Mapping the Brain

Brain Atlas Website: A Global Resource
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ON THE COVER:
World's leading online Human Brain
Atlas maintained by MSU College of
Human Medicine
In September I had the honor of representing United States medical colleges at the opening of a new medical school at Shenzhen University, Shenzhen, China.

The Shenzhen University Medical School is implementing a curriculum to develop critical thinking skills, using the problem-based learning format. They have a goal of increasing the numbers of physicians in China seeking careers in primary care. As you can imagine, we had much to discuss.

I was especially moved by the inaugural class white coat ceremony – the students and faculty shared the same passion and dedication to medicine that we see in our own students and faculty. It was a privilege to be invited to witness the first of many white coat ceremonies at this new medical school.

While in China, I also met with faculty of the Beijing Children’s Research Institute which has a special focus on chronic disease management and developmental pediatrics. Given that my own specialty is developmental and behavioral pediatrics, this was exciting. We look forward to faculty sharing ideas and longitudinal studies of children’s health.

In Hangzhou I met with faculty of the Zhejiang University and physicians of the Sir Run Run Shaw Hospital, a teaching hospital of Zhejiang University Medical School. We will host a group from Zhejiang University at MSU in January and hope to complete a letter of agreement that will facilitate an exchange of faculty and students. Once again, the dialogue was rich and the opportunities many for both of our institutions.

The United States and China face many similar challenges: access, cost containment and variation in care. In this issue of MD Magazine, Professor of Philosophy and Medical Ethics Leonard Fleck explores what it means to be a “just” and “caring” society when we have limited resources to meet unlimited health care needs. Len’s discussion is compelling and thought-provoking.

We are rapidly closing in on the completion of the Secchia Center and look to the arrival of our first class of 100 first-year students in August. This is an exciting time for the College of Human Medicine and for Michigan State University. The Secchia Center is a symbol of making the best use of our collective resources, partnering to accomplish what none of us could accomplish alone.

Marsha D. Rappley, M.D. (CHM ’84)
Dean, Michigan State University College of Human Medicine

Clockwise: Inaugural white coat ceremony for medical students at Shenzhen University; Dean Rappley meeting with faculty of the Beijing Children’s Research Institute; Dean Rappley and Zhao Weijun, director of MSU’s Office of China Programs.
World’s Leading Human Brain

The College of Human Medicine's Human Brain Atlas is the most used human brain atlas site in the world and is the brainchild of the College of Human Medicine, the University of Wisconsin and the National Museum of Health and Medicine.

The Human Brain Atlas (www.msu.edu/~brains/humanatlas) is a web-based collection of 1,000 stained, brain sections that allow everyone from elementary school students to professors to learn about the anatomy of the human brain.

“Everyone is getting their information from us now,” said John I. Johnson, Ph.D., professor of the college’s Radiology Department, Division of Anatomy and Neuroscience program. MSU maintains the online Human Brain Atlas and Johnson is largely responsible for getting the program off the ground. The Human Brain Atlas is a significant part of the first year neuroscience curriculum.

The Human Brain Atlas includes MRI sections of a living brain donated by former MSU psychology student Keith Sudheimer, Ph.D.

“Comparing the MRI images with the stained sections can greatly increase understanding of the internal architecture of these brains,” Johnson said.

One look at Johnson’s email inbox validates the overarching international importance of the atlas. Doctors and psychologists from Canada, Romania, Spain, the United Kingdom, Australia, Brazil, Switzerland and South Africa continually contact Johnson asking for copyright permission to use the images. They also praise the site, thanking Johnson and his partners for offering the medical world free access to an invaluable and unique resource.

“I have the highest regard for the Web site and heartily encourage my students to use it because it provides them with the best and sometimes only comprehension of how these deeper brain structures are organized in three dimensions,” said Harry Witchel, Ph.D., senior lecturer and discipline leader in Physiology at Brighton and Sussex Medical School in the UK.

Witchel said the atlas not only helps his students understand the brain’s anatomy, but also helps them make sense of imaging.

“This is because the comparisons of the different types of staining show a clarity and detail for the brain regions that just does not appear in traditional live brain imaging methods,” he said. “The atlas has not only taught my students, but it has made my own understanding of human anatomy in 3-D greater, particularly my understanding of the different appearances of the brain at different axial level sections.”

The atlas has many uses that go beyond university level medical study. For example, the Wounded Warrior Project, which offers services to severely wounded military personnel, used some images from the atlas to illustrate the impacts of post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) in soldiers. Elementary and high school students in Canada used the images as classroom screensavers, an Indian technology student used the images for a database project, and United Kingdom authors used the images as a resource for “The Brain Book.”

“You never know who’s going to show up online asking for permission to use the images, but if you want a picture of a brain, this is where you go to get one,” Johnson said.
Forming the Atlas

Though the Human Brain Atlas didn’t go online until 1994, Johnson started working on it about 50 years ago as a postdoctoral student at the University of Wisconsin. After working with Wally Welker, who was creating a collection of mammal brains, Johnson went to Australia on a Fulbright scholarship to study Australian animals and collect brains from species in the marsupial radiations.

In Australia, he met John Kirsch. At the time, Kirsch was a mammalogist graduate student on a mission to collect marsupial bones.

“He was looking for bones and I was looking for brains,” Johnson said. “We formed a partnership and we kept up that partnership after we returned to the U.S.”

The two continued collaborating, sharing marsupial brains and bones gathered in both Australia and South America. They continued their work when Johnson moved from Wisconsin to Michigan in 1965 to promote the development of neuroscience at Michigan State University.

“We eventually knew that we’d have to find a place to keep all of these brains and after looking around for some time, we found the National Museum of Health and Medicine in Washington, D.C.,” Johnson said. “The museum had a collection of brains and we decided that instead of having people run around from one place to another, we’d keep them all in the same place. Washington was the place to keep them.”

Collections from Michigan State University, the University of Michigan, the University of Wisconsin, and Johns Hopkins University have since been added.

With a home for the brains established, Johnson, Welker and the museum appealed jointly to the National Science Foundation, which agreed to give the brain collection project 12 years of financial assistance.

The Harvard Yakovlev-Haleem collection, which contains more than 1,000 specimens, was already at the museum. Johnson assisted with the rescue and transfer of the other university collections. After the move, Johnson helped select some “normal” control specimens for the online atlas.

In 2003, several years after the atlas had been launched, Johnson’s 22-year-old student Keith Sudheimer offered up his brain for live MRI scans. Sudheimer got involved with the project while working on an MRI research project with Laura Symonds, Ph.D., College of Human Medicine assistant professor of radiology and neurology. As part of an experiment, he had his brain scanned. Sudheimer and Symonds later agreed to contribute the images to the site.

“Sudheimer’s brain is used all over the place,” Johnson said.

Sudheimer is now a postdoctoral fellow for the Department of Psychiatry and Behavioral Science at Stanford University.

“The experience had a profound impact on me,” Sudheimer said. “I learned a tremendous amount from working with Dr. Johnson, both about neuroanatomy and otherwise. He is unassuming but has a vast knowledge of neuroanatomy that is both staggering and rarely equaled. Dr. Johnson is also a classic mentor and an excellent teacher and everyone fortunate enough to have worked with him benefits from it.”

The popularity of the Human Brain Atlas drew attention to the sheep and dolphin atlases, which had been developed in conjunction with the Human Brain Atlas.

Johnson said it takes about three years for a team of three to four people to create each atlas. Extensive research is involved and vast amounts of time are devoted to the labeling of the sections.

Two more sections of the sheep and dolphin atlases, and all sections of several atlases of the marsupial brains, need to be added to the collection. However, the National Science Foundation funding for the project ended two years ago.

“We’re currently relying on volunteers,” Johnson said about finishing the remaining atlases. MSU staff, University of Wisconsin staff and student volunteers maintain the existing atlases.

“Certain entities have a philosophy that if people are using your images, they should pay for it and you should support yourself that way,” Johnson said. “We have the counteracting philosophy. We think that children, students and most who are using our materials shouldn’t have to pay for it.”

The Human Brain Atlas can also be accessed at http://www.brains.rad.msu.edu.
What does it mean to be a just and caring physician when you have only limited resources (your time and energy) to meet the greatly disproportionate health care needs of your uninsured patients (who need MRI scans, surgery, a week in the hospital, very expensive medications)? What does it mean to be a just and caring physician when several thousand of your fellow physicians in private practice are themselves without health insurance (because they have pre-existing medical conditions that elicit denials of coverage from insurance companies at any price)? No answer at all can be given to these questions by individual physicians because the problems are simply too large for an effective response from them. The only practical answer that can be given requires substantial reform of our health care system.

To simplify things enormously, substantial health reform requires two simultaneous commitments: achieving universal comprehensive coverage and a fair and effective approach to health care cost containment.

A recent cover of the news magazine, the Economist, showed President Obama in surgical attire with a large bore syringe labeled “health reform” and the American citizenry on a gurney. He says to the patient, “This is going to hurt.” More honest words were never spoken. Major surgery is never painless; major surgery is never cheap. Our health care system needs major surgery.

Those who are in the best position to make a clear-eyed diagnosis are physicians who may know of numerous uninsured patients in their practice who clearly need expensive and effective medical care who will be denied that care because they cannot afford it. These are the circumstances that result in an estimated 45,000 premature avoidable deaths each year in the U.S. among the uninsured because they cannot afford the care that would prevent a treatable form of cancer or heart disease or something else progressing to an untreatable fatal outcome. Reciting the chant “we have the best health care system in the world” does nothing to soothe the consciences of morally sensitive physicians mindful of the unjust fate of these patients.

Health reform will not be painless. Taxes will have to be raised to provide the resources necessary to subsidize access to health insurance for the financially less well off uninsured. The current Senate bill falls far short of being adequate since projections are that we will still have 25 million uninsured in 2019 under that bill. Physicians need to remind legislators this is too much like removing half a cancerous tumor. Likewise, providing thin barebones insurance for everyone is morally inadequate. This is a narcotic for our social conscience, not the therapeutic dose needed for recovery.

If the public option is not a political possibility, then insurance companies will have to accept the pain of heavy, closely moni-
tored regulation aimed at preventing the self-serving denials of care or denials of insurance that threaten to re-inflect a reformed health care system.

Finally, system-oriented cost controls (health care rationing) are necessary to sustain a reformed health care system for the indefinite future. Cost controls must not be directed at individuals, since the RAND studies show individuals are as likely to make prudent as imprudent choices about denying themselves care. This is the core cost containment mechanism associated with Health Savings Accounts. We need reliable unbiased cost-effectiveness analyses of both established and emerging medical technologies.

We need to identify those very costly and often life-prolonging health care interventions that yield only very marginal benefits at very high cost in specific clinical circumstances. Many of our newer cancer drugs may fall into this category, yielding only extra weeks of life for costs approaching $100,000 for a course of treatment. The injustice is that well-insured patients can demand such drugs, thereby increasing the cost of health insurance for all and pushing millions more into the ranks of the uninsured. Nothing says that we must forego such drugs in a reformed health care system. But then we must be willing to pay the higher taxes and insurance premiums required to make this possible for all, not just a favored few. Painful trade-offs will be necessary. This can be accomplished most fairly through broad processes of public deliberation informed by the best science and the best medical judgment. This is a process that physicians should lead and endorse. This is something just and caring physicians can do for their uninsured patients.

Leonard M. Fleck, Ph.D. is professor of Philosophy and Medical Ethics in the Center for Ethics and Humanities in the Life Sciences, Michigan State University College of Human Medicine. He is the author of the recent book Just Caring: Health Care Rationing and Democratic Deliberation (Oxford University Press, 2009).

System-oriented cost controls (health care rationing) are necessary to sustain a reformed health care system for the indefinite future...

Editor’s Note: Dr. Fleck welcomes discussion on this topic and we would be happy to forward your comments to him at geri.kelley@hc.msu.edu.
Faculty Forge Relationships with Chinese Reproductive Health Medical Teams

The College of Human Medicine is in the midst of forging medical and educational relationships with colleagues in China, an international effort to build a scientific powerhouse between the college and several Chinese universities.

In September, College of Human Medicine Dean Marsha Rappley, M.D., Richard Leach, M.D., chair of the Department of Obstetrics, Gynecology and Reproductive Biology, Asgi Fazleabas, Ph.D., associate chair of the Department of Obstetrics, Gynecology and Reproductive Biology, and Jeffrey Dwyer, Ph.D., associate dean for Research and Community Engagement, took a 12-day trip to China where Dean Rappley participated in the opening ceremonies for the Shenzhen University Medical School and the MSU group visited several hospitals and medical schools.

The trip was supported by a travel grant provided by MSU’s Office of China Programs. The team visited the University of Hong Kong, Chinese University of Hong Kong, Shenzhen University, Peking University People’s Hospital, State Key Laboratories for Reproductive Biology in Beijing and Fudan and Jiao Tong Universities in Shanghai.

“The intent of the trip was to explore research, training and educational opportunities for our medical students, residents and researchers,” Leach said. “We were quite pleased with the enthusiasm to collaborate and we identified several authentic areas of mutual strengths.”

“This will potentially allow us to develop collaborations with China,” Fazleabas added. “All of the institutions we visited had a lot of enthusiasm about cooperating in terms of developing relationships with the College of Human Medicine.”

Fazleabas was recently appointed professor and associate chair for research in the Department of Obstetrics, Gynecology and Reproductive Biology in Grand Rapids.

The recent trip was Fazleabas’ third trip to China and one he said will help make the College of Human Medicine’s Department of Obstetrics, Gynecology and Reproductive Biology one of the best in the country.

“Some relationships might just be an exchange of ideas or students while others will include collaborations on research projects,” he said. “Some will be small and some will be big.”

The College of Human Medicine team is working with its Chinese colleagues to determine which collaborations will be the most beneficial. One potential initiative would expose College of Human Medicine residents to traditional Chinese medicine as it applies to women’s health during a four-to-six week medical resident exchange.

“We could bring in Chinese medicine because people do believe in that,” Fazleabas said. “China has strong programs where they train medical students to appre-
In May, members of the College of Human Medicine’s Department of Obstetrics, Gynecology and Reproductive Biology traveled to San Jose, Costa Rica, to discuss a residency exchange program with leaders from the University of Costa Rica and the Caja Costarricense del Seguro Social.

The resulting exchange program will begin this spring and will provide an opportunity to a resident from one of the College of Human Medicine’s residency programs in obstetrics and gynecology to work in various hospital and ambulatory settings in Costa Rica for four weeks while residents from the University of Costa Rica experience the College of Human Medicine’s residency program.

The elective will provide a global health perspective as residents from each country will learn about health care policy, public health care systems and the practice of obstetrics and gynecology in a different cultural setting. This effort reflects the College of Human Medicine’s vision to promote international presence and global collaborations around women’s health.

The initial visit was financially supported by the MSU Center for Gender in Global Context at the International Studies Program.
Legislators
Walk in the Shoes of Medical School Students for a Day

By Jerry Kooiman
Assistant Dean for External Relations
Michigan State University College of Human Medicine

What’s it like to be a medical student? Ask the 15 Michigan legislators and key policy staff who had the opportunity to experience life as a medical student in a Project Medical Education program at Spectrum Health in Grand Rapids.

The interactive workshop demonstrated the medical education process, from first-year of medical school to residency to employment, and was a collaborative effort between the College of Human Medicine, Spectrum Health and Grand Rapids Medical Education and Research Center.

Project Medical Education was developed by the Association of American Medical Colleges for elected officials and other policy makers to increase understanding about medical education and how medical schools and teaching hospitals work together to educate future doctors.

During the half-day workshop, the legislators received their white coats, experienced the classroom and joined residents and College of Human Medicine students in diagnosing and treating simulated patients. The legislator-students also waited with anticipation to learn if they matched for their residency choice and later joined residents and physicians on hospital morning rounds.

Rather than just scheduling a meeting with legislators and talking about the issues important to medical schools and hospitals, such as graduate medical education funding, physician loan repayment programs and Medicaid provider reimbursement, the interactive educational workshop allowed the legislators to experience health care first hand and interact with students, residents and patients.

For many of the legislators, this was the first time they fully understood the relationship between medical schools, residency programs and hospitals and the impact medical education has on access to health care and preparation for anticipated physician shortages.

“Project Medical Education was an informative experience for me and has helped me immensely with health care policy making decisions,” said Roy Schmidt, state representative (D-Grand Rapids).


Above: Dean Marsha D. Rappley, M.D., and Representative Mike Huckleberry.
Best of Both Worlds: MD-PhD Fellows Pursue Clinical Research and Medical Education

Since the summer of 2008, five recruits have joined the college’s M.D.-Ph.D. program, including four M.D.-Ph.D. students supported by a Spectrum Health fellowship, the only health system/medical school partnership of its kind in the country. Spectrum Health has committed $75,000 a year to fund the program.

“This certainly builds both Spectrum Health’s and the College of Human Medicine’s reputations as more rigorous research institutions,” said Anthony Senagore, M.D., M.B.A., vice president and chief academic officer at Spectrum Health. Senagore is also a professor in the College of Human Medicine’s Department of Surgery. “This broadens our opportunity to recruit students and encourage relationships that will ultimately enhance the academic arena.”

M.D.-Ph.D. program fellows engage in graduate level research while simultaneously pursuing their medical degree. After their second year of medical school, they start their research and ultimately receive a Ph.D. in a biomedical-related field.

“We really try to select outstanding candidates that are just beginning their educational journey and want to do a combination M.D. and Ph.D. program,” Senagore said. “This is primarily for clinical and translational researchers.”

The relationship between the College of Human Medicine, the Michigan State University Graduate School and Spectrum Health allows the university to train clinical researchers that can then feed the growing research enterprise at Spectrum Health.

“We need to have a bridge of researchers that closes the gap between pure basic scientific investigators who perform most of the early development work and those who can take the research to the bedside and confirm it makes sense at a patient level,” Senagore said.

In 2008, three M.D.-Ph.D. fellows were recruited including Melissa Elafros, Loc Vinh Thang and Robert Patrick Davis. Both Elafros and Thang are being supported by the Spectrum Health Fellowship. Jeremiah Phelps and Bixi Zeng, also Spectrum Health fellows, were recruited to the program in 2009.
Every year, 12 second-year medical students pack bags full of medical supplies, review their Spanish and head to Peru for an intensive experience in administering medical help to rural populations.

This year’s College of Human Medicine Peru Service Learning Program students returned from their trip a little tired, but enthusiastic about their experience and their future in medicine.

“It was a great experience because the better that we understand other cultures, the better we understand our own culture and the more open minded we are,” says Patricia Lorenzo, second-year College of Human Medicine student and Peru Service Learning Program co-leader. “Now I’m undecided as to where I want to go in medicine. After seeing surgeries for the first time, I now have surgery interests.”

Launched in 2004, the Peru Service Learning Program is an annual program that sends students to Peru to work with head and neck surgeon Margarita Marchino, M.D., and a team of doctors. Marchino founded Quisiera Ser Como Tu (“I would like to be like you”) a non-profit organization run by volunteer physicians dedicated to providing services to underserved, rural Peruvian populations. Marchino pairs visiting College of Human Medicine students with volunteer physicians who operate on children with cleft lips and cleft palates.

Before leaving on the July trip, the students raised more than $1,000 to cover minor costs. The trip is not a vacation. The students stay in hostels and work long hours.

“One day, we took a 10-hour bus ride to Tarma, which is 3,000 meters above sea level,” Lorenzo said. “Half of the group had motion and altitude sickness. Our group was in bad shape, but they were troopers.”

After the jolting ride, the students immediately went to a hospital where Marchino consulted with patients for surgery. In three days, Marchino completed nine surgeries. Half of the group watched the surgeries and the other half traveled to rural villages with three dentists and a physician.

“I actually had more fun traveling with the dentists because we got to go to small areas where there’s a lot of poverty and offer them free health care,” Lorenzo said.

Marchino divides the students into four rotating groups. They shadow physicians specializing in internal medicine, oncology and surgery. Lorenzo’s experience ranged from teaching children how to brush their teeth to observing surgeries.

“I’ve never seen a surgery performed before and that was exciting,” Lorenzo said.

Lorenzo said that aside from the valuable medical experience she had, she also had a rare opportunity to see the contrast between poverty in the U.S. and poverty in a Third World country.

“It’s very different,” she said. “People who needed surgeries stopped us and asked us to perform them. We had to explain that we couldn’t because we’re students, but it didn’t matter to them. We were from the U.S. and so they thought we could just go ahead and do it. They put a lot of trust in us and it was amazing to see how thankful they were for the care we could give.”

For more information on the Peru Service Learning Program, please contact Global Health Director Margo Smith at margo.smith@chm.msu.edu.
The physicians in Ronald Seagle’s, M.D., (CHM ’95), hometown of Ishpeming inspired him to become a doctor, but it took a move to Chicago and a career as an environmental consultant to get him to commit to medical school.

“Medicine was always my interest, but I wasn’t entirely sure I wanted to go to school,” said Seagle, who is the outpatient medical director for the Michigan State University Kalamazoo Center for Medical Studies (MSU/KCMS) Family Medicine Department and an assistant professor with the College of Human Medicine’s Department of Family Medicine.

After a year working for Hygienetics Environmental in Chicago, Seagle started applying to medical school.

“All I really knew was that I wanted to be in family medicine,” he said. “The doctors I knew in Ishpeming did everything from obstetrics to minor surgeries. My experience was that being a doctor meant you took care of every aspect of you and your family’s health care.”

Seagle completed his residency at the College of Human Medicine Kalamazoo campus and now works for MSU/KCMS.

“My initial intention behind going to medical school was to return to my hometown, but I found that I really enjoyed working with the Kalamazoo population that had difficulty getting access to health care.”

Tackling Immunization Rates

Three years ago, MSU/KCMS set its focus on improving immunization rates in patients, diligently cross checking patient records to ensure immunizations were updated and maintained.

“We went from having less than 70 percent of our eligible patient population getting regular vaccinations to 90 percent of our 12- to 15-year-olds and 19- to 36-month-olds getting regular vaccinations,” he said. “We also have about 48 percent of our 12- to 15-year-old females getting Gardasil vaccinations.”

For its efforts, the MSU/KCMS Department of Family Medicine received the American Academy of Family Physicians Foundation Wyeth “Best Practices” Award for its success with improving immunization rates.

“We’re getting about 90 percent of our children vaccinated in accordance with medical recommendations,” said Seagle.

Seagle and his colleagues improved these rates by requiring staff to print immunization records from the Michigan Care Improvement Registry (MCIR) for every patient eligible for immunizations before the patient arrived for an appointment. If the patient was eligible for an immunization, it was discussed with the parent and generally given.

“By actively reaching out to the patient population and then getting them into the office to get them immunized, we improved these rates dramatically,” Seagle said.

Now other physicians are seeking advice from Seagle and his colleagues as to how to improve immunization rates.

“Many offices in many different areas are trying to emulate what we did,” he said. “We want them to do it because it’s about care for all patients, not just the ones who come here.”

“We want them to do it because it’s about care for all patients, not just the ones who come here.”

Career Crossover

Though Seagle is not looking for another career, while studying to become a primary care physician at the College of Human Medicine Kalamazoo campus, he learned a skill that could help him transition into a third career: Journalism.

“The actual interviewing skills and act of listening that the College of Human Medicine teaches significantly help in terms of being a primary care physician,” Seagle said.

The college’s focus on interviewing skills, patient body language and the importance placed on encouraging physicians to ask patients to reiterate their care plan, have been invaluable for Seagle.

“If I just tell them, ‘come and see me in a few months,’ I’m not sure if they truly understand their care plan,” he said. “A lot of patients don’t feel comfortable telling their doctor if they have questions or saying, ‘I don’t think you’re listening to me.’ If a patient thinks you’re listening and you really care about them, they’re more likely to do what you recommend.”

Seagle works with an average of six new residents a year and encourages them to adopt a similar attitude toward patient care.

“I enjoy my teaching role immensely,” he said. “It allows me to work to make health care better from a resident training standpoint and a patient care standpoint.”

Seagle’s seven years as an ardent landscaper could steer him back to his environmental roots, but he’s not quite ready to make that transition either.

“With plants and students, you start with a blank slate,” he said. “Then you gradually add things to the garden — plants, stones — and, over time, they grow and mature into something to be proud of.”

Second Career Alumnus Improves Kalamazoo Immunization Rates

Ronald Seagle, M.D. (CHM ’95)
Michigan is in critical need of more physicians. So when six future physicians arrived in Traverse City in late June to begin their final two years of medical school, they were greeted with great enthusiasm and excitement.

The six students comprise the inaugural class of the seventh College of Human Medicine community clinical campus. It is the medical school’s first new campus in 30 years and joins physician-training programs already in place at Munson, including Munson Medical Center’s Family Practice residency program.

“This is an exciting opportunity for hospitals in the Munson Healthcare System and physicians in northern Michigan to be actively involved in training the next generation of physicians,” said Doug Deck, president and CEO of Munson Healthcare.

Last year Munson Healthcare Regional Foundation provided a $50,000 grant to help establish the new campus. This year’s Centurion Drive provided local physicians with an opportunity to support physician in training programs at Munson.

Presently, the six students are completing eight-week rotations in family medicine, surgery, obstetrics, pediatrics, psychiatry and internal medicine, working alongside local physicians in hospitals, clinics and physician offices.

Meet Our New Physicians in Training

Her Heart is in Honduras

During high school, Colleen Lane traveled to Honduras with a group delivering funds to Hurricane Mitch victims. She’s gone back to Honduras nine times to work in a pediatric AIDS hospice.

“Originally I thought I was more interested in the public policy side of things,” she said. “Then as I was working with physicians and nurses, I was increasingly frustrated that I didn’t know enough to make the kind of difference I wanted to make. I decided I didn’t want to be the person who arranged to have a doctor come a year from now – I wanted to be the doctor.”

Colleen’s goal is to return to Honduras as a physician. “The situation is getting better. They’ve turned our morgue into a computer room because the children aren’t dying anymore,” she said.

Colleen was raised in Grand Rapids and has a bachelor’s degree in Spanish from Loyola University. She’s delighted to be in Traverse City where she can interact with the local Spanish-speaking population. “I’m really excited about the week we will spend at the migrant clinic,” she said.

‘The Perfect Day’

A native of Modesto, Calif., Brett Etchebarne is, in fact, already a doctor. Brett has a Ph.D. in animal science from Michigan State University. So what’s he doing in a hospital for humans?

“It’s hard to get into medical school,” he said. “I was trying to keep all my career options open. I grew up among almond orchards and cows, so I thought if I didn’t get into medical school, I could be a professor, do research, or go back home and work with animals.”

Brett earned bachelor’s and master’s degrees in biology from Stanford University, where he also recently worked as a National Institutes of Health Immunology Postdoctoral Fellow studying bone marrow transplantation histocompatibility diseases. He deferred medical school twice to undertake research projects, and then took six months off to backpack from Morocco to Fiji. “I knew it would be a long time before I would have that kind of freedom again.”

Last summer he worked in a medical clinic in Guatemala. “It was pretty much paradise. I appreciate the technology we have here, but it also made me realize you can solve problems without spending so much money. I think that’s what medicine will come back to. My long-term goal is to do a month a year doing medical work someplace else.”

Brett wants to pursue primary care – either family practice, emergency medicine, or hospital medicine.
“There is nothing more rewarding than helping people,” he said. “Medicine offers the same challenges as research, only 15 times a day you get a new challenge. You get to solve complex problems all day long. It’s hard work, but it’s interesting all the time and at the end of the day, you’ve helped people and you feel good. It’s the perfect day.”

Coming Home

The timing of the new medical campus in Traverse City couldn’t have been better for Anna Sleder. It meant she could come home. Anna graduated from Traverse City West Senior High in 2001. Since then, she earned a bachelor’s degree in political science and health science from Kalamazoo College, and a master’s degree in human genetics from Tulane University in New Orleans, La.

Two days after arriving at Tulane, Hurricane Katrina hit the Gulf Coast region. Anna joined the Red Cross, became certified in disaster assistance, and worked as a volunteer coordinator in Alabama and Mississippi for a year.

Anna ultimately wants to practice medicine in Traverse City. “I always wanted to be a physician because the role allows an individual to be a caring member of the community unlike any other profession,” she said.

Being able to spend her final two years of medical school here was an unexpectedly pleasant bonus for Anna and her family. “I am really happy to be back,” she said.

Hands On Medicine

Tony Bozio of Tahoe City, Calif., has a bachelor’s degree in biology from the University of Utah. He spent two years with the Internal Medicine Department researching nicotine addiction and lung problems as part of a lung health study that will soon be published. “It was good experience to work with people, draw blood, do short physicals and do pulmonary function tests,” he said.

But he doesn’t intend to practice in pulmonology. Tony expects to become an orthopedic surgeon. “My parents are both in health care — my dad is a physical therapist so I’m drawn to orthopedics. I like to do things that are more hands on.”

The Traverse City medical campus appealed to Tony because he loves outdoor recreation – especially skiing and bike riding. “I couldn’t be happier. It is so nice to be here and people seem to be so excited to have us here. They’ve taken great care of us.”

Keeping Options Open

Maybe it was the “Visible Man” model kit he got for Christmas when he was six. Dan Learned of Paso Robles, Calif., can’t remember a time when he didn’t want to be a physician. “I’ve always liked the science of it,” he said. Dan’s grandfathers were anesthesiologists. Surgery interests him, but he’s keeping his options open as he explores specialties.

After graduating from the University of California Irvine with bachelor’s degrees in anthropology and biological sciences, Dan took a year off while applying to medical schools.

He worked as an EMT learning the ropes of pre-hospital care and emergency transportation. “It helped me understand the coordination it takes to make health care the best it can be for the patient,” he said. He also worked as an airline baggage handler so he could travel to Europe, Mexico, and the Caribbean economically, and make a fourth trip to a medical mission in Peru.

Dan shares a passion for international travel and medical work with his fiancée, Christina Pyo, also a third-year medical student in Traverse City. The two met in middle school and have walked parallel paths toward careers in medicine.

Great One-on-One Learning

Christina Pyo was first exposed to children who lack basic medical care while staying at a Mexican orphanage during a high school community outreach trip. “Medicine is appealing because it offers such diverse options with diverse patient populations,” she said.

Last summer, she witnessed the overwhelming gratitude and reception received by physicians visiting Peru. “That is our inspira-

“I always enjoyed studying the sciences and working with people, so a career in health is a natural fit. I am excited to realize that dream in my hometown, Traverse City.” —Anna Sleder, MSU CHM Student

Need New Physicians STAT!

- Becoming a physician takes at least 11 years of schooling.
- By next year, Michigan will have a shortage of 900 physicians.
- By 2020 the state will have a shortage of 6,000 physicians.
- 90% of Michigan physicians reside in 20 of the state’s 83 counties.
- Michigan’s physician workforce shortage is 50% higher than the national average.
- 36% of physicians are older than 55.

Michigan State Medical Society
When Miles Mattson, M.D., (CHM, ’78) was in high school, he took a career aptitude test that showed he would make a good farmer or physician. “The two are interconnected, really,” he said.

Mattson opted for physician and in 1974, he joined the first group of students participating in a new, innovative program designed to train physicians in rural settings like the Upper Peninsula. The Upper Peninsula campus was established and Mattson, along with Bruce Trusock, M.D., and Michael Altman M.D., joined the graduating class of 1978.

During their first year of medical school, the young students attended classes on the Lansing campus, then headed north, spending their subsequent three years in Escanaba.

“We moved in all the equipment ourselves to set it up,” Mattson said. “I remember being impressed with the fancy tables. I thought they were pretty sophisticated.”

When the students were asked to name the building they worked in, which is now called Doctors Park, Mattson suggested “The Body Shop.”

“I was the most serious guy in the group back then,” Mattson quipped.

Mattson went on to complete his residency training at the Mayo Clinic in Rochester, Minn. He trained first in general surgery and then spent four years in urology. In 1983, Mattson returned to Marquette and joined a private practice with Jay Mering, M.D., and Henry Barsch, M.D., “There was never any question that I’d return to the U.P. I think we all have some kind of an internal GPS system and my coordinates were set right here,” he said. “I hated being away from the U.P. This is where I’m happiest.”

“I could have probably made more money or been busier somewhere else, but that’s not what it’s about,” he said. “I’ve been blessed with some good partners over the years, and am able to provide professional care here. That’s what it’s all about.”

As one of the Upper Peninsula’s only urologists, Mattson covers a large territory. “I remember hitting the guardrail hard in a snowstorm on my way to Newberry (Hospital), and not even getting out to see what damage I’d done,” Mattson recalled. “As a rural physician, you just have to deal with the weather. I used to regularly go to the Soo, Newberry, Manistique, Iron Mountain, Iron River and Portage. I covered them all on a regular basis.”

Mattson’s commitment to his profession had a profound impact on his youngest son Bradley, who is in his first year of medical school at the Upper Peninsula campus.

“Look where he came from. He’ll do great, no doubt,” he cheerfully boasted. “I’d highly recommend the Upper Peninsula program. One of the most important things I learned from it was to become independent and self sufficient. I loved it. It was the best thing that happened to me, and I wouldn’t change a thing.”
Second-year College of Human Medicine

Grand Rapids campus student David J. Hobbs, is either very good at everything or, as he humbly puts it, “enjoys ramming his head into walls.”

Hobbs’ professional interests have fluctuated between the ministry, biological sciences, medicine, and research, but it appears he has found his niche in research.

During his first year of medical school, Hobbs applied for the $26,000 American Society of Nephrology Student Scholar Award. His proposal was accepted, allowing him to take one year off of medical school to complete six research projects, five of which have been accepted for publication.

“It was a really big deal, but I didn’t realize it at the time,” he said. “Medical school was going by really fast and I liked research so I thought I would be able to do some more research and get my mind off of MSU.”

A Year of Research

Hobbs worked on his research grant at the Helen DeVos Children’s Hospital in Grand Rapids with Department of Pediatrics and Human Development Professor Timothy Bunchman, M.D., and Assistant Professor GinaMarie Barletta, M.D., on six specific projects. The first project involved a single case report of a boy who had rare manifestations of kidney disease. He had sarcoidosis in his kidneys, an inflammation that generally affects the lungs.

“Once we determined that the etiology of his symptoms were sarcoidosis, we were able to properly treat his condition,” Hobbs said. A year later, and the patient is doing well and Hobbs’ case report has been accepted by Clinical Nephrology.

Hobbs, Bunchman and Barletta also studied aneurysms that occurred in a three-year-old kidney disease patient. Aneurysms most commonly occur in the brain, but can appear elsewhere, including the kidneys.

“It almost looked like the arteries were going to rupture,” Hobbs said. Hobbs and his team treated the aneurysms by selective embolization of the intrarenal arteries. This case report was published in Pediatric Radiology.

Another component of the research looked at nutrition in young kidney disease patients. Children with kidney problems are typically malnourished as malfunctioning kidneys prevent the body from absorbing important vitamins and minerals.

“You have to learn to give them food they can handle,” Hobbs said.

Simple substances, such as breast milk, may be too high in potassium for the malfunctioning kidneys to handle, so the child may have high amounts of potassium in his or her blood.

“Very few formulas for kids are appropriate for their level of chronic disease,” he said.

Hobbs used formulas that are effective on adults suffering from chronic kidney disease, and gave it to infants suffering from chronic kidney disease. The treatments were effective and the case series was accepted in Journal of Renal Nutrition.

In terms of nutrition, Hobbs and his colleagues were also able to help stimulate the appetites of these young patients by giving them a brain stimulant that can help with appetite depression. This article is under review. Hobbs also wrote a case series on a novel therapy for lower elevated uric acid in neonatal patients that has been accepted by Pediatric Nephrology.

“Writing up research is the same no matter what,” he said. “It’s a flow. It’s like writing a song. Learning that is a very important step. I can put these out a lot faster than I could even five months ago.”

The Road to Research

“I’ve actually had 15 months of solid research,” Hobbs said in an interview with MD Magazine before starting his second year of medical school. “I was concerned about taking the year off. I was concerned because I didn’t understand how much it would impact me. Now, looking back, I acknowledge that I was a fool for thinking ‘wow, this will be scary.’”

For Hobbs, research marries three of his most marked passions: helping people, writing and mentorship.

“I’m big on mentorship and research is one way to do that,” he said. “You meet great physicians and learn the field. It’s great.”

“I want to be an academic physician,” Hobbs said. “My life has been blessed because I’ve had senior physicians that have taken the time to invest in me. They’ve shaped my goals and aspirations and there are many days where I’ve thought I wouldn’t be where I am today if they hadn’t made the initial sacrifice.”
A lot has changed since Gary King, M.D., (CHM ‘82), attended the College of Human Medicine Flint campus in the late 70s and early 80s. Academic curriculum is more structured, medical technologies are more advanced and the number of College of Human Medicine graduates who choose primary care residencies has declined.

King, who is a clinical professor in the Department of Family Medicine, is a passionate advocate for primary care and has found a way to encourage more College of Human Medicine graduates to choose primary care residencies. King is helping to create the Flint Area Primary Care Award, a financial incentive for College of Human Medicine Flint campus students to enter into primary care residencies.

“Just like every other medical school, MSU College of Human Medicine students are losing interest in primary care,” King said. “We have one of the top primary care programs and if we want to produce more primary care students, we need to attract them to our residency programs.”

The Flint Area Primary Care Award is in its preliminary stages, but King would ultimately like to offer $5,000 to $10,000 to each student who participates in a primary care residency. King said the Flint primary care residency programs generally have very few College of Human Medicine graduates. Most of the residents come from other schools both nationally and internationally. He would like to see eight College of Human Medicine residents participate every year.

“We hope to have the program up and running by July of 2010,” he said.

King wants to raise $100,000 to start the program and hopes to offer $5,000 to each College of Human Medicine primary care resident in 2010. Eligible primary care residencies include family medicine, pediatrics, internal medicine and a combination of internal medicine and pediatrics.

King has been a primary care doctor since finishing his residency at the College of Human Medicine Flint campus in 1985. When he graduated, he and a fellow resident opened a primary care practice, Linden Family Medicine, in Linden, Mich., a small town near Flint. They eventually took on another partner.

“I stayed here because I thought the College of Human Medicine residency program was a great program and since my wife and I had already started raising a family in the area, we were really into the local community,” he said.

Medical school graduates are much more interested in obtaining high paying specializations due, in part, to the financial constraints associated with medical school, King said.

“Students these days are a lot more practical than we were,” he said. “I don’t remember talking about how much money we were going to make when we graduated. We were much more idealistic. Now, students are more focused on their lifestyle and the hours they’ll work.”

Aside from wanting to increase the amount of College of Human Medicine primary care residents at the College of Human Medicine’s Flint campus, King also wants to change the impression people have of primary care physicians, their compensation and the hours they work.

“It’s not just about how much money you make. You can make plenty of money in primary care. You can be flexible and you don’t have to work overly hard if you don’t want to. There’s nothing more challenging or interesting than being in primary care and getting the chance to see every kind of health care problem walk into your office.”

King hopes the Flint Area Primary Care Award and efforts to change the perception of life as a primary care physician will positively impact the specialization. King also estimates the nature of health care and the country’s aging population will increase the need for primary care physicians.

Though the number of College of Human Medicine graduates who participate in primary care residencies has declined since King was in school, one critical thing has stayed the same.

“My education was about becoming a caring, compassionate physician,” King said. “I’m very grateful for the education that I received. The college stressed interviewing techniques and patient care. In those days, that sort of teaching was kind of out there, but now it’s more the mainstream way of teaching.”
When Colleen Skay was a little girl, her family asked her a typical parent question: “What do you want to be when you grow up?”

“I said I wanted to be a nurse and when they asked why, I said because women can’t be doctors,” Skay said.

“My family was really offended by that and told me I could be a doctor if I wanted to. From then on, when people asked me what I wanted to be, I said I wanted to be a doctor.”

As a child, Skay didn’t understand the breadth of the professional and personal opportunities available to her, but she does now. As a third-year College of Human Medicine Saginaw campus student, she epitomizes what the women’s movement sought to achieve. She’s a highly educated woman pursing a M.D., an international traveler, a mother to one-year-old Evelyn and wife to John, a military intelligence sergeant in the U.S. Army.

Skay said she owes everything to the support of her family, including her husband who often has to leave the family for assignments.

“John joined in 2004 so he has been in for five years,” Skay said. “The less glamorous part was that he was away for almost two years. He was stationed in California, China and then Arizona.”

During a portion of Skay’s first year of medical school, John was in China. Though life can be hectic, Skay is humble about her great balancing act.

“All medical students juggle something,” Skay said. “I have a baby and everyone knows about my challenges, but others have their own challenges too. They may just not talk about it.”

Crossing International Borders

Before applying to medical school, Skay received two bachelor’s degrees and a master’s degree. She has bachelor’s degrees in Spanish and microbiology and a master’s in medical science. While in school, she worked with the Children’s Miracle Network and spent three years translating and educating Spanish-speaking patients at a low-income obstetric clinic.

“I had the intention of going to medical school, but doing all of these things solidified that decision even more,” she said.

As a Spanish speaker, Skay also studied in Spain and did medical mission work in Costa Rica and Nicaragua. The College of Human Medicine’s commitment to providing health care to underserved populations locally and internationally prompted Skay’s application to the College of Human Medicine.

“As soon as I got my MSU College of Human Medicine acceptance letter I said yes,” Skay said. “I loved the mission statement about helping people in Michigan and across borders.”

Skay is still undecided as to which area of medicine she’ll ultimately specialize in.

“I’ve made a conscious effort to stay open minded,” she said. “I have done a family medicine rotation and an internal medicine rotation. Both have been fantastic experiences and broken my preconceived stereotypes and ideas. That leaves my residency applications wide open.”

Three Languages, One Home

Between them, the Skays speak three languages, care for a one-year-old, travel internationally and excel at extremely time consuming professional pursuits. One has to ask the question, with only 24 hours in a day and seven days in a week, how is that possible?

“It starts with good time management skills,” Skay said. “I am very organized and detailed. I have really good communication with my family and the third part is being humble and willing to ask for help. If I’m not getting enough accomplished in a week, I have to be able to say, ‘Sorry, I have to duck out. Can you feed the baby?’ I have an extremely supportive husband and mom. She lives in Chicago, but will come help with the baby when I need to study for exams.”

Skay said it’s difficult when she gets home at 11 p.m. and hasn’t seen Evelyn all day. But, she makes every effort she can to see her daughter and doing so makes her day.

“I guess that’s the one thing about kids,” she said. “They just keep it real and make you smile when you least expect it. You may not sleep because of them or a test, but after you get that little hug or smile, it makes everything fun and tolerable again.”
Let the Countdown Begin!

If you don’t happen to live in Grand Rapids, Mich., or have not had occasion to drive through it recently on I-196, you will want to click on this webpage to take a look at the Secchia Center: http://oxblue.com/pro/open/christman/msucollegehm.

Or better yet, find the same link on the home page of the college’s newly refurbished Web site: http://www.chm.msu.edu/.

Did you ever think you would see such a beautiful building with Michigan State University College of Human Medicine emblazoned on the side? By August the Secchia Center will be filled with students, faculty and staff.

There is still time for you to participate in this signal achievement for our college, and we truly do need your support.

Yes, the building is right on schedule in terms of time and is on budget as well. But as you probably know, the college needs to finance the debt on this building. We did not ask for government money for its construction. (Indeed given the perilous state of Michigan finances, we would not have received any either.) No clinical or research revenues will be used to underwrite the Secchia Center’s cost. Other than relying on tuition dollars, which ought to be devoted fully to the educational program, the only means we have for reducing our debt load significantly is philanthropy.

We have raised about $38,000,000, far and away the most money raised not only for any College of Human Medicine project, but also, as near as we can discover, any building project associated with Michigan State University. We need your help! There are some wonderful naming opportunities still available. Starting at $25,000, and at $10,000, your name, or the name of someone you would like to honor or remember, will appear on the etched glass donor wall in the stunning atrium of the building. Remember, as with any gift to Michigan State University, you can spread your payments over a five-year period.

Want to get involved? I hope so. You can call me at 517-353-5153 or email me at moffat@msu.edu. Or, contact my colleagues on the ground in Grand Rapids: Senior Director of Advancement Susan Lane, at 616-234-2614 or lanes@msu.edu, or Assistant Director Joanna Hogan, at 616-234-2615 or joanna.hogan@hc.msu.edu.

GO GREEN!

Douglas Moffat, Ph.D.
Director of Major Gifts
College of Human Medicine

Secchia Center Timeline for Opening Summer 2010

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<th>2010</th>
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<td>Academic and administrative staff moves in.</td>
<td>First class arrives - 100 first-year and 50 second year students.</td>
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Clockwise: The Secchia Center “comes to light” with the first illumination of the sign. Center: Dean Marsha Rappley speaks at the College of Human Medicine Gala in October. The event netted $209,000 for student scholarships and medical education technology. Upper right: Nate Lowery, Elissa DeVos and Dick DeVos. Lower right: Richard and Helen DeVos, honored as “Pillars of Medicine” with Phantom of the Opera’s Franc D’Ambrosio and Joan and Peter Secchia. Inset: D’Ambrosio performs a special tribute to the DeVoses. Lower left: College of Human Medicine students pose with Secchia and D’Ambrosio (center back).
A team of researchers from Michigan State University and the University of Cincinnati have been awarded a $6.2 million Morris K. Udall Center of Excellence for Parkinson’s disease grant.

The grant, from the National Institute for Neurological Disorders and Stroke at the National Institutes of Health, makes MSU’s College of Human Medicine a major player in research of the degenerative disease.

Two new MSU researchers, Jack Lipton, Ph.D., and Caryl E. Sortwell, Ph.D., will share nearly half of the award with investigators at the University of Cincinnati. The process of transferring control of the Udall Center to MSU will begin in the summer of 2010 when center director Timothy Collier, Ph.D., and Kathy Stcee-Collier, Ph.D., from the University of Cincinnati join Lipton, Sortwell and the rest of the research team at MSU’s College of Human Medicine in Grand Rapids.

The MSU scientists will conduct their Parkinson’s disease research in the new Van Andel Institute Phase II expansion. The recruitment of the research team was made possible by College of Human Medicine partners Van Andel Institute, Spectrum Health and Saint Mary’s Health Care.

“The goal is obviously to bring world class research to MSU and really to engage the community in understanding the work we do so they understand how this can really affect their daily lives,” said Lipton who heads the new Division of Translational Science and Molecular Medicine for the College of Human Medicine.

The team will work on gene transfer technology and other mechanical aspects behind the disease.

“Having a team that is self-sufficient and can work together when you’re coming into a new environment makes it a lot easier to transition,” Lipton said. “The idea is to have a self sufficient team here that can be the nucleus for neuroscience research.”

The Cincinnati team has done extensive research concerning deep brain stimulation and the impact it has on the movement disorders prevalent among Parkinson’s patients.

“The kind of research we do spans from gene expression all the way through behavioral changes in whole organisms,” he said. “One good thing about having a team is that we can attack things at all levels. If we can’t find an answer, we can find people who can.”

Lipton started his career researching prenatal exposure to drugs of abuse and later engaged in Parkinson’s research.

“The two fields actually align because both involve the same neurotransmitter—dopamine,” said Lipton.

Dopamine is a brain chemical that carries messages between nerve cells and impacts motivated behaviors such as eating.

Several years ago, Lipton worked with other researchers to examine the impact of MDMA, which is often referred to as Ecstasy.

Interestingly, dopamine is the same chemical that shuts down in Parkinson’s patients. “The idea behind the study is to understand the properties of MDMA,” Lipton said. “If you can come up with a drug that targets the same area on a cell and does the same thing without the other effects, such as depression, you could figure out what aspects the drug produced response might have on Parkinson’s patients.”
The expansion of the College of Human Medicine is attracting talent from all over the country, including John Risinger, Ph.D., who left the Memorial University Medical Center in Savannah, Ga. in April to build the gynecologic oncology research group in Grand Rapids.

The gynecologic oncology research group is a partnership between MSU, Spectrum Health and the Van Adel Institute. Risinger is charged with building a laboratory research team that will eventually move to facilities at the Van Adel Institute.

“The way to develop a world class program is by having the opportunity to put together a dynamic group to work on appropriate projects and issues,” said Risinger, the director of gynecologic oncology research in the Department of Obstetrics, Gynecology and Reproductive Biology at the College of Human Medicine and director of tissue biorepository at Spectrum Health. “I believe I will have access to that talent here.”

Risinger said the combination of access to talent at the College of Human Medicine and the existing research infrastructure in Grand Rapids will allow him and his colleagues to immediately delve into research projects.

“Here I have the ability to bring in a couple of other people at a principal investigator level,” he said. “It is in everyone’s best interest to get people who want to be team players and want to work together. I think we have the ability to put together this group as well as projects that will allow us to develop a world class program.”

Risinger and his colleagues will initially focus on two research components. First, they will chart genes associated with the metastatic spread of endometrial cancer. Seventy-five percent of these cases are cured by surgery alone, however 25 percent of women diagnosed with endometrial cancer have a very poor prognosis.

“We’re trying to look at the molecular difference between seemingly identical tumors and then figure out why one woman goes home and never worries about cancer again and another woman doesn’t,” he said.

Risinger and his colleagues will also explore the biodiversity of ovarian cancer. In most ovarian cancer diagnoses, by the time a woman is diagnosed with cancer, the cancer is too advanced for a cure.

“We need to understand the biology of that disease and determine what makes that cancer so aggressive,” he said. “Can we target the cells directly? We’re very interested in this concept of individualized therapy in cancer.”

Risinger started his career as a biologist at the National Institute of Environmental Health Sciences (NIEHS) where he worked with former Scientific Director J. Carl Barrett, Ph.D., as a biologist and later as a staff scientist. In 1997, he completed his doctorate at the University of North Carolina at Chapel Hill in molecular biology and genetics.

When Barrett left NIEHS to work in the Laboratory of Biosystems in the Cancer Center for Cancer Research at the National Cancer Institute (NCI), Risinger followed him, first turning down an offer from Duke University.

Risinger worked at the Laboratory of Molecular Carcinogenesis, which was led by Barrett, when the BRCA1 gene link to breast cancer brought national recognition to the NIEHS. He also worked with another Barrett-led team to clone the KAI1 gene, allowing for the suppression of the spread of prostate cancer in animals.
The College of Human Medicine is working with Blue Cross Blue Shield of Michigan and Grand Rapids Public Schools on a $1 million health initiative designed to reduce childhood obesity.

The FIT Childhood Obesity Prevention program focuses on reducing and preventing obesity, increasing physical activity and improving nutrition among children in four Grand Rapids schools and neighborhoods. FIT was launched in August at Grand Rapids elementary schools Buchanan, Cesar E. Chavez, Campus and Dickinson to achieve this goal.

“Childhood obesity is a growing public health problem,” said College of Human Medicine dean Marsha D. Rappley, M.D. “We know that children who are obese have an increased likelihood of being obese adults and obesity has been shown to increase the risk of several serious diseases. This pilot program addresses this issue on several levels.”

According to a study released by RTI International, medical expenditures attributed to obesity cost the nation approximately $147 billion a year. The number of obese children has doubled within the last 20 years, exposing them to increased risks for heart disease, hypertension, chronic disease and some forms of cancer.

FIT program key objectives include increasing access to safe and affordable physical activities, improving the affordability and availability of nutritious food and increasing knowledge, attitudes and behaviors associated with healthy living.

The project attempts to affect change in the four schools and surrounding neighborhoods. By working within the schools and the larger community, the project may more effectively improve healthy living and create more sustainable change.

“Student’s physical health and well being plays an important role in their ability to learn and succeed academically,” said Bernard Taylor, Jr., superintendent of Grand Rapids Schools. “We believe that in order to keep children in school, reduce absences and increase student achievement, our schools must work in partnership with like-minded public and private partners to address the ‘x’ factors and remove any barriers that may inhibit student success.

This project has tremendous short-term and long-term benefits for children, their families and the entire community.”

The YMCA of Greater Grand Rapids, Grand Valley State University Johnson Center Community Research Institute, Kent County MSU Extension Office, Kent County Coordinated School Health Program, Kent County Essential Needs Task Force Food Committee, Grand Rapids African American Health Institute, Grand Rapids Parks and Recreation Department, Spectrum Health Healthier Communities, Helen DeVos Children’s Hospital, Lighthouse Communities and the Grand Rapids Chamber of Commerce will also work on the FIT initiative.

“Successful behavior change needs multiple levels of influence on individual behavior,” said Jeff Connolly, Blue Cross Blue Shield Michigan vice president and president of western operations. “Although there is no clear-cut solution to solving the obesity epidemic, a sustainable and comprehensive population-based approach for intervention may help address the root causes and curb the increasing trend of childhood obesity. The Blues are committed to improving the health of Michigan families, especially children. We are pleased to support MSU and commend the collective efforts of all our partners in this effort.”

FIT is funded through a Blue Cross Blue Shield Michigan grant that was awarded to the College of Human Medicine. The college is collaborating with several MSU departments to implement the program, including the Department of Food Science and Human Nutrition, the Department of Kinesiology, the Department of Pediatrics and Human Development and the Department of Advertising, Public Relations and Retailing.
A statewide team of researchers led by the College of Human Medicine’s Nigel Paneth, M.D., M.P.H., professor of epidemiology and pediatrics, has received $1.9 million in federal stimulus funding to research the causes of cerebral palsy.

Specifically, the researchers will use the state’s archive of newborn blood spots, which have been collected and archived on all live births in the state since 1986, to uncover the causes of cerebral palsy. Cerebral palsy is the most common disabling motor disorder in children and is associated with $10 to $12 billion in health care costs for each annual birth cohort.

“Unfortunately, we have made very limited progress in finding the causes of cerebral palsy,” Paneth said. “It is likely that a variety of different problems can lead to the disorder, most of these operating before birth. While much prior thinking has focused on birth injuries or other difficulties of labor and delivery, we think other factors must be important contributors.”

Approximately 440 families representing communities throughout the Lower Peninsula, are expected to participate in the two-year case-control study.

The researchers will focus on three potential pathways to cerebral palsy including hormonal, inflammatory or infectious, and those involving blood clotting.

Hormonally, it’s suggested that low levels of thyroid hormone at specific times in development may increase the risk of cerebral palsy. From an infections standpoint, the researchers suggest silent infections that occur while the baby is in the womb may explain the cause of the disease in some cases. Blood clotting may also be a factor as some forms of cerebral palsy resemble adult stroke, which is caused by bleeding or clot-formation in the brain.

To assist with the research, the team will utilize the newborn genetic screening program, which allows for 30–to–40 diagnostic tests on newborns. These tests look for genetic abnormalities that can lead to death or mental retardation. These tests are performed on drops of blood collected for this purpose and spotted onto filter paper soon after birth.

 Drops of blood left over from this testing procedure are not discarded, and with permission of a parent, can be examined to see if they contain clues to the causes of disease.

“This leftover material is an invaluable pool of critical data,” Paneth said. “In the past few years, we’ve discovered, to many people’s surprise, that we can get very useful biological information from these tiny amounts of archived blood. Specifically, we can identify the expression of some genes just after the child’s birth, which is an indication of the biological challenges the baby was facing at that time. We think these ‘gene signatures’ may provide clues to the causes of cerebral palsy.”

The National Institute of Neurological Disorders and Stroke is funding the grant as part of the federal American Recovery and Reinvestment Act. Research partners include the University of Minnesota, the University of Michigan and the Helen DeVos Children’s Hospital and the Mary Free Bed Hospital in Grand Rapids. Much of the blood spot data lab work will be performed at the Van Andel Institute in Grand Rapids.

Children with cerebral palsy will be recruited from the Lansing, Grand Rapids and Ann Arbor areas. Besides the newborn blood data, after obtaining the participant’s permission, researchers will interview mothers about pregnancy exposures and analyze health data recorded at birth.

Olomu Receives AHRQ KO8 Career Award, BCBSM Foundation Grant

Ade Olomu, M.D., associate professor of medicine in the Department of Medicine, received the five-year $679,860, AHRQ Mentored Clinical Scientist Research Career Developmental Award (KO8) for her proposal titled, “Closing the Research-To-Practice Gap in Cardiac Care of Minority and Low Income Populations.”

Olomu and Margaret Holmes-Rovner, Ph.D., professor of Health Services Research at the Center for Ethics and the Department of Medicine, were awarded a Blue Cross Blue Shield of Michigan Foundation grant for one year for a project designed to improve and narrow the disparity gap in cardiovascular care for minority and low income populations in outpatient clinical settings. The study which began July 1, 2009, is being conducted at the Ingham County Healthcare Center in Lansing.
Between medical school, residency and practice, most health care providers spend time in multiple clinical settings. Though united in providing education and patient care, procedures, including hand washing techniques, vary from one facility to another. This lack of standardization can negatively impact learner outcomes and patient safety.

With the support of a $77,000 grant from Blue Cross Blue Shield of Michigan, Dianne Wagner, M.D., FACP, College of Human Medicine associate dean for college wide assessment, Carol Parker Lee, M.P.H, executive director of Graduate Medical Education Inc. (GMEI) and the Lansing Patient Safety Initiative created a mobile teaching and assessment module to improve hand hygiene and aseptic technique among trainees and caregivers, known as the Infection Control Education (ICE) project.

The ICE pilot program included 30 cross-disciplinary, multi-institutional participants. During the training, nursing students were paired with medical students and surgical residents were paired with hospital nursing interns to learn the techniques, checkpoint by checkpoint.

The trainees participated in the module together and were then “checked off” on the list of skills.

**The Results**

“We had high levels of agreement that this was a helpful and positive experience,” Wagner said. “But when the participants returned later to perform the checklist items again, there were various levels of retention, so once through the module doesn’t solve the problem.”

While retention can improve with practice, the bigger challenge is getting practitioners to adopt standardized methods of hand hygiene and aseptic technique so students see what they learned in actual patient care settings. This reinforces what they have practiced.

“It’s a problem when what you’re learning is not quite the same as what you’re practicing or seeing what others do. We have that challenge throughout the health care profession education enterprise,” Wagner said. “The trainees don’t only clamor for more practice, they clamor for more consistency.”

**A Long Way to Go**

The team succeeded in creating a mobile hand hygiene and aseptic technique, teaching module and checklist that can be used with multiple levels of learners and in multidisciplinary situations.

“Is this the best checklist?” Wagner asked. “It was informed by a multi-institutional, multidisciplinary group of people and the Centers for Disease Control and other organizations, but more data is necessary to determine if this is the best way to help our trainees.”

Wagner said more input will be necessary from additional patient care providers from different settings. She also wants to make sure health profession students start learning proper hand hygiene and aseptic procedures — whatever the checklist looks like — from the day they start their training until they finish their careers.

“What this highlighted was a gap in our educational and assessment system. We can’t expect learners to do well if we’re not teaching it well or testing it well,” she said.

“Realizing we had these gaps was the ‘ah ha’ moment. Now the challenge is: can we fill these gaps to better prepare our trainees to be safe practitioners?”

**$77,000 Grant Makes Step Toward Improving Patient Safety**

Medical and nursing trainees participate in the Hand Hygiene and Sterile Technique training module.
James Harkema, M.D., former professor of surgery, retired from the College of Human Medicine in July, but that does not mean he has cut his ties to the college, or that he has been relaxing in Palm Springs.

Not only did Harkema postpone his retirement by a year to step in as the interim chair of the Department of Surgery, he also recently started a two-year research project designed to evaluate the professionalism of the surgery department’s residents.

Harkema’s new project is a National Board of Medical Examiners’ pilot engaging 50-to-60 residencies throughout the country. Harkema describes the evaluation as a “360 degree evaluation.” Residents as well as nurses, faculty and other medical personal working with residents complete a 30-question, on-line evaluation. The evaluations are then anonymously sent to the National Board of Medical Examiners, and compiled and sent to the residents within six months.

“We want to get the feedback to them and set up a project plan for them once they get that feedback,” Harkema said. “Professionalism is one of the six competencies that we have to teach to. I think this is the first time that all of our residents have evaluated themselves.”

Graduating from medical school in 1968, Harkema trained as a general surgeon in Ann Arbor and spent two years in the United States Air Force. When he finished his service, a former professor invited him to join a private practice in California. Harkema declined, choosing to start his career at the College of Human Medicine. He joined the Department of Surgery in 1976.

“My wife was the instrumental one,” he said about his decision to choose Michigan over California. “She said, ‘why don’t you go to MSU and look at it? That would fit you and would allow you to keep your hands in academia.’”

Harkema was thrilled to be part of a new medical school and when he joined the College of Human Medicine Department of Surgery, he was one of only three general surgeons.

“If you look at the medical school, it has always kept its mission to teach students and is on the brink of taking that to another level,” Harkema said. “For me personally, I have always been allowed the freedom in both the department and the school to be involved in a multitude of ways.”
Michael K. McLeod, M.D., FACS, FACE, has been appointed professor of surgery and program director of the Michigan State University Integrated Residency Program in General Surgery. He comes to the College of Human Medicine Lansing campus from the MSU Kalamazoo Center for Medical Studies (MSU/KCMS) where he served as program director for surgery.

Shean Satgunam, M.D., joined the Department of Surgery and the Bariatric Program as assistant professor. Satgunam recently completed his combined bariatric and minimally invasive surgery fellowship at the University of Missouri Healthcare at Columbia. Satgunam specializes in minimally invasive general surgery and bariatrics.

Kevin Foley, M.D., FACP, has been appointed director of academic and clinical operations in geriatrics in the Department of Family Medicine where his primary role will be academic leader of geriatric medicine at MSU. He also holds a secondary appointment in the Department of Psychiatry.

The Department of Obstetrics, Gynecology & Reproductive Biology has appointed Ronald M. Cyr, M.D., as associate professor in Lansing; Chandramouli Gadisetti, Ph.D., as assistant professor in Grand Rapids; and Kurt Wright, M.D., as assistant professor and clerkship director for obstetrics and gynecology in Traverse City.

Eran Andrechek, Ph.D., has joined the Department of Physiology; Zhehui Luo, M.S., Ph.D., has joined the Department of Epidemiology and Biostatistics as assistant professor; and Monir Moniruzzaman, Ph.D., has been appointed assistant professor in the Department of Anthropology and the Center for Ethics and Humanities in the Life Sciences.

The Department of Medicine has appointed Jose Goldman, M.D., Ph.D., as professor in the Division of Endocrinology and Metabolism in East Lansing; Lawrence H. Warbsasse III, M.D., M.S., FACP, as associate professor in Traverse City; G. Matthew Hebdon, M.D., as assistant professor in the Division of Endocrinology and Metabolism; and Beth Kurt, M.D., (CHM ’01), as assistant professor in Grand Rapids.

Syed I. Hussain, M.D., has joined the Stroke Program in the Department of Neurology & Ophthalmology.

The Department of Pediatrics & Human Development has appointed the following: Myrtha Gregoire-Bottex, M.D., as assistant professor in the Division of Pediatric Pulmonology and director of the Cystic Fibrosis Center; Kripa Thakur, M.D., as assistant professor in the Division of General Pediatrics; Shiwaji Pawar, M.D., as assistant professor in the Division of General Pediatrics; and D. Michael Stiffler, M.D., as assistant professor in the Division of General Pediatrics.

J. William Rawlin, D.O., has been named director of the Munson Family Practice residency program in Traverse City.

**Awards & Achievements**

Donald E. Greydanus, M.D., program director for the Department of Pediatrics, was selected to receive the Society for Adolescent Medicine’s Outstanding Achievement in Adolescent Medicine Award for 2010.

Ruqiya Shama Tareen, M.D., director of Women’s Behavior Health Clinic at MSU/KCMS Psychiatry, received the Association for Academic Psychiatry’s (AAP) 2009...
Junior Faculty Development Award. Tareen also received values in action recognition from Borgess Medical Center through the Exceptional Performers program for providing outstanding service.


**AppaRao Mukkamala, M.D.**, clinical professor in radiology, was honored by the American Medical Association Foundation with an excellence in medicine award. He received the Dr. Nathan Davis International Award in Medicine for showing a commitment to outstanding international service.

**Howard Brody, M.D., Ph.D., (CHM ’76)**, received the Lifetime Achievement Award from the American Society for Bioethics and Humanities. Brody served as a College of Human Medicine’s distinguished professor of Family Practice, Philosophy and the Center for Ethics and Humanities in the Life Sciences. He was director of the Center for Ethics and Humanities from 1985 to 2000.

**Animesh Sinha, M.D.**, associate professor and director, Perricone Dermatology Division, received the Doctor of the Year – Excellence in Research Award from the International Pemphigus and Pemphigoid Foundation.

**David T. Walsworth, M.D.**, assistant professor in the Department of Family Medicine, was appointed 62nd president of the Michigan Academy of Family Physicians. Walsworth has also been re-elected to the Michigan State Medical Society delegation to the American Medical Association.

College of Human Medicine 2009 Faculty Awards

his commitment to teaching College of Human Medicine students for more than three decades.

College of Human Medicine Distinguished Faculty Awards were presented to **Susan M. Barman, Ph.D.**, professor in the Department of Pharmacology & Toxicology and the Neuroscience program and **William C. Wadland, M.D., M.S.**, associate dean for Faculty Affairs and Development and professor and chair of the Department of Family Medicine.

Others recognized for their outstanding academic contributions and achievements include:

**Dianne Singleton, Ph.D.**, associate professor, Department of Psychiatry, received the Outstanding Clinician Award.

**E. James Potchen, M.D.**, professor and chair of the Department of Radiology, received the Lifetime Faculty Excellence in Teaching Award for

**Dilip R. Patel, M.D.,** professor, and **Yakov M. Sigal, M.D.,** assistant professor, Department of Pediatrics and Human Development, received the William B. Weil, Jr., M.D., FAAP, Endowed Distinguished Pediatric Faculty Award.

**Wanda Lipscomb, Ph.D.**, associate professor of psychiatry and associate dean for Student Affairs, Diversity and Outreach, received the Lester J. Evans, M.D., Distinguished Service Award.

**William M. Short, M.D.,** director of the Marquette Family Medicine Residency Program, assistant professor, Department of Family Medicine, Marquette, received the Outstanding Community Faculty Award.
David Dunstone, M.D., associate professor of psychiatry, was awarded the 2008 Distinguished Life Fellow Award at the Association of Academic Psychiatry annual meeting.

Brian Mavis, Ph.D., associate education professor and director, Office of Medical Research and Development for the College of Human Medicine, was appointed chair of the Central Group on Educational Affairs of the AAMC Group on Educational Affairs.

Cardiology Division Director George Abela, M.D., received the Distinguished Research Mentor Award from Graduate Medical Education, Inc. (GMEI), a recognition that acknowledges the many contributions Abela has made to resident and fellow-led research.

Roy J. Gerard, M.D., professor in the Department of Family Medicine and James H. Saker, M.D., clinical associate professor in the Department of Medicine, were inducted into the 2009 Physician Hall of Fame at Sparrow Health System.

Dawn E. Springer, M.D., (CHM ’77), clinical associate professor in the Department of Family Medicine and Michael R. Clark, M.D., associate professor in the College of Human Medicine, were honored as 2009 Sparrow Physicians of the Year. The awards recognize distinguished physicians for their leadership and contributions to Sparrow Health System and the community.

Ved V. Gossain, M.D., professor in the Department of Medicine, has been elected president of the Ingham County Medical Society. In addition, Gossain is president-elect of the Michigan Chapter of the American Association of Clinical Endocrinologists.

David M. Luoma, M.D., M.M.M., C.P.E., assistant dean for the Upper Peninsula campus and CEO of the Upper Peninsula Health Education Corporation received the Hometown Health Hero award from the Michigan Department of Community Health for his work to make his community a healthier place to live and grow.

Professor Kathy Lovell, Ph.D., and Geraud Plantegenest, manager of blended curricular learning resources for the Office of Medical Education Research and Development, won first place at the AT&T Faculty & Staff Awards in Instructional Technology for best blended course. The course incorporates patient video, live/online lectures and interactive neurology Web resources for Grand Rapids and East Lansing College of Human Medicine students.

Faculty & Staff News

Assistant Professor Pandu Yenumula, M.D., and the Department of Surgery, have been designated by the American Society for Metabolic and Bariatric Surgery (ASMB) as a Bariatric Surgery Center of Excellence with Sparrow Hospital.

Donald E. Greydanus M.D., program director for the Department of Pediatrics, was appointed to the International Board for the Annals of Clinical Pediatrics Journal and was appointed to the International Journal of Child and Adolescent Health.

Kay Backus, special projects coordinator for the Department of Family Medicine, retired at the end of May 2009 after 35 years with the College of Human Medicine.

Susan Tincknell, coordinator of the Marquette Family Medicine Residency program, participated in the National Board of Training Administrators of Graduate Medical Education Programs (TAGME) task force to create a Family Medicine Certification Assessment.

Tom Zavitcz, MSA, FACPME, chief operating officer of the Kalamazoo campus, MSU/KCMS, has become a fellow in the American College of Medical Practice Executives (ACMPE).
David Overton, M.D., associate director for community programs in the Division of Emergency Medicine, has been appointed to the appeals panel of the Residency Review Committee for Emergency Medicine (RRC-EM).

Joseph D’Ambrosio, M.D., program director of Med-Peds & Transitional Year at the Kalamazoo campus, MSU/KCMS, was elected to fellowship status in the American College of Physicians.

Martin Draznin, M.D., professor in the Department of Pediatrics and Human Development at the Kalamazoo campus, MSU/KCMS, was appointed to a three-year term on the Lawson Wilkins Pediatric Endocrine Society Drugs and Therapeutics Committee.

Obituaries

Raymond H. Murray, M.D., former chair of the College of Human Medicine Department of Medicine, died quietly in his Lansing, Mich. home Oct. 2, 2009. In the 1960s, Murray worked tirelessly to establish an educational platform for the College. He graduated from Harvard Medical School in 1948, served in the Navy Medical Corps during WWII, practiced cardiology in Grand Rapids, began aerospace research at Wright Patterson Air Force Base for Indiana University Medical School and was also the director of the Krannert Institute.

Yash Pal Kapur, M.D., founding member of the College of Human Medicine Department of Surgery, died of cancer at the age of 82, April 7, 2009. Kapur influenced physicians all over the world and greatly contributed to World Health Organization programs addressing worldwide hearing loss and deafness. Kapur was trained in otorhinolaryngology and served as acting chairperson for the Department of Surgery from 1981-1984. He also served as chief of staff of the Faculty Group Practice. He retired in 1992.

Gerard (Jerry) Gebber, Ph.D., former professor emeritus of pharmacology and toxicology for the College of Human Medicine, died of brain lymphoma, April 9, 2009 at the University of Michigan hospital. Gebber joined MSU in 1966 as a founding faculty member of the Department of Pharmacology, which was later renamed the Department of Pharmacology and Toxicology. Gebber was an internationally renowned expert in central neural control of the cardiovascular system and was continually funded by the National Institutes of Health (NIH). Gebber was a NIH MERIT (Method to Extend Research in Time) recipient.

David Kallen, Ph.D., former professor in the College of Human Medicine Department of Pediatrics and Human Development, died of cancer at the age of 79, April 20, 2009, in his Grand Ledge, Mich. home. He was an ardent proponent of clinical sociology and taught doctors how to achieve better relationships with their patients in his role as assistant director and coordinator for Behavioral Science and Evaluation at the college’s Pediatric Residency Program.
In October, Michael Louis Bennish, M.D., (CHM ’77), co-founder and executive director of Mpilonhle, discussed his work with AIDS and education in Africa at the 11th annual Andrew D. Hunt, M.D., Endowed Lectureship.

Working with Mpilonhle, which is Zulu for “the good life,” Bennish and his colleagues offer hope for many people living in the Umkhanyakude District in northern Kwa-Zulu Natal, which is one of South Africa’s poorest districts. Statistically, nearly 50 percent of the young people growing up in the Umkhanyakude District will contract AIDS during their lifetime.

“I’ve always looked at the challenge of creating something for an unfulfilled need,” said Bennish. “There’s a need here and also an opportunity and we wanted to take that challenge and try to do something.”

Bennish and his colleagues founded Mpilonhle three years ago with the intention of reducing HIV rates in the Umkhanyakude District while also exposing children to technology by providing health and computer training programs in rural schools and communities.

Mpilonhle does this by bringing three mobile health and education units to the schools and communities, which can be up to 150 miles apart, and by providing health counseling, HIV testing and computer classes for approximately 10,000 students.

“Most of these kids have never touched a computer before,” Bennish said. “Of course, they also get to see a primary health care nurse and social worker. This is an innovative way of bringing education to them.”

Mobilizing Access to Health Care

The mobile health and education units work like this. The students are divided into two groups. One group goes to a health education class while the other takes a computer class. Then, the students swap. Once the students have completed their first health session, they’re eligible to see a counselor who screens for a variety of health problems including malnutrition, substance abuse, learning disabilities and HIV.

Thus far, 70 percent of the children at participating schools who have utilized the program, have agreed to test for HIV.

“We also treat STDs and provide contraception,” Bennish said. “The counselors and nurses also help children who are abused at home.”

Michael Bennish, M.D. (CHM ’77), discusses his work bringing health services to adolescents in South Africa at the Andrew D. Hunt, M.D., Endowed Lectureship.
Each mobile unit serves four schools, spending one week a month at each school, providing additional health care education, support and technological education during each trip. During school holidays and weekends, the units provide services to community members.

“It’s difficult to assess an impact,” Bennish said. “We think we’re having an effect. We can trace the rates of HIV infection, but we’re uncertain of the impact of the program.”

Bennish is preparing to expand Mpllonhle’s reach by creating a youth sports program.

“This is a great way to get a lot of kids that are out of school youths,” he said.

Bennish is a senior associate in the Department of Population, Family and Reproductive Health for Johns Hopkins University and has studied infectious disease in Africa and Bangladesh.

For more information about the program, please visit www.mpllonhle.org.

Top left: College of Human Medicine students enjoy refreshments following the Hunt Lecture. Center: James Trosko, Ph.D., David Greenbaum, M.D., Jack Jones, M.D. and guest lecturer Michael Bennish, M.D. Bottom left: Karlene Torres, Art Kohrman, M.D., and Michael Bennish, M.D.
Adrianne Haggins, M.D., (CHM ’07)
The Robert Wood Johnson Foundation Clinical Scholars program has selected Adrianne Haggins, M.D., to join the 2010-2012 cohort of physicians who will learn to conduct innovative research and work with communities, organizations, practitioners and policy makers on important health issues. Haggins will begin the fellowship in July 2010.

Jennie Orr, M.D., (CHM ’77)
Jennie Orr, M.D., was named the Minnesota Family Physician of the Year for 2009. Orr practices at the Allina Medical Clinic in Hastings, Minn., and has been a family physician in the community for 28 years.

Pino Colone, M.D., (CHM ’92)
Pino Colone, M.D., emergency medicine physician at St. Mary Mercy Hospital in Livonia, Mich., was recently elected as vice speaker of the Michigan State Medical Society House of Delegates. Colone was also re-elected to a two-year term on the 21-member Michigan Delegation to the AMA’s House of Delegates.

George Drake, M.D., (CHM ’73)
George Drake, M.D., is the full-time medical director for Hospice At Home, Inc. in St. Joseph, Mich. Drake recently became board-certified in hospice and palliative medicine and has practiced family medicine for 31 years in Michigan, Ohio and Iowa.
Barb Supanich, M.D., RSM, FAAHPM, (CHM ‘80) recently received the Outstanding Palliative Care award from the Greater Washington Partnership for Palliative and End-of-Life Care and Care First BC/BS Foundation. Supanich is also a fellow at the Academy of Hospice and Palliative Medicine and the Holy Cross Palliative Care Consultation Service.

Dean Marsha Rappley, (CHM ’84) and Rose Ramirez, M.D., (CHM ’88) were recently named two of the 20 Top Women in Healthcare by Business Review West Michigan. Ramirez practices family medicine at Jupiter Family Medicine, PC, and is on the medical staff at Spectrum Health and Saint Mary’s Health Services. Rappley serves as dean of the College of Human Medicine.

New Alumni Board Members

The College of Human Medicine has announced the following new appointments to open seats on its alumni board for three-year terms commencing July 2009:

Mary Clifton, M.D., (CHM ’95), from Traverse City, Mich. practices internal medicine and specializes in women’s health, with particular interest in nutrition.

Jeanne Koistinen Hicks, M.D., (CHM ’84), from Grand Blanc, Mich., practices diagnostic radiology in Flint.

Douglas B. McKeag, M.D., M.S., (CHM ’73), is a returning board member from Zionsville, Ind., where he is chair of the Indiana University School of Medicine’s Department of Family Medicine.

Peter Y. Hahn, M.D., (CHM ’97), from Rochester, Minn., is an assistant professor of medicine at Mayo Clinic College of Medicine where he specializes in pulmonary care, critical care and sleep medicine.

Kristan Outwater, M.D., (CHM ’79), is from Saginaw, Mich., where she is a pediatrician and pediatric intensivist.


Patricia Lorenzo, second-year College of Human Medicine student, is from Midland, Mich.

Armed with average grades but an ingrained sense of community, a young man from a New Mexico Indian reservation came to the College of Human Medicine in 1974 with a desire to make a difference in the lives of the people he met. “They really took a chance on me,” W. Craig Vanderwagen said of the College of Human Medicine Office of Admissions. “I wasn’t the best student, but once the college gave me an opportunity, I knew I was going to take advantage of it.”

During the next four years, he learned what it meant to be not only a community clinician, but also a member of that community. “The college’s main notion was that you really had to be part and parcel of the community in which you hoped to provide care,” said Vanderwagen, who recently rotated out of his position as rear admiral and assistant secretary for Preparedness and Response for the U.S. Department of Health and Human Services (DHHS). “My responsibility went beyond the individual patient and the medical school reinforced those values on which I was raised. They put me on a path of lifelong learning.”

During the next 30 years, Vanderwagen took those values with him to Kosovo, Iraq, Honduras and the hurricane-ravaged Gulf Coast, among other places, as he sought to help communities provide medical care and build, or in some cases, rebuild, a health care system.

Across the Spectrum

As the principal adviser to the secretary of the U.S. Department of Health and Human Services (DHHS) on bioterrorism and public health emergencies, Vanderwagen’s responsibilities varied greatly. From helping coordinate the creation of a H1N1 swine flu vaccine to sending recovery teams to Buffalo, N.Y., after a deadly plane crash last February, Vanderwagen’s duties crossed the public health spectrum.

“Basically, my office led the nation in preventing, responding to and reducing the adverse health effects of public health emergencies and disasters,” he said. “But that includes a broad range of objectives, from the day-to-day responses to emergencies across America to planning for potential events such as a pandemic flu outbreak.”

Pandemic flu has been a hot topic for U.S. public health officials for several years. In reaction to outbreaks of H5N1 (avian flu) several years ago in Southeast Asia, Vanderwagen and his colleagues quickly worked to develop and produce vaccine stockpiles. With the early 2009 advent of H1N1, his team has been working feverishly on producing a vaccine to combat the new strain of flu.

In his role as rear admiral and assistant secretary for Preparedness and Response for the DHHS, at his disposal for such disasters was an impressive roster of responders: 700 full-time federal employees, 6,000 special intermittent employees available for duty and 180,000 individuals enrolled in local medical reserve units.

Treating the Whole Community

Vanderwagen, still a board-certified family physician, began his federal career with the Indian Health Service Albuquerque Area Office as a general medical officer. From there, he served as the health service’s Office of Clinical and Preventive Services director and was responsible for the full scope of clinical health care programs, including quality assurance and preventive programs for 49 hospitals and hundreds of clinics and health stations.

Those experiences, along with work in countries such as Honduras, Kosovo and Iraq, forced him to adopt a new approach to health care. “I was forced to draw on my roots and think not only of clinical care with individuals, but also the impact of events on populations,” he said.

His mantra now is simple: You must go beyond the individual and look at the whole population to make a positive difference.

Vanderwagen, who makes it back to Michigan to visit family and friends, spoke at the College of Human Medicine’s spring 2009 commencement. He reiterated to students the lessons he learned throughout his career.

“It’s nice to look back on 30 years and to see that the values you came in with were valued and validated during medical school,” he said. “It’s pretty extraordinary, and I feel blessed.”

Vanderwagen retired from active duty Nov. 1, 2009.
"Don’t Swallow Your Gum!"

Medical Myth Buster Book Brings Fame to Alumna

Do nails and hair really continue growing post-mortem? Does sugar really make kids hyper? Do you really have to wait an hour after eating to swim?

College of Human Medicine Lansing campus alumna Rachel Vreeman, M.D., M.S., (CHM ’02), and her Indiana University colleague, Aaron Carroll, M.D., M.S., challenge myths such as these in their book, Don’t Swallow Your Gum!: Myths, Half-Truths and Outright Lies About Your Body and Health.

In their book, Vreeman, assistant professor of pediatrics at Indiana University, and Carroll, associate professor of pediatrics at Indiana University, debunk these misconceptions using scientific evidence.

“It’s pretty remarkable how often even doctors accept something that’s not true,” Vreeman said. “This is a lighthearted way to remind doctors about the myths that even they believe.”

For example, contrary to popular belief, Vreeman and Carroll discovered people do not need to drink eight glasses of water a day.

“I was really surprised to see that science doesn’t support that,” Vreeman said.

Thirst, which is an early sign of dehydration, is generally addressed by people as soon as its experienced, but thirst varies from person to person. While most people need about eight glasses of fluid a day, almost any liquid helps the body meet this need.

“The body actually does a really good job of regulating the amount of fluid you need,” Vreeman said. “Fruits, vegetables, coffee, tea, soda — any fluid a person puts in his or her body helps with getting enough fluid.”

The water myth is just one myth Vreeman said she and Carroll have repeatedly heard reinforced by doctors, the media and parents.

“Our point is that everyone believes these things and doctors are included in that,” she said. “Doctors are just like other people. There were a number of doctors out there who didn’t want to admit this was true and said saying otherwise was irresponsible.”

The Seven Original Questions

“This project started with a myth we heard on the radio — that strangers have poisoned Halloween candy,” Vreeman said. “We’re always telling parents to be careful and check candy, but we had never seen a case of, or known of, a doctor who had seen a case like that.”

Vreeman and Carroll further investigated the Halloween candy myth and found that any reported Halloween candy poisoning had been induced by a family member. Excited about investigating additional myths, they devised a list of what they determined to be the seven common myths in the United States and started their research.

Those seven included: a person must drink eight glass of water a day; a person only uses 10 percent of his or her brain; shaving makes hair grow back darker and thicker; fingernails and hair continue growing after death; cell phones cause significant electromagnetic interference in hospitals, and people become sleepy after eating turkey.

“We realized there is not a lot of research about where these myths came from, but they do share some common themes, especially concerning their origins,” she said. “A lot of the myths have some piece of truth to them, but they’re partial truths.”

For example, Vreeman found research to prove sugar does not make kids hyperactive. Sugar is the body’s energy source, but environmental situations, such as excitement generated by a children’s birthday party or special event, is more likely the culprit.

In 2007, Vreeman and Carroll published an article about the seven myths in the British Medical Journal.

“We received remarkable response to that article,” Vreeman said. “We ended up publishing another article in 2008 in the British Medical Journal.”

The Future of the Medical Myth

Vreeman and Carroll have collected more than 80 myths. At press time, they were preparing for a release of a British version of Don’t Swallow Your Gum!: Myths, Half-Truths, and Outright Lies About Your Body and Health. They are also set to publish similar versions in Turkey, Brazil, Japan and Korea.

Vreeman and Carroll adjust the myths they choose to write about according to the country in which they’re published, but some myths are universal.

“The idea that cold or wet weather makes you sick is a fairly universal myth,” she said. “However, those exposed to cold or wet weather are no more likely to get infected with those cold viruses even though that one seems to be believed around the world.”

So what about swallowing gum? Will it really stay in your stomach for seven years? No.

“That’s just not true,” Vreeman said. “It’s really indigestible and handled like anything indigestible — it just passes right through. In some cases, small kids will swallow 50 or 60 pieces of gum combined with other things like sunflower seeds, and then it might cause obstructions. But one or two pieces of gum will pass right through.”

Alumna Rachel Vreeman, M.D., M.S., displays the book she co-authored with Aaron Carroll, M.D., M.S.
Northern Michigan University and Michigan Technological University Join Early Assurance Program for Premed Students

The College of Human Medicine has forged partnerships with two Upper Peninsula universities, Michigan Technological University and Northern Michigan University, for its Early Assurance Program, providing a link between premedical students at both universities to MSU’s medical school.

The Early Assurance Program provides an enhanced opportunity for admission to medical school to qualified premedical students who wish to practice in underserved areas. Preference for admission is given to students who are the first generation to attend college, students who graduated from a low-income high school, those eligible for Pell grants, or those who express interest in a high need medical specialty area.

Northern Michigan University and Michigan Technological University join Grand Valley State University as universities participating in the MSU College of Human Medicine Early Assurance Program. The first group of six GVSU Early Assurance Program students have been selected and will be among the 200 students who make up the College of Human Medicine’s entering class of 2010.

Six Grand Valley State University pre-med students comprise the first group to be admitted to the Michigan State University College of Human Medicine through an agreement that was signed last fall between the two universities. The students are Elizabeth Fetzer, from Belding; Alex Gilde, McBain; Casey Key, Adrian; Bobbye Koning, White Cloud; Caleb Ortega, Saginaw; and Mitch Sydloski, Wyoming, Mich. They will be among the 200 students who comprise MSU’s class of 2010. Half of the students will be starting their curriculum in the Secchia Center in Grand Rapids; the other half in East Lansing.
Dermatology Grand Rounds
(1 CME credit per session)
DATE: January 13, March 10, April 7, May 12
LOCATION: Radiology Building Auditorium
CONTACT: derm@msu.edu

GECM Regional Community Trainings
(15.5 CME credits maximum)
DATE: Future sessions to be announced
CONTACT: Nicki Walker
517.353.7828
nicki.walker@hc.msu.edu

National Family Medicine Board Review Course and Self Study
(41 CME credits)
DATE: July 1, 2008 to June 30, 2011
CONTACT: Geraldine Hasapes
Center for Medical Education Inc.
800.458.4779
GerCME@aol.com
http://ccme.org/home.html

Primary Care Medical Abstracts
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