

# panorama

UNIVERSITY OF MISSOURI-KANSAS CITY SCHOOL OF MEDICINE » SPRING/SUMMER 2015



**Building on success**  
Dean Steven L. Kanter, M.D.,  
begins a new era

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Cover photo by Bob Steckmest



panorama

Panorama is published for alumni and friends of the University of Missouri-Kansas City School of Medicine by the Office of Marketing and Communications, 2411 Holmes Street, M2-301, Kansas City, MO 64108-2792; panorama@umkc.edu, (816) 235-1830. UMKC is an equal opportunity/affirmative action institution. Relay Missouri 1-800-735-2966 (TTY) or 1-800-735-2466 (voice).

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**I WAS DELIGHTED** to accept Chancellor Leo E. Morton's offer to become the eighth dean of the UMKC School of Medicine. It is a privilege to be able to serve the school, the university and the region in this role, which began for me last October.

Every day I learn new and exciting things about the school. Often, my discovery involves an alumnus who is doing amazing work. Though relatively young, our school has produced a striking number of successful graduates who are leaders in patient care, research, education, industry and government.

This issue of *Panorama* features some of the important work of the school's alumni. Many of you know that Michele Kilo, M.D. '84, is a wonderful caregiver and champion for children and families affected by autism spectrum and attention deficit disorders. She's also a skilled administrator. As chair of the Division of Developmental and Behavioral Sciences at Children's Mercy, Dr. Kilo has worked to improve access to behavioral health services for children and adolescents with chronic medical conditions. The collaborative programs she has developed with her colleagues in the hospital's pediatric divisions have improved outcomes and increased the quality of life for countless patients and families.

The issue also features a letter to the alumni from Maj. Gen. Mark Ediger, M.D. '78, M.P.H., who began a term as president of the UMKC School of Medicine National Board of Alumni & Partners. I thank Dr. Ediger for serving the school in this important role. I also congratulate him on his recent promotion. In March, the U.S. Senate confirmed Dr. Ediger to become the Air Force's 22nd surgeon general. As surgeon general, he will lead a \$6.6 billion, 44,000-person integrated health care delivery system serving 2.6 million beneficiaries at 75 military treatment facilities worldwide. Dr. Ediger, who has served as deputy surgeon general since 2012, will also be promoted to the rank of lieutenant (three-star) general. We are very proud of our 1978 graduate!

The military is one of many places where the School of Medicine's graduates are making a positive difference. I look forward to working with the faculty and staff to help our current and future students find their ways to build on the school's rich history of success.

A handwritten signature in black ink that reads "Steven L. Kanter". The signature is written in a cursive, flowing style.

Steven L. Kanter, M.D.  
Dean, School of Medicine

## Care at Children's Mercy featured in documentary series

**A SCHOOL OF MEDICINE** alumnus and faculty member played a prominent role in a six-part television documentary series that followed patients and their families through the clinics, consultation rooms and surgery suites at Children's Mercy.

The series, *Inside Pediatrics*, premiered Dec. 17 on a Kansas City television station. Each episode featured two expectant couples who were referred to Corey Iqbal, M.D. '03, assistant professor of surgery and chief of the fetal surgery section at Children's Mercy.

In both cases, the unborn children were found to have diaphragmatic hernias, a birth defect in which there is an abnormal opening in the diaphragm. Abdominal organs push through the hole in the diaphragm and settle into the chest cavity, stunting the development of lung tissue. The survival rate is about 70 percent.

"I meet with a lot of parents prenatally who have babies that have been diagnosed with some kind of congenital anomaly," Iqbal says. "A multi-disciplinary team counsels them through that process and gives them an idea of what to expect when their baby is born."

Children's Mercy sees about 20 diaphragmatic hernia cases each year, Iqbal says. The babies featured on *Inside Pediatrics*, a boy and a girl, presented special challenges. The boy, Tobyn Crossfield, was projected to have 23 percent lung capacity. The girl, Piper Jarvis, was also diagnosed with a cleft lip, cleft palate and a heart defect.

Iqbal operated on both newborns. Tobyn made a strong recovery after surgery and was able to go home. Piper remained hospitalized for several months. "A roller coaster ride is the best way to describe what's going on with her," says Iqbal, who is frequently asked by people who watched the series for updates on the infants' conditions.

*Inside Pediatrics* also showed Iqbal



IMAGE COURTESY CHILDREN'S MERCY

Corey Iqbal, M.D. '03, chief of the fetal surgery section at Children's Mercy, played a prominent role in a documentary series set at the hospital.

following up with a boy with pectus excavatum, or sunken chest. Surgeons usually treat severe cases by placing a stabilizing bar under the breastbone. Iqbal says the post-surgery pain is hard to bear. "Kids are in the hospital for five to seven days on high-dose narcotic pain medications," he says.

Iqbal is investigating a less invasive technique. He and pediatric surgeons at the University of California-San Francisco are conducting a trial to see if magnets — one surgically implanted, the other connected to a brace — can slowly change the contour of the chest, much like braces on teeth. Iqbal says the surgery takes less than an hour, and patients go home the same day. The patient featured in *Inside Pediatrics* traveled from Atlanta

to have the experimental procedure.

*Inside Pediatrics* was filmed over 100 days in the summer of 2014. Iqbal says that in the weeks leading up to the series premiere, he was somewhat anxious about how the finished product would look. But as the episodes aired, he was amazed by the effort of Coolfire Studios, a St. Louis company Children's Mercy hired to produce the series.

"They were just really engaged with what was going on, but they had the awareness to know when it was time to ask questions and film and when things were more stressful and it was time to back off," he says. "I couldn't say enough about the remarkable job that they did."

The episodes are available at [inside-pediatrics.com](http://inside-pediatrics.com).



Mingui Fu, Ph.D., (right) studies the mechanisms of septic shock.

## Researcher looks for targets to treat inflammatory diseases

**THE UNITED STATES** has an estimated 300,000 cases of septic shock each year, and 30 to 50 of these patients lose their lives. Mingui Fu, Ph.D., assistant professor of basic medical science, searches for the mechanisms that make the condition so difficult to treat.

Patients with septic shock are not killed by infection, Fu says. Rather, they die from the over-response of the body's immune system, which can cause tissue-damaging inflammation in many organs. Most septic shock cases develop acute lung injury.

"It's very hard to treat, the inflammation is so strong," Fu says.

Fu studies inflammation in his lab at the Shock/Trauma Research Center at the School of Medicine. His work is focused on a protein family that may present a target for preventing and treating human inflammatory diseases. During the past five years, he has received two exploratory/developmental research grant (R21) awards from the National Institute of Allergy and Infectious Diseases and the National Heart, Lung and Blood Institute on his research into mono-chemotactic protein-induced

protein 1 (MCPIP1), which has been found to be instrumental in controlling inflammation. His research on the protein has been published in a series of high-impact journals, including *Nature Immunology*, *Nature Communication*, *Journal of Experimental Medicine* and the *Proceedings of the National Academy of Sciences*, among others.

MCPIP1 appears to play an important role in septic shock, which can produce an extreme inflammatory response. In one study, Fu and colleagues found that mice deficient in the protein are extremely susceptible to septic shock and death.

"If you are not paying attention, it's very easy to develop shock," Fu says. "If you are not immediately treated, it's very easy to die."

Fu received a research doctorate at Peking University after practicing human medicine in China for eight years. He decided to shift his focus to research after seeing existing treatments fail so many patients.

Though he now he works in a lab, Fu said his clinical experiences are never far from his mind.

"When I do everything, I think about the patient," he says.

## UMKC, Truman announce 'big data' initiative

**UMKC'S CENTER FOR** Health Insights and Truman Medical Centers announced a collaboration to conduct data-driven research using Cerner Corporation's Health Facts Reporting.

Few academic research centers in the world have access to this vast amount of medical data. The information will be used to identify new research opportunities and analyze local health in the context of national data. This analysis can inform decisions that support improved care, reduce health disparities and lower costs.



## UMKC CENTER FOR HEALTH INSIGHTS

This collaboration marks the first time i2b2 — Informatics for Integrating Biology and Bedside, funded by the National Institutes of Health — and Health Facts have been used together to fuel research in the Kansas City area. Through this collaboration, UMKC will serve as a key collaborator as new types of data are added to Health Facts.

"I am thrilled that the Center for Health Insights can foster new collaborations between UMKC, Truman Medical Centers and Cerner," Mark Hoffman, director of the UMKC Center for Health Insights, says. "There is much more that these organizations can do together to promote research and help improve patient care in Kansas City."

## UMKC aids in quest for better asthma treatments

**UMKC IS WORKING** with institutions across the United States to improve treatments for patients with asthma.

UMKC belongs to the network of Asthma Clinical Research Centers. Established in 1999 by the American Lung Association, the network conducts clinical trials designed to take some of the guesswork out of caring for people who have asthma.

UMKC and other sites in the network, for instance, conducted a study to determine the safety of the flu vaccine for asthmatics. The study of nearly 2,000 adults and children found that vaccination poses no adverse effects. Gary Salzman, M.D. '80, professor of medicine and director of the UMKC Lung Research Center, says the information has helped millions of asthmatics.

"Now they can feel confident that they can indeed get the flu vaccine and it will be safe for them," he says.

UMKC is one of 18 sites in the network, which includes Johns Hopkins University, Washington University and the University of California-San Diego. The centers receive grants from the American Lung Association. The National Heart, Lung and Blood Institute and the pharmaceutical industry work with the American Lung Association to fund the individual trials.

With its stable structure and access to a large, diverse pool of participants, the network is able to quickly reach definitive answers.

"Our focus has been on what is really practical, every-day stuff for asthmatics and the doctors taking care of them that they can use right away," says Salzman, a pulmonologist at Truman Medical Centers.

In addition to flu vaccination, the asthma research centers have considered the effectiveness of acid reflux drugs, which are commonly prescribed

to asthma patients. The study found that esomeprazole (sold as Nexium) does not improve asthma control in patients who have no or mild acid reflux.

"It's a waste of money, and it also has side effects," Salzman says.

More recent studies have focused on asthmatics who smoke as well as the potential use of positive airway pressure machines to relieve asthma symptoms. Researchers in the network are beginning to look outside asthma for optimal treatments of chronic obstructive pulmonary disease.

Salzman, who suffered from asthma as a child, says it's rewarding to work with asthma patients because the right therapy can make such a big difference in their quality of life.

"I've had women who said they couldn't have babies because they had such bad asthma," he says. "They've had babies and named them after me."



Gary Salzman, M.D. '80, demonstrates the proper use of a peak flow meter at Truman Medical Center Hospital Hill.



A docent team led by Dean Emeritus Richardson K. Noback, M.D., with the Snake of Aesculapius Prize.

## A snake for a prize

**SCHOOL FOUNDER** E. Grey Dimond, M.D., liked woodworking. He carved what came to be known as the Snake of Aesculapius, a twisting serpent that was presented as a prize to a hard-working docent team. Dean Emeritus Richardson K. Noback, M.D., says the snake went to the team whose members performed the best across a range of measures — course evaluations, quarterly profile examination scores, docent evaluations, peer evaluations, etc. Noback, who served as senior docent after stepping down as dean in 1978, says his teams won the Snake of Aesculapius Prize the first three years it was awarded. “At this point, we were declared ineligible to participate in future years,” he says. The team pictured [inset] may have been the first to lay claim to the Dimond-hewn trophy. The students in the photo belong to the classes of 1978, '79, '80 and '81. For more photos of SOAP-winning docent teams, visit [med.umkc.edu/panorama/soap](http://med.umkc.edu/panorama/soap).







# Independent Practices

As more physicians seek the stability of hospital employment, some alumni say remaining independent is worth the struggle

By Kelly Edwards

**A**lan Grimes, M.D. '94, knows he's bucking the trend. His Priority Care Pediatrics group is actually flourishing in an environment that has driven many independent physicians to sell their practices.

There is no simple explanation for the success of his practice, Grimes says. He made it a policy long ago to do some things differently from other practices, such as accepting any insurance plan a patient brings with them, including those that don't reimburse as well. It drives his practice consultants crazy, he says, but he's adamant about not cutting patients loose based on their ability or inability to pay.

And in a health care world filled with rising overhead costs and increasing government regulations, Grimes says

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Left: Stephanie Revels, M.D. '84, left a hospital-owned family medicine practice in 2001. She now owns her own private practice in Overland Park, Kansas.

that policy has paid off with a growing patient base.

"You just go out and do the right things and then hope and pray a little bit that it will work out," Grimes says.

For Grimes' practice, it has.

Eleven years ago, he was employed by a hospital-owned practice. But Grimes says he grew increasingly disheartened by unfulfilled promises to employees and an attitude within the practice that if patients were unhappy they could always go elsewhere.

"I knew I was going to have to make a change," Grimes says.

To continue practicing medicine in the Kansas City area and comply with a no-compete clause with his previous employer, Grimes worked at Children's Mercy for a year and a half. He then took the leap of faith and set out to open his own private practice.

But not everyone was immediately onboard.

"I went to the bank and asked for a

loan and they laughed at me," Grimes says. "I went to another and got turned down and then to another."


When he finally found a financial institution willing to work with him, Grimes set up shop with a nurse, a front desk assistant and himself. Today, Priority Care Pediatrics has a staff of 10 full-time pediatricians, one half-time pediatrician, three nurse practitioners and a large medical home team all manning two Kansas City practice locations.

"We've been blessed that it's worked out," Grimes says.

That's a common refrain among today's physicians working to maintain their independent practices, while feeling the squeeze of economic and regulatory burdens more than ever before.

A 2014 Survey of American Physicians by the Physician Foundation reported that only 35 percent of today's physicians identified themselves as practice owners or partners, down from 62 percent in 2008. And while a small majority of physicians (53 percent) report working in private practice, the numbers are much smaller for independent family medicine physicians (39.8 percent) and pediatricians (37.3 percent).

According to Grimes, there are a number of driving factors — from dwindling physician reimbursements from insurance companies to the growing number of government regulations as the Affordable Care Act kicks into full gear.

Add it all together and Grimes says it's easy to understand why many physicians have been forced to sell their practices. 

“As all of those changes are happening, I definitely see people turning to [hospital employment] as an answer,” Grimes says. “But there’s a cost. You lose your autonomy, your control, and you lose your ability to adapt quickly to the environment.”

The hardest hit may be solo practices. The American Medical Association reported in its most recent Physician Practice Benchmark Survey that while nearly 30 years ago more than 40 percent of all physicians maintained solo practices, the number had shrunk to just more than 18 percent by 2012.

### The solo practitioner

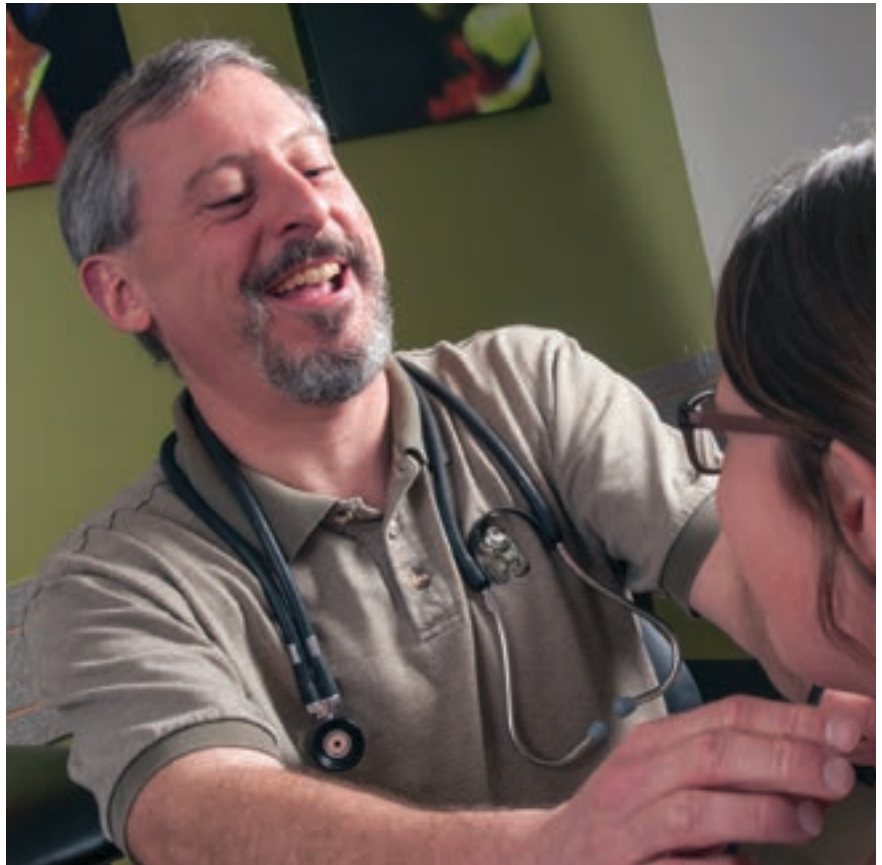
Stephanie Revels, M.D. ’84, calls herself “a rare bird,” one of the dwindling solo practitioners. She started her family practice in 2001 after working for a hospital-owned practice for nearly five years. She now operates her practice out of an Overland Park, Kansas, office that shares building space with other local businesses.

“It’s absolutely getting tougher to maintain an independent practice,” Revels says. “Every day that I’m still in practice for myself, I’m grateful. Today’s a good day.”

In addition to the already mentioned burdens, Revels says an added strain for smaller practices comes from the lack of bargaining power related to working with large insurance companies. That fact hit home a few years ago when she received an unexpected letter telling her that services for Medicare patients would no longer be covered by the insurance carrier.

“I called my Humana rep in Kansas City and asked them what was going on, and all they would say was, ‘I’m sorry. I don’t know what to tell you but they’re choosing to move their members to larger practices,’” Revels says. “I lost my senior patients.”

Revels’ experience isn’t an isolated incident. Nearly 33 percent of physicians who own their own practice say they have been restricted or excluded at some point from participating in an insurance plan. Revels says she began doing additional physical exams for the



Alan Grimes, M.D. ’94, operates a growing, multi-site pediatrics practice in the Kansas City area.

Veteran Affairs and Federal Aviation Administration to help make up for some of her lost revenue.

She also joined a local independent practice association, an organization that, among other services, brings together independent physicians to work together as a larger group when contracting with health insurers and managed care organizations. Kansas City Metropolitan Physician Association is a physician-led collaboration of nearly 300-area independent physicians and other health care providers. A subgroup of primary care physicians within the Kansas City association has been accepted as a Medicare Accountable Care Organization, a model that strives to better connect reimbursement with quality of care. Revels now serves on that group’s governing body.

“It took me several years to get to this point, but I’m doing as well as employed physicians do,” Revels says.

Even with the difficulties of a solo practice, Revels says, hospital employment has its drawbacks as well. For instance, pressure to boost the bottom line by seeing more and more patients didn’t set well with her.

“The person who saw 40 patients a day was considered a superstar,” she says.

As a contract employee, Revels says her employer also moved her practice location three times in two years. When the last move occurred, Revels discovered she could be released from the no-compete clause in her contract if her employer closed the practice site. Revels took the out and started her own practice, sharing an office with another physician until she could afford a practice site of her own.

“I think, a lot of times, there’s a false sense of security when you’re an employed physician,” Revels says. “You think that you will have a sense of job security. But even physicians are fired and let go.”

## Private practice not for everyone

Nonetheless, the idea of operating a private practice doesn't resonate with a large number of today's young physicians coming out of training. Brandon Barthel, M.D. '10, a chief resident in the School of Medicine's Department of Internal Medicine, says the thought of private practice wasn't even on his or many of his classmates' radar while attending medical school. As he completes his residency, Barthel says he still has little interest in pursuing a private practice.

"I wouldn't know the first thing about how to run a practice, so from that perspective, I don't have any interest in being a small business owner. I want to practice medicine," Barthel says.

Most physicians get very little instruction in the business of medicine unless they do so on their own outside the normal medical school and residency training. Grimes, for instance, says that when he decided to go on his

own, he began attending business sessions on opening a practice.

"It's certainly nothing that I ever learned in medical school," he says.

Angela Spell, M.D. '98, a woman's health specialist in Kansas City, says she, too, had to learn quickly after she left a larger practice to go on her own in 2013. Spell says she was fortunate that during the 10 years with her prior practice she was able to build up a solid support network, a strong patient base and become well-established in the community. Without all that in her favor, Spell says, opening a new practice would not have been possible.

"I cannot imagine trying to start a practice fresh out of school or out of training," Spell says. "If I was an unknown, it wouldn't have worked."

While economics are a major challenge for independent physicians who choose to sell their practice and become hospital employees, government regulations are playing a large role as well. Required systems for electronic health

records, for example, can come with as much as a six-figure price tag depending on the size of the practice using them. Grimes believes that many of the regulatory changes have good intentions but admits that it's going to get tougher for independent physicians in the future unless they're willing to adjust to the climate.

"There are some regulations that are for the sake of regulations and some that are a great idea until the lawyers get ahold of them," Grimes says. "But most of it is good for the quality of care and for the patients. You have to be a part of the process and play nicely and not just say 'no' and stick your head in the sand."

Like Grimes, Spell is among those determined to make it work as an independent practice physician. Things have worked out well thus far, but Spell says she did have to make a major concession along the way.

After completing her residency in Georgia, Spell returned to Kansas City and joined a local private practice as an obstetrician/gynecologist. It wasn't long after the practice was sold to a hospital in 2012, Spell says, that she decided she needed to make a change.

"I decided I did not want to be run by a corporation that was dictating what I could and couldn't do and how many patients I had to see each day," Spell says. "I like to know my patients, not as a number. I told my partners that I'd rather take my patients with me and walk away."

Spell reconnected with a local nurse practitioner, Lisa Fitch, also a UMKC graduate, and opened Spell-Fitch Women's Care in Kansas City. While she was able to bring a large number of patients with her to the new practice, and even turned a profit in the first year of practice, Spell says the change came at an added cost. Working in a solo practice without a backup physician to share hospital calls with, Spell says she had to give up her obstetrics practice.

"I don't think I could go back, but I truly miss that," Spell says. "My only regret is not delivering babies. The rest, I don't miss at all." **P**



Angela Spell, M.D. '98, (left) runs a women's health clinic with nurse Lisa Fitch.

# Team Pe



# pediatrics



Alumna Michele Kilo, M.D., has led an effort to weave behavioral health services into the care of children being treated for cancer, diabetes and other conditions at Children's Mercy

By David Martin

**T**he brain is an organ. Michele Kilo, M.D. '84, associate professor of pediatrics, likes to remind people of this fact. The brain is an organ, just like the heart and the liver and the pancreas.

"It just happens to be the organ that directs all the others," Kilo says. "It's the conductor of the orchestra, so to speak."

Kilo is a developmental pediatrician, advocate for children with developmental disabilities and their families, and, in her role as chief of the Division of Developmental and Behavioral Sciences at Children's Mercy, an evangelist for collaboration.

About 15 percent of all children under 18 have cancer, diabetes and other special health care needs. Many of them struggle with anxiety and depression. They act out. They find it difficult to make and keep friends.

In some instances, failure to address a pediatric patient's behavioral health can be fatal. Organ transplants often fail in adolescents, for instance, because they do not take the anti-rejection medication as prescribed. An injury may prompt a teenager who is a competitive athlete to contemplate suicide.

Kilo became chief of the behavioral health division in 1991. Early in her tenure, she identified a need for patients at Children's Mercy to have better access to behavioral and mental health specialists. Too often, she felt, a curtain stood between the conductor and the orchestra. 🐼

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Left: Michele Kilo, M.D. '84, identified a need for patients at Children's Mercy to have better access to behavioral and mental health specialists.

Today, collaboration is the standard of care of Children’s Mercy. Behavioral health specialists work hand in hand with medical providers to improve care, adherence to treatment and quality of life for patients and their families.

“It makes so much sense when you take a moment to just think about it,” Kilo says. “We can’t ignore the head, which houses the brain. The leg bone is connected to the knee bone, which is connected to the thigh bone, and you work your way up the body to the very top, and there you have the brain. But so often, people are like, ‘OK, anything that has to do with behavioral issues or mental health concerns means you’re crazy.’”

After overcoming some initial resistance, the effort to align and integrate medical care with behavioral health took off. At one time, Kilo presided over a division that employed one psychiatrist, three developmental pediatricians and five psychologists. Today, the division is home to five psychiatrists, nine developmental pediatricians and 40 psychologists.

About half of the psychologists are embedded within the various specialty divisions at Children’s Mercy. Clinical psychologist Lynne Covitz, Ph.D., arrived in 1994 to serve hematology and oncology patients.

“I like to say that we’ve infected the entire hospital with our presence,” Covitz, associate professor of pediatrics, says. “It’s become, I think, a pretty integral part of the care we provide to our medical patients at Children’s Mercy.”

### Driving force

Kilo was in her final year of medical school at UMKC when her younger brother Rich was killed in a boating accident. Her close-knit family in St. Louis was devastated.

“It really made me understand what people go through in their lives at the loss of someone so dear to you,” she says.

The experience shaped Kilo’s career. During her pediatrics residency at Children’s Mercy, she recognized that she did not want to work in an acute care setting such as the emergency department or intensive care unit — it felt too close to her family’s trauma.

“What was most meaningful to me was developing long-term relationships with patients and families over time,” she says.

Developmental pediatrics provided a place for Kilo to forge those bonds. She works with children who have autism spectrum disorder, developmental disabilities and other developmental and behavioral conditions. She is also a champion for the children and their families. She is a member of the

Missouri Autism Commission, chairs the board of the Jellybean Conspiracy, a nonprofit that meets the social needs and artistic aspirations of elementary and high school students with disabilities, and has served on the boards of other organizations related to children with developmental disabilities.

When Kilo was in training and a young faculty member, the psychologists who worked in the behavioral health division mostly saw patients on



Lynne Covitz, Ph.D., confers with Jenny Marsh, RN, M.S.N., department director of nursing for the Hematology/Oncology and Blood and Marrow Transplant Unit.

an outpatient basis. Occasionally, a psychologist was called to a hospital floor. Brian Belden, Ph.D., a child psychologist who has worked at Children's Mercy since 1984, picked up the nickname the Titalac Kid after a patient with renal disease vomited on him after receiving a dose of the antacid.

The Titalac experience notwithstanding, behavioral health specialists were "kind of an aside," as Belden says, from nephrology, oncology and other pediatric divisions at Children's Mercy. But with the hiring of Lynne Covitz, the first psychologist hired to work with a specific population, things began to shift.

Prior to joining the hospital, Covitz worked with patients with cancer and sickle cell disease as a post-doctoral fellow at a children's hospital in Jacksonville, Florida.

"When I started meeting these oncology patients, that was it," she says. "I thought, that's what I'm going to do for the rest of my life."

Upon her arrival, Covitz worked to supplement the care nurses, social workers, chaplains and others who were providing care and support in the absence of a dedicated psychologist. She helped children prepare for bone marrow transplants and other procedures. She coordinated with the schools of children whose treatments created learning difficulties. Covitz also spent time in the endocrinology division, helping children with type 1 diabetes learn to manage their conditions.

Over time, the idea of embedding a psychologist within the various

subspecialty divisions at Children's Mercy caught on. Specialists came to realize they did not necessarily have the time or expertise to talk to children and their families about the emotional and behavioral adjustments related to life-limiting and chronic conditions.

"That experience for the physicians of seeing what psychologists were doing to support patients and families, it just kind of started spreading," Belden, assistant professor of pediatrics, says. "And they wanted more — and more and more."

Kilo says it was gratifying to see the growing recognition that the physical body and its state of health cannot be separated from emotional and behavioral health and overall well-being.

"In order for a successful human being to emerge from an experience of significant childhood disease or condition, not just to survive but to thrive, and for families to stay intact, we have to have this part intentionally cared for as well," she says.

The hospital's administration took some time to warm up to the idea. At one point, Kilo was told to stop being such a booster for embedding psychologists within the various pediatric divisions. In response, she pointed out that specialists were the ones who started the



Bob Batterson, M.D. '87, says good communication is vital.

conversation with her after seeing what was happening in other divisions.

"I would say, 'I'm not going to them. They're coming to me,'" Kilo says.

Many specialists were sold on the idea after seeing better results with their patients. Children's Mercy gastroenterologist Craig Friesen, M.D., specializes in abdominal pain. The condition can be difficult to treat. There's seldom one organic cause. Instead, the pain typically results from a combination of biological and psychological factors.

Friesen began working closely with a psychologist in 2002. Today, the Abdominal Pain Clinic has expanded to include two psychologists, two biofeedback clinicians, two advanced practice nurses, one clinic coordinator and three registered nurses [see sidebar].

Friesen says children with abdominal pain return to school and resume other activities much faster than they did earlier his career, when he worked more independently.

"The outcomes are way different," he says. "Kids' functioning is way different."

Patients are not the only ones to benefit. Friesen says that before he started taking a more integrated approach, he often felt frustrated that he was not more effective in treating abdominal pain. He frequently took calls from parents distraught by their child's lack of progress.

"On a personal level, you felt beat up a lot," he says. "Now it's a different world."

**"I thought, that's what I'm going to do for the rest of my life."**

**—Lynne Covitz**

## Clinic takes team approach to treating pediatric abdominal pain

**HANNAH HOBERT WAS** excited to start middle school last August. A good student with many friends, she looked forward to playing viola in the school orchestra and participating in other activities typical of a seventh grader.

Hannah attended classes the first two days of the semester.

"Then, all of the sudden, she pretty much stopped going after that," her mother, Ann, says. "She'd try to go — maybe get there for an hour and then the nurse would call me and I had to go pick her up."

Hannah was suffering from chronic abdominal pain. She felt worse when she ate or drank, which meant she did not want to do those things, leaving her weak. She looked pale. "She was just in too much pain to do anything," her mother says.

Hannah saw a pediatrician and a specialist, but the visits were inconclusive.

Ann and her husband, Ben, became frustrated. "We kept getting the feeling like everybody wanted it to be just in our daughter's head, that she was scared of going to middle school," Ann says. "To us, that just wasn't her." The Hoberts knew that the daughters of Ben's siblings suffered from abdominal pain so there could be a genetic or allergen component to Hannah's condition that predisposed her to the pain.

Eventually, Hannah and her parents met with a gastroenterologist and a psychologist who exemplify the integration between pediatric medical providers and pediatric behavioral health specialists at Children's Mercy.

Craig Friesen, M.D., and Jennifer Schurman, Ph.D., are professors of pediatrics and co-directors of the Abdominal Pain Program. When they meet a patient for the first time, they are both in the room for the duration of the visit.

It started as an experiment. Friesen and Schurman began doing initial consultations as a unit in order to see if it provided a better way to treat abdominal pain, which often eludes a clear-cut medical diagnosis.

"We decided to try doing something different, where the medical and psychology sides of things were addressed equally and simultaneously and within the context of one another," Schurman says.

The approach seemed ideal for pediatric abdominal pain, which is accepted to have psychological, social and biological factors. Working together, a physician and a psychologist are in a better position to recognize and respond to the various influences. It's not often a diet change or prescription drug does the trick. Some

patients need to first learn coping skills that allow them to begin to resume normal activities.

"There are some kids, you will never make traction on their pain until they start to function better," Friesen says.



IMAGE COURTESY CHILDREN'S MERCY

Craig Friesen, M.D., and Jennifer Schurman, Ph.D.

One reason the integrated approach works is because patients and families believe in it. Schurman and Friesen published a paper in 2010 based on surveys of families who experienced the traditional model of treating pediatric abdominal pain (gastroenterologist only) and the multidisciplinary model (gastroenterologist and psychologist). The multidisciplinary model yielded higher satisfaction scores and enhanced receptivity to treatment recommendations.

Schurman says it's natural for patients and families to be skeptical of care when it seems uncoordinated.

"If you are getting bounced back and forth and it doesn't all fit together with how you understand your child, it's hard to get motivated to do the treatment," she says. "But when you have that very integrated understanding, you can present that to families and meet them where they are. I think it makes them much more receptive to the treatment."

Ann Hobert says she appreciated that Friesen and Schurman were together when they saw Hannah on her first and subsequent visits.

"They were both there to ask questions," she says. "They could focus on both aspects, the psychological as well as the physical, all at once."

Hannah's condition is being treated with prescription medication and biofeedback, a technique used to teach relaxation. Later in the school year, she was attending school five periods a day, volunteering at church and practicing with the Kansas Youth Symphony.

"We are all much happier now," her mother says.

## Close collaboration

Developmental pediatrician Sarah Nyp, M.D. '02, makes regular visits to the neonatal intensive care unit at Children's Mercy. She interacts with the babies to see how they are developing and determine the support they will need. One baby she saw recently has spent the first 10 months of her life in the hospital.

Nyp, associate professor of pediatrics, also sees patients who are old enough to attend college. One of her areas of expertise is autism spectrum disorder.

"Children with autism present with a wide range of abilities and a wide range of challenges," she says. "We like to say around here that if you've met one child with autism, you have met one child with autism."

Developmental-behavioral pediatricians build strong relationships with patients and their families. (An initial evaluation for autism can last up to three hours.) Nyp says her patients and their families often have a variety of issues that need to be addressed.

"It's not as simple as, 'You have an ear infection and I'm going to give you some amoxicillin,'" she says. "That's important, sure. But these issues take a lot of time to discuss and to really look at how all of the different parts of life are affected and different family members are affected."

One of the unique aspects of the Division of Developmental and Behavioral Sciences at Children's Mercy is how closely the psychologists, psychiatrists and developmental pediatricians work together. Nyp, for instance, is joined by a psychologist when she sees about a third of her patients.

Psychiatrist Bob Batterson, M.D. '87, joined the division part-time in 1997 and went full-time in 2002. He believes the division's emphasis on collaboration creates more accountability. As a result, patients are less likely to fall through the cracks.

"I think in systems that operate elsewhere, it's easy to get segmented off from your colleagues," Batterson, associate professor of pediatrics, says. "It's also easy to play games with patients."



‘Well, this patient belongs to this division and not to me.’ If you do get the patient and need help from the other division, you’re not going to talk.

“Where here, we all talk. We live together. We’re right up and down the same hallway. It really works.”

Close collaboration is also more convenient for patients and families. Nyp notes that when she and a psychologist see a patient at the same time, that’s one appointment for the family, not two.

Integrating behavioral health services within and outside the division does present the occasional challenge.

Covitz, the psychologist who works with patients with cancer, says patient confidentiality can be a stumbling block when she’s working with medical providers.

“When you’re working with a medical team, information flows freely across members of the medical team,” she says. “They expect with the psychologist on that team that information is going to flow freely from them as well. A lot of times it does. But there are points when there is certain information you don’t share because it’s not pertinent to the child’s medical care and it’s sensitive information to the family. There were some initial growing pains helping the team understand where those boundaries were.”

Another challenge for behavioral health providers is reimbursement.

“What we do is time and labor-intensive,” Kilo says, adding that reimbursements rates are “abysmal” for her and her colleagues’ services.

Kilo credits the hospital’s leadership for seeing the value in coordinating medical and behavioral care even when the financial incentives do not align.

“Children’s Mercy has made an incredible investment in this division,” she says.

### ‘Realist caregiver’

One of Kilo’s recent hires is a psychologist who will work with heart transplantation specialists at Children’s Mercy. The psychologist will stress the importance of taking anti-rejection medicine and other steps necessary to



Sarah Nyp, M.D. '02, visits with Kilo in the developmental and behavioral health clinic.

make the surgery a success.

“If that patient and family aren’t prepared for what comes after the medical/surgical treatment and what their role is in maintaining that treatment protocol, you lose the heart — you lose life,” Kilo says.

The children Kilo sees in her brightly decorated office on the fourth floor of the Hall Family Outpatient Center do not face the same perils as a patient in the transplantation unit. An autism diagnosis is not a death sentence. Still, Kilo approaches her duties with a sense of urgency.

“These kids aren’t going to die of these conditions,” she says. “But they are going to live with them, and they’re going to live with them for a very long time. And their families and their siblings have to learn, ‘How do we live with this child who is obviously different and how do we do the right thing for this child, but not lose sight of who we are as a family?’”

Kilo provides the continuity of care she had hoped she would be able to provide when she was beginning her career. She recently visited a patient with severe attention deficit hyperactivity disorder that she began treating

when he was 4. He is now a freshman in college and thriving.

“His mom was in tears because he’s been so successful,” Kilo says.

Kilo says people have told her she’s not a “real doctor” because the treatment she provides may not fit the traditional picture of the practice of medicine. She has an answer for that.

“I like to think I’m the realest of caregivers,” she says. “It doesn’t matter to me that I’m a doctor. It’s the caregiving that I love. I don’t just see someone, treat the disease or whatever it is, and they’re gone. I really have relationships with these people.”

In addition to the bonds she has built, Kilo takes satisfaction from what she has been able to accomplish as a division chief. Care is coordinated among behavioral health providers and medical subspecialists at other hospitals. But few places have done so on the same scale as Children’s Mercy.

“We are integrated throughout this entire health system,” Kilo says. “I tell people all the time that if I were to die tomorrow, this division and its work could well serve as the legacy of my career, and I would feel it has been a tremendous success.” **P**



A former colleague says Dean Kanter relates well to students: “The students knew they could go to him with thorny issues, and they did.”

# A Dean's Journey

By David Martin

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## The school's eighth dean, Steven L. Kanter, M.D., brings a broad range of experience in clinical and academic medicine

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Students in the third year of UMKC's B.A./M.D. program go through an orientation designed to help them adjust to the transition in the curriculum. During the third year, students spend less time fulfilling the requirements of their baccalaureate degree and more time in medical coursework. The rigors of the "M.D." side of the slash take hold.

It's a January afternoon, and the third-year orientation is taking place in Theater A of the School of Medicine. Steven L. Kanter, who became the school's eighth dean last October, stands before the students. He encourages them to consider the power of the knowledge they are working to acquire.

The rapid pace of discovery, he says, makes it an exciting time to begin a career in medicine.

"No matter what specialty you go into, you can do more for patients today than ever before in the history of medicine," he says.

Kanter also notes the students were following in the steps of many accomplished alumni. He mentions the career paths of Maj. Gen. Mark Ediger, M.D. '78, M.P.H., deputy surgeon general of the United States Air Force; Catherine Spong, M.D. '91, deputy director of the National Institute of Child Health and Human Development; and Thomas Toth, M.D. '86, director and founder of the in-vitro fertilization unit at

Massachusetts General Hospital.

"One of the interesting things about this school is that it produces a large number of highly successful graduates," Kanter tells the students. "You guys have a very bright future."

Kanter, who spent 24 years at the University of Pittsburgh School of Medicine prior to becoming dean, frequently acknowledges the success of UMKC's graduates. Kanter says it's been a "delight" to learn about their achievements. "In its relatively short history of less than half a century, our school has produced a remarkable number of graduates who have become major leaders in health care, research, education, industry and government," he says.

Kanter sees other strengths. The school, he says, is situated in a vibrant city, has strong clinical partners and is part of a great university. The layout and location of Hospital Hill, where UMKC's schools of Dentistry, Pharmacy, and Nursing and Health Studies are also located, is an asset. Kanter says preparing students in all of the health professions to work as members of high-performing teams is critical.

At the announcement of the dean's hiring, UMKC Chancellor Leo E. Morton cited Kanter's interest in inter-professional education as well as his background in medical informatics, an interdisciplinary field that applies the power of computer science to medicine. The School of Medicine established the Center for Health Insights in 2013 to support the work of UMKC researchers and clinicians at its affiliated hospitals.

Kanter completed a fellowship in medical informatics years before the term "big data" came into fashion. It was a decision made out of necessity as much as foresight for the physician who had trained as a neurosurgeon. ➡



Dean Kanter says he aspires for UMKC to be the premier medical school in the country that offers an accelerated, combined-degree medical education program.

## Moving forward

Born in Brooklyn, New York, Kanter spent most of his childhood in the American Southwest. His father, Hal, was a professor of education. After living in Arizona for several years, the family moved to Laredo, Texas, where his father was instrumental in the founding of what is now known as Texas A&M International University.

Kanter says both of his parents — his mother studied occupational therapy at Columbia University — emphasized the importance of a good education. He and his two siblings all became physicians. Kanter attended the University of Texas Medical School in San Antonio and trained in neurological surgery at the University of Florida. His brother, Roy Kanter, and sister, Merrill Kanter Carolin, are neurologists.

Kanter does not have a precise answer as to why he and his siblings not only went into medicine, but also specialized in the workings of the brain.

“One could speculate that we grew up in an environment that valued education and cognition, and we all wanted to know more about how they work on a biological level,” he says.

After finishing his residency, Kanter worked as a neurological surgeon at a large multispecialty clinic and hospital in Temple, Texas, which served as the primary teaching institution for Texas A&M University College of Medicine. He loved the work.

“For me, it combined cutting-edge brain science with advanced technology in such a way that you could offer help and hope to patients who were unable to be treated effectively just a few decades earlier,” he says.

The appointment lasted just a few years, however. Kanter developed a form of arthritis that destroyed key joints in his wrists and other areas. The condition forced him to abandon surgery.

Kanter was in his mid-30s when he reckoned with the diagnosis and what it meant to his career. But he refused to dwell on his misfortune.

“You can’t determine what cards you get — just how you play them,” he says. “It doesn’t mean it was easy. You just

have to deal with it and figure out how to move forward.”

His attention turned to a burgeoning field. In 1990, a fellowship through the National Library of Medicine enabled Kanter to study medical informatics at the University of Pittsburgh.

Kanter arrived at Pittsburgh at a time when the medical school was beginning to reevaluate the curriculum of the M.D. program. He was invited to serve on the curriculum committee. An experienced clinician with an interest in informatics, Kanter says he had “a unique skill set at the time.”

His talents quickly stood out.

“Over a very short period of time, it became obvious that he was an incredible thinker about education and curriculum, a very talented, organized person and just an amazing contributor,” says Joan Harvey, M.D., associate dean for student affairs at Pittsburgh.

The curriculum change was substantial. Among other things, it put more emphasis on direct patient experience and problem-based learning in small groups. Harvey says the changes were designed to better connect the first years of medical school “with the most important thing, which was taking care of the patients.”

The School of Medicine faculty embraced the changes. When the new curriculum stood for election, only one negative vote was cast.

Kanter’s contributions to the curriculum redesign were so admired that he was put in charge of implementing it. He became the founding director of the University of Pittsburgh School of Medicine’s Office of Medical Education in 1992.

Ten years later, Kanter was promoted to vice dean, a job with wide responsibilities. The dean of the University of Pittsburgh School of Medicine is also the vice chancellor for the health sciences and supervises five other schools. Much of the day-to-day decision-mak-



“It’s really exciting to be able to think about how to take someone who is Kanter says.

ing in the School of Medicine fell on Kanter’s shoulders.

Ann Thompson worked in the vice dean’s office and succeeded Kanter when he left for UMKC. She says Kanter was a thoughtful, inclusive leader eager to engage with people before making a

decision that affected them.

“Through it all, there’s a kind of grace in how he manages that I think just about all of us were impressed by, perhaps even in awe of,” she says.

Evidence of Kanter’s leadership could be found in the M.D. program’s accreditation reviews. A 2003 review of the school by the Liaison Committee on Medical Education, the accrediting body for medical education programs in the United States and Canada, did not contain a single criticism. A 2011 review cited only two areas for improvement.



17 or 18 years old and in six years turn them into a physician,” Dean

“He had such a rich understanding of what is needed to have an excellent medical school, and he worked tirelessly to make sure that everything was in place,” Thompson says.

Reflecting on his path, from the surgery room to leadership positions in

academic medicine, Kanter recalls a quote by Jonas Salk, who once said the reward for hard work is more work.

“The more I said yes, the more I was asked to do, ultimately being offered a position in medical school administration,” he says. “I thoroughly enjoyed the work, the interesting nature of the challenges and the opportunity to serve and to learn about medicine in new ways.

“I am very grateful that I worked with people who were willing to think in innovative and creative ways and give me opportunities to explore new ways of doing things.”

## Meeting the challenges

Kanter served as editor-in-chief of *Academic Medicine*, the journal of the Association of American Medical Colleges, from 2008 to 2012. He says it was an “extraordinary honor” to edit an academic journal.

“You gain special insight into the amazing range of work and remarkable dedication at medical schools and teaching hospitals around the world, because you see not only what gets published, but also what does not,” he says.

Kanter wrote an essay in each issue of *Academic Medicine*. He covered a range of subjects: professionalism, population health, budgeting, faculty development, the role of humanities in medicine and medical education.

As an editor and administrator,

Kanter has spent a lot of time considering the challenges facing academic medicine. UMKC, he says, has been working to address them since its inception.

As an example, he points to the consensus in academic medicine that it takes too long to educate a physician. The standard American model requires four years of undergraduate study followed by four years of medical education. UMKC, he notes, has been graduating highly qualified individuals with M.D. degrees six years after high school graduation.

Kanter says UMKC’s docent system was also forward thinking. The system, he says, “takes the very best of apprenticeship learning and combines it with small group learning and mentoring and peer teaching and other techniques.”

The docent system is even more valuable in the age of podcasting. Kanter says medical schools are struggling with what to do with classroom time as technology has made it possible for learners to watch lectures online at their own pace. The key question, he says, is not student attendance but rather how to make the learner-teacher relationship effective for students and rewarding for faculty.

“Medical schools are scrambling to deal with this issue, but UMKC solved it 44 years ago with its innovative docent system,” he says.

## Working with students

At the Year 3 orientation, Kanter tells the students they would be one of his best sources of information.

“You guys will usually tell me how it really is,” he says.

Kanter is not counting only on the frankness of youth. He noted that faculty do not experience every phase of the curriculum — students do.

“That’s really important,” he says. “You see what’s good about the curriculum, but you also see firsthand what the challenges are. Understanding those challenges and sharing that information is really important to making the curriculum better over time.



Dean Kanter and his wife, Leslie Borsett-Kanter, M.D., pause on a walk with their Cardigan Welsh corgis, Kneehi (left) and Harry.

## “I see great potential for academic medicine here in Kansas City.”

—Steven Kanter, M.D.

Harvey says students bid aggressively for the night with the Kanters, calling it a “very prized experience.”

Students who spent private time with Kanter learned about his love of dogs.

When their son, John, was 7, Kanter and Borsett-Kanter acquired a Cardigan Welsh corgi. As a family, they trained the dog, named Murfy, to compete at dog shows; it won championships in the United States and Canada.

“It was a lot of work to train and show Murfy, but it was an activity that required the family to work as a team and we had great fun for many years,” Kanter says.

Kanter has always been interested in dogs. Growing up, he raised German shepherds and made money in high school training other people’s dogs.

Kanter likes corgis because they are a smaller breed with a “big dog personality.” The current dogs in the Kanter home are Kneehi, a 12-year-old female and an American champion, and Harry, a 1-year-old male. Now that John is studying medicine at Florida State University, the Kanters will work with a professional to tap Harry’s potential. The pup, Kanter says, “looks like he has a promising show career ahead of him.”

### Journey’s next phase

It’s early evening in February, and deans of the three medical schools in Kansas City have met for a reception

and panel discussion.

Kanter joins Bruce Dubin, D.O., J.D., dean of Kansas City University of Medicine and Biosciences, and Robert Simari, M.D., dean of the University of Kansas School of Medicine, to discuss medical education, research, service and opportunities for collaboration.

“I see great potential for academic medicine here in Kansas City,” Kanter says.

Each school offered a different model of education, Kanter notes, explaining that UMKC accepts students directly from high school.

“It’s really exciting to be able to think about how to take someone who is 17 or 18 years old and in six years turn them into a physician,” he says.

He says he aspires for UMKC to be the “premier” medical school in the country that offers an accelerated, combined-degree medical education program.

Kanter also has aspirations for the region. He frequently talks about harnessing the talent and energy of the School of Medicine faculty, staff and students to make Kansas City the healthiest city in America.

To Kanter, the surrounding neighborhood looks like a good place to start. Among the people to whom Kanter has reached out in his short time as dean is Gregory Ealey, the pastor at Paseo Baptist Church, which is less than a mile from the School of Medicine.

Kanter is mindful of the school’s place in time as well as space. The school’s charter class began its medical education in 1971. Kanter says the approaching 50-year anniversary is a time for reflection and planning.

“I am enthusiastic about beginning a process with key stakeholders and community leaders as well as alumni, faculty and students to identify ways the school should build on its existing strengths and prepare to embark on this next, very important phase of its journey,” he says. **P**

“I’m sure there are lots of issues that occurred in the past that students have worked on and fixed.”

Joan Harvey, Kanter’s former colleague at the University of Pittsburgh, says Kanter related exceptionally well with students.

“The students knew they could go to him with thorny issues, and they did,” she says. “The other thing about him with students is that he really listened and put himself in their shoes. He had this ability to really understand where they were coming from.”

On occasion, Kanter and his wife, Leslie Borsett-Kanter, M.D., a pediatrician with an expertise in feeding disorders, invited students to their home for informal dinners. Students could also buy their way into the Kanter residence. He and Borsett-Kanter donated a wine-and-cheese event at their home to an annual student-run auction that benefitted a free clinic.

## Alumnus marks a gift for the humanities



Daniel Hall-Flavin, M.D. '79, is leaving an estate gift for the Sirridge Office of Medical Humanities and Bioethics.

to identify genetic markers and other factors that render an individual susceptible to addiction and relapse. He also studies responsivity to antidepressant medication.

Hall-Flavin is at a point in his accomplished career where he can begin to cut back on his duties. He will use the time to pursue his interests in the medical humanities and bioethics. He was recently accepted into a medical humanities master's degree program at King's College in London, which has one of the oldest formal programs.

He is also at a place in life when thoughts turn to legacy. Here too the humanities emerged. After reflecting on the importance of the humanities in his life, Hall-Flavin and his partner, Jef Hall-Flavin, arranged to leave a gift in their estate for the Sirridge Office of Medical Humanities and Bioethics.

Marjorie Sirridge, M.D., and William Sirridge, M.D., the founding faculty members who established the office, left a profound mark on Hall-Flavin's life. "Dr. Marjorie" was his docent and, later, a mentor. Hall-Flavin visited her in 2014, a few months before her death. At 92 years old, she was still able to inspire.

"I just sat there and listened in awe," Hall-Flavin says. "I thought, I'm really looking at a poet. She was many things. She was a brilliant clinician. She was a passionate advocate for women in medicine."

At Dr. Marjorie's request, Hall-Flavin presented the William T. Sirridge Medical Humanities Lecture at the School of Medicine in March.

The Sirridges and other faculty members insisted UMKC medical students know the science and develop clinical skills, Hall-Flavin says. At the same time, he is grateful for the opportunity to have learned from historians and philosophers. "I really count myself very lucky to have had an education at UMKC and to have had the experience working with the people that I did," he says.

Hall-Flavin says he is proud that the medical school continues to make the humanities a part of the curriculum. Humanistic inquiry, he says, is a "necessary tool for resilience," particularly for doctors, who are being asked to do more and given less time to do it. "I think it really creates physicians that will have a level of empathy that is really a cut above others," he says.

The humanities have always been a part of Hall-Flavin's life. He grew up in a working-class family in the St. Louis area, but his mother found time to paint in oils and watercolors. Jef, his partner of 22 years, is a theater producer and director. The arts, Hall-Flavin, says are "where you reach people viscerally."

Hall-Flavin believes that for medicine to move forward, it needs to reach beyond its boundaries. His own horizons continue to expand. Hall-Flavin says he would like to pursue a master's degree in bioethics after his studies in the medical humanities are complete.

He can see himself teaching one or both subjects as he begins to shed some of his clinical and research responsibilities. He does not want to stop working. "The only thing I really want out of retirement is to be able sleep in in the morning, so I don't have to wake up to an alarm," he says.

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*For information about leaving an estate gift for the School of Medicine, contact the Office of Advancement at 816-235-5565.*

**DANIEL HALL-FLAVIN, M.D. '79**, did not imagine himself becoming a psychiatrist. In fact, after being accepted into the internal medicine residency program at the Mayo Clinic, he was disappointed to learn that psychiatry was his first scheduled rotation.

But he found that he enjoyed psychiatry, particularly the way it was integrated into internal medicine at the Mayo Clinic. He completed a fellowship in addiction medicine at Cornell University and eventually returned to Mayo as a member of the medical staff.

Hall-Flavin says he's never regretted his decision to specialize in treating addiction. "They are some of the most amazing people I have ever met," he says, "because they have to come to terms with themselves, they have to know themselves. They have to face themselves and all their warts. We don't like to do that. None of us do."

In addition to clinical medicine, Hall-Flavin is involved in research that works

## Family medicine residency ranked No. 7 in Midwest

UMKC has been recognized for having one of the top family medicine residency programs. UMKC Family Medicine Residency placed No. 7 in the Midwest region in rankings created by the online physician network Doximity, in collaboration with *U.S. News and World Report*.

Based at Truman Medical Center Lakewood, UMKC Family Medicine Residency is one of the largest and most comprehensive in the country. The program is accredited by the Accreditation Council for Graduate Medical Education and the American Osteopathic Association. Residents in the program have the opportunity to concentrate in geriatric medicine, sports medicine, women's health, advanced obstetrics and integrative medicine.

"We are thrilled to see UMKC Family Medicine Residency receive this recognition," Dean Steven L. Kanter, M.D., said. "It is gratifying to know that our peers agree that UMKC provides one of the top training grounds for family physicians."

Todd Shaffer, M.D., MBA, leads UMKC's family medicine residency program, which is one of the largest and most comprehensive family medicine residency programs in the country.



## Former health secretary gives Shannon Lecture in Minority Health



Louis Sullivan, M.D., promotes health literacy.

Former U.S. Secretary of Health and Human Services Louis Sullivan, M.D., was the keynote speaker at 10th annual Dr. Reaner and Mr. Henry Shannon Lecture in Minority Health on Feb. 27.

Sullivan said that while the 21st century has produced advances in public health, medical research and therapies, there is still work to be done to improve the health of minority populations. "The greatest advances in the health of our population will occur if we are successful in engaging our patients to be partners in improving their health literacy and having them become partners not only in their health care, but more importantly, in staying healthy," he said.

Increasing diversity in the health care workforce, Sullivan said, was vital to improving the health literacy of the medically underserved. That, in turn, Sullivan said, will produce a stronger, more vibrant and more healthy nation.

Sullivan is president emeritus of the Morehouse School of Medicine in Atlanta, where he served as the founding dean. He chairs the Sullivan Alliance to Transform the Health Professions, a Washington, D.C.-based non-profit organization devoted to transforming and diversifying education in the health professions and health delivery systems.

Established in 2006, the Dr. Reaner and Mr. Henry Shannon Lectureship in Minority Health draws attention to disparities in health and health care.





## Children's Miracle Network Hospitals

### Dance marathon raises \$5,000 for Children's Miracle Network

The School of Medicine's Medical Humanities Interest Group partnered with other campus organizations to hold a dance marathon that raised \$5,000 for Children's Miracle Network Hospitals.

The Roo Boo Dance Marathon took place at Swinney Recreation Center on Oct. 25. The six-hour event featured live music, a talent show, Halloween costume contest and a spirit dance.

The Medical Humanities Interest Group was the first UMKC organization to successfully plan and stage a Dance Marathon, a tradition at other college campuses. With one successfully choreographed marathon in the books, the focus will turn to growing the size of future events. "The plan is to try to create something sustainable," said Reid Waldman, fifth-year medical student and president of the Medical Humanities Interest Group.

### Osude named to leadership post in minority medical student association

Nkiru Osude, a fourth-year medical student, was named to a leadership post in the oldest and largest minority student medical organization in the United States.



Osude

The Student National Medical Association has nearly 8,000 members nationwide. Osude will chair the group's international affairs committee after working on the committee to plan a medical missions trip to Haiti this summer.

Osude became a member of the local chapter of the Student National Medical Association during her first year of medical school and has served in various chapter roles, including treasurer and co-president. She took part in the national organization's leadership development program, which led to her involvement with the international committee.

Once in Haiti, Osude and other medical students will work alongside physicians and nurses for three days. "I want to be a missionary in the future, so this is kind of an extension of what I want to do," she said.

### NIH program allows Rai to study diabetes at the University of Washington



Rai

Dilreet Rai, a fifth-year medical student, completed a three-month research study through a program for medical students sponsored by the National Institute of Diabetes and Digestive and Kidney Diseases, a part of the National Institutes of Health.

Rai conducted her research at the University of Washington School of Medicine. She worked in a lab which focuses on the cellular and molecular mechanisms of diabetes-accelerated cardiovascular disease.

Rai worked on a study in mice finding that diabetes, in part, accelerates atherosclerosis by augmenting monocyte adhesion to the endothelium, the inner lining of blood vessels.

Rai was one of 126 students selected to participate in the program at one of 18 diabetes research centers across the country.

At the end of the program, students presented their results at an NIH-sponsored symposium at Vanderbilt University.

# MATCH DAY 2015

**MATCH DAY** marks the culmination of years of hard work and the promise of a new beginning. On March 20, medical students in the Class of 2015 received envelopes containing the names of the residency programs where they will train for the next three to seven years. The match process is increasingly competitive as medical school enrollments continue to grow.



PHOTOS BY JOHN CARWODY AND ARMANDO DIAZ

## ANESTHESIOLOGY

**Lance Brandenburg** Mayo Clinic-Rochester, Minn.  
**Turner Goodson** Univ. of Texas-Dallas  
**Asha Nookala** Mayo Clinic-Rochester, Minn.  
**Vibhav Reddy** Tulane Univ.  
**Cameran Vakassi** Beth Israel Deaconess Med. Center-Boston

## DERMATOLOGY

**Kaitlin Vogt** Indiana Univ.

## DIAGNOSTIC RADIOLOGY

**Wasfia Alikhan** Loyola Univ. Medical Center-Maywood, Ill.

**George Cyriac** Univ. of South Florida  
**Twinkle Dhawan** Jackson Memorial Hospital-Miami

**Gene Kim** Boston Univ. Medical Center  
**Mitesh Patel** Univ. of Iowa Hospitals and Clinics

**Arun Reghunathan** Univ. of Colorado

## EMERGENCY MEDICINE

**Elizabeth Black** Allegheny General Hospital-Pittsburgh

**Andrea Gioia** Barnes-Jewish Hospital-Washington Univ.

**Katelyn Harris** Univ. of Arkansas  
**Ryan Haskamp** Saint Louis Univ.  
**Jason Hurt** UMKC

**Shreya Lankala** Southern Illinois Univ.  
**Megan Litzau** Indiana Univ.

## FAMILY MEDICINE

**Katey Davis** John Peter Smith Hospital-Fort Worth, Tex.

**Jessie Friedrich** Mercy Medical Center-North Iowa

**Lila Nussair** New Hanover Regional Med. Center-Wilmington, N.C.

**Eric Roychowdhury** Northeast Iowa Medical Education Foundation

**Ryan Stokes** UMKC  
**Gretchen Woodfork** UMKC

## GENERAL SURGERY

**Mallory Hamilton** U.S. Air Force-Nellis Air Force Base, Nev.

**Michael Ivers** Southern Illinois Univ.  
**Bhavani Pokala** Univ. of Nebraska Medical Center

## INTERNAL MEDICINE

**Leny Abraham** Saint Mary's Medical Center-San Francisco

**Beenish Ahmed** Baylor College of Medicine-Houston

**Sara Baig** Univ. of Minnesota  
**Mihir Brahmhatt** Univ. Hospitals-Columbia, Mo.  
**Micahla Brown** Saint Louis Univ.  
**Brandon Carney** U.S. Air Force-Fort Sam Houston, Tex.

**Poorvi Desai** Univ. of South Florida  
**Ryan Eckert** UMKC  
**Chiazotam Ekekezie** Rhode Island Hospital-Brown Univ.

**Asha George** Presence Saint Francis Hospital-Evanston, Ill.

**Krishna Goparaju** Case Western Reserve Univ.  
**Vritti Gupta** Creighton Univ. Affiliated Hospitals

**Timothy Hanaway** U.S. Air Force-Fort Sam Houston, Tex.

**Scott Helgeson** Mayo Clinic-Jacksonville, Fla.  
**Bailey Hunkler** Emory Univ. School of Medicine  
**Tiffany Mao** Baylor College of Medicine-Houston

## Ayesha Murtuza

**Krupa Patel** UC-San Diego Medical Center  
Univ. of Pittsburgh  
Presbyterian Shadyside Hospital

**Meera Patel** Univ. of Texas-Houston  
**Ripa Patel** Univ. of Kentucky Medical Center

**Sagar Patel** Mayo Clinic-Scottsdale, Ariz.  
**Shreena Patel** Univ. of South Florida

**Imran Puthawala** Univ. of Massachusetts  
**Aray Rawal** Mayo Clinic-Jacksonville, Fla.  
**Spoorthi Sankineni** West Virginia Univ.

**Christopher Schiavo** Indiana Univ. School of Medicine

**Senthil Sukumar** Univ. of Texas-Dallas  
**Lindsay Utley** Creighton Univ. Affiliated Hospitals

**Ben Van Treeck** Mayo Clinic-Rochester, Minn.  
**Laalasa Varanasi** Cedars-Sinai Medical Center-Los Angeles

**Peter Vayalil** Creighton Univ. Affiliated Hospitals

## MEDICINE-PEDIATRICS

**Jeet Mehta** Univ. of Kansas-Wichita  
**Nasreen Quadri** Univ. of Minnesota

**Kyle Reed** UMKC  
**Paymon Savoji** UMKC

## NEUROLOGICAL SURGERY

**Maheen Q. Khan** Saint Louis Univ.

## NEUROLOGY

**Chris Tanner** Southern Illinois Univ.

## OBSTETRICS & GYNECOLOGY

**Georgia Graham** Shands Hospital-Univ. of Florida

**Kristen James** Jackson Memorial Hospital-Miami

**Kayla Lash** Univ. of Texas-Houston  
**Fatima Shekhani** UMKC

## OPHTHALMOLOGY

**Nishika Muddasani** Tulane Univ.  
**Erin Sieck** Univ. of Colorado

## ORAL SURGERY

**Matthew Popper** UMKC

## ORTHOPAEDIC SURGERY

**Sadie Alongi** UMKC  
**Nuvpreet Bhandal** Northeast Ohio Medical Univ.-Akron

**Zubair Chaudry** Univ. of Pittsburgh Hamot Medical Center-Erie

**Adnan Cheema** Hospital of the Univ. of Pennsylvania

**Sreeharsha Nandyala** Massachusetts General Hospital-Harvard Univ.

**Belal Tarakji** McLaren Regional Medical Center-Flint, Mich.

**Andrew Thome Jr.** Rhode Island Hospital-Brown Univ.

## OTOLARYNGOLOGY

**Lisa Brown** Univ. of Illinois-Chicago  
**Steven Curti** Univ. of Mississippi Medical Center

## PATHOLOGY

**Kevin Dowlatshahi** Univ. of Nebraska Medical Center

## PEDIATRICS

**Fatimah Ahmed** Baylor College of Medicine-Houston

**Sami Al-Harastani** Hurley Medical Center-Flint, Mich.

**Katy Clarkston** Cincinnati Children's Hospital Medical Center

**Ashley DeBoeuf** Jackson Memorial Hospital-Miami

**Ashley Fletcher** Children's Mercy-Kansas City  
**Abigail Hardin** Univ. of Texas-Austin

**Amna Hilal** North Shore-LIJ Health System-NYC

**Sarah Kirkpatrick** Univ. of Kansas-Kansas City  
**Sheeba Kunnel** Univ. of Texas-Austin

**Louise Malburg** Univ. of Arizona Affiliated Hospitals

**Caitlin Nickols** Children's Mercy-Kansas City  
**Amanda Phan** Baylor College of Medicine-San Antonio

**Jessica Van Mason** Children's Mercy-Kansas City  
**Samantha Wiemann** Children's Mercy-Kansas City  
**Rachael Zamazanuk** Children's Mercy-Kansas City

# 51%

More than half of the class will enter primary care residencies (family medicine, internal medicine, medicine-pediatrics and pediatrics).

## PHYSICAL MED AND REHAB

**Lesley Abraham** Univ. of Texas-Dallas  
**Nikolai Khromouchkine** National Rehabilitation Hospital-Wash., D.C.

**Ajaya Moturu** Vidant Medical Center-East Carolina Univ.

**Tulsi Singh** Hospital of the Univ. of Pennsylvania

## PLASTIC SURGERY

**Trina Ghosh** Barnes-Jewish Hospital-Washington Univ.

## PRELIMINARY MEDICINE

**Mrugesh Thakkar** Univ. of South Florida

## PRELIMINARY SURGERY

**Joshua Burk** UMKC  
**John Loftus** Univ. of Texas-San Antonio  
**Avinash Nehra** Mayo Clinic-Rochester, Minn.

## PSYCHIATRY

**William Enochs** UMKC  
**David Hanaway** UMKC  
**Ritika Kaula** Univ. of Illinois Methodist Medical Center-Peoria

## TRANSITIONAL YEAR

**Matthew Kliethermes** Intermountain Medical Center-Murray, Utah

## UROLOGY

**Maria Uloko** Univ. of Minnesota

## A message from the National Board of Alumni & Partners president



**I AM HONORED** to begin my service as president of the UMKC School of Medicine National Board of Alumni & Partners. We owe a huge thanks to Raymond Cattaneo, M.D. '03, M.P.H, for leading the School of Medicine Alumni Association for a two-year term and to Michele Kilo, M.D. '84, for

her service as president of the National Board of Visitors.

Last year the members and the School of Medicine leadership decided to merge the Alumni Association and the Board of Visitors to enhance and coordinate support to the school, its alumni and the students. For the unfamiliar, the Board of Visitors was created in 2010 to advise the Office of the Dean

on ways to advance the school's mission and sustain and strengthen its reputation. Dean Emerita Betty Drees, M.D., invited alumni, business leaders, scientists, health officials and community members to serve on the board.

Alumni were well represented on the Board of Visitors, and the new combined body will enable that group to support the strategic needs of the school while also enabling sustained engagement of alumni with the school. We believe the new board will be an effective body enabling alumni and other stakeholders to make a positive difference in the school's future.

Finally, please join me in congratulating Dr. Cattaneo, who is president-elect of the university-wide UMKC Alumni Association. His term as president begins in the fall. As we know, the university's alumni are fortunate to have Ray in this key leadership role and he certainly represents the School of Medicine in a most positive manner.

Maj. Gen. Mark Ediger, M.D. '78, M.P.H.  
President, UMKC School of Medicine National Board of Alumni & Partners

### UMKC SCHOOL OF MEDICINE National Board of Alumni & Partners, 2015-16

#### PRESIDENT

Maj. Gen. Mark Ediger, M.D. '78, M.P.H.

#### PAST PRESIDENT

Raymond Cattaneo, M.D. '03, M.P.H.

#### MEMBERS

John Bealer, M.D. '86  
Alan Braverman, M.D. '85  
Tim Buie, M.D. '84  
Diana Dark, M.D. '80  
Lisa Fitzpatrick, M.D. '92  
Dee Anna Glaser, M.D. '87  
Enrique Gutierrez  
David Hayes, M.D. '76  
Michael Hurd  
Michele Kilo, M.D. '84  
Gene LeSage, M.D. '77  
Joe Melookaran  
Alexander Norbash, M.D. '86  
Barbara Potts

Mamta Reddy, M.D. '98  
Douglas Reed, M.D. '78  
Steve Reintjes, M.D.  
Nelson Sabates, M.D. '86  
Divya Shroff, M.D. '00  
Jim Spigarelli, Ph.D.  
Tracy Stevens, M.D. '90  
Susan Storm, M.D. '85  
Thomas Toth, M.D. '86  
Michael Weaver, M.D. '77  
Joy Wheeler  
Joan Dimond Wu-Chang, M.D. '86  
Thomas Zink, M.D. '80

## Comninellis, Wiele honored at UMKC Alumni Awards Luncheon

PHOTOS BY JANET ROGERS



Nicholas Comninellis, M.D. '82, (top) and Kim Wiele, M.D. '81.

**THE SERVICE AND** achievements of two School of Medicine graduates were recognized at the UMKC Alumni Awards and Chancellor's Medal Luncheon on April 23.

Nicholas Comninellis, M.D. '82, M.P.H., became the fifth School of Medicine graduate to be named *Alumnus of the Year*, a university-wide award. Kimberly Wiele, M.D. '81, received the School of Medicine Alumni Achievement Award.

Comninellis is the president and CEO of the Institute for International Medicine (INMED). The Kansas City-based non-profit organization offers courses in international health, diseases of poverty and disaster management. INMED also offers supervised international service-learning experiences for students and professionals at more than 45 training sites in

20 low-resource countries.

Comninellis has always focused on the poor, the marginalized and the culturally diverse. In high school, he read *Deliver Us From Evil*, the autobiography of U.S. Navy physician Thomas Dooley, who cared for refugees fleeing from North to South Vietnam in the late 1950s. "The faith, courage and compassion of Dr. Dooley's work created a vision that fueled my entire professional life," Comninellis says.

As a medical student, Comninellis served and studied among the indigenous people of Honduras. After receiving his degree, he served as a resident at the Shanghai Charity Hospital in China and worked over a two-year period to initiate a health care ministry in a province in Angola, a war-torn country in southern Africa.

Comninellis has been a full-time and volunteer faculty member in the Department of Community and Family Medicine since 1991. Noticing a desire among students for international service, he founded INMED in 2003 to equip students and other health care professionals to serve the forgotten.

In his remarks at the awards luncheon, Comninellis recognized the contributions of several individuals, including Dean Emeritus Harry Jonas, M.D., and Stan Shaffer, M.D. '79, associate professor of pediatrics. He also stressed the

importance of role models.

"I believe in the power of exceptional role models," Comninellis said. "Find one, become one and then inspire another one."

A radiologist at Barnes-Jewish Hospital in St. Louis, Wiele is a leader in breast health, radiology and breast imaging. She is also hailed for her disarming bedside manner, counseling patients during a time of anxiety and fear.

"Many have asked if the job is depressing and my answer is always 'no,' because first of all, many patients find out that they do not have breast cancer," Wiele says. "Even for those who do, we can honestly provide real hope."

Wiele co-authored Washington University's Mallinckrodt Institute of Radiology breast imaging core curriculum and a case-based review book designed for radiology residents. She participates in research studies, teaches residents and fellows, and mentors students.

"I think being a teacher is almost a given for physicians — we just want to share what we do with others, and so it's completely natural to want to pass it on to the next generation of physicians," Wiele says.

Wiele discovered her passion for radiology at UMKC. She says she was fascinated by the use of technology to diagnose complicated diseases and credits the radiologists who mentored her for teaching her how much imaging influences patient care.

Wiele decided at age 14 that she wanted to be a physician. She learned that UMKC offered a combined B.A./M.D. path when she was a junior in high school. "What a huge privilege to get to go to med school straight out of high school," she says.

Wiele's husband, Robert Wiele, M.D. '78, and son, Benjamin Wiele, M.D. '12, also graduated from the UMKC School of Medicine.

The Alumni Awards luncheon is one of the university's largest events. This year's event raised \$141,435 for student scholarships.

# Graduate builds career as physician-scholar



IMAGE COURTESY JONATHAN METZL

Jonathan Metzl, M.D. '90, Ph.D., leads the Center for Medicine, Health and Society at Vanderbilt University.

**AS A STUDENT** in the B.A./M.D. program at UMKC, Jonathan Metzl, M.D. '90, Ph.D., raised a few eyebrows when he decided to pursue bachelor's degrees in both biology and English literature.

"But he didn't struggle," says Stuart Munro, M.D., professor of medical humanities and social studies. "He was so bright that he could handle it."

Metzl continued to take on academic challenges. While training in psychiatry at Stanford University, he pursued a master's degree in poetry. He completed a doctorate in American culture while teaching, writing and seeing patients at the University of Michigan.

Today, Metzl leads the Center for Medicine, Health and Society at Vanderbilt University. The multidisciplinary center forms a bridge between the College of Liberal Arts and Sciences and Vanderbilt University Medical Center. Its 400 undergraduate students pursue careers in a number of fields,

including medicine, law and public policy. The center also offers a master of arts degree and a graduate certificate.

Metzl said his multifaceted career is a direct outgrowth of his education at UMKC.

"I don't think I would have ended up where I am now if not for the skills of combining medical and humanities perspectives that I first learned at UMKC," he says.

Metzl was a precocious student. Munro used to teach a behavioral science course with the late Hans Uffelmann, Ph.D., a philosophy professor who also taught at the School of Medicine. One day in class, Munro says, Metzl challenged Uffelmann, recalling that the professor had used the opposite reasoning in a philosophy course offered at the Volker campus.

"Once he pulled himself together and recovered, Hans was so impressed that a kid in his class two years ago had remembered the argument and was assertive enough to call him on it," Munro says.

"He really won us over at that point."

A Fulbright scholarship took Metzl to Israel the year he received his medical degree. He intended to study the Israeli military's method of managing post-traumatic stress disorder. The war in the Persian Gulf broke out while Metzl was in Israel. When Iraq began firing Scud missiles at targets in Tel Aviv and Haifa, Metzl widened the scope of research to include the general population.

Intellectual curiosity was encouraged in the home in which Metzl grew up. His father, Kurt, is a pediatrician who served as Year 2 docent from 1974 to 1981. His mother, Marilyn, is a respected psychoanalyst in Kansas City. The couple raised four boys. Three became physicians; the fourth is an expert in international affairs and a former candidate for the U.S. Congress.

The eldest of the high-achieving brothers, Metzl knew early on that he wanted an academic career. His scholarship has focused on stigmatization and mental illness. His 2010 book *The Protest Psychosis* considered how political protest has been misunderstood in the United States, particularly when race is involved. Last year, as he watched the unrest in Ferguson, Missouri, and New York City after two black men were killed by white police officers, Metzl saw parallels in the response to political protests of the 1960s.

"I think there's a lack of understanding and empathy for why people are protesting that's kind of similar to the 1960s," he says. "One of the lessons we learned from the '60s is that when people are protesting in this way, it's because societal forces of injustice become so great that they feel compelled to disrupt their own daily lives in an attempt to change society and make it more equitable." Medicine in particular, he adds, has a "social responsibility to take seriously the question of what level of despair is driving people to protest, and to address the structures of injustice that also often cause ill health."

Metzl has spoken twice at the UMKC School of Medicine. In 2008, when he was on the faculty at Michigan, he presented the William T. Sirridge, M.D., Medical

## School history told in 'A Proven Experiment'

Humanities Lecture. In 2011, the year he was recruited to Vanderbilt, he gave the keynote address at the Alpha Omega Alpha Honor Medical Society banquet.

The Alpha Omega Alpha talk developed into a recent paper Metzl and a colleague published in the *American Journal of Public Health*. The paper challenges the idea that mental illness causes gun violence and other assumptions that arise in the wake of mass shootings.

"Definitely people with mental illness are involved sometimes, but mental illness becomes the only explanatory mechanism in ways that reinforces stigma," Metzl says. "It doesn't help it."

Metzl's research was recently spotlighted in the Op-Talk section of *The New York Times* as well as on MSNBC's *Melissa Harris-Perry* show. Metzl, in fact, is a regular guest on the show. He says he likes the program because it allows guests to take the time to unpack complex academic ideas.

"It's to me pretty thrilling that I study race and stigma and other factors and that there's an entire show devoted to that," he says. "It's a two-hour show, so you have time to explain it."

Being a public intellectual and center director does not leave time for a clinical practice. Metzl said he would like to see patients again at some point. For now, he takes satisfaction in watching the progress made by the students and faculty at Vanderbilt.

"I realize that you can really make a tremendous difference in people's lives, and I find that very gratifying," he says.



IMAGE COURTESY JONATHAN METZL

Metzl is a regular guest on Melissa Harris-Perry's show on MSNBC.

**A GRADUATE AND** a former staff member edited the first book-length history of the UMKC School of Medicine.

*A Proven Experiment: Looking Back at the UMKC School of Medicine* tells the story of the school and Hospital Hill in a series of essays by and interviews with founders, faculty, staff and alumni.

The late Jerald A. Burton, M.D. '73, Ph.D., a member of the first graduating class, and Patricia Gosney Burton, who was hired as an education assistant the year the school opened in 1971, edited the book. School founder E. Grey Dimond, M.D., approached the Burtons — the couple married in 1973 — with the idea of writing the history in 2012, the year before his death.

"We could not say no to Dr. Dimond," Patricia Burton says. "Like a lot of people, we owe him everything."

Jerald Burton was diagnosed with a brain tumor around the time a manuscript for *A Proven Experiment* was completed. He died Nov. 17, 2014, at age 74 [see page 33].

Below are excerpts from some of the alumni-written essays that appear in the book, which can be purchased at [diastole.org/product/a-proven-experiment/](http://diastole.org/product/a-proven-experiment/).

*"When [E. Grey Dimond] made rounds with us, we were in awe and learned so much. He demonstrated beside manner by relating to patients as individuals and important human beings, showing interest in their lives and embodying the 'art' of medicine rather than the science of mere clinical facts and procedures." — Sandra Katz, M.D. '77*

*"Our class was somewhat competitive — in a good way. Almost all of us wanted to be the best, not by bringing down others, but by hard work and collegial competition. The intense training helped create some strong, personal bonds among students and between students and faculty." — Mike Jensen, M.D. '79*

*"There were many challenges, but I believe my training at UMKC prepared me not only for the practice of medicine, but also for life. The ability to persevere, the importance of ethics and honesty, and the ability to handle any situation without panic, but rather with strategic thinking and a focused response have become fundamental aspects of my character." — Eva Frazer, M.D. '81*

*"Dr. Dimond was correct; the best way to learn is from each other. The docent system is a remarkable education method that continually rejuvenates itself as new learners are added to the team. It is a dynamic and refreshing way*



*to teach and educate medical students. It is patient-centered and, after all, that is what the art and practice of medicine is about: not only making the patient better, but also making the patient feel better." — Carol Stanford, M.D. '79*

*"Bill Sirridge was my docent. At that time, students were able to request their docent. Each docent gave a presentation explaining his or her teaching style. Bill Sirridge stood up and said in his loud booming voice, 'If you want to work hard and learn to be a great doctor, then request my team. If you don't want to work hard, choose another team.' There was no doubt in my mind. I wanted him for my docent." — Gary Salzman, M.D. '80*

*"Although at the time it was billed as 'an experiment in medical education,' I don't believe any student felt as if they were research subjects. We all felt important. We all thrived." — Vaughn Payne, M.D. '86*

## School of Medicine Alumni Reunion

Alumni Reunion weekend kicked off with the 2015 Alumni Awards and Chancellor's Medal Luncheon on Thursday, April 23. The following night, graduates of milestone classes gathered for frozen cocktails in the trendy Crossroads neighborhood. The classes of 1985 and 1995 had strong showings at the Friday night mixer as well as the Alumni Reunion Dinner, which took place Saturday at one Kansas City's top barbecue restaurants. Michele Kilo, M.D. '84, Dean Steven L. Kanter, M.D., and Nicholas Comninellis, M.D. '82, who received the award for UMKC Alumnus of the Year at Thursday's luncheon, made brief remarks at the dinner.



1.) Leslie Borsett-Kanter, M.D., Dean Steven Kanter, M.D., and Nicholas Comninellis, M.D. '82. 2.) Nagla Abdelmalek, M.D. '95, Neena Uppal, M.D. '95, and Hee-Sun Kim, M.D. '95. 3.) Mary Koly, M.D. '95, Steve Johnson, Young Katharine Chun, M.D. '95, and Angelia Martin, M.D. '95. 4.) Julia Elrod, M.D. '80, and Sammy Matassa. 5.) Dan Tillman, M.D., '85, Susan Storm, M.D. '85, and Tom Franey, M.D. '85. 6.) Ada Koch and Kevin Koch, M.D. '80. 7.) Class of 1985. 8.) Class of 1995. 9.) Merideth Nitzel, M.D. '95. 10.) Cliff Cokingtin, M.D. '87, Diana Casey Cokingtin, M.D. '85, and Dan Williams, M.D. '85. 11.) Larry Rues, M.D. '75, and Jane Rues.





# Class Updates

## 1970s

**MARK EDIGER, M.D. '78**, was confirmed by the U.S. Senate to become the Air Force's 22nd surgeon general. Maj. Gen. Ediger is currently the Air Force's deputy surgeon general, a position he has held since July 2012.

## 1980s

**KAREN REMLEY, M.D. '80**, was named executive director and CEO for the American

Academy of Pediatrics, effective July 2015. From 2008 to 2012, she served as commissioner of health for the Commonwealth of Virginia.

**KATHRYN ELLERBECK, M.D. '82**, associate professor of pediatrics at the University of Kansas School of Medicine, assumed the co-directorship of the Kansas Center for Autism Research and Training at KU.



**C. ALAN SCOTT, M.D. '84**, director of emergency medical services at East Georgia Regional Medical Center in Statesboro, Georgia, appeared in two episodes of the television show *Untold Stories of the ER*, which airs on TLC and Discovery Fit & Health.

In the show, emergency room physicians reenact and discuss interesting cases they have handled. Scott submitted a couple of ideas at the urging of a colleague. The show's producers liked his ideas and flew him to Vancouver to film the reenactments.

One episode dramatized an experience Scott had more than 10 years ago, when a skydiving instructor and his student arrived in the ER on one gurney, impaled through the abdomen on the same metal fence post. Scott freed the student from the post and stabilized the instructor, who was more seriously injured, until a trauma surgeon became available. Both patients eventually walked out of the hospital. "They were fairly lucky in the whole scheme of things," he says.

Scott had some acting experience, having performed in high school and community theater productions. Still, he was struck by the demands of filming a television segment. He was on the set for 14 hours on back-to-back days. "They were pretty grueling days," he says. "By the time I was finished, I was ready to be a doctor again."

**MARK GALANT, M.D. '82**, is lead hospitalist at Bates County Memorial Hospital in Butler, Missouri.

**STEVE MILLER, M.D. '83, MBA**, chief medical officer of Express Scripts, the nation's largest administrator of drug benefits, spoke to *Pharm Exec* about industry trends.

**TIMOTHY BUJE, M.D. '84**, director of pediatric gastroenterology and nutrition at Massachusetts General Hospital's Lurie Center for Autism, took questions about acid reflux and autism on a forum hosted by the advocacy group Autism Speaks.

**OLEVIA PITTS, M.D. '86**, was named executive director of IPC Healthcare's Kansas City region and is responsible for operations in acute and post-acute care facilities throughout the region.

**MATTHEW MATAVA, M.D. '87**, president of the NFL Physicians Society and chief of sports medicine at Washington University, wrote in the *St. Louis Post-Dispatch* about the strides being made to improve NFL player health and safety.

**THOMAS TIETJEN, M.D. '87**, a gastroenterologist, joined Charlevoix Area Hospital in Charlevoix, Michigan.

## 1990s

**R. BLAKE CURD, M.D. '91**, an orthopaedic surgeon in Sioux Falls, South Dakota, serves in the South Dakota State Senate.

**TOI BLAKLEY HARRIS, M.D. '92**, is associate provost for institutional diversity and student services at Baylor College of Medicine in Houston.

**RONALD VANCE, M.D. '92**, a family physician at Bolivar Family Care Center in Bolivar, Missouri, is now seeing patients at Osceola Medical Center.

**MOHAMMAD SIDDIQI, M.D. '94**, was named medical director of the First Choice Emergency Room facility in Friendswood, Texas.

**J. HENRY TIEMANN, M.D., RES. '97** (community and family medicine), joined Mercy Convenient Care in Joplin, Missouri.

## 2000s

**JANNA VER MILLER, M.D. '02**, was named site lead physician for the Senior Health First clinic in Lakewood, Colorado. She was also recently nominated for the Strength in Health Award for Physician's Excellence in Health Care in Denver.

**K. ANTHONY GILDEHAUS, M.D. '05**, was inducted into Fellows of the American College of Surgeons. He practices at Mercy Clinic Surgical Specialists in Washington, Missouri.

**BISHOY GAYED, M.D. '06**, joined Chesapeake Urology in Owings Mill, Maryland. Gayed serves as the director of urologic oncology at Saint Agnes Hospital.

**BROOK NELSON, M.D. '07**, medical director of the ambulatory surgery center at the Sanford Health clinic in Dickinson, North Dakota, was profiled by the *Dickinson Press*.

**LISA ROARK, M.D. '07**, is opening a new clinic, Roark Family Health, in Cassville, Missouri, on June 1.

**LINDSEY MCILVENA, M.D. '09, M.P.H.**, a practitioner in Encinitas, California, discussed her decision to specialize in preventive medicine with the *San Diego Union-Tribune*.

#### 2010s

**TRAVIS LUNDELL, M.S.A. '14**, joined Mercy Clinic Anesthesiology in Springfield, Missouri.

**JENNIFER NGUYEN, M.D., RES. '14** (medicine-pediatrics), joined Family Physicians of St. Peters in St. Peters, Missouri.

## Stay connected!

Submit a class note to *Panorama*. News about alumni's career changes, publications, professional awards, retirements, weddings and births are welcome. Please send class notes to [panorama@umkc.edu](mailto:panorama@umkc.edu) or complete an online form at [med.umkc.edu/panorama/submit](http://med.umkc.edu/panorama/submit). Submissions that appear in the magazine may be edited for style, length and clarity.

### JERALD A. BURTON, 1940-2014



**JERALD A. BURTON, M.D. '73, Ph.D.**, a member of the UMKC School of Medicine's first graduating class, died Nov. 17, 2014, in Kansas City. He was 74.

Burton enrolled in the then new School of Medicine after having earned a bachelor's degree in pharmacy and a master of science and a doctorate in pharmacology, all from UMKC. Following his graduation from the School of Medicine, he trained in internal medicine at Truman Medical Center and completed a fellowship in pulmonary medicine at the University of California-Irvine. He served as director of respi-

ratory services at the Kern Medical Center in Bakersfield, California, and was an assistant professor of medicine at UCLA and a faculty advisor for the National Critical Care Institute of Education in Orange, California.

He later returned to the Kansas City area and served as medical director of the Cedar Ridge Alcohol and Drug Treatment Center and the CenterPoint Counseling and Recovery Center. He had a private practice at Overland Park Regional Medical Center, where he once served as president of the medical staff. He mentored students and taught the history of medicine and behavioral science as a member of the UMKC School of Medicine faculty.

In 2012, School of Medicine founder E. Grey Dimond, M.D., asked Burton and his wife, Patricia Gosney Burton, to edit the first book-length history of the school [see page 29]. The couple completed the manuscript shortly before Burton's death.

Burton served as an officer in area chapters of the William Osler and the John Locke societies. The Osler Society hosted an event at the UMKC School of Medicine in Burton's memory on March 18. David Hayes, M.D. '76, a cardiologist at the Mayo Clinic, moderated a discussion about medical education between UMKC School of Medicine Dean Steven Kanter and University of Kansas School of Medicine Dean Robert Simari.

Hayes closed the event with a story he told at Burton's celebration of life service. He recalled a cardiology rotation the two did when Hayes was a student and Burton was a resident. While on rounds one day, Burton fed Hayes clues about a patient's condition. The hints enabled Hayes to dazzle the attending physician when he was called upon for a possible diagnosis.

"That was an example of both Jerry's ability to pull a prank and his generosity," Hayes said.

# UMKC alumni association

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## Hospital Hill Carnival

Medical students David Sanborn and Raveena Basra competed in an inflatable attraction at the first-ever Hospital Hill Carnival on April 1. The School of Medicine Wellness Council hosted the event in conjunction with the Hospital Hill Student Leadership Committee. In the game pictured, participants race to a goal with a bungee cord strapped to their backs.

