an affordable price point.”

“WE ARE THE CHANGE THAT WE SEEK”

The idea had been percolating for a while—through Blackledge's stints as medical director of a community medical center, as an emergency department physician, as a member of a boutique practice that sent him on house calls to rock stars in five-star hotels, even as a medical student working with Alpert Medical School faculty in Thursday afternoon HIV/hepatitis C clinics at Rhode Island's Adult Correctional Institute. Like all physicians on the front lines of American medicine, he had witnessed

the ways in which contemporary primary care practice works and the ways in which it does not.

By 2008, Blackledge was ready to give life to his vision.

“In February, on Super Tuesday, I heard [then-candidate] Obama say, ‘We are the change that we seek,’” Blackledge remembers. “At the time, I was canvassing for him in the Mission Dolores area, and I looked around and thought, ‘This is the kind of neighborhood where I would want to practice—a diverse, urban community.’ So I decided to do it.”

CarePractice was born.

The bonfire of the recession was building when Blackledge signed a lease on an empty, graffiti-covered storefront on 14th Street and started turning it into what he describes as a “stripped-down, technology-driven primary care practice” that would operate in a setting that “would make it look more like a funky neighborhood restaurant and less like a medical office.” He drained his savings, as he couldn't get a line of credit in the newly harsh banking environment of the melted economy. Although confident in his approach—“I knew what resonated with health care consumers, and thought it would be popular”—he had no idea whether patients would respond to his practice model.

“My backup plan,” he recalls, “was to put a shower in and live there.”

The office art was by UK-based graffiti artist Banksy (“We hung high-res prints on large canvases,” says Blackledge, “to send the message, ‘This is not your typical doctor's office’”) and most of the furniture was from Ikea—as well as from another, ironic source.

“A lot of the things in our office, I bought from primary care physicians who were going out of business,” says Blackledge.

One day, his father went with him to one such physician's office to pick up an electric exam table. Blackledge's father asked the physician's 7-year-old daughter what she wanted to be when she grew up.

The child's father answered for her. “Well,” he said, “she's certainly not going to be a doctor.”

LOOKING FOR ANOTHER WAY

Everyone in medicine—and everyone who has tried to make a doctor's appointment recently—is well acquainted with the crisis in primary care. There are far too few primary care physicians.

The field is reeling from years of decimation driven by the departure of veteran physicians, an increase in part-time practice, and defection of medical students to other specialties offering better life balance or higher compensation. Community-based private practitioners, who must also grapple with the rising costs and administrative burdens of running a small business, have become especially rare; a recent Accenture survey projects that they will represent less than one-third of the physician workforce by 2013.

But there has been a recent uptick in the number of medical school graduates

choosing primary care residencies, which rose 11 percent in the past year, according to the National Resident Matching Program. And emerging models of care may offer the next generation of physicians greater choice.

Like Blackledge, who was inspired by Dr. Gordon Moore's Ideal Medical Practice movement, a growing number of physicians—in primary care as well as other specialties—are looking for new ways to practice.

“While most family medicine residents are still getting jobs as employees when they come out of training, there’s a lot more heterogeneity in what people are doing,” says Professor and Chair of Family Medicine Jeffrey Borkan, MD, PhD. “Because of generational changes, as well as shifts in incentives and intensified emphasis on lifestyle, current graduates are picking more definitively and distinctively than prior generations. It’s now the unusual resident who continues with the full scope of what he or she was trained for. While nearly all continue to care for patients of all ages, most tailor their practices to reflect their interests and the needs of their patients.”

Veteran physicians, as well as new doctors, are making changes.

NAVIGATING A SHIFTING LANDSCAPE

In 2004, Jeffrey Austerlitz ’74 MD’78 traded private practice for a medical staff position at the Alpert Medical School-affiliated Providence VA Medical Center.

“In order to see my patients and pay the bills, I was putting off charting until the end of the day, taking work home, and generally living a life that was stress-

ful for me and for my family,” says Austerlitz, a clinical assistant professor of medicine who was in private practice in Rhode Island for 17 years before moving to the VA. “It was no longer any fun.”

Austerlitz has come full circle, back to the federal health care system. He began his career as chief of medicine and pulmonary medicine with the Indian Health Service in Oklahoma. After that, there was a brief stint with a staff-model HMO in Kentucky.

Then, Austerlitz and his wife, a Rhode Island native, returned to her home state to open a practice.

“When I first went into practice, your patients were your patients—you developed a relationship where you trusted each other,” says Austerlitz. “Now, your relationship with the patient is only as good as the insurance plans you take. Because health insurance is so expensive, employers have to shop around—and often they



THE INTEGRATED LIFE

“It’s a blast.”

That’s how John McGonigle RES’09, a clinical instructor in family medicine, describes his micropractice on the East Side of Providence.

Most days, McGonigle wears shorts to work, reserving his white coat for hospital rounds. His office, where he shares common areas with a holistic psychiatrist, a pediatrician, and a nurse practitioner, is decorated to feel like a favorite professor’s study. He sees no more than 13 patients on an average day. And, if he wants to book off a Friday afternoon to take his kids to the beach, that’s what he does.

“I didn’t go to medical school until I was 36,” says McGonigle, who found his way to Providence in 2006 via Alpert Medical School’s family medicine residency program at Memorial Hospital of Rhode Island, after a well-traveled life as a poet and translator and medical school at SUNY-Stony Brook. “And I didn’t do it to end up with a lousy job.”

SMALL PRACTICE, BIG VISION

McGonigle’s decision to join the growing micropractice movement, in which practices are kept small and overhead low, was part lifestyle choice and part accommodation of his vision of holistic primary care.

“I realized that for me to be able to do holistic medicine as a family doctor, and do good, evidence-based primary care, I had to do this micropractice thing,” he says. “It works on every level—practically and from a personality/philosophical viewpoint—both for me and for my patients.”

McGonigle is one of a handful of holistic primary care practitioners in southeastern New England, and he believes he’s the only one in Rhode Island. Since 2009, when he launched his practice, about 1,300 patients have found their way to him. His waiting list is eight months long.

Many of his patients are veterans of long struggles with chronic conditions, serious illness, or unexplained malaise who seek a forensic diagnostic approach and customized therapies.

"I see people who have been to 20 different doctors and still don't feel well, a lot of women in mid-life who have been treated with anti-depressants [although they feel that something else is wrong], people who are struggling with very heavy, serious stuff ... cancer, MS, recurrent miscarriage ... and we work together to figure out what's going on," McGonigle explains. "I do a lot of integrative homeopathy, in which we try to find out everything we can about the person ... dreams, sleep, what do you do with your time, relationships, spiritual life, what were you like as a child. It's the cornerstone of all medicine, but especially of integrative or holistic medicine, which is tailored uniquely to the individual. I might have 10 patients with high blood pressure following 10 different treatments."

McGonigle's approach takes time.

"The average primary care physician sees four patients an hour, with a first patient appointment usually about 30 minutes," he says. "You can generally do a very good history and physical in half an hour. But, because of what I do, I need to book an hour and half. To do that, and be financially viable, I need to keep overhead super low."

LOVING MEDICINE

McGonigle has no office staff. He uses an online fax service and does pretty much everything—from filing immunization records with the state to ordering prescriptions—electronically. His patients schedule appointments online and reach him via cell phone. (The only down side, says his wife, Kate—whom McGonigle credits with "taking care of everything else while I scraped and clawed my way through med school and residency"—is that maintaining boundaries between work and home life is often a challenge.)

Although he works alone, McGonigle is supported by a growing movement of like-minded physicians, several of whom practice in Rhode Island. He meets regularly for informal dinners with Lynne Ho '80, a leader in the Ideal Medical Practice movement who launched her Wickford micropractice in 2004 after working 15 years in community health centers, and several other colleagues, including Clinical Assistant Professors of Family Medicine Andrea Arena and Lisa Denny, partners in a micropractice in Barrington that has received national media attention.

"I grew up in western Massachusetts, in an old house heated by a wood stove, and I always had this vision of the country doctor, never envisioned myself working in a big practice," McGonigle says. "Then, in my first year of residency, I heard Lynne Ho lecture about this sim-

plified model that relies on technology. I knew that was the way I needed to go."

"It's wonderful," he continues. "It takes a lot of the financial and administrative burden off the clinician. In the average practice, 60 to 70 percent of revenue goes to overhead, and people end up in this terrible loop, chasing their own tails. It's a tragedy. The patients are miserable, and so are the doctors."

McGonigle believes he's found a way to make medicine work.

"In my early 30s, after a long time abroad, I decided that I wanted to put my feet down somewhere and have an impact on my community. I went to work as a temp in a cardiac surgery department at a medical center in New York City, and I fell in love with medicine. Love at first sight."

"It's true that primary care pays a third what cardiology, gastroenterology, and other specialties pay," he acknowledges. "But you know what? Society pays me very well. I get to do work that is fascinating, challenging, and emotionally and spiritually rewarding, and I get to grow personally while helping other people. It doesn't get any better than that."

What about you? Have you modified the way you practice medicine? Let us know (brown_medicine@brown.edu). We'll publish your answers at brownmedicinejournal.org.

switch plans, sometimes forcing their employees to switch doctors. And, because fees are not keeping up with expenses, there's pressure to see more patients."

"There was a time when I didn't even want to know what insurance my patients had," he continues. "Now, when you're writing a prescription, you *need* to know what plan your patient has—and every January, the calls start to come in from pharmacies informing you

that your patients have changed insurers, or that their insurer has changed policies and the drug you prescribed is no longer in the formulary."

Austerlitz left private practice as passionate as ever about patient care. But he didn't leave rich.

"When I started, there was a sense that when you built a practice you were building something tangible. The instability in the system has made that a distant memory. When I left private

practice, with a full panel of patients, my equity in the practice was \$8,000."

BUILDING A MEDICAL HOME

Working at the VA, says Austerlitz, has put the wind back in his sails.

He is liberated from the administrative burden of running a business while practicing medicine ("I have time to teach again," he notes) and, most importantly, he feels that the VA model supports the doctor-patient relationship.

"In the federal system, I have one responsibility—to my patient," says Austerlitz. "If my patient needs something, he or she will get it. If my patient needs a test that is not included in my system, or a drug that's not in the formulary, I know how to be an advocate with the VA pharmacists. They know that I'm not asking for something that I don't feel is really important. We're on the same team."

"I used to have patients trying to save money by using insulin needles over and over again, or taking medications every two or three days," he continues. "There are still challenges, of course, but it's a huge relief knowing that your patients won't need to figure out how to afford the care they need."

Physicians and patients also benefit from the innovation investments made by today's VA, he adds, noting that the VA was a national leader in implementing electronic health records (EHRs) and is at the forefront of the medical home model of primary care.

"The thing that makes me most happy is that a lot of people who used to come to the VA only for their medications are now transferring their primary care to us. We're really able to establish a stable medical home for them."

PRACTICE MODEL MEETS PERSONAL MISSION

There are about 2,000 names on the waiting list at Asian Health Services, the Oakland, California, community health center where Sophy Shiahua Wong '98 MD'04 works. People often wait more than a year for a new patient appointment at the center, which specializes in providing care for Asian patients with limited English proficiency.

"Unfortunately, by the time people are seen, it's pretty routine to have to tell them that they have hypertension or diabetes or some other [previously undiagnosed] chronic condition," says Wong, who is fluent in Mandarin.

Where Wong grew up, in California's Central Valley, it was not commonplace for high school graduates to matriculate at four-year colleges and still more unusual to attend Ivy League schools on the East Coast. Accepted to the Program in Liberal Medical Education, Wong was drawn to Brown because its curriculum allowed her to explore her interest in art, social and community justice, and other fields while keeping the door open for a career in medicine.

An undergraduate experience working with Alpert faculty at The Miriam Hospital's HIV clinic opened the door a little wider. "It really threw me into the world of HIV/AIDS, and it was such an exciting time in the field," she remembers, noting that her tenure with the clinic coincided with the advent of anti-retroviral therapies in the 1990s. "There was a great energy about the people and the team. They showed me how medicine could be a tool for social justice."

Still, Wong didn't go directly to medical school after college. She taught kindergarten, coordinated a young women's community health project, and freelanced in graphic design. Then she worked as a caseworker in New York City, where she advocated on behalf of undocumented HIV-positive people. It was a critical transition. "I wanted to be more effective, I wanted more knowledge and power, and I wanted to use the analytical side of my brain more," she says.

She came home to medicine.

After graduating from Alpert Medical School in 2004, Wong returned to California, completing residency and fellowship at UCSF School of Medicine and settling in Oakland, where her social justice mission meets her interest in system-level work here and abroad.

SOPHY WONG, MD, INC.

Like Blackledge, Wong is on an entrepreneurial journey.

Although she is an assistant clinical professor at UCSF and enjoys collaborative relationships with colleagues there, Wong has chosen to incorporate herself and piece together a complementary set of roles outside of academia.

In addition to working at Asian Health Services, she is medical director of the East Bay AIDS Education and Training Center, working with the Alameda County Department of Public Health to improve HIV/AIDS testing and linkages at county jail and community organizations, and using novel approaches to integrate social network testing to reach the most at-risk youth and young adults. As the medical director of HIV ACCESS, she oversees the quality improvement initiatives in federally funded HIV care and treatment programs in Alameda County. Her international work has taken her to Tanzania and Kenya, including time in Eldoret, Kenya, with Associate Professor of Medicine Jane Carter's team. Earlier this year, as medical director of Pangea Global AIDS Foundation's China Project, she concluded an assignment on a Gates Foundation-funded capacity-building project in China.

"It's been great," Wong says. "It's allowed me to provide hands-on care and also contribute at the system level."

GROWTH THROUGH INNOVATION

Across the Bay Bridge, an eclectic group of patients seeks care from the five physicians—four full-time, one part-time—who now staff Aaron Blackledge's thriving CarePractice. "If you drop in to our reception area," says Blackledge, "you're likely to find a tech CEO sitting next to an unemployed waiter."

More than 7,000 patients have found their way to the storefront in the Mission since CarePractice launched in late 2008. They are attracted by its non-traditional approach, use of online scheduling, social media, and other technology, and promise of 24/7 accessibility. On average, the practice welcomes eight new patients daily.

Patients started coming even before the doors officially opened, Blackledge remembers. "I'd stop painting [the walls], see a patient, and go back to painting."

CarePractice offers a Suboxone treatment program for patients with opiate addiction, and provides comprehensive care across the board. The staff nutritionist has even been known to go grocery shopping with patients. But chronic disease management for diabetes, heart disease, and other conditions typically seen in aging populations is not a major focus. The group's demographics skew young, drawing from the area's pool of tech entrepreneurs and professionals as well as people who work in San Francisco's service economy.

"We started out doing a lot of urgent care, but now we're also doing a lot with chronic illnesses of the young—things like irritable bowel disease and fibromyalgia, as well as conditions like adrenal fatigue, which tends to be a problem espe-

cially for people with adult ADD," says Blackledge.

"We're starting to look at the neurochemical spectrum of ADD as a focus area," he adds. "It disproportionately affects artists, musicians, and entrepreneurs—and a lot of our patients. I realized recently that by using this practice model—which is attractive to people who can't stand things that aren't intuitive, can't wait in line, and are social media-driven—I've created a medical clinic that pre-selects for people with a neurochemical pattern on the ADD spectrum."

While CarePractice assists insured patients in submitting their claims, it operates outside third-party reimbursement, requiring payment at time of service. But it's not a concierge practice. Patients pay no membership fee in exchange for access.

Many of the group's patients have high-deductible health insurance plans with health savings accounts. Others are uninsured, and access to the physicians of CarePractice keeps them out of the hospital emergency department and enables them to avoid complications that come with deferred care. CarePractice's simplified, cash-based approach works for both groups.


"The Mission still has a large population of underserved people, but it's also at the epicenter of a looming tech resurgence," says Blackledge, who estimates that there are about 300 company founders among CarePractice patients. "There are a lot of startups here, a network of young company founders doing creative things, and a huge influx of young people who write code. A lot of them are independent contractors, and many are underinsured or uninsured."

HAPPIER DOCTORS, HAPPIER PATIENTS

"At a time when so few physicians are going into primary care—and when even clinics run by major health systems hope for break-even and actually expect negative cash flow—we've proven that you can create a viable business model by stripping down your overhead, simplifying your practice, and interacting with people through technology," says Blackledge. "Primary care is about the relationship between the patient and the provider, and by delivering responsive care—we can usually get you in within hours, and will come to you if necessary—I think we've shown the value of an alternative approach."

It's a message he hopes will resonate with other physicians. "Doctors are cynical, frustrated, tired, and so isolated from each other," says Blackledge. "I hope people will look at the CarePractice experience and see that by being creative and using technology to reduce waste and expedite care, you can lower health system costs, make yourself happy, and make your patients happy."

Borkan agrees.

"Overall, the kind of innovation that's going on is incredibly positive," he says. "It's creating more excitement about primary care, and giving people a sense that they have a lot of options in terms of how they can practice. And, on the system level, one way of changing the system is by having thousands of experiments and seeing what will work." 

Eileen O'Gara-Kurtis is the founder and president of Silver Branch Communications. She is a frequent contributor to Brown Medicine.

BY KRIS CAMBRA
PHOTOGRAPHY BY JESSE BURKE

Hey, Baby!

We talk about **life-work balance in medicine**, but what about life-school balance?


What challenges do student parents encounter?





BABY MAKES THREE

Fourth-year Sarah Housman asked every female physician she could find, “When’s a good time to have a baby?” “They all said ‘There’s never a good time.’ So we decided to go for it.” She and husband Joseph Grossman welcomed Hannah in 2010.



Alpert Medical School's new home has shiny anatomy labs, lecture halls that rival the comfort of your living room, a hip bagel café, and—wait for it—a lactation room.

You read that right. It's a grant-funded space the size of a large exam room outfitted with a clean sink, a refrigerator just for breastmilk, and outlets to plug in a breast pump. It has a locked door, is overseen by a certified lactation consultant, and is absolutely necessary given that it's not entirely uncommon for medical students to start families. (Faculty and staff are welcome to use the room, too.)

Recently three to four Alpert medical students per year have become parents, both women and men. And, since the opening of the standard route of admission, more people are embarking on medicine as a second career and come in already having had children. Their training coincides with their prime reproductive years, and students are no longer expected—implicitly or explicitly—to wait until they are handed a medical license to become parents.

THREE IS A MAGIC NUMBER

Sol and Dina Adelsky, both 27, met at Hillel on the University of Michigan campus when she was a freshman and he was a sophomore. They married three years later. On July 30, 2010, just weeks before the beginning of Sol's second year at the Medical School, they welcomed their first child, a daughter named Leor.

Dina, who is director of institutional advancement at the Jewish Community

Day School of Rhode Island, supported Sol's decision to enter medical school. But, Sol says, they knew they didn't want to put their lives on hold.

The timing ended up being perfect, academically speaking. Sol was finishing up a research project during the summer after first year, and he was able to be home full time the first three weeks after Leor was born.

"When I arrived for the first day of class that fall, I received a congratulatory round of applause," Sol says. "It was evident that nobody had started clerkships yet, because once they complete their ob/gyn rotation, they'll realize that it's only Dina who's worthy of applause!"

Sol didn't need any special accommodations from the Medical School, though administrators are willing to be flexible for student parents. But, he says, they were incredibly supportive. "The Admissions Office bought us a swing that we used religiously for the first 6 months, and [Director of Admissions] Barbara Fuller even offered to babysit."

Joe Grossman and Sarah Housman, both fourth-year students who also have a baby girl born in 2010, agree that their news was welcomed with support and understanding.

"[Director of Student Affairs] Alex Morang was just like 'Oh yay! I love helping students through pregnancy!' She was so supportive," Housman says.

The arrival of their daughter, Hannah, was a little more complicated. Sarah developed preeclampsia and had to be hospitalized. Her labor was induced and Hannah was born at 37 weeks, tiny at 5 pounds but perfectly healthy. At the time, Joe was in the midst of one of the most grueling clerkships: surgery.

"I was sleeping at the hospital to be with Sarah and then heading over to my shift. After Hannah was born, I called Alex and asked if there was any way I could have some time to be home with Sarah. Alex made it happen," Grossman says. He took two weeks off, finished the rotation and shelf exams, and then went back to make up the weeks.

GOOD CHEMISTRY

As analytical and pragmatic as most medical students are, making the decision to have a baby can entail lots of research, planning, and weighing the pros and cons.

Joe, who is 34, and Sarah, 30, met in chemistry as post-baccalaureate students at Columbia (they joke about love sparked over a Bunsen burner). Sarah applied to Alpert Medical School via the linkage program with Columbia, and Joe applied the following year. They married during Sarah's first year at Brown. "The whole time we were thinking 'When would be a good time to have a baby?'" she says.

Sarah was a third-year when she got pregnant and had just finished all of her most difficult rotations. After the birth, she was able to take six months off to be with Hannah by using the Medical School's "fellowship status," which allowed her to spread the fourth year of medical school out over two years. In the end, it was fortuitous, because now she and Joe are in the same graduating



LAMBS AND IVY
 Third-year Sol
 Adelsky and his wife,
 Dina, cherish family
 time with daughter
 Leor, born in 2010.

class and can enter the couples Match in the spring of 2012.

Fourth-year Marina MacNamara, who gave birth to a daughter during her first year, says she “can vouch for the flexibility and incredible support” that is offered to medical student parents in terms of reorganizing their rotation/class schedule around their pregnancy and children. For example, she says, the block class schedule during the first two

years makes it very easy to take off less than a full semester of maternity leave. “It’s also very easy to take a year off at any point,” she says.

Another thing to consider is that having a baby is expensive—child care especially. Daycare is a problem that many families at Brown face, especially medical faculty. Brown does not operate its own facility, but maintains affiliation agreements with three. Brown also offers

a back-up care program, an agency that will provide a caregiver in the event an employee’s usual care provider is unavailable. Many members of the Medical School faculty, however, are not employees of Brown, but rather of the hospitals or clinical sites where they work, so they are not entitled to the same benefits as Brown employees.

And as Sol points out, Brown PhD students are considered employees, but

medical students are not. “We got lucky that we landed a spot in a Brown-affiliated daycare, but the director said they had never had a medical student parent before. As a general policy, it would be great if those daycare centers officially welcomed children of Brown medical students in addition to Brown graduate students. Though we are not employees, the needs of medical school parents are no different from those of PhD students.”

The Grossman/Housmans have childcare help from family. Joe’s mom moved to Providence just to take care of Hannah three days a week. Sarah’s mom lives in Newton, MA, and takes Hannah two days. “That’s how we do it all,” Joe says.

Then there are the less predictable events, like doctor’s appointments or

DO AS I SAY—AND AS I DO

While medical student parents are still a minority, resources are coming together to support those in training.

One way students connect is through MomDocFamily (see *Brown Medicine*, Spring 2010), a group dedicated to mentoring and support for women combining a career in medicine with motherhood. It is open to all Rhode Island women physicians as well as medical students.

MomDocFamily helped Sarah Housman, who is still nursing Hannah, partially meet the challenge of finding a place to pump as she rotated through the various hospitals. MomDoc members Lynne E. Taylor, MD, and Kathleen Moren, RN, have compiled a list of lactation rooms at area hospitals and train-

room that wasn’t being used and even though the sign was there, a resident just walked in.”

Associate Professor of Family Medicine Julie Taylor, director of clinical curriculum and the Doctoring course at the Medical School, co-wrote the mini-grant that provided funds for the lactation room with Marina MacNamara. In their grant application, they cited research (some of which was conducted by Taylor and colleagues on resident physicians at Brown) that shows while the rates of initiating breastfeeding among physicians are often higher than the regional average or national recommendations, the duration of breastfeeding is often shortened and the length of time expressing milk is below the recommended allowance. A major obstacle is that physicians-in-training do not have their own offices.

“When I was in medical school we used to jokingly call it ‘the ill healing the ill,’” Taylor says. “In my day, we treated ourselves so terribly while learning to improve the health of others. You’re trying to make [your patients] better but you’re supposed to do so without any time to sleep or eat or exercise. There was a certain amount of cognitive dissonance to the process.”

Indeed, it’s illogical for a physician to counsel her patient to breastfeed when she herself is unable to because her work conditions do not support it.

“If we transition to a model where we consider physicians as the ultimate role models of health,” Taylor continues, “then it is almost a professional obligation to provide support for people to be as healthy as they can possibly be so they are at their maximum capacity to pro-

“They get my work/life/husband-in-medical school balancing act.”

when the baby gets sick. Sol says now that he’s on the wards as a third-year, he has less flexibility.

Fortunately, Dina’s career is more family friendly. “My boss at work, as well as my colleagues and the larger JCDSRI community, are incredibly understanding when Leor is sick or I need to take her to a doctor’s appointment,” she says. “They get my work/life/husband-in-medical-school balancing act.”

And, Leor is lucky to have grandparents in Boston and New Jersey. Dina says, “I have to give lots of credit to my parents, who come keep me company on most Sundays and, when possible, come from Boston to take care of Leor when she is sick and can’t go to daycare.”

ing sites (not just the affiliated hospitals). Where dedicated rooms are not available, they list a point person who can help find one.

“I’ve always found a place to pump, whether someone just lets me go into their office, or an empty conference room,” Housman says. “One time a secretary told me, ‘Oh! Why don’t you use the bathroom!’ as if that were a really great place to pump. I told her ‘No, thanks.’”

As if the time wasted trying to locate a space and the lack of sanitary conditions weren’t enough, another problem with using random places is the lack of privacy, as Housman has experienced. “I always put a sign on the door, always. One day I was pumping in a conference

“[I]f I do end up pursuing a pediatric specialty,
I think I’ll be a better clinician for it.”

vide care to others. It makes total intuitive sense to me. It’s a framework shift.”

Taylor, who is also an internationally board-certified lactation consultant, conducts research on maternal-child health and breastfeeding and sees patients part time at Memorial Hospital of Rhode Island. She says her work is a “natural combination of my academic interests and my medical education interests intersecting around the maternal-child health of medical students.”

Taylor and Michelle Daniel, an assistant professor of emergency medicine (clinical) and co-director of the Year 2 Doctoring course, are the kind of role models that physician-parents badly need: they, like many others, combine parenting with successful medical careers. Taylor has four children, the oldest of whom was born during her final year of fellowship training. Daniel was pregnant during her intern year in emergency medicine and due to pregnancy complications, was forced to take a six-month leave of absence, thereby extending her time in residency. She now has two children, ages 7 and 4.

“In my program there were two women [attendings] who didn’t have

children and about 40 men. Only two residents before me had ever had children while in the program, so it was uncharted water,” Daniel says.

Taylor says she would like to see more formal curricula around work-life balance in medical school. “When I was in residency, I learned how to work in the hospital and ignore the rest of my life. Then you grow up and if you’re a parent on call from home, you’re often working at the same time you are with your family. It would be nice to provide more formal training around taking call from outside the hospital so that physician-parents can learn the art of taking care of patients and children simultaneously without worrying that you are hurting your patients *or* your children.”

THE NEXT PHASE

Transitioning into residency when you are a parent is another area where Taylor says medical students could use additional support. There, she says, they leave the realm of students/learners and become employees/workers. Though residency hour work restrictions have mitigated the problem somewhat, residents still spend a good portion of their week inside the hospital, away from their families.

It’s a factor the medical students have to consider as they begin preparing for the residency match. Sarah Housman plans to pursue primary care, and she says having a baby did affect her decision, since faculty in this field tend to be supportive. “But before I even had

Hannah,” she says, “I really loved working with underserved patients, and I speak Spanish, so I love working with the Latino population. I’ve always had an interest in primary care.”

Joe Grossman is still undecided but is leaning toward neuro-psychiatry or primary care. The couple hopes to have more children. In the limited free time they will have as residents, Joe and Sarah say they will make it a priority to spend time together as a family.

Sol’s third year of medical school is giving the Adelsky family a taste of what residency will be like. “Given Sol’s school obligations—classes, clerkships, and studying—most of the daily responsibilities fall on my shoulders,” Dina says. “[He] contributes as best he can given the constraints of his schedule, and he provides me with immense support. What’s more important to us than splitting tasks 50/50 is that we are equal partners in parenting in the global sense—values and approach ... [A]s observers of the Jewish Sabbath, one day of our week is devoted to family and community time rather than work or studying, and so no matter how stressful things get, I know we’ll get to spend at least one full day together as a family.”

Sol came into medical school interested in pediatrics and pediatric subspecialties, and having a child hasn’t changed that. “If anything, it has reaffirmed my passion for kids,” he says. “I really enjoy engaging parents, and with fields such as child psychiatry, parent counseling and education is often the key to the child’s health. As a parent, it’s natural for me to relate to other parents, and if I do end up pursuing a pediatric specialty, I think I’ll be a better clinician for it.”

Need Help?

Resources for medical trainees who are parents can be found in this article at <http://brownmedicinejournal.org>.

PROMOTIONS

Tip o' the Hat

The 2010-2011 BioMed senior faculty appointments.

Recently, a Brown faculty member was reflecting on academic rigor and remarked, “It’s *hard* to get promoted here—and that’s a very good thing.” In addition to the teaching, research, and scholarly work that is detailed in the candidate’s application, the dossier itself is scrutinized by the Office of BioMed Faculty Affairs and departmental and university committees. Candidates must also be approved by the dean of medicine and biological sciences, the provost, the president, and the Brown Corporation. In the end, the process ensures the high quality of BioMed academic programs, and recognizes a faculty member’s contributions to Brown and to his or her field.



**BETH BOCK,
PHD**
» *Professor of
psychiatry
and human
behavior
(research)*

Beth Bock has been promoted to professor of psychiatry and human behavior (research). Bock currently works in the Centers for Behavioral and Preventive Medicine at Alpert Medical School and The Miriam Hospital. Her primary research interests include examining innovative interventions for smoking cessation and exercise promotion, and the use of computer-based technologies in changing behavior. She is currently the principal investigator on two National Heart, Lung, and Blood Institute-funded studies that examine smoking cessation interventions for emergency medical patients.

She is also an associate editor for the *Journal of Cardiopulmonary Rehabilitation* and conducts research with Quitnet.com, a website for smokers attempting to quit.

FACULTY BY THE NUMBERS

Campus-based.....	218
Hospital-based.....	777
Voluntary clinical.....	1,079
Research and teaching associates.....	156
Other (visiting, adjunct, emeritus)	339
TOTAL.....	2,569



**KIMBERLE
CHAPIN, MD**
» *Professor of
pathology
and
laboratory
medicine and
medicine*

Kimberle Chapin has been promoted to professor of pathology and laboratory medicine and medicine. Chapin currently serves as director of microbiology in Lifespan’s Department of Pathology.

She also serves on the Centers for Disease Control and Prevention Clinical Laboratory Improvement Advisory Committee, is the chair of the American Board of Medical Microbiology, American Academy for Microbiology Standards and Examination Committee, and is the vice-chair of the American Board of Microbiology.

Chapin serves on numerous editorial boards and is a contributing editor of the Microbiology Section of the *Year Book of Pathology and Clinical Pathology*. She is also the author of several monographs and has published nearly 100 original articles on medical microbiology.



ROBERT KOHN, MD
» *Professor of psychiatry and human behavior*

Robert Kohn has been promoted to professor of psychiatry and human behavior. Kohn has been the director of the Brown University Geriatric Psychiatry Training Fellowship since 2002 and has served on numerous editorial boards, including those of the *World Cultural Psychiatry Research Review* (since 2005) and the *World Healer: Newsletter of the WPA Transcultural Psychiatry Section* as an associate editor (since 2009). Kohn has an interest in cultural psychiatry and international mental health, and his research focus is in psychiatric epidemiology and geriatric psychiatry. He has done research on such issues as disasters, immigration, and the role of social class in mental health.

During his time at Brown, Kohn has received numerous awards, including a teaching recognition award from the Department of Psychiatry and Human Behavior (2002-2003). He was also named a distinguished fellow by the American Psychiatric Association in 2003 and served on an expert advisory panel for the World Health Organization in 2009.



GERALYN LAMBERT-MESSERLIAN, PHD
» *Professor of pathology and laboratory medicine*

Geralyn Lambert-Messerlian has been promoted to professor of pathology and laboratory medicine. She is the associate director of the Division of Prenatal and Special Testing at Women & Infants Hospital and has been an associate professor at Alpert Medical School since 2005. Her work with the reproductive hormone inhibin proved instrumental in the development of clinical applications of the inhibin immunoassay and prenatal screening test for Down syndrome—a test now used throughout the world. She has multiple ongoing research projects in collaboration with investigators in the departments of Obstetrics and Gynecology and Pathology at Women & Infants and was recently a manager for a trial funded by an NIH obstetrical grant, the results of which were published in the *New England Journal of Medicine*.

She is a member of the International Down Syndrome Screening Group and the New England Fertility Society.



JAMES LINAKIS, MD, PHD
» *Professor of emergency medicine and pediatrics*

James Linakis has been promoted to professor of emergency medicine and pediatrics. Linakis has served as associate director of pediatric emergency medicine at Hasbro Children's Hospital since 2004 and has been an associate professor in his department since 1995. He completed a residency in pediatrics at Yale-New Haven Hospital and a combined fellowship in pediatric emergency medicine and toxicology at Children's Hospital of Boston. He has conducted research in the areas of toxicology, injury prevention, and health care delivery and is the author of numerous original peer-reviewed publications.

Linakis is the recipient of multiple teaching awards, including the Pediatric Housestaff Divisional Teaching Award (1998, 1999, 2000), and is a member of the American Pediatric Society and the Society for Pediatric Research.



SUSAN MILLER, PHD, MBA
» *Professor of health services, policy, and practice (research)*

Susan Miller has been promoted to professor of health services, policy, and

practice (research). She is trained in gerontology and epidemiology and focuses her research on the quality and utilization of nursing home end-of-life care and long-term care. Miller has been an associate professor at Brown since 2005 and is currently principal investigator on a Retirement Research Foundation-funded study that will estimate the prevalence of culture change practices in US nursing homes. Miller also leads an Alzheimer Association-funded study that aims to understand the use of Medicare hospice care. The goal of her research is to generate and disperse knowledge to inform policymaking and care provision with the goal of improving access to and the quality of long-term care.

Miller has received numerous awards and currently serves as an associate editor for both the *Journal of Palliative Medicine* and the international journal *BMC Geriatrics*.



**BONNIE
O'CONNOR,
PHD**
» *Professor of
pediatrics
(clinical)*

Bonnie O'Connor has been promoted to professor of pediatrics. O'Connor earned her PhD in folklore and folklife at the University of Pennsylvania, where she specialized in health belief systems, cultural issues in health care, and complementary/alternative medicine. She entered the medical education field just as cultural competence and complementary medicine started

to emerge as important topics in medicine, and made a successful career in the field.

O'Connor has been an assistant director of the Pediatric Residency Program at Rhode Island Hospital since 2005 and has been an associate professor at Alpert Medical School since 2000. Her research focuses on health belief and behavior and she is the author of numerous original publications in peer-reviewed medical journals.

O'Connor is a member of multiple anthropological, folkloric, and medical societies, including the American Academy of Pediatrics and the American Folklore Society, since 1981.



**STEVEN
RASMUSSEN**
'74 MMS'77
MD'77, P'13
MD'17
» *Professor of
psychiatry
and human
behavior*

Steven Rasmussen has been promoted to professor of psychiatry and human behavior. Rasmussen has served as medical director of Butler Hospital since 1998 and is currently the interim chair of the Department of Psychiatry and Human Behavior at Alpert Medical School. He has been listed among the best doctors in America (1999 - 2008) and as one of the Top 25 Most Cited in Psychiatry (2005-2008). He is an internationally recognized expert in the course and treatment of obsessive compulsive disorder (OCD) and has recently focused his research on neurosurgical

approaches to intractable OCD and depression.

Rasmussen is the author of more than 100 peer-reviewed publications, the associate editor for the *Journal of Clinical Psychiatry*, and a member of the American Psychiatric Association.



**RENEE
SHIELD, PHD**
» *Clinical
professor of
health
services,
policy, and
practice*

Renee Shield has been promoted to clinical professor of health services, policy, and practice. As a cultural/medical anthropologist, Shield has been deeply involved in the exploration of life and work in US nursing homes using qualitative and mixed research methods, and has served as director of the Resource Center for Geriatrics Education at Alpert Medical School since 2006. At the Center for Gerontology and Health Care Research, Shield is currently conducting research in end-of-life care and culture change practices in nursing homes. She has received numerous awards, including the Watson Smith Prize in Anthropology from Brown University and the inaugural President's Award from her time working as director at the Jewish Home for the Aged in Providence.

Shield is the author of numerous publications and is a member of the Gerontological Society of America and of the National Association for the Practice of Anthropology.

ASSOCIATE PROFESSORS

BRIAN ABBOTT, MD

Associate Professor of Medicine
(Clinical)

BRIAN ALVERSON, MD

Associate Professor of Pediatrics

CHRISTINE BARRON, MD

Associate Professor of Pediatrics
(Clinical)

CURT BECKWITH MD'99 RES'02

Associate Professor of Medicine

CESARIO BIANCHI, MD, PHD

Associate Professor of Surgery
(Research)

JOSEPH BLISS, MD, PHD

Associate Professor of Pediatrics

ANJULIKA CHAWLA, MD

Associate Professor of Pediatrics
(Clinical)

EDWARD CHIEN, MD

Associate Professor of Obstetrics and
Gynecology

ROBERT CURRAN, MD

Clinical Associate Professor of
Radiation Oncology

DANIEL DICKSTEIN '93 MD'97

Associate Professor of Psychiatry and
Human Behavior

JOHN DONAHUE, MD

Associate Professor of Pathology and

Laboratory Medicine and Associate
Professor of Neurology

DAVID DOSA, MD, MPH

Associate Professor of Medicine
and Associate Professor of Community
Health

CRAIG EBERSON, MD RES'00

Associate Professor of Orthopaedics

AMY GOTTLIEB, MD

Associate Professor of Medicine
(Clinical)

FADLALLAH HABR, MD

Associate Professor of Medicine
(Clinical)

RAMI KANTOR, MD

Associate Professor of Medicine

BRIAN KIMBLE, MD

Clinical Associate Professor of
Medicine

LEO KOBAYASHI '94 MD'98

Associate Professor of Emergency
Medicine

DAPHNE KOINIS-MITCHELL, PHD

Associate Professor of Psychiatry and
Human Behavior (Research)

ALBERT LO, MD

Associate Professor of Neurology
and Associate Professor of Community
Health

MARGARET MILLER, MD

Associate Professor of Medicine and
Associate Professor of Obstetrics and
Gynecology

THOMAS MINER MD'91

Associate Professor of Surgery

FRANK OVERLY, MD

Associate Professor of Emergency
Medicine and Associate Professor of
Pediatrics

KELLY PAGIDAS, MD

Associate Professor of Obstetrics and
Gynecology

DONNA PARKER, SCD

Associate Professor of Family Medicine
(Research)

CHANIKA PHORNPHTKUL, MD

Associate Professor of Pediatrics

PHILIP RIZZUTO, MD

Clinical Associate Professor of Surgery

SIVAMAINTHAN

VITHIANANTHAN, MD

Associate Professor of Surgery
(Clinical)

HOLLY WESTERVELT, PHD

Associate Professor of Psychiatry and
Human Behavior (Clinical)

KAREN WOOLFALL-QUINN '84 MD'89

Clinical Associate Professor of
Medicine



MOMENTUM

High Flying

Two faculty members in orthopaedics honored for pioneering research and teaching.

Brown's Department of Orthopaedics is renowned for extraordinary research, teaching, and for having one of the most competitive residency programs in the nation. Last May, this flagship department garnered additional prestige with the dedication of two endowed professorships, made possible by the generosity of Mary Ann Lippitt.

Lippitt (1918-2006) was a pioneer in her own right who devoted her life to charitable and civic causes. She enrolled in the first Gray Ladies training and the nurse's aide class for the Rhode Island Red Cross, and during WWII, she trained to work with psychiatric patients. She was president of the boards of Bannister House and the Women's Center, and a board member of the Providence Public Library, Gordon School, John Hope Settlement House, the Animal Rescue League, Preserve Rhode Island, and Community Preparatory School. For her service to the Brown University community, she was awarded the President's Medal in 2004.

Through a bequest, Lippitt established two professorships, each named in memory of her parents: the Henry Frederick Lippitt Professorship in Orthopaedic Research, conferred upon Joseph J. Crisco III, PhD; and the Lucy Lippitt Professorship in Orthopaedics, conferred upon Braden C. Fleming, PhD.

Crisco specializes in muscle injury, spine motion, and movement of the wrist—making Brown an international

leader in hand kinematics. In addition, *Time* magazine included his work on football helmets that transmit information about forces and explain concussions in its Best Inventions of the Year list. Crisco has also developed toys that take advantage of hand motion and build functional muscle strength in children with disabilities. He is a passionate teacher who has mentored hundreds of Brown students since 1996.



Mary Ann Lippitt, above, formed Lippitt Aviation, which she owned for 26 years, by operating a charter flight service and offering lessons. At right, Drs. Edward Wing, Joseph Crisco, Braden Fleming, and Michael Ehrlich, with Timothy More, Ms. Lippitt's nephew.

Braden Fleming trained in mechanical engineering and came to Brown in 2003. He is the leading PhD researcher and funded investigator in North America in the field of anterior cruciate ligament (ACL) injury and repair, a problem afflicting 400,000 people annually in the US. He has mentored innumerable residents, and is managing eight active grants. He also works with Connective Orthopaedics, a medical device startup company, to help to spur research on ACL injury to improve patient care. Fleming and Crisco are productive scholars, having compiled more than 200 peer-reviewed publications, 20 books or chapters, and nearly 400 abstracts between them.

Michael G. Ehrlich, MD, Vincent Zecchino, MD, Professor of Orthopaedic Surgery, has had a significant impact on the department's growth and its retention of world-class faculty like Braden and Crisco. Ehrlich shares the praise, saying, "Drs. Crisco and Fleming are an inspiration to us all, and are an example of why the Warren Alpert Medical School of Brown University is rapidly becoming one of the top institutions in the nation."

— Amy R. Umstadter



COURTESY TIMOTHY MORE; AMY UMSTADTER

ALUMNI ALBUM

CHECKING IN WITH BROWN MEDICAL ALUMNI



SING IT LOUD: Graduates Danny Lee, David Washington, and Andrew Baum lift their voices in song at Commencement.

CLASSNOTES

1977

KAREN PHILIPPI

Karl J. Karlson '74 MMS'77, P'O6 was named chief of cardiac surgery at Boston University School of Medicine

and Boston Medical Center (BMC). At BMC, he is responsible for expanding the practice network and for program development.

Linda Stronach, FACC '74 and her physician group, Cardiology Specialists,

WHAT'S HAPPENING?

Career news, weddings, births, reunions...it's all good. Go to med.brown.edu/alumni and click on "Updates and Class Notes."

ALUMNIALBUM

have joined BJC Medical Group. They are located on the campus of Missouri Baptist Medical Center. Linda completed residency training at North Carolina Memorial Hospital/University of North Carolina and fellowships in critical care medicine and cardiovascular diseases at the Health Center Hospitals/University of Pittsburgh. She specializes in cardiovascular diseases with an emphasis on interventional coronary procedures and women's heart health.

Jeffrey Yablong '74 practices emergency medicine in the southeastern US and works at a pain management clinic in Kentucky. He can be reached at drjeff1@hotmail.com.

1978

Julianne Ip '75, associate dean of medicine and clinical associate professor of family medicine at Alpert Medical School, writes, "I am honored and so pleased that I was chosen this year for the MD Class of 2011 Senior Citation. What an honor to truly be a part of the class. We have journeyed together, all of us growing academically, personally, and professionally. This class note is one



GOOD FOR YOU: Juli Ip at the PLME award ceremony with Chandler Villaverde '11 MD'15.

Juli Ip '75 MD'78 was chosen by the **Class of 2011** to receive the **Senior Citation**.

MATT FRANCIS; KAREN PHILLIPPI



WALK THIS WAY: Faculty make their way into the First Unitarian Church, led by Assistant Professor of Medicine (Clinical) Joe Rabatin (left) and chair of Pediatrics Robert Klein (right).

Children Star in “Special Smiles”

Plastic surgeon donates his expertise to children in far-flung nations.

With three advanced degrees, it's no wonder that **Navin Singh '90 MD'93** laughingly calls himself a “professional student.” After graduating magna cum laude from Brown with an AB in mathematics and philosophy, Singh went on to earn an MD from his alma mater, followed by an MS in clinical biostatistics from Harvard School of Public Health and an MBA from Johns Hopkins University. While his passion for scientific inquiry is unabated, Singh says, “No more [degrees].!”

The double board-certified plastic surgeon frequently travels on medical missions to China, Ecuador, India, and Peru.

On those missions, Singh performs cleft lip, cleft palate, and burn reconstruction surgeries on children. Recognizing that local community members idolized “as stars” the volunteer surgeons, Singh wanted to set the record straight.

“It's really the kids who are the stars,” he says, “and the local dentists, pediatricians, anesthesiologists, and nurses who volunteer their time.” With that perspective, he and co-author Sachin M. Shridharani (a resident Singh trained) wrote and self-published *Special Smiles: The Journey of Three Amazing Children*, a story told from the perspective of three youngsters. It describes their journeys—from living with a facial deformity to seizing the opportunity to seek medical treatment to the surgery and post-operative experiences.

Singh hopes that volunteer surgeons will share the book (available on Amazon.com) and its message with local medical providers and their pediatric patients.



Navin Singh '90 MD'93

“We want to empower the children so that they know they're doing something positive,” says the soft-spoken Singh. “We perceive them as members of our team, not as recipients of our aid.”

Fluent in five languages, the Indian-born Singh participates in up to three missions a year. He relishes the challenges associated with setting up an operating room, screening patients, operating, and managing the post-operative treatment, all in two weeks. His absence can

be a challenge, he says, but he has a very supportive partner in his practice. And though he leaves his wife, a radiation oncologist, and their three very young children behind, he hopes their kids will come to realize the value of Singh's service.

He also maintains his suburban Washington, DC, plastic surgery practice and serves as an assistant professor of plastic surgery at the Johns Hopkins Hospital in Baltimore, MD. Whether it's breast surgery in Washington or facial reconstruction in Peru, plastic surgery, says Singh, can be hugely transformative and a “force for good, if it's not overdone.”

Singh, the recipient of some 27 awards, finds one in particular most meaningful: the Veterans Administration Medical Center's 1998 Gold Pin Award for Dedication to Patient Care. Why? “It was from a patient,” he says, “not from peers or a medical society.”

—**Nancy Kirsch**

ALUMNIALBUM



HAVING A FIELD DAY: Anish Sheth '98 MD'01 and Shilpa Pai '97 MD'01 with their children, Ria and Rohan.



Above, left to right, Jim Revkin MD'81, Ginny Ross and Michael Ross '78 MD'81. Right, Sahana, daughter of Preetha Basaviah '91 MD'95 and Venky Ganesan, with Bruno.



way of showing my appreciation and gratitude for this extraordinarily special recognition. Yes, I remember when my MD'78 class awarded our senior citation to Serafina Garella, our nephrology professor, and how many more outstanding teachers have been so honored since. To think I am among those who have received this award previously awes and humbles me.

"This award comes at a particularly bittersweet moment in my life. Many of you know that my husband of 21 years, Larry Shaw, died in November 2010. As I reflect on our journey through his year-and-a-half of illness, I wish to thank my Brown family and community: the PLMEs, the PLME and Brown medical alumni, and the faculty, staff, and administrators for their care, support, and understanding. Many of you sent cards, came to Larry's memorial service or even contributed to the Larry A. Shaw Scholarship, established to help a PLME student complete his or her medical education. I can't tell you how much I appreciate it.

"Each of you led my family to a more peaceful place as life completed its cycle and death came. My son, Christopher, and I miss Larry tremendously as a father, husband, friend, and as a fine person. But we have all of you and again, these words are one way we can share our appreciation and gratitude. You made being a physician and educator important but being a person and family far more so. Thank you."

This year, parents of a PLME student gave a major gift to the new Medical School building and will name a room in Larry's memory. In addition, \$17,853 has been raised for the Larry A. Shaw Memorial Term Scholarship. In FY11, the recipient of this scholarship was Kimberly Matthews '06 MD'12, an Africana Studies concentrator interested in pediatrics and neonatology. Additional gifts

MATT FRANCIS (3)

to the Brown Medical Annual Fund in Larry's memory are welcome.

Roy M. Poses '73 is president of the Foundation for Integrity and Responsibility in Medicine (FIRM), which advocates representative, transparent, accountable, and ethical health care governance, and a principal of the Miskatonic Group, a consulting firm, both based in Warren, RI. Roy also writes a blog, Health Care Renewal, at <http://hcrenewal.blogspot.com>. He can be reached at roy_poses@brown.edu.

Linda Semlitz '75, who lives in Tokyo and works for Tokyo English Life Line, recorded two interviews about mental health support and psychosocial first aid and the role of a foreign NPO in Japan after the earthquake. They can be viewed at www.youtube.com/watch?v=o2nQODDgKzE and www.youtube.com/watch?v=RjKGSJaMEqA. Linda is the mother of **Elizabeth Gilbert '08 MD'13**.

1980

Louis Mariorenzi '77 climbed Mt. Everest in May. The ascent took two months, and was detailed in a *Providence Journal* article on June 19. "You don't ever conquer a mountain," Louis said. "It's a negotiated settlement. If the weather is right, if you stay healthy, the circumstances allow you to summit."

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KAREN PHILIPPI



LISTEN HERE: Associate Professor of Pediatrics Charlotte M. Boney gives the Faculty Address.

"You don't conquer a mountain. It's a negotiated settlement."

1981

Derrick K. Au '78 was named head of human resources for the Hong Kong Hospital Authority in July. He is a specialist in rehabilitation medicine and geriatric medicine, and the first doctor to ever be named to the position full time. Derrick is confronting a profound shortage of doctors and an aging population in Hong Kong.

Seth Berkley '78, founder of the International AIDS Vaccine Initiative, was named CEO of the Geneva-based GAVI Alliance in March 2011. GAVI, a public-private partnership, has committed more than \$4 billion to poor countries since it started in 2000, vaccinating nearly 300 million children and saving an estimated 5 million lives. Seth, an epidemiologist, has also worked for the Rockefeller Foundation, the Carter Center, and the Centers for Disease Control and Prevention. In 2009 *Time* magazine named him one of the "100 most influential people in the world."

David Carlisle is the new president of Charles R. Drew University of Medicine and Science in Los Angeles. He was formerly the director of the Office of State-wide Health and Planning and Development and on the faculty of the David Geffen School of Medicine. He is married to **Sylvia G. Carlisle MD'82**.

1983

Robert Kleiman '80 has been appointed chief medical officer in addition to his current role as vice president of global cardiology at ERT, a provider of clinical services and customizable medical devices to biopharmaceutical and health care organizations.

1985

John Ho was recently named president of Decision Resources Group Consulting. Formerly a senior executive at Charles River Laboratories, he will be responsible for leveraging the company's significant intellectual capital.

ALUMNIALBUM



Brains and Balance

A neurologist finds a way to do it all.

Neurologist **Teena Shetty** '95 MD'00 has a way with words. When asked "Why neurology?" she says, "Of all the organs we study, the brain is the closest to your soul. As compelling as the pathophysiology of the heart, lungs, and kidneys is, the brain defines who we are."

Shetty is not your run-of-the mill neurologist. A specialist in nerve and muscle damage, she serves as the New York Giants' neurologist and consultant for traumatic brain injuries, and consults for the New York Mets. One of a handful of women physicians in professional football, she treats such high-profile patients as the Giants' quarterback Eli Manning, who suffered a head injury last fall.

An assistant attending neurologist at New York's Hospital for Special Surgery, Shetty is board certified in neurology and electrodiagnostic medicine and has a subspecialty certification in neuromuscular medicine. When she sees players with repeated concussions, migraine headaches, or related stresses, she must balance the injured athletes' intense desire to return to the playing field with her need to ensure their neurological and physiological health before releasing them for play.

Other competing demands also require careful negotiation: Shetty teaches medical students, residents,



Teena Shetty '95 MD'00

After completing her undergraduate studies at Brown, Shetty earned a master's in philosophy in medicine from Cambridge University as a Fulbright Scholar. Her essay, "From the Deccan Plateau," appeared in *This Side of Doctoring: Reflections from Women in Medicine*, a collection of essays edited by Eliza Lo Chin (Sage Publications, 2002).

Shetty received the Leah J. Dickstein Award from the Association of Women Psychiatrists in 2000 and, in 2011, *Crain's New York Business* named her one of New York's "40 under Forty" rising stars. She is currently studying a group of professional football players to understand the long-term effects of traumatic brain injury. Rather than eschewing sports because of the risks involved, she has gained tremendous respect for professional athletes and their commitment, and hopes athletics will play a significant role in her children's lives.

—N.K.

"Balancing motherhood and work ... allows each part of my life to fuel the other."

and fellows at Weill Cornell Medical College, practices at the Hospital for Special Surgery, writes about her patients, and is mother to three daughters (3-year-old twins and a 6-month-old), whom she calls "the richest blessings in my life." Her greatest challenge? "Finding time to do justice to everything in the way that I wish. Balancing motherhood and work, while daunting at times, allows each part of my life to fuel the other."

1987

Gary Belkin '84 and Catherine Burch were married on June 26, 2011, on Governor's Island in New York.

1988

Eric Sievers '85 was promoted to vice president, clinical affairs, at Seattle Genetics, Inc., a clinical-stage biotechnology company focused on developing therapies to treat cancer and autoimmune diseases. Eric joined Seattle Genetics in July 2006, and served most recently as executive medical director.

1990

Naiyer Imam '87, P'14 has been appointed an adviser to Stem Cell Assurance, Inc., on its newly created Scientific Advisory Board. Naiyer will assist the company in establishing strategic relationships with leading physicians, scientists, and medical institutions, as well as participating in potential clinical trials and stem cell applications. Naiyer is currently the chairman and CEO of Advanced Medical Imaging and Telera-diology, LLC.

1992

John Delhagen '87 lives in Round Rock, TX, where he is chief of staff at Georgetown Community Hospital and a senior partner at Northstar Anesthesiology Associates of Dallas.

1993

Navin Singh '90 and his wife, Dr. Anu Mehra Singh, welcomed their third child last year. Navin writes, "Saturday 3.20.2010 @ 12:47 AM our newborn son Shyer Arman Singh sent out his first tweet. Has 37 followers. YouTube video

of crying baby has gone viral. Denies being nick-named 'Skittles' by his 6 y.o. big brother Shyam Veer. Can neither confirm nor deny his father naming him 'Shyer Maximus Tiberius Singh.' Policy statement on 'Cap and Trade/Global Warming' will be forthcoming on his website as he positions himself for 2042 Senate Bid from the 51st State of North California."



FRIDAY NIGHT LIGHTS: Left, Galen Henderson MD'93 and his wife, Vanessa Britto MMS'96, MD. Right, Andree Heintz '83 MD'86, PMD'15 at the Reunion Class Dinner.

Navin can be reached at doctor@WashingtonianPlasticSurgery.com.

1996

Mehri Brown '92 writes in with a "late announcement of the birth of my daughter, Sabrina Brown Miller, on April 4, 2010. My life will always remain an adventure for me, although now I am



Left to right, Edward Chu '83, Wyman Lai '83, and Manny Rose check out their MD Class of 1986 Annual.

ALUMNIALBUM



AT THE ARONSONS'
 Founding Dean Stanley Aronson blows out the candles. Bottom left, the MD classes of '76 and '81 mingle with faculty. Top right, Jim Revkin MD'81 (right) listens to Thomas Krahn '78 MD'81 (center). Below, Stan Aronson talks with Professor of Biology Susan Gerbi.



KAREN PHILIPPI (4)

just forever exhausted. Sabrina is about to walk. She already has better fine motor skills than I do.” Mehri is in private practice in San Francisco.

1997

Jordan S. Orange '90 PhD'96 is a pediatric immunologist at The Chil-

dren's Hospital of Philadelphia (CHOP) and co-lead author of a genomics study that sets the stage for the first predictive diagnostic test for common variable immunodeficiency disease (CVID), a serious immunodeficiency disease in children. If CVID can be diagnosed early, children may receive life-saving treatments before the disease can progress.

At CHOP, Orange directs the Jeffrey Modell Diagnostic Center and cares for children with primary immunodeficiency diseases. This was the first genome-wide population-based study of CVID and appeared online in April 15 in the *Journal of Allergy and Clinical Immunology*. Orange is now working on a diagnostic test for CVID.

EYE
ON ALUMNI

What's in Konda's Toolkit?

A powerful microscope with new diagnostic applications.

Vani Konda '97 MD'01 regularly uses the world's smallest flexible microscope—the Cellvizio system, with magnification some 500 to 1,000 times more powerful than that of a standard scope—as a practitioner and as an instructor.

An assistant professor since July at University of Chicago's Department of Medicine, Section of Gastroenterology, she knew from a young age that she wanted to practice medicine. “The combination of patient care and the opportunity for scientific discovery and teaching” appealed to Konda, whose Indian-born and raised father is a gastroenterologist in Dallas. “He didn't push me to go into medicine or gastroenterology, [but] he was supportive and helpful through the process,” Konda says.

Although the microscopes are not yet widely used in the United States—the Cellvizio system is relatively new—demand is growing fast for the probe-based confocal laser microscope. Konda learned endomicroscopy in Munich, Germany, from Dr. Alexander Mein- ing, who pioneered its clinical

use. She then helped to integrate it into Chicago's advanced endoscopy program, one of the nation's early sites to use the scope.

Relatively easy to use and maneuver, the microscope is most frequently used to identify precancerous areas in Barrett's esophagus—the major risk factor for esophageal cancer—as well as indeterminate strictures in the bile duct and colon polyps. Although used predominantly by gastroenterologists, the microscope also offers diagnostic opportunities in the lungs. “The potential for an ‘optical biopsy’ is exciting,” Konda says. “There's also a whole world of *in vivo* molecular imaging” that is now possible with endomicroscopy technology.

The scope, which was first used in the United States in 2005, has gained increasing attention from academic endoscopy centers. Konda estimates that some 30 centers across the country now use it. It's exciting, she says, to have “real time” microscopic detail of the tissue, especially when looking for areas of subtle precancerous change or areas otherwise hard to access. Further investigations and validations must be done before the scope becomes widely used, but the potential is very encouraging. “The microscope allows physicians to better detect and monitor tumors,” says Konda, “and helps us differentiate cancers from other disorders.”

N.K.



Vani Konda '97 MD'01

ALUMNIALBUM

2001

Tanya J. Becker '98, a clinical instructor in pediatrics at Alpert Medical School and a solo private practitioner in Pawtucket, RI, was honored to receive a CATCH grant from the AAP for the development of a medical home in Pawtucket's Shea High School. This is the first such

practice with two locations in Arizona. Abram has just completed a clinical cardiac electrophysiology fellowship at Tufts University Medical Center. He completed his cardiology fellowship at Stony Brook University Medical Center. He has a special interest in the diagnosis, risk-stratification, and management of Wolff-Parkinson-White syndrome.

Public Health since October 2008. He has investigated the impact of high-deductible health plans on primary care delivery, a subject he's presented on nationally, and has worked with community health centers and non-profit agencies in Philadelphia to measure primary care access.

Costs of Care earned national media recognition, including mentions on ABC TV and NPR.

model in the state and perhaps nationwide. Beginning this fall, Tanya will have a satellite office at Shea High School, eliminating the more typical intermediary at school based health centers.

2002

Abram Mozes '98 has joined Cardiac Solutions, a 12-physician cardiology

2003

Giridhar "Gidi" Mallya '99 was inducted into the 2011 Delco Hi-Q Hall of Honor during the Partners in Learning Celebration last May in Upper Darby, PA, for outstanding professional achievement and community leadership. Gidi has been director of policy and planning for the Philadelphia Department of

2009

Mark Scott '05 writes, "After finishing my preliminary internship in general surgery at UCSF, I secured a categorical position at HCMC in Minneapolis, MN, starting as a PGY-2. I am now finishing my first year in Minnesota and loving every minute!" Mark can be reached at mark.f.scott@gmail.com.

Neel T. Shah '04 MPP is in his second year of residency in obstetrics and gynecology at Brigham & Women's Hospital and Massachusetts General Hospital. He is also executive director of Costs of Care (www.CostsofCare.org), a non-



THEY DID IT: The MD Class of 2011 emerges, diplomas in hand.


KAREN PHILLIPS

profit he founded with fellow Brown alum Ariana Green '04. Costs of Care earned national media recognition this year for expanding the public discourse on the role of physicians in health care spending, including mentions on ABC TV and NPR. (See also *Brown Medicine*, Spring 2010.) Neel and his wife, Julie Shah, live in Boston. Neel can be reached at neel@post.harvard.edu.

2011

Rajiv Kumar '05, founder and chairman of Shape Up RI, was honored at Shape Up RI's Fifth Anniversary Gala in June. Proceeds from the event established a new fund for the organization, which has grown to become the largest statewide wellness program in Rhode Island.

RESIDENTS 2005

Mary Hohenhaus, MD, FACP, an attending physician in internal medicine at The Miriam Hospital and an assistant professor of medicine (clinical) at Alpert Medical School, has received The Riesman Family Excellence in Teaching Award. The award was created by a gift from the Robert A. and Marcia S. Riesman family to recognize excellence in teaching by a Miriam physician who is currently and actively involved in the education of medical students, resident physicians, and other colleagues. Mary joined The Miriam in 2005 after completing her residency in general internal medicine at Rhode Island Hospital. During that time, she also served as chief resident. She is currently medical director of the Internal Medicine Residency Continuity Clinic and assistant director of the Medical Educational Exchange with Moi University Teaching and Research Hospital in Eldoret, Kenya. 

OBITUARIES

ALUMNI

DOUGLAS A. WEGNER, MD

Douglas Allen Wegner MD'89, 53, passed away suddenly on August 5, 2011, while running through Sabino Canyon in Tucson, AZ, with his sons. He earned a bachelor's degree in mechanical engineering at MIT in 1979 and then worked on nuclear reactors for submarines. In 1983, he received his master's degree in engineering at Carnegie-Mellon University. He then decided to follow in his father's footsteps and become a physician. He completed residency at Yale University and a fellowship in hand surgery at the Indiana Hand Center. For several years he was an attending hand surgeon at the University of Kentucky, Lexington. He is remembered as a superb teacher to medical students and residents and won the prestigious

member of the Tanque Verde Little League and coached one of the teams.

He is mourned by his father, Dr. Kurt Wegner; sons Graham, Maxwell, and Benjamin Wegner; two brothers; and Dr. Ann Pearson. In lieu of flowers, donations may be made to the Dr. Douglas Wegner Memorial Fund, Wells Fargo Bank, 105 South Houghton Road, Tucson, AZ 85748 (to benefit Little League Baseball) or to the charity of the donor's choice.

RESIDENT

JULIE A. BAKER, MD

Julie Baker, 39, died on April 26, 2011, at Rhode Island Hospital following complications of H1N1 and pneumonia. She was a resident physician in obstetrics and gynecology at Women & Infants Hospital who planned to return to her native Buf-

Julie Baker had planned to return to her native **Buffalo**, NY, upon graduation.

Teacher of the Year award during his second year there. Subsequently, he joined the Tucson Orthopedic Institute, where he practiced for the past 12 years. A fan of the mountains and sports, his favorite activities included skiing, golf, running, biking, and camping. He was happiest spending time with his family and dogs and was a devoted father to his three sons. He was an active board

falo, NY, upon graduation in June. She was a physician-researcher in women's reproductive and mental health.

She earned a bachelor's degree in economics, as well as a bachelor's in nursing, in 1997; a master's in epidemiology in 2000; and a medical degree in 2007—all from the University at Buffalo. During her training, she achieved a remarkable record of scholarly work,

OBITUARIES

teaching, and mentoring. She received more than a dozen honorary awards for her clinical and scientific work, and authored more than 20 peer-reviewed scientific publications.

Baker earned a reputation for her passion for science, for her sharp and curious mind, and for her unrelenting devotion to her patients. One colleague described her as having the perfect combination of the heart and soul of a nurse with the expertise of a doctor.

Survivors include her partner, Barbara J. Burns, her parents, and two sisters. Julie was a dedicated foster mother for many years.

Alpert Medical School students have established a memorial page in honor of their teacher, www.forevermissed.com/julie-baker.

Donations may be made in Julie's name to the Rhode Island Hospital Adult ECMO Center, 593 Eddy St., Providence, RI 02903.

FACULTY

ARTHUR M. PHILLIPS JR., MD

Arthur Phillips Jr. died April 24, 2011, at the age of 92. Born in New York City, Phillips graduated *cum laude* from Amherst College in 1940 and received his medical degree from Columbia University College of Physicians and Surgeons. Phillips was a Captain in the US Army Medical Corp. He served his internship and residency in internal medicine and cardiology at Rhode Island Hospital from 1947 to 1949 and was assistant chief of medicine at the Veterans Hospital in Providence from 1949 to 1954.

He was in private practice for 30 years in Weirton, WV, starting in 1954. He established the first coronary care unit at Weirton General Hospital, where he was chairman of the Department of Medicine for 20 years. In addition, he was assistant clinical professor of medi-

cine at the University of Pittsburgh School of Medicine from 1960 to 1983 and was a fellow of the American College of Physicians.

Upon retiring from private practice, Phillips became a clinical professor of medicine at Brown and was awarded the Irving A. Beck Memorial Award in 1998 for dedication to patient care and scholarship in medicine. Phillips authored numerous articles in the *West Virginia Medical Journal*, *New England Journal of Medicine*, *Archives of Internal Medicine*, and *The Journal of Occupational Medicine*.

Survivors include his wife of 66 years, Doris C. Phillips, two sons, a daughter, five grandchildren, and one great-granddaughter. He was preceded in death by a daughter.

Memorial contributions may be made to Volunteers in Medicine Clinic, 417 S.E. Balboa Ave., Stuart, FL 34994.

BLAS MORENO, MD

Blas Moreno, 83, clinical assistant professor emeritus of medicine, died on June 10, 2011. Born in Cuba, Moreno graduated from the University of Havana School of Medicine and practiced medicine in Pawtucket from 1957 to 2000. Moreno was one of the first clinical instructors in medicine in Brown's Program in Medicine, and later became a clinical assistant professor at Brown and Memorial Hospital.

During his 27-year military medical career he received numerous military honors, including two Meritorious Service Awards from the Air National Guard, Meritorious Service from the Association of Military Surgeons of the United States, Air Force Commendation Medal and Citation, Legion of Merit of the United States, and the Rhode Island Star. He was named "Flight Surgeon of the Year" in 1975 at the Aerospace Medical International Meeting and was in-

ducted into the Rhode Island Heritage Hall of Fame in 1983 for his long-standing contributions to his community, state, and nation. He retired from the Air National Guard and the United States Air Force with the rank of Colonel, and served as a Senior Federal Aviation Administration Medical Examiner for more than 23 years.

He is survived by a sister, three brothers, a niece, a nephew, and three great nieces.

Contributions in his memory may be made to Philip Hulitar Inpatient Center, 1085 North Main Street, Providence, RI 02904-9826.

LEONARD B. BELLIN, MD

Leonard Bellin '42, P'76 died at the age of 89 on July 4, 2011. A graduate of Brown University and Tufts University School of Medicine, Bellin had been an assistant clinical professor of pediatrics at Brown since 1973 and on the staff of Rhode Island Hospital and Women & Infants Hospital.

Bellin was a Francis Wayland and James Manning Scholar and a member of Sigma Xi Scientific Honor Society at Brown and a member of the Alpha Omega Alpha Medical Honor Society at Tufts. He was also a member of the American Medical Association, the Rhode Island Medical Society, and the American Academy of Pediatrics.

Bellin was a captain in the US Army Medical Corps during WWII—serving in both the Philippines and Japan—and during the Korean War.

He was the husband of the late Shirley (Borodach) Bellin, and is survived by his three children, ten grandchildren, and five great-grandchildren.

Donations may be made in his memory to the Leonard and Shirley Bellin Endowment Fund at Temple Emanu-El, Tamarisk Assisted Living, or Odyssey Health Care.



Alpert Medical School has a new, state-of-the-art home, kitted out with the latest technology for medical education. But high-quality medical education is more than bricks, mortar, and iPads.

It's about mentoring and working with patients in the Doctoring course. It's enriched by independent research, through the Scholarly Concentrations Program. It's connected to the world of medicine through student travel to scientific meetings.

All things supported by the Brown Medical Annual Fund.

When you make a gift to the BMAF, you are ensuring that Alpert Medical School's inside is as extraordinary as its outside.



Visit <http://bmaf.brown.edu> for more information and to make your gift.

Questions? Contact Bethany Solomon, director of the Brown Medical Annual Fund, by email at Bethany_Solomon@brown.edu or phone at 401 863-1635.



BROWN
Alpert Medical School

Reconnect - Remember
Save The Date for Reunion
May 25-27, 2012

This time, we're trying something new!

Did you have friends in the class ahead? Now you can be sure you'll see all your friends. Alumni in Reunion years, plus and minus one year, are invited back in 2012.

We will toast the MD Classes of '76, '77, '78, '81, '82, '83, '86, '87, '88, '91, '92, '93, '96, '97, '98, '01, '02, '03, '06, '07, and '08.

Planned highlights for Reunion Weekend include tours of the new medical school building and dinner for medical school alums and their families on the 18th floor of the Biltmore Hotel.

Information, including special Alpert Medical School rates at local hotels, is available at
<http://brown.edu/academics/medical/gateway/alumni/reunion>

Other questions? Contact Director of Alumni Relations Bethany Solomon
bethany_solomon@brown.edu or 401-863-1635



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