

ROSALIND FRANKLIN UNIVERSITY *of* MEDICINE AND SCIENCE

HELIX

MAGAZINE



SPRING 2018

THE SCIENCE OF TEAMS

Interprofessional, team-based care is key to advancing human health in an era of exponential growth in knowledge and technological innovation.



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HELIIX



THE SCIENCE OF TEAMS

Interprofessional, team-based care is key to advancing human health in an era of exponential growth in knowledge and technological innovation. RFU is committed to the education of professionals who will lead and collaborate in diverse healthcare teams that will improve patient care and solve our most vexing healthcare challenges.

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Cover photo: David Kulber, CMS '88, FACS, assisted by Kylie Tanabe, PA-C, performs an outpatient procedure.

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INVITATION FOR PUBLIC COMMENT

Rosalind Franklin University of Medicine and Science is seeking comments from the public about the university in preparation for its periodic evaluation by the Higher Learning Commission, its regional accrediting agency. The university will host a visit, October 1-2, 2018, with a team representing the commission. The team will review the institution's ongoing ability to meet HLC's criteria for accreditation. The public is invited to submit comments regarding the university to the following address:

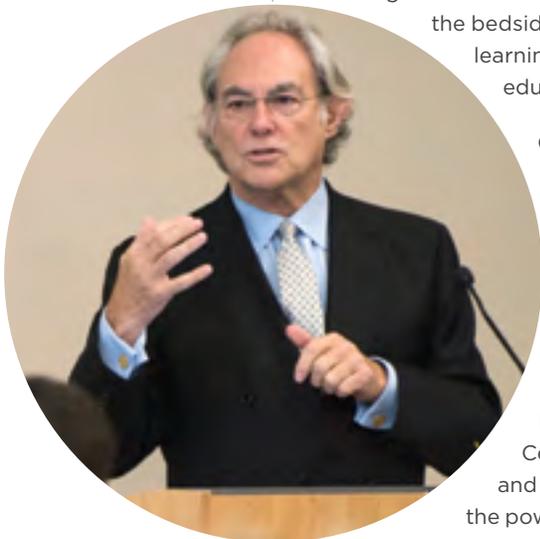
Public Comment on Rosalind Franklin University
Higher Learning Commission
230 South LaSalle Street, Suite 7-500
Chicago, IL 60604-1411

The public may also submit comments on HLC's website at www.hlcommission.org/comment.

Comments must address substantive matters related to the quality of the institution or its academic programs. Comments must be in writing and should include the name, address and telephone number of the person providing the comments. Please note that comments will not be treated as confidential. They must be signed and they must be sent to HLC no later than one month prior to Oct. 1, 2018.

ROSALIND FRANKLIN UNIVERSITY OF MEDICINE AND SCIENCE IS APPROACHING 14 YEARS SINCE IT BOLDLY EMBARKED ON THE INNOVATIVE MODEL OF INTERPROFESSIONAL EDUCATION, CONVINCED BY MOUNTING PROOF THAT COLLABORATIVE HEALTHCARE TEAMS OFFER SAFER, BETTER COORDINATED, EVIDENCE-BASED CARE AND IMPROVED OUTCOMES.

We were confident then and we are even more confident today that the team-based model now so integral to our mission is the right road, the only road — one that our peer institutions now clamor to travel. As you will read in this issue of Helix, we're working with our local and regional communities and across the nation to bring our knowledge and discoveries to the bedside. By sharing these experiences, we hope to accelerate interprofessional learning and collaborative practice, powerful engines that can drive change in education and healthcare delivery.



Our students are at the heart of this change, as they prepare to meet the increasingly complex needs of an aging population and to manage and lead institutions that must develop new frameworks and resources in support of interprofessional teams. We're helping our students understand in experiential ways that the knowledge, training and responsibility required by every patient case demand a team effort and a shared commitment.

We are buoyed by our clinical and research partners, including Centegra Health System and the Captain James A. Lovell Federal Health Care Center, who are engaging with us in the power of healthcare simulation and teamwork to improve patient safety, in the power of problem-solving, in the power of basic science and the hunt for underlying causes and treatments of disease. We are also driven forward by the evidence, including our own research on interprofessional education and collaborative practice, that shows the potential of high-functioning, diverse teams to help solve our greatest health challenges.

“We were confident then and we are even more confident today that the team-based model now so integral to our mission is the right road, the only road — one that our peer institutions now clamor to travel.”

K. MICHAEL WELCH

We're giving our students the necessary clinical and communication skills to succeed, a framework for understanding collaborative practice and a clear-eyed orientation for teamwork. It's in their professional DNA to share what they know, to learn from different perspectives and to respect their team members. We're confident that wherever they practice, they will build teams, work and achieve in teams, to improve the health of humankind. 



At right: Dr. Welch talks with Chantal Creighton, CMS '21, after Interprofessional Student-Led Grand Rounds.

K. MICHAEL WELCH, MB, ChB, FRCP
PRESIDENT AND CEO

MATCH DAY 2018



Chicago Medical School and Dr. William M. Scholl College of Podiatric Medicine celebrated their respective Match Days, a rite-of-passage for students on the cusp of their professional lives. Following, top to bottom, left to right, is a glimpse of students and their residency placements: M4s Akta Patel (pediatrics, Indiana University); Jennifer Obrzydowski (psychiatry, Comm. Health Network, IL); and Daeun Yoon (anesthesiology, Northwestern U McGaw). P4s Brandon Wallace (White Memorial Medical Center, CA) and, reaching for her envelope, Katie Landry (Advocate IL Masonic). M4s Genevieve Dixon (anesthesiology, Medical College of Wisconsin) and Adwoa Adu (family medicine, MedStar Franklin Square Medical Center, MD). M4s Gabe Arom (otolaryngology, Loma Linda University, CA) and Valerie Chavez (prelim. medicine, UC Irvine Medical Center). P4 Shirley Chen (MedStar Washington Hospital Center, D.C.). M4s Philip Schoenrock (SIU SOM) and Archana Ramesh (family medicine, U IL-Methodist Medical Center). P4 Shazad Buksh (Southwest Vermont Medical Center). Ms. Jennifer Morin and M4s Shireen Nouri (anesthesiology, Yale-New Haven Hospital, CT), Hannah Lu (U Texas Southwestern-Dallas) and Caitlin Morin (ob/gyn, George Washington U, D.C.). P4s Nida Nisar (Kingwood Medical Center, Houston); Gurleen Cheema (Mercy Hospital and Medical Center, IL); and Shruti Dosi (Palmetto General Hospital, FL). P4s Eric Lee (VA Greater Los Angeles Healthcare System); Eric Chen (Henry Ford Wyandotte Hospital, MI); Tyler Claveau (Beaumont Hospital-Wayne, MI); Thomas Nguyen (Mercy St. Vincent Med. Center, OH); Andres Caneva (Presence St. Joseph Hospital, Chicago); and Bridget Metzger (University Hospital, NJ).



WELCOME NEW TRUSTEES

THE UNIVERSITY IS PLEASED
TO ANNOUNCE THE ELECTION OF

ELDER GRANGER, MD

AND

CAREY B. STROM, MD '80

TO THE BOARD OF TRUSTEES

“As Rosalind Franklin University works to improve human health through interprofessional education, collaborative practice and cutting-edge research, we welcome new trustees, Dr. Granger and Dr. Strom, whose experience and expertise in clinical care and executive leadership will help guide us forward.”

FRANK MYNARD, CHAIR, BOARD OF TRUSTEES

ELDER GRANGER, MD

Dr. Granger, a retired Army major general, led the largest battlefield health system in recent U.S. history as commander of the Task Force 44th Medical Command and command surgeon for the Multinational Corps Iraq. Under his command, the Army first used the electronic medical record in a combat theater, facilitating the transfer of patient data directly to veterans hospitals.



Currently president and CEO of The 5Ps, LLC, a healthcare, education and leadership consultancy, Dr. Granger is board certified in internal medicine and hematology and oncology. He also holds certifications from the American College of Healthcare Executives and the American Board of Medical Quality. He is an advocate for improved healthcare delivery, particularly in the greater Chicago and Rockford, IL, areas, where he has

His highly decorated military service also includes executive leadership of TRICARE Management Activity, Office of the Assistant Secretary of Defense (Health Affairs), a role in which he oversaw the acquisition, operation and integration of the DoD’s managed care program within the Military Health System, executing a \$22.5 billion Defense Health Program that ensured the provision of health care for 9.2 million uniformed service members, their families, retirees and others located worldwide.

Dr. Granger led at every level of the Army Medical Department, serving in top posts including the 44th Medical Command XVIII Airborne Corps, Europe Regional Medical Command, TRICARE Europe, U.S. Army Europe and 7th Army.

strong family ties. He serves on board committees for strategic initiatives and diversity and inclusion, in addition to the audit committee, with particular attention to cybersecurity.

Dr. Granger’s military service began in 1971 as a combat medic in the National Guard. A distinguished military graduate of Arkansas State University, he was commissioned through the Reserve Officers’ Training Corps (ROTC). Upon graduation in 1980 from the University of Arkansas School of Medicine, he was awarded the Henry Kaiser Medical Fellowship for Medical Excellence and Leadership. He completed a residency in internal medicine and a fellowship in hematology-oncology at Fitzsimons Army Medical Center. 

CAREY B. STROM, MD '80

Chicago Medical School Distinguished Alumnus and nationally recognized gastroenterologist Dr. Carey Strom has worked in private practice for more than 30 years. A senior associate with Tower Digestive Health Medical Group in Beverly Hills, CA, he practices at Cedars-Sinai Medical Center.



fellowship in gastroenterology through the UCLA integrated training program. Dr. Strom subsequently spent time at the Middlesex Hospital in London, England, learning diagnostic and therapeutic biliary endoscopy.

Dr. Strom has published in peer-reviewed journals and has lectured around the country. A trustee of the Foundation Board for the American Society of Gastrointestinal Endoscopy,

Board certified in gastroenterology and internal medicine, Dr. Strom serves as associate clinical professor at UCLA School of Medicine. He is a past co-director of Cedars-Sinai Medical Center’s endoscopy unit. He completed his internship and residency in internal medicine at the University of Illinois Hospital and clinics and a

he also serves as president of the Chicago Medical School Alumni Association and its Los Angeles Chapter. He is a member of RFU’s Board of Trustees committees overseeing academics and institutional advancement. 

TEAMS SAVE LIVES

TEAM MENTALITY



DAVID KULBER, MD '88, RELIES ON THE EXPERTISE OF HIS SURGICAL TEAM, AT HOME AND ABROAD.

Challenging surgeries are the life's work of David Kulber, MD '88, FACS, one of the nation's leading plastic surgeons and founding director of Los Angeles, CA-based Cedars-Sinai Medical Center's Plastic and Reconstructive Surgery Center of Excellence. But one of the most nerve-racking operations he has performed still plays in his head two years later.

"A 6-month-old baby burned from the top of his head to the back of his neck — his entire skull was exposed and badly infected," Dr. Kulber recalled. "If I didn't operate, he would die. If I did operate, he might still die."

The tiny patient had been carried a long distance by his mother to a hospital in the southeastern African nation of Mozambique, where Dr. Kulber volunteers as the lead plastic surgeon for multidisciplinary, team-based surgical missions organized by the non-profit Mending Kids. Working under extreme pressure, in extreme heat, with very limited resources, the team takes on an outsized role in patient outcomes.

"It takes a whole team of people to collaborate, to educate and to work together."

DAVID KULBER, MD '88, FACS

"All the things we take for granted inside and outside the operating room — they have none of that," Dr. Kulber said. "You have to improvise and that makes the whole concept of surgery, let alone caring for very challenging patients, a lot more complex. The only way to do that is for everyone to chip in, share ideas. It's a lot of coordination and problem-solving."

As Dr. Kulber and the team, including surgeons from Mozambique, operated on the infant, he was forced to remove the entire skull.

"I performed what essentially is a brain surgery," he said. "That's not a surgery I do. We scrambled to figure out what instruments to use. The anesthesiologist was worried. I was worried. I was definitely out of my comfort zone."

Dr. Kulber cleared the infection and used cadaver dermis that he'd carried for the trip to temporarily cover the back of the skull. The baby eventually underwent skin grafting.

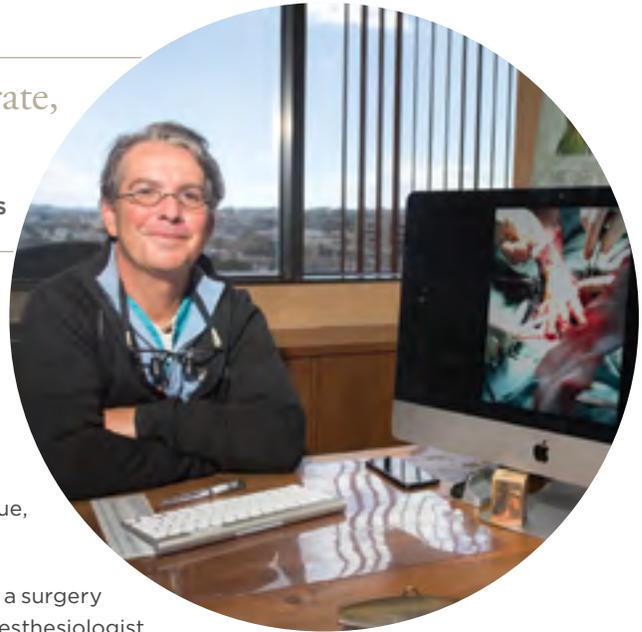
"A year later, he was doing well," said Dr. Kulber, who last year performed a neck contracture release on the young patient, using a muscle flap from his back.

"Babies are born with cells that continue to form bones on the dura (the tough membrane that protects the brain and spinal cord) and allow all regrowth of the cranial bone."

Dr. Kulber has worked with Mending Kids for eight years, helping to attract what is now a 30-member team of volunteers — doctors, nurses, physical therapists, wound care specialists — to Mozambique. He is helping the organization create self-sustainable mentorship programs with local surgeons and medical communities.

"We're operating on children with congenital deformities and devastating injuries, but we're also educating the people in Mozambique and we're teaching doctors," Dr. Kulber said. "You can't just go and perform surgeries and then leave. It takes a whole team of people to collaborate, to educate and to work together."

Using virtually-guided surgery and an internet connection boosted by mobile hotspots, Dr. Kulber is mentoring Drs. Selma Issufo and Pedro Santos, the first and only plastic surgeons in the country of more than 28 million people. About once a week he watches and guides, from his home, as the surgeons in Mozambique operate while wearing Google Glass.



Opposite page, clockwise: Occupational therapist Andre Woo, nurse Robin Labey, X-ray technician Sarah Winfield, physician assistant Kylie Tanabe and Dr. David Kulber confer on a patient X-ray.

Above: Dr. Kulber in his office at Cedars-Sinai Medical Group, Los Angeles.

“You want people you trust working with you, involved in your surgery, which makes for a much safer atmosphere and better outcomes.”

DAVID KULBER, MD '88, FACS



“I can see what they’re doing in real time and offer direct input, as needed,” he said. “I can take a picture of what I’m seeing, draw on it and send it back.”

THE TIME-OUT

Just before the first incision, in operating rooms around the country, surgeons like David Kulber, MD '88, FACS, join their team in a time-out. Part of the 2004 Universal Protocol, the time-out, also called the surgical safety checklist, is aimed at ensuring safe surgical procedures with positive outcomes.

“The time-out gives everyone a formalized voice,” said Dr. Kulber, one of the nation’s top plastic surgeons and attending at Cedars-Sinai Medical Center Los Angeles. “Team members introduce themselves, state their role; if they see a problem or potential complication they speak up. Whether it’s the surgeon, the resident, the nurse or the surgical tech, everyone has a voice. That builds trust and makes for a safer atmosphere and better outcomes.”

Dr. Kulber is director of hand and upper extremity surgery, Department of Orthopedics Surgery at Cedars-Sinai Medical Center. He is also director of the Plastic Surgery Division of the Cedars-Sinai Medical Group, specializing in breast, abdominal and hand reconstruction and peripheral nerve surgery and regeneration. He serves as professor of surgery for Cedars’ Clinical Professorial Series, and clinical professor of plastic surgery at USC Keck School of Medicine.

A good surgeon is acutely aware, during every surgical procedure, that the patient’s health and life hinges on the knowledge and communication and teamwork of each member of the surgical team, Dr. Kulber said.

“You want people you trust working with you, involved in your surgery, which makes for a much safer atmosphere and better outcomes,” he said. “It’s very easy, as a surgeon, to have tunnel vision. You have a problem and you’re trying to fix it. But you can’t lose your peripheral vision. You have to remember to keep everyone involved in that problem-solving, because you’re much stronger when you have everyone actively helping you — including residents — rather than you giving commands. When they’re asking questions, that makes you better. You realize you’re part of a larger system and that people are there to help you, if you let them help you.”

Dr. Kulber’s many research projects include the application of stem cells in tissue regeneration in the hand and wrist, and he has also developed several new surgical techniques, including a novel method for the reconstruction of severe abdominal wall herniations and the use of fibrin glue for nerve regeneration. A prolific presenter and author, he has co-authored 56 research publications, six book chapters and 106 abstracts.

“The thing about medicine is that every day we learn something new,” Dr. Kulber said. “We have to be open to that and we have to have a team mentality. We have to work together to solve increasingly complex medical challenges — infections, transplantations, reconstructions. We can’t work any other way and get successful outcomes.” 

Above, left to right: Carolina Paniagua, surgery coordinator; Robin Labey, RN; plastic surgeon David Kulber, CMS '88; and medical scribe Shelby Brown, at Cedars-Sinai Medical Group, Los Angeles.

DR. KULBER AND HIS CMS CLASSMATES WILL CELEBRATE THEIR 30TH REUNION DURING RFU FEST, to be held Oct. 19-20 in Chicago. Learn more about the celebration and reunion events at <http://rfu.ms/rfufest>.

NEW LEADERSHIP

COLLEGE OF HEALTH PROFESSIONS



JOHN VITALE, PHD '13, MHS, PA(ASCP), NEW DEAN OF THE COLLEGE OF HEALTH PROFESSIONS (CHP), IS COMMITTED TO THE EDUCATION OF DIVERSE PROVIDERS WHO BRING STRONG COMMUNICATION SKILLS AND INTERPROFESSIONALISM (IP) TO THE HEALTHCARE TEAM.

Dr. Vitale, a national leader in the pathologists' assistant profession, took lessons in high-functioning interprofessional teams as a clinical associate in the Department of Pathology at Dartmouth Medical School, where he worked in support of a comprehensive breast pathology program.

"Social workers, genetic counselors, surgeons — everyone came together to talk about patient care," said Dr. Vitale, who notes that simple miscommunication is a big factor in medical errors. He reads poetry daily, a practice that helps him "convey the essentials."

"I'm constantly striving to be an effective communicator," he said. "When every word carries weight, we need to make sure the words that our faculty use, that our students use, that our health professionals use, are the words they need to use and that they're being interpreted in the right way."

"That's why the humanities are so important and why RFU is such a special place," said Dr. Vitale, who has been with the university since 2003. "It's not enough to be competent in medical knowledge and skill to be a student here. We're asking for more. We're going to spend a lot of time in curricular and co-curricular activities exploring that."

Provost Wendy Rheault, PT, PhD, who served as CHP dean for more than a decade, announced his appointment in January.

"Dr. Vitale is an excellent leader and a strong advocate for IP," Dr. Rheault said. "I feel confident he will continue to promote IP within the College of Health Professions and across the university."

Much of Dr. Vitale's scholarship has focused on discovering the best assessment instruments and evaluations for interprofessional competencies — broad constructs such as communication skills, systems-based practice and professionalism — that are defined and operationalized depending on the setting in which they're applied.

"We have to be able to measure how effective health professionals are at doing what they've been trained to do," he said. "We understand now that it's not enough to be an expert in your area. You need to know how to use that expertise and integrate it with the expertise of your colleagues on the team." ®

"Dr. Vitale is an excellent leader and a strong advocate for IP."

PROVOST WENDY RHEAULT, PT, PhD

ROLES AT RFU

CHP acting dean
CHP associate dean of curriculum and assessment
Director of assessment in the Office of the Vice President for Academic Affairs
Chair, pathologists' assistant program
Director, pathologists' assistant program

PROFESSIONAL LEADERSHIP

Past president (six consecutive terms) Association of Pathologists' Assistant Training Programs
American Society of Clinical Pathology Board of Registry Certification Examination Committee
American Association of Pathologists' Assistants

AWARDED

Rosalind Franklin Award for Excellence in Teaching in 2013

EDUCATION

PhD, Interprofessional Healthcare Studies, Rosalind Franklin University
MHS, Pathologists' Assistant Studies, Quinnipiac University



LEARNING TOGETHER TO TREAT PATIENTS WITH COMPLEX NEEDS

INTERPROFESSIONAL STUDENT-LED GRAND ROUNDS IS HELPING TO CREATE A FUTURE IN WHICH TEAMS OF DIVERSE HEALTH PROFESSIONALS WORK TOGETHER TO IMPROVE AND SUPPORT THE HEALTH OF THEIR PATIENTS.

An interprofessional team of RFU students selected a challenging clinical case to study, discuss and present: a 13-year-old girl, who had been brought to the ER when school officials noticed cuts on her arms, with a history of poorly managed Type 1 diabetes, depression and anorexia, and a complicated family situation involving physical, emotional and sexual abuse. The future health professionals worked together to develop a hypothetical treatment plan that called for close attention to and careful coordination with their patient, her family and each other.

“We learned that the IP team has to communicate very carefully with the patient and with each other.”

CHANTAL CREIGHTON, CMS '21

“She needed a lot of follow-up and all the appointments might be overwhelming and that’s why our team collaboration is so important,” said Chantal Creighton, CMS '21, who during the university’s Interprofessional Student-Led Grand Rounds helped present the case as part of a primary care dream team of disciplines including pediatric endocrinology, psychiatry, pharmacy, podiatry and psychology.

“We learned that the IP team has to communicate very carefully with the patient and with each other,” Chantal said. “You can’t assume anything. We all emphasized careful follow-up with her and her family and making sure she’s compliant with everything she has to do.”

Lori Thuente, PhD, RN, education specialist in the DeWitt C. Baldwin Institute for Interprofessional Education and assistant professor of interprofessional healthcare studies, coordinates the student-led grand rounds.

“You see students teaching each other and you see the light bulbs go on,” Dr. Thuente said. “For example, a medical student realizes why it is so important for pharmacy to be involved in every step of the treatment process — because they may not know all the medications as well as a pharmacist. A pharmacy student asks, ‘What does a pathologists’ assistant do?’ IP Student-Led Grand Rounds is a real-life opportunity to work interprofessionally in a safe and controlled environment.”

The young patient’s treatment plan, in addition to prescriptions for rapid-acting insulin administered through a wearable pump and 30 mg of Prozac, also included: cognitive behavioral therapy, nutrition counseling, family intervention, education on hypoglycemia and how hyperglycemia can affect foot health, in addition to regular foot exams.

“One way to make sure patients with complex medical problems don’t get overwhelmed is to offer medication therapy management,” said Camisha Ruffins, COP ’21, who provided a crash course on insulin to the grand rounds audience. “We can help promote medication adherence and keep our patient’s confidence level up.”

Joana Abed Elahad, CMS ’21, said she learned a lot about other healthcare disciplines while working together to prep for the presentation.

“I gained tremendous respect for pharmacy,” she said. “It felt like Camisha fit the piece to my puzzle and helped me see how important it is for physicians to work not just with physician assistants and nurses, but pharmacists. She explained how insulin like lispro can help to maintain near normal blood glucose levels when administered via a pump. It’s interesting to hear the different perspectives of the healthcare professions.”

During the grand rounds, Erin Chatten, CHP ’18, who is pursuing a master’s in clinical counseling and hopes to earn a PhD in clinical psychology, discussed psychological care that might benefit the troubled young patient. While preparing the presentation, she connected with Chantal over their shared interest in working with patients on lifestyle change.

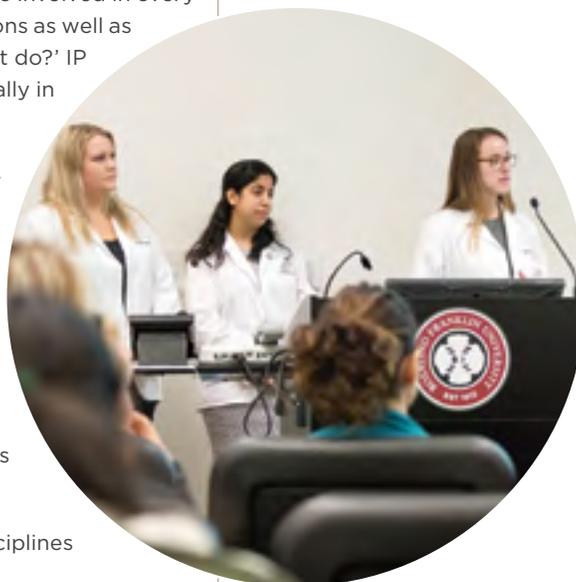
“Psychologists can advocate for assessing the patient as a whole person by asking, ‘How is your condition affecting your life?’” Erin said. “‘How is your overall mood and day-to-day functioning?’ We can model and teach students of other healthcare disciplines how to speak with patients about health behavior change in a motivating and inspiring way, rather than a shaming or stigmatizing way.”

Erin, who implemented an integrated health behavior change counseling program at the university’s Interprofessional Community Clinic, is an advocate for integrated mental health.

“Evidence-based research shows that the model is effective,” she said. “It’s more convenient for patients and it can increase adherence to care.”

Shajira Mohammed, SCPM ’21, noted during the grand rounds that the mismanagement of the young patient’s diabetes and her history of substance abuse and self-destructive behavior called for special attention to the lower extremity to prevent diabetic neuropathy, compromised blood flow and foot ulcers. The patient’s history of self-cutting also made her more prone to infection and problems in wound healing.

“She’s only 13!” Shajira exclaimed as she talked about risk stratification, lifestyle changes, proper footwear and long-term management and support that involved the patient, her family and teachers. “It is imperative that her healthcare providers and her social support system work together to ensure her health and minimize long-term repercussions.” 



Opposite page, from left: Camisha Ruffins, COP ’21; Erin Chatten, CHP ’18; Shajira Mohammed, SCPM ’21; Joana Abed Elahad, CMS ’21; and Chantal Creighton, CMS ’21, tackled a complex patient case during Interprofessional Student-Led Grand Rounds, held Jan. 19.

Above: Clinical counseling student Erin Chatten and medical students Joana Abed Elahad and Chantal Creighton help present the case.

LESSONS IN IP TEAMS

JOANA ABED ELAHAD, CMS ’21 “We’re realizing the importance of diversity on the healthcare team. Working with others means managing disagreements. Learning how to meet someone halfway can be difficult when you’re used to being right. But you have to work as a team to accomplish what at the end of the day is one shared goal — care of the patient.”

SHAJIRA MOHAMMED, SCPM ’21 “Technology is making it easier to communicate with providers on a global scale and making it a real possibility that we can work together interprofessionally in the near future. IP Grand Rounds is giving us the skills we need to work with both the patient and the team of people involved in the patient’s care.”

BUILDING EVIDENCE FOR INTERPROFESSIONALISM AND INTERPROFESSIONAL EDUCATION

RFU INTERPROFESSIONAL (IP) TEAMS OF STUDENTS ARE LEARNING TO GRAPPLE WITH THE SOCIAL DETERMINANTS OF HEALTH — THE CONDITIONS IN WHICH PEOPLE ARE BORN, GROW, LIVE AND WORK — THROUGH INNOVATIVE LEARNING MODELS CREATED AND INFORMED BY THE WORK OF THE DEWITT C. BALDWIN INSTITUTE FOR INTERPROFESSIONAL EDUCATION.

“If you practice as a physical therapist, you may not be able to do anything if a patient’s living conditions are subpar,” said Tamzin Batteson, institute research specialist. “But if you’re aware, if you’ve trained in your thinking, you should be able to pick up the phone and talk to community partners and say, ‘I’ve just seen Mr. Smith and his foot’s not getting better. He’s living in a building with five flights of stairs and no lights. Can you work with him to deal with the landlord or find better housing?’”



As part of an ongoing study in collaboration with the University of Minnesota-based National Center for Interprofessional Practice and Education (Nexus) Innovations Network, students who have undergone intensive diagnostic reasoning activities are working with RFU nonprofit community partner Hispanic American Community Education and Services (HACES) and the Rosalind Franklin University Health Clinics Community Care Coach to help provide health screenings for clients and assess environmental impacts on their health. The patients are tested before and after the student intervention in an effort to ascertain the relationship between interprofessional education (IPE) collaborative practice and patient outcomes.

Above: Confering at the Interprofessional Community Clinic are student clinicians, from left: first-year medical students Janki Thakkar, Akshay Patel, Emilia Norlin, and Lisa Loweth, first-year physician assistant practice student.

Opposite page, from top: Vice President for Interprofessional Education and Simulation James Carlson, PhD '12, MS '01, center, attends a student poster presentation. Brendan McNeely, CMS '21 and DePaul University nursing student Caitlin Grudzinski role-play a patient exam. Students participate in a surgical orientation at RFU's Center for Advanced Simulation in Healthcare at Centegra Hospital-Huntley, IL.

“We’re showing that IP teams can improve health, especially in vulnerable populations,” said Ms. Batteson, primary investigator for “The Moral Development of Interprofessional Team-based Care: A Metacognitive, Social Determinant Model.” The study, which aims to assess team performance, uses the social determinants of health as a proxy for values and ethics.

“If we can train healthcare students to think metacognitively about their practice and other people,” Ms. Batteson said, “hopefully, when they enter practice it’s second nature to them.”

Baldwin staff members are also studying the student IP teams that work under faculty supervision to treat patients at the university’s Interprofessional Community Clinic for the uninsured, in an attempt to understand how the treatment model affects learning outcomes and management of patients.



“We’re adding to a growing body of work that shows teamwork improves not only patient outcomes, but provider morale and retention.”

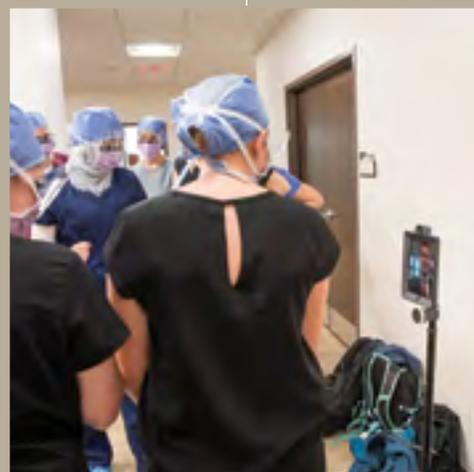
JAMES CARLSON, PhD '12, MS '01

The institute has helped place RFU at the forefront of research into best practices for the development, implementation and evaluation of interprofessional, team-based educational models. It’s connecting with other institutions of higher learning interested in bringing IP into their programs, including five that along with RFU have formed the Northeastern IP Collaborative, which will hold a symposium on campus in 2018.

“We’re recognized for our educational model and the culture we’ve built here,” said James Carlson, PhD '12, MS '01, vice president for interprofessional education and simulation, who oversees the work of the institute. “We’re collaborating with other universities, teaching them how to do what we’ve done. We’re helping to plant those seeds of teamwork.”

Recent Baldwin Institute initiatives also include development of an IPE kit that features validated measurement tools and training videos that use mock medical interviews to illustrate a sensitive exchange between practitioners who cultivate an atmosphere of trust and patients who respond by sharing information relevant to their health. In one vignette, a patient seeking treatment for a broken leg reveals the isolation he feels after the death of his wife, his increasing reliance on alcohol and the poor lighting in his stairwell.

“We’re adding to a growing body of work that shows teamwork improves not only patient outcomes, but provider morale and retention,” Dr. Carlson said. “Working as part of high-functioning healthcare teams, in which roles and responsibilities are clear, in which members know they’re doing their part to improve care, creates a sense of purpose for providers and a sense of satisfaction for patients.” 



TAKING IP TEAMS TO OUR COMMUNITY PARTNERS



Jessica Taylor, MSN, APN, clinical education specialist/assistant professor, emergency and surgical medicine, instructs students in operating room etiquette during a surgical orientation at RFU's Center for Advanced Simulation in Healthcare at Centegra Hospital-Huntley, IL.

Inset: Training session in the center's ambulance bay: foreground, James Carlson, PhD '12, MS '01, vice president for interprofessional education and simulation, and Lawrence Wood, clinical simulation educator.



RFU'S NEW CENTER FOR ADVANCED SIMULATION IN HEALTHCARE IS HELPING TO TRAIN AND DEVELOP HEALTHCARE PROFESSIONALS WHO LEARN AND PRACTICE IN TEAMS TO IMPROVE PATIENT OUTCOMES.

An early investor in simulation-based learning across its clinical programs, RFU is partnering with Centegra Hospital-Huntley in McHenry County, IL, to use “sim” to improve patient safety and health outcomes and to expand its interprofessional (IP) team-based model of education and practice.

“We’re advancing our IP mission not just among our own students but among other providers and professions,” said James Carlson, PhD '12, MS '01, vice president for interprofessional education and simulation. “We have honed over the past decade a mission and a vision that support IP education and teamworking. We have honed it as integral to our culture. It’s what the future looks like for us.”

The university is “planting the seeds” of IP teamwork, Dr. Carlson said, by expanding the role of simulation outside its formal portfolio of programs and more aggressively engaging health system partners around the IP concept.

The Center for Advanced Simulation in Healthcare is a high-tech training ground for RFU students and faculty and Centegra health professionals who use the 30,000-square-foot virtual health system for optimal team practice in an environment that’s safe for both patient and learner.

“It might be an EMT in the ambulance bay or a nurse in the ICU caring for a patient with an asthma exacerbation and they don’t execute a solid handoff,” Dr. Carlson said. “We debrief on the clinical knowledge. We talk about the codified steps for engaging on the handoff to the next provider, or the huddle at the beginning of the shift to decide who will manage which cases in a busy ER. Students and professionals in different disciplines step up to lead. We’re teaching situational leadership as opposed to traditional models.”

“We’ve created a culture that graduates...clinicians who will be the force of change to improve interprofessionalism in real healthcare settings.”

JAMES CARLSON, PhD '12, MS '01

The center, which opened in summer 2017, features an entire floor of simulated space, including an outpatient clinic, operating theater and procedure rooms, emergency department with ambulance, trauma bay and ICU, and an inpatient unit set up for labor and delivery and adult and pediatric simulations. Learners use programmable patient simulators, state-of-the-art medical equipment and electronic medical records for documentation and charting. They also practice clinical skills with standardized patients.

“It’s an across-the-board quality initiative but it’s also an environment that’s very conducive for training teams because of its high fidelity, its realism, its multifunctionality,” Dr. Carlson said. “It’s a powerful tool in our efforts to formalize the education around teams and teamwork roles, communication, group interaction, how leadership is executed. While health care in some places has probably been provided by teams, in large measure it has historically been provided by groups of people. We’re trying to move group to team by formalizing structure and training.”



Above: A workshop for Centegra Health System physicians on ultrasound line placement on Jan. 31 was led by RFU nurse anesthesia faculty.

Below: RFU students during a surgical orientation at RFU's Center for Advanced Simulation in Healthcare at Centegra Hospital-Huntley, IL.

Opposite page: Dr. Bill Gordon, instructor in interprofessional healthcare studies, leads students in a board game in which winning is determined by the ability to collaborate to meet patient needs.

Centegra Hospital nurses use the sim center, sometimes with consulting physicians, to gain experience in rapid response, including simulations of hypertension during labor and delivery and the treatment of patients with sepsis and respiratory and cardiac problems.

“We’re able to work through the protocol as a team, collaborating on next steps as the patient condition changes,” said Amy Druml, MSN, RN-BC, Centegra director of operations and professional practice. “It’s real-life practice — without a real patient — in real time. We continue to grow in expertise, in creating scenarios and enhancing them to get the best experience for users as they learn processes.”

The sim center is also helping Centegra meet the credentialing needs of its physicians and advanced practice providers. RFU nurse anesthesia faculty, led by Franklin McShane, DNP, CRNA, department chair, recently reviewed with doctors the use of ultrasound to place central venous access and establish peripheral access. On-site delivery of the training and hands-on stations with simulated critical patients saved the health system valuable clinical time and expense.

“Working with Centegra allows us to take IP teams and the product they produce — in this case a clinical skill set — out to our community partners,” said Dr. McShane, who also practices with a surgical team at a rural Wisconsin hospital. “It really shows our community partners what can be accomplished by working in IP teams. We’re always smarter as a team than we are as individuals.”

Dr. Carlson notes that the IP team, which improves provider morale and patient outcomes, is an evolving concept for many healthcare systems that are interested in pursuing the model but question how to implement it.

“There’s no road map,” he said. “I think that’s where we can be of great value as a university, but not as an open-ended solution. We’ve created a culture that graduates — and the metrics show this — clinicians who will be the force of change to improve interprofessionalism in real healthcare settings. Does Centegra embrace that? Yes. And I think we can help them and be a partner on their journey to advancing that.”

“It’s going to be incremental steps,” Dr. Carlson added. “It’s going to be a change in generations training a certain way, deploying that training as they mature as clinicians. That will lead the change. Practice habits are hard to change. And even when there’s a will, clinicians and the systems in which they work need the opportunity to develop the skills and methods to facilitate that change.” [®]



RFU’S DEPARTMENT OF HEALTHCARE SIMULATION HAS BEEN AWARDED ACCREDITATION BY THE SOCIETY FOR SIMULATION IN HEALTHCARE,

placing the university in the top tier of simulation programming both nationally and internationally. The accreditation includes specific recognition in the areas of assessment and teaching/education.



LEADING INNOVATIONS IN TEACHING

ROSALIND FRANKLIN UNIVERSITY IS RESHAPING HEALTH PROFESSIONS EDUCATION THROUGH CREATIVE TEACHING MODELS THAT FOCUS ON INTERPROFESSIONAL TEAM-BASED COLLABORATION AND PRACTICE.

RFU is earning national recognition as a change agent for its innovations in teaching teams and collaboration based on an experiential or activity-based model.

“We’re moving away from teams as an intellectual construct and toward reality, which in health care is inherently IP teams,” said William “Bill” Gordon, instructor in interprofessional (IP) healthcare studies.

Lori Thuente, PhD, RN, and Scott Rothenberg, both of the DeWitt C. Baldwin Institute for Interprofessional Education, work with Dr. Gordon to design and implement learning games that teach collaboration and interdependence, enhancing curriculum based on TeamSTEPPS, a system developed by the Department of Defense to improve the quality, safety and efficiency of health care through highly effective teams.

“We’re using games and other collaborative activities to demonstrate to participants that teams achieve better outcomes than individuals,” Dr. Thuente said.

In one of three RFU-branded games to be made available to other institutions, including the American Hospital Association, students practice TeamSTEPPS tools and strategies as they solve clinical issues while moving through simulated hospital exercises in the ambulance bay, emergency room, surgical suite, outpatient exam suite and inpatient rooms in the Simulation Center at Centegra Hospital-Huntley. For example, students

must safely transition a patient mannequin — programmed to develop complications — from the ambulance to the ER.

“Handoffs are one of the worst times for patient safety,” Dr. Gordon said. “We’re designing to fit both clinical and non-clinical decision makers. We all need to know how teams function.”

Other games include a “patient room of horrors,” in which students enter a simulated patient room — first individually, then as a team — to identify numerous safety issues that may include a charted fall risk but no raised bed rails, a spill on the floor, an oxygen cannula around the patient’s neck. The exercise reinforces the lesson that patient safety is team-driven.

“Activities like Room of Horrors can also be used for training non-healthcare providers because it teaches them basic hospital safety that everyone needs to be aware of,” said Dr. Thuente.

RFU students also practice supervising departments in a small community hospital through the low-fidelity simulation exercise, “Friday Night at the ER,” where participants have to collaborate with other “departments” to move patients through the hospital, adjust staffing and encounter unexpected events.

The games are challenging, fun and they compel students to think on a systems-wide basis.

“They have to work together to help the hospital succeed,” Dr. Gordon said. “During the debrief, you may hear people coming from their own disciplines, asking how they can make sure what they do is represented. But the real gain in health care is to keep patients safe and get them well. The goal is excellent patient health and safety outcomes.” 

TEAMS COORDINATE CARE

MANAGING HOSPITAL PREPAREDNESS



*“Waiting for someone else
to initiate change is wrong.”*

NICHOLAS NELSON, MS '09, RN

A COLLEGE OF HEALTH PROFESSIONS ALUMNUS ENSURES THAT THE CITY OF CHICAGO'S HEALTHCARE INFRASTRUCTURE STAYS PREPARED FOR THE WORST.

When flooding from heavy summer rains forced the closure of a suburban hospital, Nicholas Nelson, MS '09, RN, worked behind the scenes to help coordinate the evacuation of patients to hospitals in Chicago. When hospital emergency departments were suddenly inundated with patients overdosing on tainted opioid derivatives, Mr. Nelson helped coordinate and control the "domino effect" of patient movement and obtain the additional resources needed to save lives during the surge. And in the wake of Hurricane Maria, as traumatized Puerto Ricans evacuated their homes and headed stateside, he worked to get them into Chicago's healthcare system and find partners to provide care.

Mr. Nelson is project manager for the Hospital Preparedness Program at the Chicago Department of Public Health. An emergency nurse who earned a master of science from RFU in healthcare administration and management, he is responsible for all-hazards planning and response for the city's 35 hospitals, 28 emergency departments and 700 additional healthcare partners. He works closely with Chicago's Office of Emergency Management and Communications, local and state law enforcement and federal agencies, including the Federal Drug Administration. He also helps lead the Chicago Healthcare System Coalition for Preparedness and Response.

"My program at RFU was extremely beneficial," Mr. Nelson said. "I learned evidence-based practice for clinical care and also interprofessionalism. Multiple disciplines have to work together because no single discipline has the answers. Working together is the only way to affect the changes our system of healthcare delivery must make to meet patient needs."

Certified in nursing specialties including emergency care, pediatric emergency care, acute and critical care, trauma care and transport, he studied while working for nearly a decade, gradually gaining credentials and professional licensure.

"Nurses are generalists," he said. "They look holistically, focus on the person over the disease. They help to facilitate health outcomes whether in the acute phase of primary care or in confronting health disparities at the population level. If you have the luck to get into an environment where the culture has shifted and teamwork is the expectation, you see great outcomes. We all have the capability to make those changes happen. It's not easy. It's not quick. Waiting for someone else to initiate change is wrong. We have to take steps, have conversations. Interprofessionalism is a novel model, but it's catching on. It's a big step in the right direction."

Mr. Nelson cites high expectations of clinicians, patients and their families as a driving force for change. High-functioning healthcare teams, he said, help deliver on those expectations.

"We have to find the value in every team member, in the focus they bring through their discipline, education and training," he said. "The moment we stop listening to one another, stop being open to one another, is when we start to have problems."

The current president of the Emergency Nurses Association, Illinois State Council, Mr. Nelson began his career as a paramedic in rural Iowa. He has worked as an emergency department nurse, a pediatric ICU nurse and as an emergency medical services instructor at Loyola University Medical Center. Previously a pediatric quality coordinator for Loyola's Emergency Department, he continues to work as a critical care transport nurse and an instructor for Illinois Emergency Medical Services for Children.

Emergency departments, Mr. Nelson notes, are the backbone of hospital systems and the safety net for a healthcare delivery system in flux, a model that is nearing a breaking point.

"Emergency departments are chronically stressed and overwhelmed," he said. "We have to look to population health and team-based care — both RFU initiatives. Until we're able to implement systemic change, we can offer quality care at the individual patient level, but we won't have the outcomes we want." 



NICHOLAS NELSON, A 2009 GRADUATE OF THE COLLEGE OF HEALTH PROFESSIONS AND JASON RADKE, MMS, PA-C, INTERIM CHAIR/PROGRAM DIRECTOR FOR THE PHYSICIAN ASSISTANT PRACTICE PROGRAM, HELPED LEAD INTERPROFESSIONAL HEALTHCARE TEAMS ON AN INTERNATIONAL MEDICAL MISSION IN 2016.

Organized by non-profit Project Helping Hands, which works for sustainable healthcare delivery, the teams worked in conjunction with the Emergency Nurses Association to offer primary and acute care to patients in both urban and remote areas of Cambodia.

Nelson and Radke worked together to create curriculum to teach Cambodian nursing, medical, dental and pharmacy students, in addition to community health workers.

"Everyone involved was able to work at the highest level of their education and training," Mr. Nelson said. "In Cambodia, I was able to recharge and gain perspective on overstressed systems."

Opposite page: Nicholas Nelson, MS '09, RN, project manager for the Hospital Preparedness Program at the Chicago Department of Public Health, is the recipient of the 2016 Illinois Emergency Nurses Association President's Award and Nursing Education Award.

TEAMS CREATE A CULTURE OF HEALTH

LEADING BY EXAMPLE



HEALTHY U!, THE UNIVERSITY'S COMMUNITY HEALTH PROMOTION AND WELLNESS INITIATIVE, OWES ITS BEGINNINGS TO JEFFREY DAMASCHKE, MS '03, PT '04, PhD, AND THE RFU STUDENTS HE SURVEYED AS PART OF HIS DOCTORAL DISSERTATION, WHICH FOCUSED ON THE ASSESSMENT AND ACQUISITION OF KNOWLEDGE RELATED TO PREVENTION, HEALTH PROMOTION AND WELLNESS IN THE HEALTH PROFESSIONS.

"I looked at the health and wellness knowledge of students in our pharmacy, physical therapy, physician assistant and medical programs, and while in some areas they had a good grasp — as high as 76 percent — in terms of general prevention they were pretty low," said Dr. Damaschke, vice dean, College of Health Professions, and assistant professor of physical therapy.

Dr. Damaschke took a team approach in devising a campus-wide health promotion plan, aided by faculty members Kristin Schneider, PhD, psychologist, and physician assistant Ziemowit Mazur, EdM, MS.

"We all had a passion for wellness and health promotion," said Dr. Damaschke, who specialized in wellness during 20 years of service with the U.S. Navy. "We all agreed that our university should lead by example."

The founding faculty team developed the Healthy U! Council, which includes stakeholders from across RFU who meet monthly to develop programming and events that are interprofessionally planned and implemented. Faculty, staff and students from an array of educational programs volunteer as clinicians and participants in university-wide cholesterol, glucose, musculoskeletal and other screenings, in the annual Student Wellness Week, Lunch and Learn educational programs, organized walks, stair climbing, stress management and nutrition and meditation programs, among others.

"The wellness lessons we take from this can also help our future patients."

JANA DHARGALKAR, CMS '21

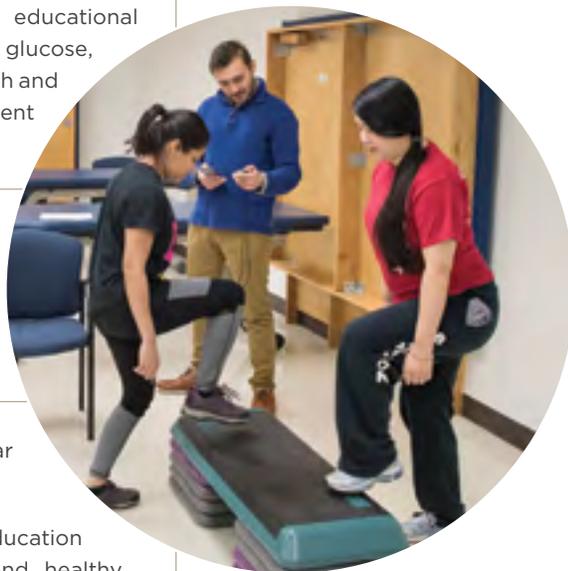
"Healthy U! is a great example of how when you work in teams on a particular project it lends to expanding to other types of projects," Dr. Schneider said.

The recent 10-week RFU Fit and Well initiative included fitness assessments and education on behavioral strategies, fitness technology, physical activities, nutrition and healthy eating. Data collection on the program, first offered several years ago, has shown significant health improvements.

"Everything we do has some science background to it," said Dylan Hast, MS, fitness and recreation specialist.

"RFU Fit and Well really encourages students from the various health professions to come together," said participant Jana Dhargalkar, CMS '21, who benefited from pre-assessments performed by physical therapy students who measured baseline flexibility ratios. "It's so easy for us students to put our health on the back burner. The wellness lessons we take from this can also help our future patients." 📌

RFU WAS RECENTLY NAMED AN EXERCISE IS MEDICINE® SILVER CAMPUS BY THE AMERICAN COLLEGE OF SPORTS MEDICINE in recognition of its commitment and outstanding programmatic efforts to create a culture of wellness.



Opposite page: Vice Dean of the College of Health Professions Jeffrey Damaschke, MS '03, PT '04, PhD, tends to a participant in the RFU Fit and Well initiative.

Insets, from top: Doctor of Physical Therapy student Lina Alvino, CHP '20, performs a baseline flexibility test on Jana Dhargalkar, CMS '21, during a session of RFU Fit and Well. Doctor of Physical Therapy student Richard Vizcayno, CHP '20, administers a step test to Jana and Israella Chan, CMS '20.

TEAMS ADVANCE EVIDENCE-BASED HEALTH CARE



RFU'S CENTER FOR INTERPROFESSIONAL EVIDENCE-BASED PRACTICE WAS DESIGNATED A JOANNA BRIGGS INSTITUTE (JBI) AFFILIATE IN 2016, ONE OF JUST 11 IN THE UNITED STATES WORKING TO PROVIDE THE BEST AVAILABLE EVIDENCE TO INFORM CLINICAL DECISION-MAKING AT THE POINT OF CARE.

Represented on the team are nearly 30 faculty members from nine clinical programs, some of who are currently working in collaboration with longtime RFU clinical and research partner Captain James A. Lovell Federal Health Care Center (FHCC) to help solve complex clinical problems and improve the health of the center's veteran and active duty population.

In one study aimed at determining the effect of multimodal drug therapy on suicide rates and substance abuse in military personnel and veterans with post-traumatic stress disorder (PTSD), pharmacy and psychology faculty are conducting a systematic review to discover what the scientific literature says is best evidence-based practice for drug therapy for PTSD.

Those findings will inform the design of a retrospective study that will use FHCC patient data to correlate drug therapy with suicide rates.

Another study, spurred by a shortage of mental health providers, is looking at what features of mental health mobile apps promote patient utilization. Researchers will use an app to monitor the brain waves of study participants as they meditate while wearing a Muse headband, which provides real-time feedback on the brain's activity level, helping the wearer to control their focus.

“In an ideal world, with the help of smart technology, clinicians can continue to support their patients, even if they're on a ship in the middle of the Pacific Ocean.”

SANDRA LARSON, PhD, CRNA, FNAP

“We think that if we can teach soldiers and veterans how to meditate and monitor them when they're in a meditative state, and track them to see how effectively they're meditating, we could expand our care for them,” said Sandra Larson, PhD, CRNA, FNAP, director of the center and associate provost for clinical partnerships. “In an ideal world, with the help of smart technology, clinicians can continue to support their patients, even if they're on a ship in the middle of the Pacific Ocean.”

Supported by JBI, researchers are conducting a scoping review of the literature using rigorous standardized protocols to identify which types of mental health apps patients tend to use versus those they don't as a means to predict effectiveness.

“We need to appreciate that our clinicians have neither the time nor the skill to sift through and do evidence synthesis to determine the best way to practice,” Dr. Larson said. “It's essential that we look at these questions from an interprofessional team framework, and it's essential that the team helps broker that knowledge and get it transferred and implemented in a local context.” 

Above: Associate Provost for Clinical Partnerships Sandra Larson, PhD, CRNA, delivers a Grand Rounds presentation at Captain James A. Lovell Federal Health Care Center on Feb. 22.

FROM THE ARCHIVES

AGNES LATTIMER, MD '54, ONE OF THE FIRST AFRICAN-AMERICAN WOMEN TO GRADUATE FROM CHICAGO MEDICAL SCHOOL, SPENT HER MORE THAN THREE-DECADE CAREER AS A BOARD CERTIFIED PEDIATRICIAN AND PHYSICIAN EXECUTIVE LEADING SYSTEMIC CHANGE IN THE MEDICAL TREATMENT OF CHICAGO'S POOR.

Dr. Lattimer, who died Jan. 9, was appointed medical director of Cook County Hospital in 1986, the only black woman at that time to serve in a top medical post at a major hospital, according to media reports. She told *Ebony* magazine that same year: "For as long as I've been in the medical field, I've been aware how the system discriminates against the poor in terms of the access, quality and continuity of medical care."

As the founder and chair of the Chicago Committee Against Lead Poisoning, she helped in the late 1960s to enact ordinances that imposed stiff fines and felony charges against building owners who refused to remediate the lead-based paint that caused poisoning in children. In 1983, as head of the Illinois chapter of the American Academy of Pediatrics, she testified before a Congressional subcommittee on growing hunger and malnutrition in the United States. She revamped patient care at Cook County, where she also served as director of the outpatient Fantus Clinic, through a campaign encouraging medical staff to treat all patients with dignity and respect.

Dr. Lattimer, who was born and raised in Tennessee, faced discrimination throughout her career. She entered CMS at a time when just 5.5 percent of matriculants to U.S. medical schools were women, with enrollment limited at many institutions by quotas based on gender, race and religion. During her clinical clerkship, when white patients refused to allow her to examine them, her fellow students called a moratorium on their own patient examinations until attending physicians convinced Dr. Lattimer's patients to comply.

She completed a residency in pediatrics at the former Michael Reese Hospital, where she was named chief resident in her final year, and entered private practice in the Englewood neighborhood. The first woman and African-American to be named a CMS Distinguished Alumnus, Dr. Lattimer, a licensed pilot and a pianist, was also an academician. She taught at the University of Illinois' School of Public Health, University of Chicago School of Medicine, and CMS, where in 1968 she was awarded the Elsie and Phillip Sang Excellence in Teaching Award.

"We are deeply saddened by Dr. Lattimer's passing," said Dr. K. Michael Welch, president and CEO. "But the pride we hold in her accomplishments will live on." 



Above: Dr. Agnes Lattimer and Dr. Lois Foster were the only women graduates of the Chicago Medical School in 1954; Dr. Lattimer was the lone African-American member of the class.

Inset: Dr. Lattimer during a 2013 visit to RFU.



ALUMNI NEWS

1960s

Richard Moscowitz, MD '69, presented on surgical and nonsurgical options for hip and knee arthritis at the Margaretville (NY) Hospital.

1970s

Burton Drayer, MD '71, was named scientific advisor to Hologic Inc. in Bedford, MA.

Kenneth Goldstein, DPM '76, was honored by The Friends of the Night People for his service to a free, bi-monthly medical clinic.

Kwan Kew Lai, MD '79, was awarded the Wellesley College Alumnae Achievement Award of 2017.

1980s

John Grady, DPM '80, was awarded an American Academy of Podiatric Sports Medicine (AAPSM) Fellow certificate.

Louis Silverstein, MD '80, was inducted into the Havre de Grace High School hall of fame.

Matthew Garoufalos, DPM '82, spoke at the Boswick Burn and Wound Care Symposium.

Steven Schechter, MD '87, authored the 3rd edition of "Understanding Parkinson's Disease: A Self-Help Guide" by Addicus Books, 2017.

Amol Saxena, DPM '88, was honored with the Lifetime Achievement/Honorary Member Award from the German Society for Foot & Ankle Surgery and received an award for his devoted service as a member of the American Academy of Podiatric Sports Medicine (AAPSM) Executive Board.

Hal Skopicki, PhD '88, MD '90, was named chief of cardiology and deputy director of operations at Stony Brook University (NY) Heart Institute.

Alex Kor, DPM '89, received an award for his devoted service as a member of the American Academy of Podiatric Sports Medicine (AAPSM) Executive Board.

Howard Osterman, DPM '89, was elected Secretary-Treasurer of the American Academy of Podiatric Sports Medicine.

1990s

James Hanna, DPM '91, was honored by The Friends of the Night People for his service to a free, bi-monthly medical clinic.

Michael Nirenberg, DPM '91, lectured on forensic gait analysis at the Law Enforcement and Emergency Services Association's Annual Digital Multimedia Evidence training symposium and recently collaborated on an article in the Journal of Forensic and Legal Medicine.

Javier Cavazos, DPM '94, was elected treasurer of the American College of Foot & Ankle Orthopedics and Medicine (ACFAOM).

Susann Varano, MD '94, was named resident care specialist at Maplewood Senior Living in Westport, CT.

Cesar Arguelles, MD '95, is the associate program director of the SIU Primary Care Sports Medicine Fellowship Program in Quincy, IL.

Allen Guehl, DPM '97, and his wife, Maria, were honored with the Institute for Podiatric Excellence and Development President's Award.

Rishi N. Sud, MD '98, joined Esse Health as the company's chief medical officer.

Michael Chin, DPM '99, received the American Academy of Podiatric Sports Medicine (AAPSM) Robert Barnes Distinguished Service Award.

2000s

Douglas Pacaccio, DPM '03, was named president of the Illinois Podiatric Medical Association.

Edward Ratkovich, DPM '03, was named treasurer of the Illinois Podiatric Medical Association.

Kelli Sasada, MD '07, was interviewed by the Kenosha (WI) News about being a female physician.

Sarah Dickey, DPM '08, was named president-elect of the Illinois Podiatric Medical Association.

Marion Parke, DPM '09, was honored with the Fashion Group International's Rising Stars Award.

2010s

Daniel Hall IV, DPM '11, was elected chairman and chief of surgery at Lake Charles (LA) Memorial Hospital.

Casey Burchill, DPM '12, co-taught a forefoot cadaver surgical course at the Podiatry Institute of DeKalb Medical Center in Decatur, GA.

Alex Theiler, PA-C, MS '13, was awarded a Certificate of Added Qualifications in emergency medicine from the National Commission on Certification of Physician Assistants.

Robert Aitchison, PA-C, MS '15, was awarded a Certificate of Added Qualifications in emergency medicine from the National Commission on Certification of Physician Assistants.

Trevor Gerson, MD '15, was featured in an article about working and training with a disability in Neurology Today.

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