

UMKC **Medicine**

Fall/Winter 2015

UNIVERSITY OF MISSOURI-KANSAS CITY SCHOOL OF MEDICINE



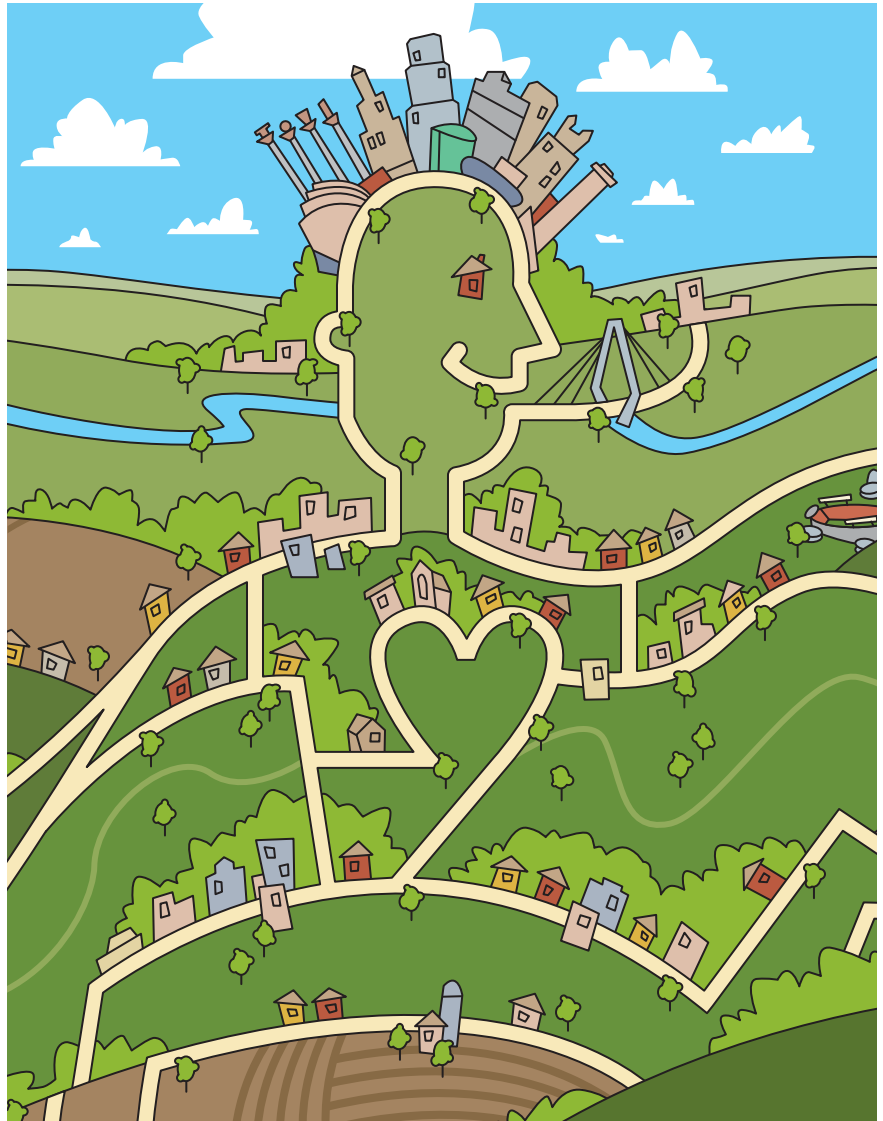
IMPROVING
COMMUNITY
HEALTH

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UMKCMedicine

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Leading in community health

YOU ARE HOLDING an issue of what used to be called *Panorama*, the magazine for alumni and friends of the UMKC School of Medicine. The magazine, you may have noticed, has a new name: *UMKC Medicine*.

Why the change? It's simple. We felt that the name of our magazine should reflect more directly the identity of the school that fills us with such pride. We are the UMKC School of Medicine. *UMKC Medicine* is one of the important places we tell our story.

I am excited that the first issue of the renamed magazine looks at some of the ways our faculty, students and alumni are improving community health, a key area of emphasis for our school. We are proud to work with partners in the community to help our neighbors lead healthier lives.

Along these lines, I was pleased to announce in June that Jannette Berkley-Patton, Ph.D., joined the School of Medicine biomedical and health informatics faculty. (Dr. Berkley-Patton transitioned to the School of Medicine from the UMKC Department of Psychology, where she retains an adjunct appointment.) She leads the UMKC Community Health Research Group, which supports collaborative community research and provides doctoral and undergraduate training in community participatory research. In this issue, you will read about her team's effort to address HIV, diabetes, heart disease and stroke in Kansas City's African-American community.

Other community health efforts, which have been operating for some time, continue to thrive. The medical students who founded the Sojourner Health Clinic, for instance, are now board-certified physicians and surgeons. UMKC is in its fourth year as a demonstration site for a learning collaborative working to meet health workforce challenges in urban communities.

And, as I have noted on many occasions, our school produces a remarkable number of graduates who become leaders in patient care, research, education, organized medicine, the military, industry and government. This issue features Catherine Spong, M.D. '91, longtime deputy director and recently appointed acting director of the Eunice Kennedy Shriver National Institute of Child Health and Human Development. Dr. Spong leads some of the world's best minds in investigating human development throughout the entire life process, with an emphasis on understanding developmental disabilities and the important events that occur during pregnancy.

We know that the UMKC model of medical education produces skilled and caring clinicians, and I continue to be impressed that so many of our graduates serve in myriad leadership roles. The health of the public is just one area where the school and its alumni make a difference.

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

Going places

STUDENTS IN THE School of Medicine's B.A./M.D. program are being featured in a university-wide social media storytelling project.

The project, "Our Students. Our Story. #UMKC Going Places," tells the stories of students using interviews, photographs and videos. The featured students are asked about their decision to attend UMKC, their long-term goals and the special challenges they have faced, such as being a first-generation college student, among other questions.

To date, medical students Taylor Carter, Sean Mark, Nkiru Osude and Dayne Voelker have participated in the project. Carter, now a third-year B.A./M.D. student, speaks about the impact of volunteer work on her decision to study medicine. From the time she was in third grade, Carter worked regularly with children with Down syndrome and other special needs. "I really enjoyed doing that," she says. "It brought all my interests together and pushed me toward the medical field."

Mark, a fifth-year student, talks about his interest in emergency medicine and his desire to help medically underserved populations in Spanish-speaking parts of the world. He says he likes to take on challenges. "I have come to realize that you never know how much you can accomplish until you push yourself beyond your limits."

Mark is an authority on pushing one's limits. He and his wife, Kirsten, are raising three children under age 4.

Osude, a fifth-year student, describes the "why not?" attitude she's developed at UMKC. "Why not strive to learn as much in clinic? Why not form a rapport with my patients? Why not try to get a high board score? I honestly see no reason not to," she says.

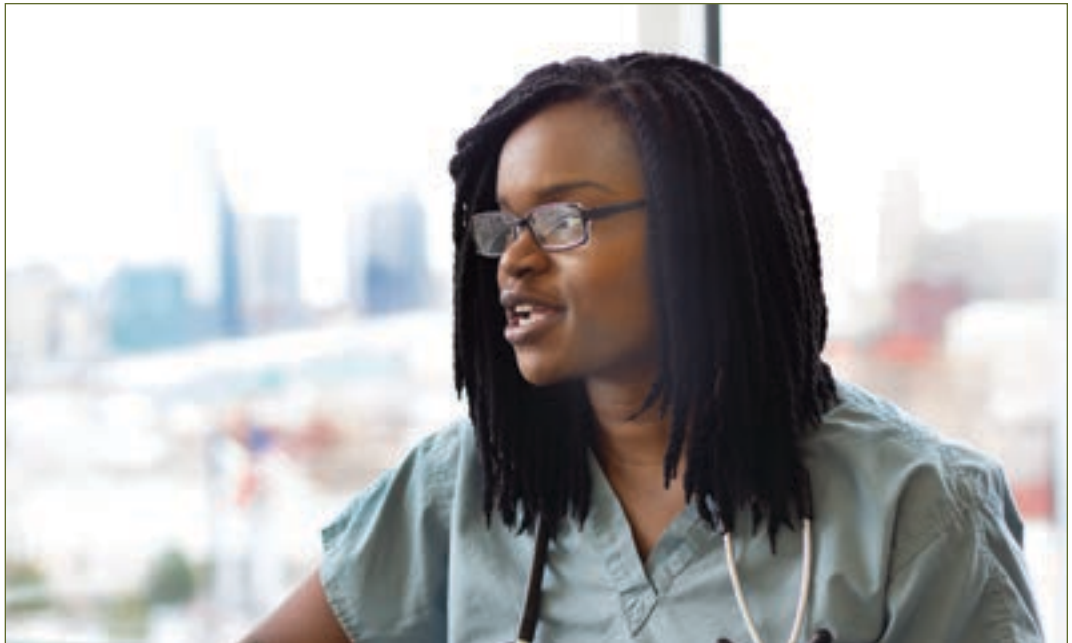
Osude is interested in gastroenterology and looks forward to working as a medical missionary.

Voelker is from Perryville, Missouri, a town of fewer than 10,000 located between St. Louis and Cape Girardeau. He shares that he would like to return to Perrysville when he's ready to practice. The cow pin on the lapel of his white coat, he explains, honors the dairy farm on which he grew up.

Asked what he admires most about UMKC, Voelker says it is his docent, Gary Salzman, M.D. '80. "I think the high expectations he has of me, and all of his students, really drives each one of us to reach our full potential," he says.

UMKC is continuing to publish student stories at umkc.edu and umkcgoingplaces.tumblr.com and through its other social media platforms.





JEARRECE



Where is UMKC taking you? Medical students Sean Mark, Nkiru Osude, Dayne Voelker and Taylor Carter (clockwise from top left) consider the question in a university-wide storytelling campaign.

Like speed dating without cocktails

SINCE 2013, UMKC has used a format called the multiple mini interview to help identify the best candidates for admission into medical school. Prospective students rotate through a circuit of stations where they are presented a topic or scenario — say, why diversity matters in medical education and health care — to discuss with an interviewer.

Like a speed date, the discussion is timed. When the eight minutes are up, students move to the next station and are asked to consider a new topic. The interviewers, consisting of faculty, staff, students, alumni and community volunteers, score the applicants when the session is complete.

The multiple mini interview format, or MMI, originated in Canada and is now believed to be in use at nearly half of the medical schools in the United States. At UMKC, the MMI replaced a process in which prospective students sat for two 30-minute, one-on-one interviews.

Alice Arredondo, Ed.D., assistant dean for admissions and recruitment, says the MMI makes it easier to distinguish students with the most potential for success. One key advantage: the new format produces more data. Admissions officers now collect feedback from 10 interviewers, not just two.

There's more standardization with the new system, as well. Under the old format, Arredondo says, interviewers who were asked to evaluate six or seven different attributes might only be able to score two or three when they were done speaking to a candidate. "They could spend 30 minutes talking about a book and never get back on track, whereas the MMI requires you to stay focused," she says.

Arredondo credits new student support services and a holistic admissions process, which includes the MMI, with a drop in the attrition rates of the B.A./M.D. and M.D. programs. Instructors and advisers have told Arredondo that students admitted to the School of Medicine under the new



Eight minutes are up: Nancy Donaldson, Ph.D., a UMKC alumna and physics professor at Rockhurst University, interviewed candidates for the physician assistant program.

interview format seem more mature and more willing to accept responsibility.

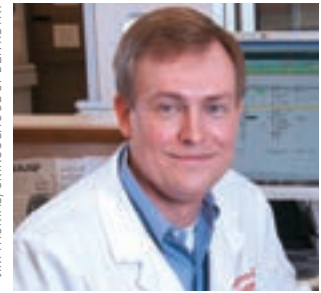
"We don't just look at test score and GPA anymore," Arredondo says. "We're looking at the applicant as a whole and really picking students who have the

experiences, attributes and metrics that we want in this program."

Mini interviews are not just for medical students. This fall, candidates for the UMKC's physician assistant program went station to station for the first time.



JIM THOMAS/UMKC SCHOOL OF DENTISTRY



Jeffrey Hackman, M.D. '01 (above), and his Truman Medical Centers emergency department colleagues now book appointments for patients at the UMKC School of Dentistry (left) and other partner sites.

Toothaches in the emergency department

DENTAL PAIN IS a frequent complaint in the emergency department. At Truman Medical Center Hospital Hill, dental pain ranks among the 10 most common reasons for emergency department visits, alongside shortness of breath and back pain.

Dental patients present a challenge. “An emergency physician can provide some temporary care — things like pain medication and antibiotics — but rarely are we able to definitively treat the underlying cause of dental problems,” says Jeffrey Hackman, M.D. '01, chief medical information officer for Truman Medical Centers and clinical director for the Department of Emergency Medicine.

The TMC Hospital Hill emergency department has come up with a fix. In early 2014, the department began using an online referral system to book appointments at the UMKC School of Dentistry and other partner sites for patients with dental problems. Hackman says patients are seen at the dental clinic within 24 to 48 hours of visiting the emergency department. Of those referred, 73 percent underwent oral surgery, most to have teeth extracted.

The referral system is working. Hackman says the emergency department sees very few returns of patients who keep

their appointments at the dental clinic. In surveys, 94 percent of the patients referred to the clinic said they were likely to return there for future dental emergencies, rather than going to an emergency department.

Michael McCunniff, D.D.S., chair of the dental school's Department of Dental Public Health and Behavioral Science, says patients who visit the dental clinic tend to have a lot of complications. “They've often been holding off for as long as possible to get treatment for financial reasons,” he says. “It gives students a much better idea of issues that are out there, particularly for underserved communities. A lot of these patients are making some hard decisions: Do I eat today, or do I go and get this tooth pulled?”

Hackman says the social workers and case managers who work in the emergency department are knowledgeable about patients' options for paying for dental care. TMC also has financial counselors to assist patients with questions about eligibility for and benefits from Medicaid and other programs.

In June, *USA Today* reported on the trend of dental patients seeking treatment in emergency rooms. Hackman and McCunniff were featured in the story.

DEAN'S POP QUIZ

Leadership is a pillar of strength at the UMKC School of Medicine, where we've produced a remarkable number of leaders in our short history. Which of the following health care leaders is a graduate of the school? For the answer, see page 28.

- A) Former chair of the Division of Cardiovascular Diseases at the Mayo Clinic
- B) Director of the Marfan Syndrome Clinic at Washington University
- C) Executive director and CEO of the American Academy of Pediatrics
- D) Surgeon general of the U.S. Air Force
- E) All of the above



Now a resident in orthopaedic surgery, Sadie Alongi, M.D. '15, skated in a roller derby league while a B.A./M.D. student. Bottom: Alongi (front left) and her Dreadnought Dorothys teammates.

Skates to scalpels

SADIE ALONGI, M.D. '15, stands out in many ways. She is training at UMKC to become an orthopaedic surgeon, a specialty dominated by men. When her residency is complete, she will serve as a physician in the military. She and three fellow students in the Class of 2015 learned last December that the U.S. Air Force had accepted their applications.

One more interesting thing about Alongi: While a student in the B.A./M.D. program, she spent a significant amount of her free time on wheels as a participant in Kansas City's roller derby league. Her stage name was Cupcake Smasher.

Alongi grew up in Columbia, Missouri. She was athletic and spent many hours at the roller rink with her younger brother. Her interest in league skating started in high school in Columbia, where she had friends who were old enough to skate in a local roller derby league. "When I turned 18, I was like, 'Oh, I have to try out,'" she says.

She passed the skills test necessary to join the Kansas City Roller Warriors as a Year-1 student. Alongi says the practices and matches (called "bouts") provided a good release from the rigors of the B.A./M.D. program. "It was hard at times," she says, "and I had to take one season off because of Step 1 studying. But I was able to manage."

Roller derby is not a sport for the weak or the weary. During Alongi's Year-2 hospital experience, she visited a teammate recovering from surgery to a broken leg, an injury sustained during a bout. Alongi also cautioned fellow skaters about returning too quickly from concussions; it was advice she needed to follow after slamming her head on the track after an illegal hit. (Alongi will present research based on injuries reported by women in her roller derby league at the Society of Military Orthopaedic Surgeons annual meeting in December; she hopes to expand the study to include women who skate in flat-track leagues across North America.)

Alongi returned from the concussion in time to skate for the Dreadnought Dorothys in the Kansas City Roller Warriors league championship, which was contested one month after she graduated from the School of Medicine. The Dorothys lost, 138-124.

Alongi suspects that the bout is maybe the last time she'll put on her uniform, which included shorts with cupcake patches sewn to the back pockets. She does not imagine the long days and nights of surgery residency will leave enough time for roller derby.

"Maybe someday I'll get back into it," she says. "There's a lady on my team who turned 40 last weekend."

KELSEY KIMBERLIN PHOTOGRAPHY

IMPROVING COMMUNITY HEALTH

London, 1854. An outbreak of cholera grips the Soho neighborhood. John Snow, an obstetrician with a curious mind, has a theory that contaminated water carries the disease — not “bad air,” the common thought.



Snow gathers information about the known cholera cases. He creates a map. The dots on the map surround a communal water pump. Snow convinces public officials to disable the pump. The outbreak stops.

Snow's detective work stands as one of the great achievements in public health. His and similar discoveries helped push life expectancies to a steady climb that continues to this day.

UMKC School of Medicine faculty, students and alumni carry on the tradition of working to improve health at the community level — and though the discoveries may not be as dramatic as they were in Snow's day, they make a difference in public health.

The school is working with many community partners to improve the health of diverse groups. This issue features articles that describe such efforts, including a faculty-led project to work through churches to improve health disparities among African-Americans, and a UMKC team working to alleviate the burden of heart disease in rural Missouri.

This issue also describes UMKC's national role in training the next wave of physicians, scientists and health professionals who will bring good health to the places it's needed most urgently.

Today, cholera does not pose the threat to communities that it did in 1854. But puzzles remain to be solved ... and our medical school is working toward finding solutions. ➡





GOOD FAITH EFFORTS


By David Martin

Researcher works with church leaders to improve the health of African-Americans.

As the choir rehearses in an adjoining room, a pilot study is taking place in the fellowship hall at St. James United Methodist Church.

It's Sunday morning. The 8 a.m. worship service will begin in 15 minutes. Choir members stretch their voices as a team of nurses, health workers and graduate students conduct health screenings under the watch of Jannette Berkley-Patton, Ph.D., associate professor in the School of Medicine's Department of Biomedical and Health Informatics.

If it's Sunday, Berkley-Patton is often at one of Kansas City's historically black churches. She studies ways to engage churches in the effort to improve the health of African-Americans, who are more likely to die of heart disease, develop diabetes and contract HIV.

Standing in the St. James fellowship hall, Berkley-Patton observes the church's unique ability to reach people. "You go up in that sanctuary right now, 

The Rev. Eric Williams and Jannette Berkley-Patton, Ph.D., have worked together to promote health through African-American churches.

you've probably got about 400 people sitting in the pews," she says. "Why not use that as a forum to talk about health?"

On this day, Berkley-Patton and her team are collecting data for a study known as Project FIT (Faith Influencing Transformation). The study uses a church setting to test an approach to address diabetes, heart disease and stroke prevention. In the study, church leaders are given what Berkley-Patton calls a "religious, culturally tailored toolkit" that makes it easy for them to implement the intervention strategies in the normal course of their ministries. The National Institute of Minority Health and Health Disparities has provided more than \$1 million in funding for the project.

St. James is one of six Kansas City churches taking part in the pilot study. Berkley-Patton credits church leaders for their willingness to open their fellowship halls and to speak from the pulpit about health. "The holy grail of church and what church does is worship," she says. "For them to allow us to come in during their church service, for their members to actually leave the pews and come and do this, speaks volumes to how important they think these health issues are."

The pastors, in turn, note the scriptural basis for promoting good health. Says the Rev. Arretta Shannon, pastor of outreach at St. James: "We recognize that our body is the temple of God, and we need to be good stewards of it."

Responding to a crisis

Berkley-Patton works with a community action board. The partnership of faith leaders, health service organizations and community groups helps Berkley-Patton and her academic colleagues plan, develop and implement church-based programs to address African-American health disparities.

The Rev. Eric Williams, pastor at Calvary Temple Baptist Church in Kansas City, is co-leader of the KC FAITH Initiative Community Action Board. He became active in health issues in the black community in the early 1990s, when AIDS rates peaked. A



funeral home had called him with a special request: Would he conduct services for a young man who died of AIDS-related complications? The young man was gay, and his pastor had refused to eulogize him.

Williams said yes. This was one of God's children, he believed. We are going to love him.

The experience left a mark on Williams. He was struck by the way the young man's parents had embraced his memory and showed kindness to his friends. "The family was just great," he says.

At the time, Williams says it was normal for church leaders to turn their backs on families affected by AIDS.

"Normal, but hateful and hurtful," he says. "Normal, but it contributed to the problems rather than helped them."

Williams wanted to break the pattern. He took a Red Cross course on HIV and AIDS. He lobbied with others for Kansas City to become one of eight U.S. cities chosen to replicate the Black Church Week of Prayer for the Healing of AIDS, which began in New York City. Williams says his AIDS activism ruffled feathers. He lost some friends in the pulpits and pews of other black churches. "We weren't trying to change anybody's theology," he says. "But we did want to change the way we care about people and respond to the health crisis."

Through the years, his involvement



Berkley-Patton (left) leading a health screening at St. James United Methodist Church as part of the Project FIT study. The team included Abby Shimota (top), a community health worker at the Kansas City CARE Clinic, and Andrea Bradley-Ewing (above), director of community engaged research at Children's Mercy.

grew. In addition to his pastoral duties, Williams serves as the executive director of Calvary Community Outreach Network, a nonprofit organization. In 2004, the outreach network received funding from the State of Missouri to address HIV in African-American faith-based settings. By this time, Williams' fellow pastors were more willing to address HIV. But they were less sure how to do it.

Williams got in touch with Kathy Goggin, Ph.D., then a faculty member in the UMKC Department of Psychology who conducted HIV-related research. (Goggin is now the director of health services and outcomes research at Children's Mercy Kansas City.) Through

Goggin, Williams met Berkley-Patton, who had joined the psychology department on a postdoctoral fellowship in 2005. They've been collaborators on grants promoting health in African-American churches since that time.

Taking it to the pews

In 2006, Berkley-Patton and Williams worked with church leaders, AIDS service organizations and others to develop an intervention, named Taking It to the Pews. They got faith leaders to assist with creating a toolkit of materials for teaching about HIV in a church setting. For example, one of the tools is a responsive reading with a call-and-response format noting that HIV is the leading

cause of death for African-Americans ages 25-44. "We are witnessing the destruction of human life in our communities," the responsive reading states.

Encouraging discussions about HIV in the church has its challenges. Some leaders felt uncomfortable talking about condoms — they felt it condoned sex outside of marriage. There was also a misperception that information about HIV transmission was a message only young people needed to hear. "But there are elderly people in these churches who are engaging in this behavior," Berkley-Patton says.

Overall, the response to Taking It to the Pews has been very positive. Berkley-Patton, who grew up in Kansas

City, says she has been surprised that even conservative churches have wanted to participate. “Many times, the churches that I think will probably be turned off to the subject are some of the ones that line up first,” she says.

The National Institute of Mental Health has awarded \$3.2 million for Berkley-Patton and her colleagues to continue to develop Taking It to the Pews. A clinical trial involving 14 churches in Kansas City began this summer. The study will look at the effect on HIV screening rates of church leaders implementing HIV-related activities supported by training and the Taking It to the Pews toolkit, such as sermon guides, printed and video testimonials, HIV educational games, and other activities — including pastors taking an HIV test in the front of the congregation.

The ultimate goal, Berkley-Patton says, is to make an impact that’s felt beyond the walls of the church. She hopes Taking It to the Pews reaches a point where its influence is evident in Kansas City’s HIV/AIDS indicators (more testing, lower infection rates). “That would be the dream,” she says.

‘Worse than cancer’

Before the 8 a.m. service at St. James United Methodist begins, a woman who completed the health screening stops to greet Berkley-Patton. She thanks her for coming and mentions that her A1c level, a measure of glucose control, had improved since the Project FIT team visited the church to take baseline tests.

“I’ve learned a lot about diabetes,” the woman says. “I think it’s worse than cancer.”

Project FIT’s emphasis on diabetes, as well as heart disease and stroke, is a result of community input. Before they designed the intervention, Berkley-Patton and her KC FAITH Initiative colleagues visited 11 churches and surveyed their members on what health disparity issues felt the most pressing.

The approach, known as community-based participatory research, brings community members into the



The Rev. Gregory Ealey leads Paseo Baptist Church, which is about a mile from the School of Medicine.

process as partners and not just subjects. “Usually, it’s the researchers in our conference rooms and in our labs determining, ‘OK, we’re going to write this grant about this particularly topic because this is what we are interested in,’” Berkley-Patton says.

The Project FIT intervention consists of education, 16-week weight loss classes and other prevention activities, health screenings and linkages to care. Similar to the HIV intervention, church leaders were trained to use a toolkit, which includes sermon guides, responsive readings, bulletins, risk checklists, voice and electronic messages for the church to send members and other materials. Members of churches in the comparison group of churches, meanwhile, could attend diabetes education workshops hosted by the American

Diabetes Association.

Sheila Lister, 51, attended a 16-week weight loss class offered at Metropolitan Missionary Baptist Church, one of the Project FIT sites. In addition to wanting to lose weight, she wanted to learn more about diabetes, which runs in her family.

Lister started using a calorie-counting application on her phone and attending Zumba and other fitness classes at her gym. She dropped 16 pounds. Lister says it made a difference to know that she was going to step on a scale at her regular Wednesday meeting at the church. “That accountability factor really helped me,” she says.

Paseo Baptist Church, which is within a mile of the School of Medicine, was a comparison church in the study. The pastor, the Rev. Gregory Ealey, says

raising awareness of health issues is crucial, particularly for churches, like his, with an older congregation.

“Naturally, there are a lot of health issues that we have to deal with,” Ealey says. “Most of them relate back to something that was probably preventable as far as eating habits or smoking or something. The awareness piece is a major deal for us.”

The church also can play an important role in the health of the lives of its youngest members. Paseo Baptist serves nutritious meals to anyone under 18 on Sunday mornings and Wednesday nights. “A lot of our kids are raised on junk food,” Ealey says.

‘We trust Jannette’

Standing on a block adjacent to the limestone Calvary Temple Baptist Church at 29th and Holmes is the Calvary Community Wellness Center. The wellness center has treadmills, elliptical machines and Cybex equipment, as well as studio space and a climbing wall. Eric Williams, Calvary’s pastor, calls it a “safe, affordable place for people to work on their fitness goals.”

The wellness center is open to people who live in the neighborhood. But it

stands next to the church for a reason. Williams believes health and fitness are tools of a successful ministry. “If we’re not reaching our full capacity, if we’re not taking care of ourselves, then we can’t do as much as our God would have us do,” he says.

Williams says working to foster healthy eating and exercise has been as challenging as his work with HIV and AIDS, “because even after you change your mind about whether or not healthy is good, you still have to get up off the chair and get your physical being to make the changes that your mind has already told you are good changes.”

Williams is hopeful that the KC FAITH Initiative’s work will make a difference in the black community. He appreciates the collaborative approach Berkley-Patton has taken in leading the partnership. “One of the reasons that this is successful is because we trust Jannette,” he says. “We trust her heart in this.”

Berkley-Patton, who was appointed to the School of Medicine faculty in June, works closely with project director Carole Bowe Thompson to make sure the churches participating in studies continue to have access to resources once the data has been collected and

analyzed. “Once the study ends, maybe you don’t have a Cadillac,” Berkley-Patton says. “But maybe you have a little Chevy of that intervention that can carry on to some degree.”

She adds: “I really care about the work that we do. I’m not one of those researchers who is going to helicopter in and helicopter out.”

In addition to the intervention, the churches benefit from their academic partner’s ability to collect and synthesize information. “We’re data rich,” Bowe Thompson says, noting that most churches lack the capacity to study their congregation’s demographics. “We don’t want to sit on it,” Bowe Thompson adds. “We want to give it back.”

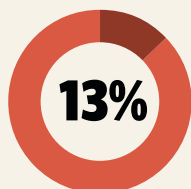
Spending time in the fellowship halls allows Berkley-Patton to see the importance of community-based participatory research. She frequently speaks to people who talk about how diabetes and other chronic diseases have affected their families. They tell her they are grateful to see her and her team working to make difference.

“When they start telling you their own stories, their own personal family and friend issues, it’s like, *Yeah, we’re in the right place*,” Berkley-Patton says. ■

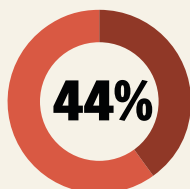
Health Disparities Affecting African-Americans

Health disparities between African-Americans and other racial and ethnic populations are striking and apparent in life expectancy, death rates, infant mortality and other measures of health status and risk conditions and behaviors.

HIV



African-Americans make up 13 percent of the U.S. population...



... yet they represent 44 percent of new HIV infections.

HEART DISEASE & STROKE



the U.S. Blacks are **nearly twice as likely to have a first stroke** and much more likely to die from one than whites.

Cardiovascular disease age-adjusted death rates are **33 percent higher** for blacks than for the overall population in

DIABETES



37%

of African-American men are obese.

57%

of African-American women are obese.

The prevalence of diabetes among African-American adults is nearly twice as large as the prevalence among white adults.

Source: Centers for Disease Control; American Heart Association | Infographic: Gentry Mullen

STREET MEDICINE

The Sojourner Health Clinic expanded to better serve patients and provide more learning opportunities for students.

By Kelly Edwards



When she started seeing a number of patients from Sojourner Health Clinic admitted into the hospital from the Truman Medical Center emergency room, Apurva Bhatt decided something needed to change. The problem, she says, wasn't the care being provided at the student-run free health clinic. These patients often simply lost or ran out of their medications.

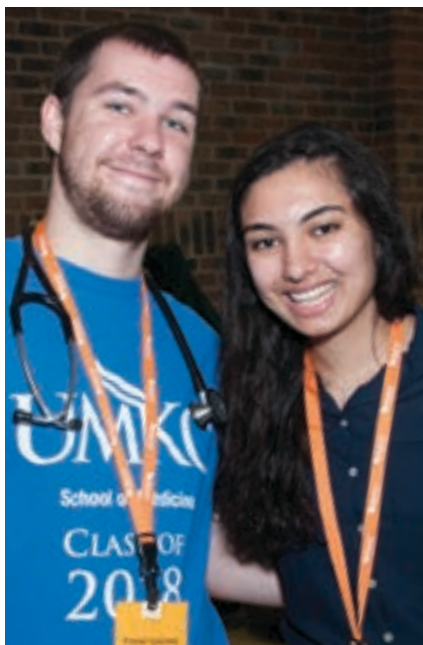
"I can't imagine the dollars that are spent on patients at the ER for problems that are completely preventable," says Bhatt, a sixth-year medical student and executive director of the Sojourner Clinic.

In a two-month period during her internal medicine rotation at Truman Medical Center, Bhatt says she saw five people admitted as patients who had been treated at the clinic.

"They were coming in really ill and it was for things that were totally preventable if they had just had their inhaler or their medications," Bhatt says. "That's when the expansion of the Sojourner Clinic really started happening."

A reorganization of the clinic's physical layout at the Grand Avenue Temple United Methodist Church in downtown Kansas City and a restructured patient flow created room for additional examination spaces. Those changes alone in the past year improved the clinic's efficiency and increased the patient capacity when the 20 or so student and faculty volunteers set up shop each Sunday afternoon. The clinic will now treat an average of 30 patients in a three-hour period; the current record for one session is 32 patients, fourth-year student Peter Lazarz, Sojourner Clinic's co-executive director, says proudly.

Medical student Komal Kumar checks a patient's blood pressure as Kaitlin Nonamaker, a UMKC graduate student, observes.



Clockwise from above: Peter Lazarz and Apurva Bhatt, the executive directors of the Sojourner Clinic. Priyesh Bhatlani interviews a patient. Antonio Petralia and Bhatlani conduct a lab test.

This venture that began in 2004 is experiencing what Lazarz calls “head-spinning growth.”

In addition to providing free medications, the Sojourner Clinic has added laboratory services that offer — also free of charge — tests for pregnancy, HIV, cholesterol and kidney function; hemoglobin A1c checks for diabetes; and other blood analysis. Last January, the clinic successfully launched a pilot program — the Smile Clinic, a collaborative effort with UMKC dental hygiene students. The program has expanded into a once-a-month dental hygiene clinic. Next spring, students from Rockhurst University will begin a pilot program offering monthly occupational therapy services. Additional dental and physical therapy services are in the works or being considered, as well.

To help a patient population that often has few other alternatives, the students are doing everything they can to make the Sojourner Clinic a one-stop shop for sorely needed health care services.

“We are the patient-centered medical home for a large majority of our patients,” Bhatt says. “We are their go-to for everything.”

Interprofessional learning

Chelsea Light isn’t new to Grand Avenue Temple and the clientele the church at 9th and Grand serves through its Lazarus Ministries. She volunteered with her church in the past to help serve meals there to the homeless. Now, as a second-year student in the School of Medicine’s physician assistant program, she is serving their health care needs at the Sojourner Clinic.

“I’m impressed with these patients because they do keep coming in week after week, month after month, to get their blood pressure medication or other things that we just take for granted,” Light says.

Students from the School of Medicine’s physician assistant program began serving at the Sojourner Clinic last January. Medical students and physician assistant students first work in triage, taking the patients’ histories, their blood pressure and other vital signs. As their clinical skills grow, students from the two programs are paired up and will examine patients together.

At Sojourner Clinic, students will spend time in other roles as well, from dispensing medications in the



pharmacy to helping as a lab technician. All of this gives the students a good look at the many components that make up the health-care industry, says Angela Barnett, M.D., associate professor of community and family medicine, who serves as the clinic’s faculty sponsor.

“They can appreciate what other people do and work with them in a collaborative way,” Barnett says.

Bhatt says that one of her goals upon becoming executive director was to bring physician assistant students



For students, volunteering at the Sojourner Clinic is an interprofessional experience. From left: physician assistant student Lindsey Grant, medical student Iqbal Haq, physician assistant student Katie Foster and Anne Arey, M.D.

into the Sojourner Clinic and increase the interprofessional work experience. Bhatt presented the clinic's successful interprofessional learning program model last spring at the Society of Student-Run Free Clinics annual conference. She said students from other free clinics were intrigued because of their own struggles to adopt interprofessional programs.

"As medical students, we've learned a lot about the roles of the physician assistant and what their skill sets are," Bhatt says. "It's been a great learning experience."

Likewise, Light says working with the medical students has enhanced her clinical skills.

"I get to see how they take a history, how they are going to perform their

physical exam, what their working diagnosis is," Light says. "I can always learn from them and they can learn from how I carry out my physical exams. And as I return every time to the clinic, it's nice to realize that I've been gaining knowledge and that I feel more comfortable working with the patients. I can definitely see a progression."

A different world

Vaishnavi Vaidyanathan, a fourth-year medical student, has been volunteering at Sojourner Clinic for more than two years. She says the clinic opened her eyes to a different world around her.

"I find it really rewarding to be here because we can see that we're making a difference in the patients' lives," she says. "A lot of them depend on us

for their medications because they can't afford them. It makes me feel so grateful for what I have and gives me perspective on how grateful I should be for life in general."

According to Lazarz, these students often find themselves in the role of social worker, as well medical provider. They have learned to think creatively, he says, and tailor their care to the patient's living situation. For example, hypertension and high blood pressure are two of the top conditions seen at Sojourner Clinic. But simply going outside to exercise can become an issue for a patient living in the inner city.

"It might not be safe to walk outside, but can you walk around your apartment? Can you walk up and down the

“We are the patient-centered medical home for a large majority of our patients.”

– Apurva Bhatt

stairs in your building?” Lazarz asks. “You’re almost forced to learn what the social implications are on a disease. It’s almost a public health issue.”

Diabetes is another disease often seen but not easily controlled among patients at Sojourner Clinic. Typically, a patient would receive medication and be encouraged to talk with a dietician to get the diabetes under control.

“Here, you can say that to a patient and they’ll laugh in your face because there is no dietician. There is no diet. They’re finding whatever they can and eating that,” Lazarz says. “For some of our patients, it’s a question of do you have a safe place under the bridge to keep your medications?”

Most of the clinic’s financial support comes from private donations and partnerships with organizations such as Heart to Heart International, which provided much of the laboratory equipment, and the Kansas City CARE Clinic, which provides the HIV test kits

and has agreed to immediately take and treat those patients who test positive.

Bhatt says a good deal of her time in the past year has been spent trying to raise the funds needed to purchase medications. She says the clinic, as of this past fall, had a \$25,000 shortfall based on its projected medication needs for the upcoming year.

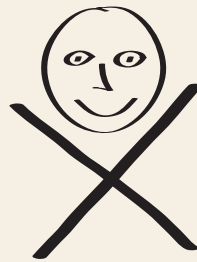
Unfortunately, she says, there is no shortage of patients. Better than 500 people made 1,563 visits to Sojourner Clinic in the last year. Some have to be turned away each week simply because of a lack of time. And whether it’s through the clinic’s partnerships with local missions or word of mouth on the street, the Sojourner Clinic continues to attract new patients every week.

Whatever the reason, Lazarz says, “they’re coming.” ■

Meeting a Need: Origins of the Sojourner Clinic



Now a surgeon, Brook Nelson, M.D. '07, talked with a patient at the Sojourner Health Clinic in 2007.



The Sojourner Clinic logo was inspired by the pictograph hobos used to communicate. The symbol marked a spot where free medical care was available.

AS A YOUNG medical student at UMKC, Brook Nelson, M.D. '07, didn't have to look far to see where she and her classmates could make a difference. Living in North Kansas City, Nelson drove to school each day through sections of town just bursting with opportunities.

“You drive around Kansas City, downtown, and you know there's a need,” says Nelson, one of the student founders of the Sojourner Health Clinic. “It

doesn't take anything but a pair of human eyes to see there's a need. The homeless and underserved were in the emergency room at Truman Medical Center all the time.”

After nearly a year of planning and gathering support, a group of about 35 student volunteers from the School of Medicine opened the Sojourner Health Clinic for the first time on Oct. 10, 2004. Nelson, then a fourth-year student, was the clinic's first president.

“We truly intended to be a stopgap,” Nelson, now a general surgeon in Dickinson, North Dakota, says. “Within a few months of opening, it was clear that we would be treating a lot of chronic issues. We were getting those patients who had just fallen out of the system and a lot of what we were doing was trying to get them reconnected with resources.”

Nelson says that after exploring their options, the students and their faculty sponsor, Dan Purdom, M.D., who continues to volunteer his services at the clinic many Sunday afternoons, realized Grand Avenue Temple, with its programs for the poor, would be a perfect partner for a free health clinic.

“It was really a unique opportunity for many reasons,” Nelson says. “It met the patients right where they were and provided them with primary care needs.”

Nelson says she became friends with many of the patients in her three years at Sojourner Clinic. Some even followed her to Truman Medical Center during her emergency medicine and internal medicine rotations.

“Sojourner Clinic is a wonderful thing for Kansas City and it's a wonderful thing for the students, as well,” Nelson says. “As a senior student, you could work with a first-year student and assist when they were overwhelmed. But even as a younger student, you would realize you have something to offer this patient population.”



Xi Wang (left), a doctoral student at UMKC, confers with Amanda Arnold, R.N., B.S.N., at a clinic in Waverly, Missouri.

HEART HEALTHY IN RURAL MISSOURI

By David Martin

UMKC has joined with primary care clinics to reduce patients' risk of heart disease.

Jack Uhrig, M.D. '78, is an internist in Marshall, Missouri. In his clinic, he sees the damage caused by smoking, poor eating and other unhealthy behaviors.

Uhrig says it's difficult to get people to make changes that will help them stave off disease. One approach he likes: work with patients to identify an achievable goal, like beginning to increase physical activity. "Then, as they reach some success with that goal, we move on to the next one," Uhrig says.

Numerous studies have shown that about half of the deaths from cardiovascular disease — the leading killer in the United States — can be attributed to modifiable risk factors, such as elevated cholesterol levels, diabetes, hypertension, obesity and smoking.

In places like Marshall, the seat of a county with 23,000 residents, poor heart health poses an even greater threat. The heart disease death rate is 11.8 percent higher for rural residents than it is for urban residents, according to the Missouri Department of Health and Senior Services.

A research team at the UMKC School of Medicine is working to lower the burden. Led by principal investigator Lakshmi Venkitachalam, Ph.D, the team has collaborated with a rural health network in western Missouri on a strategy for helping patients recognize and address their risk of stroke and heart disease.

Funded by the University of Missouri Research Board, the study will examine the feasibility of using community health workers — laypeople trained to provide patients with education and support — in rural clinics.

The UMKC project will place these workers in clinics in Waverly and Concordia operated by the Health Care Collaborative of Rural Missouri. Once trained, the community health workers will meet in the clinic with patients and do some simple tests to measure risk factors, like blood pressure and cholesterol. Then, they will give patients information on their risk for developing heart attacks or strokes.

The conversations will take place in between the time patients check in and see a doctor or nurse. “You’re getting them right before they meet with the providers,” says Venkitachalam, assistant professor of biomedical and health informatics.

Informed about their risks, the patients will have a chance to follow up with their doctor or nurse. After the clinic visit, the community health worker will contact the patients to discuss their health goals and connect them with resources in the community.

The hope is that these efforts will provide patients with coaching that’s difficult to do in an exam room. Uhrig, who practiced in Waverly before moving 20 miles west to Marshall in 1984, says most physicians are simply too busy reviewing medications and diagnostic tests to talk at length with patients about the importance of exercise and quitting smoking. “I’m going to go over it at least once or twice,” he says. “But after that, I’m not going to keep reiterating that, because they know my position. It can be quite challenging.”

A range of factors interferes with rural Americans’ ability to lead healthy lives, according to the National Rural

Health Association. These residents tend to be poorer. They are less likely to have health insurance through an employer. And there are shortages of physicians, dentists and mental health providers in these communities.

Access to care is not the only thing lacking. Amanda Arnold, RN, B.S.N., the chronic disease manager and quality improvement coordinator at the Health Care Collaborative of Rural Missouri, notes that things taken for



Downtown Concordia, Missouri

granted in urbanized areas are either nonexistent or cost more in rural areas. “You could pay up to twice the amount for a gym membership than you would in Kansas City,” she says.

Arnold is certified in lifestyle coaching through the National Diabetes Prevention Program. Like Uhrig, she recognizes the difficulty of promoting disease prevention. Arnold says many patients wait for the disease to develop before they confront it. “The number one challenge is, people don’t want to fix what’s not broken, or what they think is not broken,” she says.

Venkitachalam worked closely with Arnold and others at the Health Care Collaborative of Rural Missouri on the grant application. Once funded, they continued to collaborate on the training

the community health workers receive. “We want to make sure the information we are giving them is very much in line with what the clinic practices and what their view is of managing all of these risk factors,” Venkitachalam says.

Over the summer, Venkitachalam made frequent trips to Waverly and Concordia. (“Beautiful scenery!” she says.) At one point, she considered renting an apartment in one of the towns, which speaks to her commitment to commu-

nity engagement. It’s crucial, Venkitachalam says, to learn firsthand from the clinicians, clinic staff and patients about what works and what doesn’t. “We want to make this as collaborative as possible between the community and the academic setting.”

The goal is to recruit 120 adults into the study. Venkitachalam is working on the project with Department of Biomedical and Health Informatics colleagues Karen Williams, Ph.D., Jenifer Allsworth, Ph.D., and Mark Hoffman, Ph.D., as well as Rebecca Pauly, M.D., a docent and internist at Truman Medical Centers.

Venkitachalam is hopeful the study will show that engaging community health workers is both an effective and practical way to address heart disease in rural areas. “The one thing we knew was that we were not going to propose anything that was just purely for research purposes and that would not have a chance to hang around, should it show promise,” she says.

Meanwhile, over in Marshall, Uhrig will continue to emphasize the importance of lifestyle modification with his at-risk patients. “We don’t give up on them,” he says.

Such encouragement comes from Uhrig’s passion for healthful living. He regularly runs in 5K events and leads a “boot camp” class at the YMCA in Marshall. “I not only talk the talk, I walk the walk, too,” he says. ■



COURTESY NATIONAL INSTITUTES OF HEALTH

Catherine Spong, M.D. '91, is acting director of the Eunice Kennedy Shriver National Institute of Child Health and Human Development.

BETTER DELIVERIES

By David Martin

A UMKC alumna is working to address the dramatic disparities in perinatal medicine.

Anation's wellbeing is often measured by its infant mortality rates. The United States fares poorly in this regard. A baby born in the United States is less likely to reach his or her first birthday than a child born in most European countries, as well as Japan, Korea, Israel, Australia and New Zealand.

In the United States, racial disparities remain a stubborn part of the puzzle. The infant mortality rate for African-Americans, for instance, is twice the national average.

A School of Medicine alumna and leader in pregnancy and neonatology is working to address some of these challenges. Catherine Spong, M.D. '91, is the acting director of the Eunice Kennedy Shriver National Institute of Child Health and Human Development, a part of the National Institutes of Health, in Bethesda, Maryland. She is a maternal-fetal medicine specialist whose research interests focus on maternal and child health, with an emphasis on prematurity, fetal complications and improving child outcomes.

Spong says there are "major disparities" for pregnant women and their babies in different socioeconomic, racial and ethnic groups. The inequalities are found in the rates of stillbirth, preterm birth and infant mortality. "If you look at the disparities across the three, you can see how related they are, in fact, and how those disparities persist despite many things that we've done to try to fix them," she says.

Researchers understand some of the reasons why the differences exist. Racism and chronic stress, among other factors, are believed to contribute to the inequalities seen in preterm birth and stillbirth rates. Unsafe housing and other risk factors associated with poverty affect infant mortality rates.

The disparities persist for complicated reasons. As a result, Spong says, they are difficult to treat. While a physician can advise a woman to take folic acid during her pregnancy, racism is not as easy to address. "Many of these things are beyond the reaches of

medicine itself," Spong says.

One intervention that made a positive difference focused on sudden infant death syndrome, or SIDS. "A successful and simple intervention is a safe sleep environment, where you put the baby on their back, in a crib or space that doesn't have soft or loose bedding," Spong says.



The NICHD developed culturally tailored safe sleeping campaign materials. SIDS rates declined sharply.

In 1994, the National Institute of Child Health and Human Development launched a campaign about safe sleep environments. It was a general awareness campaign, though special efforts were made to reach communities that had higher rates of SIDS. Brochures, for instance, were culturally tailored for African-Americans, American Indians and Alaska natives.

The safe sleep campaign appears to have made an impact. Spong says the SIDS rate declined about 50 percent among all groups, although the disparities remain.

More recently, the National Institute of Child Health and Human Development has worked to reduce elective deliveries before 39 weeks. Spong says 37 weeks and 38 weeks are now considered "early term" because of what

researchers have learned about the fetal development that takes place during the final stages of pregnancy. (The institute's educational materials refer to weeks 37 and 38 as the "home stretch.")

Spong says it's essential to continue to build knowledge about pregnancy and neonatology. Research has lagged, in part because of the reluctance to include pregnant women in clinical trials and the concerns about fetal safety. But Spong and other women's health experts argue that the conservative stance has not been good for women and the fetuses they carry.

"If you don't do the research to come up with the answers, then you're just doing things that have not been shown to be effective," Spong says. "You have no evidence to say whether they're useful or not. It is absolutely essential to do the studies to determine what does and does not work. Every study, whether or not it's positive, is incredibly important."

For example, methods developed to enhance monitoring the fetus during labor were not found to improve outcomes over traditional monitoring. In addition, routine screening of asymptomatic women for bacterial vaginosis or trichomonas vaginalis did not reduce preterm birth; in fact, treating the latter infection increased the risk of preterm birth.

Spong says studies that show treatments to be ineffective or even harmful are "as important, if not more important, than identifying things that are helpful." She adds: "Sometimes the treatments or interventions have been in practice for many years. How important is it to show to someone that you do not need to do this, despite the fact that we've done it for a long time? Wasted resources, time, effort and anxiety are wonderful to not have to deal with."

Spong says she loves the puzzle of medicine. In choosing obstetrics and gynecology, she says, "I knew I would never run out of things to do."

The disparities in perinatal medicine present one of her most formidable challenges. ■

HEALTH THROUGH DIVERSITY

By David Martin

UMKC is working with other institutions to improve community health by training a more diverse workforce.

Medical student Paige Martin (second from left) and docent Carol Stanford, M.D. '79 (second from right), discuss a case as two Summer Scholars listen.

In July, around four dozen high school students took part in an enrichment program at the School of Medicine. Wearing olive-colored coats, the students attended lectures, observed patient care and performed hands-on activities in the simulation center and other educational spaces.

The program, Summer Scholars, exposes students to careers in the health professions. Established in 1980, the program is designed to attract students underrepresented in the health care field, including disadvantaged minorities and students from rural areas.



Kirbi Yelorda took part in Summer Scholars as a high school student in 2009. She returned the following summer to take part in an advanced program that offers a richer shadowing experience with faculty, residents and medical students.

Today, Yelorda is a fifth-year student in the B.A./M.D. program. She is thriving academically and serves in leadership roles in student organizations, including the UMKC chapter of the Student National Medical Association, which supports current and future students from underrepresented minorities.

Yelorda says she knew she wanted to be a doctor when she was in elementary school. “Summer Scholars definitely solidified my decision,” she says. “I’ve never been able to imagine myself doing anything else.”

UMKC is working with other universities to identify the best strategies for supporting students like Yelorda on their path to becoming health professionals.

The National Institutes of Health is funding UMKC’s participation in the Urban Universities for HEALTH Learning Collaborative, an effort led by the Association of American Medical Colleges to address persistent health disparities between the poor and racial and ethnic minorities in urban settings and the nation as a whole. The collaborative is taking the approach that the best way to attack the problem is to train doctors, nurses, dentists and pharmacists who are interested in working with underserved communities and providing the training, educational experiences and mentoring needed to be successful.

UMKC is one of five demonstration sites working to develop evidence-based practices. The other sites are Cleveland State University/Northeast Ohio Medical University, State University of New York Downstate, the University of New Mexico and the University of Cincinnati. UMKC’s grant is a collaboration of the four health sciences schools: the School of Dentistry, the School of Medicine, the School of

Nursing and Health Studies, and the School of Pharmacy.

“We are trying to find connections and efficiencies across the four schools, find ways that we can support and improve all of our diversity initiatives,” says Jenifer Allsworth, Ph.D., who is leading UMKC’s efforts as an Urban Universities for HEALTH dem-



A pipeline program helped fifth-year medical student Kirbi Yelorda make the decision to apply to medical school.

Dean Emerita Betty M. Drees, M.D., serves on the Urban Universities for HEALTH steering committee and is a co-principal investigator of the grant.

Now entering its fourth year as a demonstration site, UMKC is working toward goals that relate to access, education and competence. Allsworth and her colleagues will measure the impact of pipeline programs, identify the practice location of graduates and look at other metrics to assess progress. Susan Wilson, Ph.D., vice chancellor of diversity and inclusion, is working on data dashboards that deans of the health sciences schools can use to track student applications, enrollment and retention, as well as faculty and leadership characteristics.

In some areas, the School of Medicine has been ahead of the curve. Cultural competency, for instance, has been a part of the medical education curriculum since the school opened in 1971.

Another strength, Allsworth says, is the diversity of training sites and learning experiences. An overwhelming majority of students in the health

“I believe we were put on this earth to serve others.”

– Kirbi Yelorda

onstration site. An epidemiologist and associate professor of biomedical and health informatics, Allsworth assumed a leadership role after William Lafferty, M.D., professor of medicine, passed away in 2014. Lafferty was the principal investigator of the site grant, which was awarded in 2012.

The Urban Universities for HEALTH initiative has received \$4.3 million in funding from the National Institute on Minority Health and Health Disparities and is administered by the Coalition of Urban Serving Universities/Association of Public and Land-grant Universities and the Association of American Medical Colleges. School of Medicine

sciences schools have worked with underserved populations and in low-income settings, Allsworth says.

Pipeline programs play an important role in UMKC’s goal to expand access to underrepresented minorities and students from underserved areas. Allsworth says Summer Scholars is a “great model for pipeline programming.”

The former Summer Scholars who are today studying and working in the health sciences testify to its impact. “Medicine is such a fulfilling field,” Yelorda says. “I believe we were put on this earth to serve others, and I can’t think of a better gift you can give someone than his or her health.” ■

Residents participate in airport emergency drill

MEMBERS OF THE Department of Emergency Medicine took part in an exercise to evaluate a multi-agency response to a simulated aircraft emergency at Kansas City International Airport.

Faculty members and residents in UMKC's emergency medicine department observed the response to a mock airplane crash on the tarmac. Some of the volunteers who portrayed the 150 injured passengers were students in the School of Medicine.

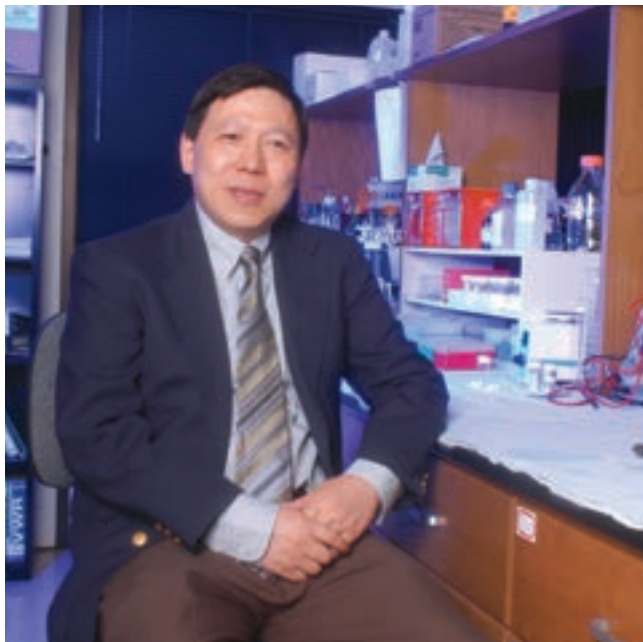
Thomas Hindsley, M.D., assistant professor of emergency medicine, said the residents came away from the June 18 event with a better sense of what emergency responders face when an actual emergency takes place. "We're almost never on the scene of an emergency," he said. "We get the patient when they're in the hospital, so we don't see a lot of field experience. We got a lot more exposure to what they do as far as triage and transporting patients, so I think it was a positive experience."

Hindsley said only a few area ambulance and EMS crews were able to take part in the drill. As a result, the large number of mock injuries made the scene difficult for the crews to triage and transport the portrayed casualties. Hindsley said he and the residents were able to help identify ways the crews could operate more effectively and efficiently.

"I think we made some positive suggestions and hopefully we'll see some of them implemented," Hindsley said.



Jay Reich, M.D., (yellow vest) and Thomas Hindsley, M.D., (fourth from left) huddled with colleagues in the Department of Emergency Medicine during the simulation of an airline crash.



John Wang, M.D., Ph.D.

Wang receives \$1.9 million from NIH for depression study

JOHN WANG, M.D., PH.D., acting associate dean for research, received a grant from the National Institute of Mental Health to continue research that may lead to new ways to treat depression.

Wang, the Westport Anesthesia/Missouri Endowed Chair in Anesthesia Research, studies brain receptors that are triggered by glutamate, an amino acid. The National Institute on Drug Abuse supports his research into the role of glutamate receptors in substance abuse and addiction.

The National Institute of Mental Health award of \$1.9 million will allow Wang and his research team to explore aspects of glutamate receptor function in the pathogenesis and symptomatology of depression. The hope is that the research ultimately contributes to the development of new drug therapies for treating depression.



Betty Drees, M.D., and Steven Kanter, M.D.

Bronze sculpture of Dean Drees unveiled

THE SCHOOL OF MEDICINE unveiled a bronze sculpture of Dean Emerita Betty M. Drees, M.D., at a ceremony on Sept. 18. Drees served 13 years as dean of the school before stepping down in 2014.

Dean Steven Kanter, M.D., described Drees as an “intelligent and caring” leader and “the consummate professional,” adding: “Through her guidance and leadership, the school stands ready to take on the challenge of the coming years.”

Drees was appointed dean of the School of Medicine in 2003, after serving two years as interim dean and one year as executive associate dean. She joined UMKC as associate dean for academic affairs and docent physician in 1998. From 2007 to 2008, she served as the university’s interim provost and vice chancellor for academic affairs.

Drees continues to serve on the faculty as a professor of medicine.

Eswaran completes summer program at MD Anderson Cancer Center



SANJU ESWARAN WAS one of 10 medical students selected for a summer program at the top-ranked MD Anderson Cancer Center in Houston.

Eswaran, a fourth-year student, spent two-and-a-half months at the cancer center. She was paired with Valerae Lewis,

M.D., chair of orthopaedic oncology and director of musculoskeletal oncology at MD Anderson.

“This was research mixed with the clinical experience,” Eswaran said. “I had the opportunity to be involved in all aspects of patient care. I got to see the operating room, as well as the clinic side of things, the follow-up with patients, the pre-op and post-op. And I got to do research. It was really an eye-opening experience.”

At the end of the program, each student presented a poster and discussed his or her work at a research symposium for students, their mentors and other MD Anderson faculty.

Eswaran said she hopes to go into academic medicine when she completes her medical education.

College of Emergency Physicians taps Litzau for student award



MEGAN LITZAU, M.D. '15, was selected as a winner of the 2015 American College of Emergency Physicians National Outstanding Medical Student Award.

The award recognizes a student who intends to pursue a career in emergency medicine and has displayed outstanding patient care and involvement in medical organizations and the community.

As a student, Litzau served as president of the school’s Emergency Medicine Interest Group and organized teams and training sessions for students who participated in the Society for Academic Emergency Medicine’s annual SimWars competition.

Litzau was also active in research, working on numerous research projects as a student. At graduation, she received several awards, including the Vice Chancellor’s Honor Roll Recipient Award and the Women in Medicine Scholarship Achievement Citation.

Litzau is a resident in the Department of Emergency Medicine at the Indiana University School of Medicine in Indianapolis.

Rite of passage

THE WHITE COAT ceremony for medical students in the Class of 2019 took place Aug. 15 at Swinney Recreation Center. The students accepted their coats from the docent physicians who serve as their mentors for the next four years.

Joseph Bennett, the 2014 winner of the Richard T. Garcia Memorial Award, read the class philosophy statement. Amgad Masoud, M.D., assistant professor internal medicine, was named the outstanding docent for years 1 and 2 medicine. In his remarks, Masoud complimented the class on its “high level of maturation, dedication and compassion.”

The white coat is a cross-cultural symbol of the medical profession. Masoud said he recognized its significance as a boy in Cairo. “I grew up to trust this white-coated man called the doctor,” he said.



Gastroenterologist considers the less privileged

MARC TAORMINA, M.D. '76, grew up working class on Kansas City's east side. When he was 13, his father, a bar owner, suffered a fatal heart attack. Upon his death, working class became near poverty.

But medical school remained a possibility thanks to scholarships. Taormina qualified for various forms of aid, including the Victor Wilson Scholarship, which supports UMKC students who grow up in Kansas City.

Today a successful gastroenterologist in the Kansas City area, Taormina wants to help medical students who may face the disadvantages he did. His gift to the School of Medicine includes funds for student scholarships. "I feel it's important to get involved and give back to the school and try to mentor students like myself who really were underprivileged," he says.

Taormina belonged to the first B.A./M.D. class. His path to becoming a physician began with his father's sudden death. He remembers feeling like a bystander as paramedics entered the home and tried to resuscitate his father. "I thought, if I would have known more than I know now, I would have been able to save him," he says.

Determined, Taormina applied himself in school. A biology teacher at East High School saw his promise and encouraged him to apply to UMKC's then new combined degree program.

The medical school's curriculum was a work in progress when Taormina and his pioneering classmates arrived. "They were just learning as they went along," he says.

Although the medical education Taormina received had some rough edges, he felt prepared by the time he graduated (one semester early). He gives a lot of the credit to the case-oriented teaching he received from his docent, Richard Hellman, M.D., and other members of the docent team.

"It's helped me a lot in terms of my



Marc Taormina, M.D. '76, belonged to the School of Medicine's first B.A./M.D. class.

patient interactions through the years," he says. "I thought I was very advanced in terms of my approach to clinical problems, how I felt comfortable around people. I saw it in my internship."

After training in internal medicine, Taormina joined the U.S. Army and completed a gastroenterology fellowship at Walter Reed Army Medical Center. His experience at Walter Reed and a military hospital in Honolulu enabled him to advise friends from medical school who were contemplating military service. One of the people who sought his counsel was Mark Ediger, M.D. '78. "If I were you, I'd join the Air Force, because they have the best assignments," Taormina told him. Today, Ediger is the surgeon general of the Air Force, with the rank of lieutenant general.

When Taormina finished his military commitment, he returned to the Kansas City area to practice. He went out on his own in 1998; five years later,

he developed a medical office building in Lee's Summit. Today, he works with nine other gastroenterologists in his practice and is the medical director of the Midwest Physicians Surgery Center.

Taormina says he chose to base his practice in Lee's Summit in part because of his positive experiences in the community as a medical student. He recalls one easygoing physician who made house calls on a motorcycle.

Times have changed, as have tuition rates. With his gift, Taormina will help the dream of becoming a doctor look more attainable to less privileged students. "If it wasn't for the scholarships that I had, I wouldn't have been able to make it," he says.

For more information on giving, contact Jay Wilson, the School of Medicine's director of major gifts, at wilsonjay@umkc.edu or 816-235-5565.

New directory will enable students to connect with alumni

ACROSS THE COUNTRY, medical school enrollment continues to rise. Existing schools have increased the size of the classes, and new schools have applied for and attained accreditation. There are approximately 5,000 more first-year medical students today than there were in 2002.

This is great news for high school and college students who want to go into medicine. Unfortunately, residency opportunities have not kept pace with the growth of enrollment in M.D. programs. Matching into residency programs has become more competitive as a result. Each spring, a small but significant percentage of qualified graduating medical students do not match into first-year residency positions.

As graduates, we want to see UMKC medical students match successfully in their preferred specialties. Residency placement is one reason the School of Medicine's Board of Alumni & Partners has invested in a new online directory.

Among other uses, the Alumni & Student Connections Directory will enable medical students to link with alumni who might be able to offer guidance about residency programs. A student interested in obstetrics and gynecology training in Colorado, for instance, would be able to search in the directory for a graduate who works in the field in that state.

Only graduates who choose to be listed will be featured in the Alumni & Student Connections Directory. In addition to being a resource for students, the directory will enable graduates to stay in touch with each other. The online directory will reside at the UMKC Alumni Association's website at umkcalumni.com. I invite you to visit the website to create an account or update your information, then search the directory for old friends and new contacts.

Finally, I encourage you to mark April 8-9, 2016, on your calendars. That's the date of the next School of Medicine Alumni Reunion. (Note: Previously announced dates for the reunion conflicted with Passover, necessitating a schedule change.) Graduates in the classes of 1976, 1981, 1986, 1991, 1996, 2001, 2006 and 2011 will be marking milestone years at this year's celebration. I hope to see you in April.

Whether it's attending a reunion, mentoring a student or making a gift, your connection assures continued progress as the school approaches its 45th year. I thank you for your support.



Lt. Gen. Mark Ediger, M.D. '78, M.P.H.
President, National Board of Alumni & Partners

DEAN'S POP QUIZ ANSWER

E.) All of the above



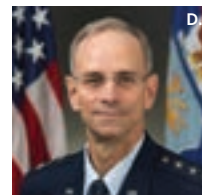
A) David Hayes, M.D. '76, is a professor of medicine and former chair of the Division of Cardiovascular Diseases at the Mayo Clinic in Rochester, Minnesota.



B) Alan Braverman, M.D. '85, leads the Marfan Syndrome Clinic at Washington University, where he is the Alumni Endowed Professor of Cardiovascular Diseases Chair.



C) Karen Remley, M.D. '80, M.B.A., M.P.H., was named chief executive of the American Academy of Pediatrics earlier this year.



D) Lt. Gen. Mark Ediger, M.D. '78, M.P.H., became the 22nd surgeon general of the Air Force in July.

As a docent and parent, pediatrician stays connected to school

SUSAN STORM, M.D. '85, keeps a busy schedule.

She is managing partner of a pediatrics practice in Kansas City that sees about 150 patients a day. She serves as a docent for first- and second-year UMKC medical students and as a preceptor for the School of Medicine's physician assistant students. She is a member of the school's National Board of Alumni & Partners and joined the Friends of the School of Medicine, a parents' group, when her son, Shane, entered the B.A./M.D. program in 2014.

"I really have a problem saying no," she admits.

Storm heard "no" a lot at the outset of her career. She and Laurie Riddell, M.D., a fellow resident at Children's Mercy Kansas City, wanted to start a practice in Platte County, Missouri, when they finished their training. No pediatricians had offices in the growing county at the time. Still, banks were reluctant to finance them. "Nobody would give a loan to a woman," Storm says. "Nobody would give a loan to a single woman."

Finally, a bank agreed. Storm and Riddell opened a practice near St. Luke's North Hospital in January 1989, a month before the hospital accepted its first patient. They alternated call nights until they were able to hire another pediatrician in 1992. "There were many, many weeks where every other night I had no sleep," Storm recalls.

The hard work paid off. Today, eight pediatricians, three nurse practitioners and dozens of staff members work at Pediatric Care North. Along with Storm, three of the pediatricians — Kathryn Hauptmann, M.D. '91, Stephanie Marx, M.D. '93, and Heather Malone, M.D. '07 — attended UMKC School of Medicine. They work alongside Riddell, Emalyn Kubart, M.D., Melissa Beard, M.D., and Stephanie Bays, D.O.

Malone, in fact, had been a patient of Storm's. "I remember telling her at 16 years old, when she came in for a checkup, about the six-year program at

UMKC," Storm says, adding: "It was fun to hire her."

Storm says she knew she wanted to go into pediatrics when, during an ob-gyn rotation, she found that she did not want to leave the babies once they were born. "What I really love is that children represent hope and future. I know that

higher." Storm also has a daughter, Sarah, a sophomore in high school who plans to apply for UMKC's B.A./M.D. program.

As a docent, Storm makes an effort to relate the students' coursework to the practice of medicine as much as she can. One of her role models is the late Marjorie Sirridge, M.D., one of the school's found-



Susan Storm, M.D. '85, with her son, Shane, a second-year student, in a docent unit at the School of Medicine. Shane Storm is president of the Class of 2020.

sounds corny, but I enjoy having that long-term relationship, from birth to 21," she says.

Storm says it's difficult to see patients age out of the practice. But many return when they have children of their own. "Every day, there are second-generation patients here," she says.

As for the second-generation medical student in her family, Shane Storm is the president of the Class of 2020. Susan Storm says having a child in the B.A./M.D. program has deepened her understanding of the experiences of the first- and second-year students she mentors. "Their academic challenges are intense," she says. "The rigor is a little

ing docents and, later, a dean. "She was a phenomenal teacher," she says. "She gave depth to what you learn today and how it fits for tomorrow and forever."

Storm's efforts as a docent extend well beyond the clinic. Her students are frequent guests at her farm, where she keeps six horses and two miniature burros. Storm's love of animals dates back to childhood. In middle school, she thought she wanted to become a veterinarian. Then, as a freshman, she heard about UMKC's six-year program.

Deciding against veterinary medicine was one instance when Storm said "no" — and countless patients and students are happy she did.

Buie receives Take Wing Award

TIMOTHY BUIE, M.D. '84, a pediatric gastroenterologist at the Massachusetts General Hospital for Children and one of the country's leading authorities on medical conditions in children with autism, accepted the school's E. Grey Dimond, M.D., Take Wing Award on May 19.

In accepting the award, Buie noted the influence of his family on his career path. His father was a physician, and his older brother, Steve Buie, M.D. '83, is a family doctor in the Kansas City area who also received his medical degree from UMKC. The younger Buie joked that he thought he'd become an actor until his brother told him, "It just doesn't pay," and handed him an application to the School of Medicine.

Addressing the rise in diagnoses of autism and related disorders, Buie said the pediatrics textbook he used in school said autism occurred in one out of every 5,000 individuals. The Centers for Disease Control now estimates that one in 68 children has been identified with autism spectrum disorder. "We are seeing a higher frequency of autism, a lot of



Timothy Buie, M.D. '84

psychiatric disorders and other developmental disabilities," he said. "They are overwhelming our system."

Buie also spoke at the School of Medicine Commencement ceremony, a custom for Take Wing winners.

Handler addresses patient safety

MICHAEL HANDLER, M.D. '84, gave the keynote address at the second annual Vijay Babu Rayudu Quality and Patient Safety Day program at the School of Medicine on May 15.

An obstetrician-gynecologist by training, Handler is the medical director and chief medical officer of SSM St. Joseph Hospital West in Lake Saint Louis, Missouri. He is also the medical director of the Center for Patient Safety, a not-for-profit organization established by the Missouri Hospital Association, the Missouri State Medical Association and the health-care consulting firm Primaris.

Handler said it was imperative for health-care organizations to develop a culture of safety. Such a culture, he said, acknowledges the high-risk nature of patient care, avoids blame and promotes collaboration across disciplines. Strong leadership is also necessary, he said.

Handler said all physicians play a crucial role in establishing a culture of patient safety. "Every single physician is a leader," he said.



Michael Handler, M.D. '84

"Everybody is looking at you. It's like you're onstage all the time. You always have to pay attention to that in everything that you do."

Peter Almenoff, M.D., the Vijay Babu Rayudu Endowed Chair of Patient Safety, introduced Handler and welcomed members of Rayudu's family who were in attendance. Rayudu was a medical student at UMKC at the time of his death in 2007.

Class Updates

1980s

MARK STEELE, M.D. '80, was named chief operating officer of Truman Medical Centers, in addition to his duties there as chief medical officer. He also serves as the School of Medicine's associate dean of TMC programs and the executive medical director of University Physician Associates.

REBECCA HIERHOLZER, M.D. '81, chief executive officer and medical director of the Kansas City nonprofit organization Collection of Victim Evidence Regarding Sexual Assault (COVERSA), was recognized as Professional of the Year by Capital Who's Who.

MICHAEL MUNGER, M.D. '83, was quoted in *The Wall Street Journal* about working with patients who have multiple chronic illnesses. He is a family physician in Overland Park, Kansas.

KAREN WOODS, M.D. '83, a gastroenterologist in private practice in Houston, received the Distinguished Service Award from the American Society of Gastrointestinal Endoscopy (ASGE). Currently the vice president of the ASGE, she will become the society's president-elect in 2016 and president in 2017.

1990s

JAMES MILBURN, M.D. '90, associate chair and residency program director at the Department of Radiology at Ochsner Medical Center in New Orleans, was awarded fellowship in the American

College of Radiology. He specializes in interventional neuroradiology and has led the radiology residency program at Ochsner for 12 years.

MICHAEL G. FOX, M.D. '92, associate professor of radiology at the University of Virginia, was inducted as a fellow in the American College of Radiology. He specializes in musculoskeletal radiology.

CAPT. CHRISTOPHER QUARLES, M.D. '92, handed over responsibilities as commanding officer of Naval Hospital Bremerton in Bremerton, Washington. His next assignment will be as force and fleet surgeon for Naval Forces Central Command, U.S. 5th Fleet, in Bahrain.

TAMMY LINDSAY, M.D. '94, joined Missouri Highlands Health Care as medical director and family physician. Lindsay, who retired from the U.S. Air Force after 21 years of service, sees patients in Van Buren and Eminence, Missouri.

CHRISTIAN HINRICHS, M.D. '96, assistant clinical investigator at the National Cancer Institute, was inducted into Alpha Omega Alpha, the medical honor society. At the NCI, Hinrichs conducts translational research and clinical trials to develop T-cell therapies for cancers caused by human papillomaviruses.

RICHARD CHERN, M.D. '98, opened a practice specializing in concierge medicine and aesthetics in Miramar Beach, Florida. He is a board-certified family physician.

2000s
TAMAL CHAKRAVERTY M.D. '00, M.P.H., is an environmental epidemiologist at the Shelby County Health Department in Memphis, Tennessee. He earned a master's degree in public health at University of South Florida after completing his residency.

COREY IQBAL, M.D. '03, assistant professor of surgery, was inducted into Alpha Omega Alpha, the medical honor society. He is chief of the fetal surgery section at Children's Mercy Kansas City.

SHALINI PARUTHI, M.D. '03, assistant professor of pediatrics at Saint Louis University School of Medicine and director of the Pediatric Sleep and Research Center at SSM Health Cardinal Glennon Children's Hospital, joined *Sleep Review's* editorial advisory board.

BASEM AWADH, M.D., RES. '06 (internal medicine), joined Bothwell Internal Medicine in Sedalia, Missouri. He is board-certified in internal medicine and rheumatology.

CATHERINE BRETT, M.D. '06, is an obstetrician/gynecologist at Wayne General Hospital in Waynesboro, Mississippi, where she promotes breast cancer awareness and hosts a monthly "lunch and learn" seminar.

TABITHA MOE, M.D. '07, joined Arizona Pediatric Cardiology at Phoenix Children's Hospital. She was recruited to create a transitional care program for adults who were born with congenital heart disease.

SCOTT HICKMAN, M.D., RES. '08 (ophthalmology), treated patients in the Democratic Republic of Congo through a trip sponsored by the Surgical Eye Expeditions International, a California-based vision care nonprofit organization.

2010s
PETER WINNINGHAM, M.D. '13, a radiology resident at UMKC, was inducted into Alpha Omega Alpha, the medical honor society.

JENNIFER BLAIR, D.O., RES. '15 (family medicine), joined the staff at Wright Memorial Hospital in Trenton, Missouri.

JOSH HONEYMAN, D.O., RES. '15 (emergency medicine), joined the critical care medicine department at Essentia Health in Fargo, North Dakota.

In Memoriam



COURTESY TED GREEN

SALLY PROCK GREEN, M.D. '81, of Atlanta, died June 28 at age 58.

Born in Buckner, Missouri, Dr. Green graduated from Fort Osage High School in Independence. After earning her medical degree, she completed a residency in anesthesia at Emory University in Atlanta and enjoyed a long career at DeKalb Medical. In 1990, Dr. Green; her husband, Ted Green; and sister, the late Mary Jane Mobley, founded Sterling Institutional Review Board, which is dedicated to the safety and welfare of medical research patients.

After retiring in 2008, Dr. Green followed her passion for mission work and travel. Her efforts in the Philippines through the Philippine Medical Society and the Philippine Nurses Association of Greater Kansas City were especially important to her. She also supported Habitat for Humanity International and participated in a number of missions to El Salvador, Hungary and Portugal. In addition to her mission work, Dr. Green was able to accomplish her lifelong goal of traveling to all seven continents.

Survivors include her husband and two children.

Stay connected!

Class Updates publishes information submitted by alumni, news released by employers of alumni and selected news stories that mention alumni and their affiliation with UMKC. Please send updates to medmagazine@umkc.edu or complete an online form at med.umkc.edu/magazine/submit. Items may be edited for style, length and clarity.



Closed circuits

MAJOR CHANGES IN technology have taken place during the School of Medicine's 44-year history. In a more analog age, students watched lectures and other educational programs on television monitors perched on their office desks in the docent units. (The model pictured above is from the 1970s.) Printed schedules let students and other learners know the air times of programs, which a television studio distributed throughout the school via miles of cable. Today, the school's television studio is a digital operation. Students, meanwhile, are accustomed to wireless technology that fits in the palms of their hands. For a slideshow of School of Medicine technology through the years, visit med.umkc.edu/magazine/tech.



“I really count myself very lucky to have had an education at UMKC, where an emphasis on humanities truly creates physicians with a level of empathy that’s a cut above others.”



As alumnus Daniel Hall-Flavin, M.D. '79, found success working in addiction medicine and research at the Mayo Clinic, he never forgot his ties to the UMKC School of Medicine. His docent and mentor Marjorie Sirridge, M.D., had a profound and lasting impact on his life ... not just in his role as a doctor, but as an enthusiast of the humanities.

To honor “Dr. Marjorie” and the teaching of medical humanities at the School of Medicine, Dr. Hall-Flavin arranged for an estate gift designated to the Sirridge Office of Medical Humanities and Bioethics.

Thank you, Dr. Hall-Flavin, for leaving a legacy at UMKC School of Medicine.



CONSIDER LEAVING YOUR LEGACY GIFT TO THE UMKC SCHOOL OF MEDICINE.
CONTACT THE OFFICE OF ADVANCEMENT AT 816-235-5565 OR VISIT MED.UMKC.EDU/GIVING.

Moving day

When students in the M.D. Class of 2021 moved into the Oak Street Residence Hall in August, their peers were ready to lend a hand. Third-year B.A./M.D. students Grace Rector (left) and Logan Burrow (right) were joined by Tanner Burns (center), a member and philanthropy chair of the Beta Theta Pi fraternity, in helping the new students with their belongings.

