FROM THE DEAN

A new era of medical education began April 21 with the groundbreaking of the Secchia Center in Grand Rapids. Never before in the history of the MSU College of Human Medicine has so much excitement been felt throughout our college. In just five years, our college is anticipated to grow from 400 students to more than 800 students, with a projected boost in enrollment at each of our six community-based campuses.

Last fall, we led the nation with the highest percentage increase in new students with our incoming class of 156 students. While it is a national concern that increased class sizes and the creation of new medical schools will dilute the pool of applicants and lead to less-qualified candidates in the profession of medicine, I am pleased to note that our expanded class is academically stronger than in past years. In each year, 2007 and 2008, we had nearly 5,000 applicants for the 156 positions, and the average GPAs and MCAT scores have been slightly higher than those of previous classes.

While this milestone in the history of the MSU College of Human Medicine has been embraced by many, this evolution of our college has caused others to be anxious about the future of our college. We are gaining momentum on all fronts as a result of collaboration with several key partners in the Grand Rapids community, including Spectrum Health, Saint Mary’s Health Care, the Van Andel Institute, Grand Valley State University, and Grand Action and The Right Place.

The strength of this unprecedented opportunity presented by the partnerships, along with the accolades of our LCME accreditation results and our nationally recognized medical education program, bring us closer to realizing this vision. We continue to work with all of our partners to strengthen relationships and create opportunities in each community.

Marsha D. Rappley, M.D.
Dean, Michigan State University College of Human Medicine
Exploring environmental influences on child health in $18.5 million National Children’s Study

An alliance composed of Michigan’s top three research universities, two leading health care systems, and state and local health agencies will join together in a national research project to study how the environment affects the health and development of children.

Funded by an $18.5 million research contract from the National Institutes of Health (NIH), the National Children’s Study (NCS) will monitor more than 100,000 children nationally from before birth to age 21. In Michigan, researchers will recruit and monitor approximately 1,000 participants in Wayne County in the initial phase of the program.

Michigan State University will lead Michigan’s role in the project, which is believed to be the most ambitious children’s health study of its kind in the nation.

Project collaborators include MSU, University of Michigan, Wayne State University, Children’s Hospital of Michigan, Henry Ford Health System, Michigan Department of Community Health (MDCH), and Wayne County and city of Detroit health departments.

Directing the Michigan project will be Nigel Paneth, MSU professor of epidemiology, and pediatrics and human development.

“No children’s health study of this size or scope has ever been undertaken,” Paneth said. “The results should provide critical information about environmental influences and effects on the health of children.

“Environmental influences are broadly defined,” he added. “We are examining the effects of environmental toxins, nutrition, and family and societal structures. By studying children through several phases of growth and development, including their development before birth, we will be better able to understand the role of these factors on health and disease.”

“The participation of Michigan State University, University of Michigan and Henry Ford in the National Children’s Study is one of many examples of collaboration among the three universities that make up the University Research Corridor,” said MSU President Lou Anna K. Simon.

The University Research Corridor is designed to promote and leverage the schools’ collective assets and to encourage collaboration among the universities and the state. Its ultimate goal is to accelerate statewide economic development.

The first phase of the Michigan part of the National Children’s Study focuses on Wayne County. Participant recruitment is expected to begin sometime in 2009.

In the future, it is anticipated that the study will include four other Michigan counties that were selected to be among the 105 counties representing the United States in the National Children’s Study: Genesee, Grand Traverse, Lenawee and Macomb counties.

Planning for this project began in 2002 when Michigan State University and the other partners formed the Michigan Alliance for the National Children’s Study (MANCS). The idea, said Paneth, was that each institution brings unique skills to the table.

“By studying children through several phases of growth and development, including their development before birth, we will be better able to understand the role of these factors on health and disease.”

“The participation of Michigan State University, University of Michigan and Henry Ford which collectively account for 96 percent of NIH research dollars in Michigan,” Paneth said.

Each institution will play a specific role in the study.

- The University of Michigan will be responsible for enrolling and interviewing study participants and assessing postnatal child development.
- Wayne State University will oversee the assessment and care of pregnant women.
- Children’s Hospital of Michigan will serve as the repository for biological samples.
- Henry Ford Health System will serve as the repository for environmental samples and will perform medical examinations of children.
- Michigan State University will coordinate the overall work of the study and house the project at its East Lansing campus. Michigan State University Extension will help develop community support for the study.
- Michigan Department of Community Health will provide information related to live birth characteristics and locations in Wayne County.

“It’s important that Michigan be a part of the largest and most comprehensive national study of child health ever mounted,” Paneth said. “But we also expect that issues especially important to the health of Michigan children will be addressed, leading to new ways of treating and preventing disease in our children and to new public health programs in our state.”
A new era of medical education began April 21 as construction of the Secchia Center, the Michigan State University College of Human Medicine's new home, got underway in downtown Grand Rapids.

The facility is named in honor of Ambassador Peter F. Secchia, an MSU alumnus, long-time supporter of the university and former U.S. ambassador to Italy (1989-1993), who provided the lead gift for the medical education building.

The $90-million, seven-story, 180,000-square-foot facility will include teaching laboratories, classrooms, offices and student areas. It is located in downtown Grand Rapids, at the base of Michigan Street hill at Division Avenue, across from the Van Andel Institute and Spectrum Health.

MSU President Lou Anna K. Simon said the facility will be a “signature” building for Grand Rapids and the west Michigan community.

“From the outside, the design fits the plans and visions of the region,” said President Simon. “But it will also be signature in terms of what is inside, with state-of-the-art instructional technologies and a community, health and education partnership that is truly unique to medical education.”

“I am pleased with how this building embodies the way in which we value community,” said Marsha Rappley, dean of the MSU College of Human Medicine. “It captures the traditions and values of the past, as well as the excitement and opportunity of the future.”

This fall, 50 MSU College of Human Medicine second-year students will begin studies at a leased facility in Grand Rapids. The college plans to enroll its inaugural class of 100 first-year students in Grand Rapids in 2010, when the new facility opens. Once the program is at full capacity, enrollment in Grand Rapids will be approximately 400 students.

In addition to providing education to the next generation of physicians, the college’s presence in Grand Rapids also will focus much of its attention on biomedical research. Working with its partners, MSU faculty and students will conduct research in five “clusters” – cancer, obesity, cardiovascular disease, arthritis and neurobiology.

“We have established partnerships in Grand Rapids that enable the college to make significant contributions to health and medical education in the community, and to benefit from its superb health and research institutions,” Rappley said.

A number of west Michigan partners have joined MSU in this endeavor, including Spectrum Health, Saint Mary’s Health Care, the Van Andel Institute, Grand Valley State University, Grand Action and The Right Place.

The project delivery team for the Secchia Center includes Ellenzweig, from Cambridge, Massachusetts, design architect; URS Corporation, from Grand Rapids, architect of record; and The Christman Company, from Lansing, construction manager.
The beam was lifted to the planned height of the building.

MSU Trustee Melanie Foster

Spectrum Health President Richard Breon

(left to right) John Canepa, Marsha Rappley, Peter Secchia, Lou Anna K. Simon, Joan Secchia, Donald Maine, Melanie Foster and Richard Breon

Groundbreaking:

MSU President Lou Anna K. Simon

Guests at the groundbreaking site

The beam was lifted to the planned height of the building.

Robert Groeters and John Canepa

Former State Senator Richard Posthumus and former MSU Board Chairperson David Porteous

Grand Valley State President Thomas Haas and Pyper Products CEO Doyle Hayes

Bea Idema
Serving Michigan: Community Campuses

by Dawn Doerr

Strengthening Flint through medical education

“Hands-on opportunities, complex patient problems, extensive pathology, and diverse patient populations” are just some of the phrases that students use to describe their experience at the Flint Area Medical Education (FAME) campus of Michigan State University College of Human Medicine. It is a rich environment for medical education, a place where students truly make a difference and where they are greatly needed and valued.

Flint, like most larger cities in Michigan, is addressing the challenges of moving from an automotive-centered economy to a more diversified economy. Two key growth sectors for Flint are health care and education, areas in which the College of Human Medicine, along with its partner hospitals, plays a vital role.

According to Molidor, the Flint students receive outstanding hands-on experience from three very distinct teaching hospitals — Hurley Medical Center, a city-chartered, Level-1 trauma center; Genesys Regional Medical Center, a new state-of-the-art hospital in Grand Blanc; and McLaren Regional Medical Center, a tertiary care facility. Flint’s diverse patient population and community challenges give students the opportunity to get real world medical experience. As part of the curriculum, the medical students participate in a “windshield tour” of the city of Flint so they can see firsthand some of the problems facing the community. During the tour, students are provided with information that raises some interesting questions, Molidor says. How do you come up with a treatment plan and tell patients they need to eat more fruits and vegetables when you realize there’s no grocery store nearby? Or how do you tell patients to get their prescriptions filled when their transportation is difficult or nonexistent?

“Medicine can play a role in addressing the concerns of the community,” Molidor adds. “We have a fantastic group of physicians, residents, students, educators, and hospitals who are making a difference in Flint and who are committed to serving our patients.

“We need to do things in Flint that other places do not do,” Molidor emphasizes. “We need to meet the needs of Flint’s patients.

Patients’ diverse needs allow student to make a difference

When Cecily Anne Clark’s mother, her role model and inspiration, was diagnosed with Stage IV metastatic cancer in 1996, it changed the direction of Clark’s life. Her mother, who often shared stories of growing up in poverty and segregation in Louisiana, had gone on to graduate with a perfect 4.0 grade point average from Southern University, and had obtained her master’s degree in nutrition from Iowa State University.

“With all the struggles that she had overcome to reach this point in her life, it seemed as if God were playing a cruel trick on one of the most caring people in the world. At that moment, I stopped toying with the notion of entering medicine and decided that I would become a physician,” Clark says. “not necessarily to cure the cancers of the world, but to attend to the emotional and the physical burdens of patients.”

In 2004, both women received degrees from Michigan State University: Clark a bachelor’s in human biology from Lyman Briggs College, and her mother a doctorate in food science.

Clark, originally from Battle Creek, then pursued her medical degree at the College of Human Medicine, and has just completed her fourth year at the Flint campus. With her mother as her inspiration, Clark enjoys the challenges and rewards of caring for patients with very diverse needs.

The thing that attracts most students to the Flint campus is the opportunity to make a difference while developing their medical skills and knowledge base, she explains. “Medicine is truly about serving others, regardless of socioeconomic status or other personal differences or insecurities,” Clark says. “As one of the few campus sites located in a predominately medically underserved area, Flint provides a special type of leadership for dealing with medically disenfranchised patients.”

Clark says that she has a greater appreciation for the social issues that affect patient compliance, and that sometimes the suggestions given to patients may not be economically or socially feasible.

“My education here really stresses that patients themselves aren’t difficult,” she says. “They just happen to be in a difficult situation.”

Coming home to care for his community

Taking his third and fourth years of medical school at the Flint campus was a symbol of commitment for Andrew Fras, Class of 2007.

“I’m originally from Flint and that’s why I came back here. I have a place in my heart for it, and I want to contribute to turning this city around someday,” explains Fras, who holds a bachelor’s degree in health care administration and a master’s in health education and promotion.

Currently, Fras is completing his residency in orthopedic surgery, which he champions for its ability to shape caring physicians and draw educated, professional people to the area.

“I have a lot of pride in the Flint campus, and that it is part of the community. It provides a conduit for people to come here and to stay here to help.”

Fras believes that the College of Human Medicine’s patient-centered curriculum fits well with the emphasis in Flint.
“You have an opportunity with almost every patient to consider every aspect, especially psychosocial and financial matters that hinder health care,” he says. “You always have to be thinking of those things in Flint. However, I think I have extra incentive to keep that focus here because I’m caring for people in my own community. Coming back to Flint reaffirmed for me that this is the person that I want to be, and the physician that I want to be.”

Flint offers diverse research opportunities

Students at the Flint campus have the opportunity to be involved in a broad range of research projects in a wide variety of disciplines. For example, at Genesys Regional Medical Center, Research Director Kimberly Barber, Ph.D., says that students can be involved in projects ranging from a large-scale pilot test, to an ongoing model for delivering palliative care to patients with advanced illness and for their families, led by Matthew Weiss, D.O., a geriatric physician. A research component examines whether functional health literacy for patients and their caregivers, patient-centered decision making, and communication between the physician and the patient/family are improved.

“From a general point of view, our greatest activity regarding academic research with the physician faculty here at Genesys occurs in our psychology, emergency medicine, family medicine, internal medicine and cardiology programs,” Barber says.

Learning, teaching and research create opportunities to grow in Grand Rapids

The largest of the six College of Human Medicine campuses, the Grand Rapids Medical Education and Research Center (GRMERC), provides excellent clinical and research opportunities for medical students.

“If you ask the students what qualities they like here, they say the number of specialties available, and the strong relationships they build with faculty and residents,” says Margaret Thompson, M.D., community assistant dean of the Grand Rapids campus.

The center will be expanding its class size and educational offerings as the MSU College of Human Medicine develops its four-year program in West Michigan and builds the Secchia Center (see pages 4-7).

According to Thompson, Grand Rapids residents and attending physicians spend time talking with students about careers and life in general.

“There is a lot of good mentoring,” she says. “The city is great, and the medical community is really growing. There are a lot of opportunities here.”

The rapidly expanding Medical Mile in Grand Rapids also offers students a reason to come back.

“Many people have family here, and so it gives them both the chance to be close to family, and an opportunity to teach,” she explains. “The cultural life in Grand Rapids is also attractive,” she says. “It’s diverse and fairly progressive.”

Compassionate mentors shape education

Jennifer Kretschman finds the unique combination of community, mentoring and opportunity at the Grand Rapids Medical Education and Research Center (GRMERC) a perfect fit for her curious mind.

Kretschman, originally from West Michigan, holds a bachelor’s degree in biochemistry and worked as a research technician at the Van Andel Institute.

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Kretschman, originally from West Michigan, holds a bachelor’s degree in biochemistry and worked as a research technician at the Van Andel Institute.
“An integral part in my decision to enter medicine was my constant desire to learn,” she says. “I had always really enjoyed science and math. But more importantly, I found myself searching deeper for explanations and answers, and felt that medicine would allow me to do that.”

Kretschman believes her experience at the Grand Rapids campus will give her the tools and experience she needs to become a competent and compassionate physician.

“I was shaped by the many outstanding physicians who served as our mentors throughout our training,” she explains. “In their compassion with patients, their competence in rounds, and their interactions with staff and residents, they have modeled behavior that I one day hope to emulate.”

She was also impressed with the volume of patients she has seen during her clinical years.

“This community is unique in that it has a very large health care system allowing us to see firsthand a multitude of disease processes,” Kretschman says. “This is important because we can learn about certain diseases better when we work up and treat a patient rather than reading about the disease in a book. It prepares us when we encounter those same issues during residency and beyond.”

With these experiences, Kretschman recognizes Grand Rapids as a place with a wealth of knowledge for future medical students.

“I value the community,” she says. “I also recognize the importance of expanding medical education to West Michigan because of the many opportunities Grand Rapids has to offer now and in the near future.”

Grand Rapids scores big with Stacy Frye

To Stacy Frye, Class of 2007, spending her third and fourth years as a student in Grand Rapids gave her a sense of clarity.

“My experiences at the Grand Rapids campus helped to bring my life into a refreshing perspective,” Frye says. “After the first two years of medical school and taking boards, I think that it is easy to feel a little burned out. Working in the hospitals and being a part of the medical team opened my eyes to what medicine really is and had the potential to be.”

Frye, who is originally from West Bloomfield, Michigan, completed her undergraduate education at Michigan State University as part of College of Human Medicine’s Medical Scholars Program. She understands the complex nature of success. An avid athlete, Frye was 12 years old and playing tournament softball in St. Louis, Missouri, when she experienced a batting slump. Frye says her father wouldn’t let her quit.

She asked him if he thought there was hope, and he replied, “Let’s go hit some balls.” Three hours and 500 swings later, Frye says, she was hitting balls over the fence again.

“The lesson was clear. Dad said, ‘Never give up, kid – not on you, and not on the team,’” she says. “I think that the learning environment in Grand Rapids was equally inspiring. I felt as if I had found my niche. I loved being able to interact with patients every day and learning in a more hands-on setting.”

As a pediatrics resident, Frye holds the community in warm regard and is excited about what lies ahead.

“The attitude in Grand Rapids right now is very positive for the future,” Frye says. “There is a lot of hope for what is to come with regard to the medical school and the medical community as a whole. I try to have a similar outlook and attitude in my daily life. I strive for success, I appreciate support and provide it for others, and I realize that even small changes can have great impact.”

Grand Rapids research department helps students learn by doing

College of Human Medicine students who spend their third and fourth years at the Grand Rapids campus can expect to experience hands-on research protocols and projects, with the assistance of the research department.

The introduction to research begins with third-year students, explains Research Director Alan Davis, Ph.D. “The way it has been traditionally set up through the College of Human Medicine is that four weeks are devoted to evidence-based medicine and five weeks are devoted to writing a proposal. Different campuses implement these differently,” Davis says.

Davis notes that about two years ago, the Grand Rapids research director decided to require students to do an actual research project rather than just a proposal. The idea, he says, is to provide the students with support, information and assistance, to connect them with faculty mentors, and then to work on the project during the year. When the April deadline comes, they are able to present their findings at Research Day, held this year on April 15.

The benefits to the students are tangible, Davis explains.

“One, you’re giving them something that will go on to their resumes, which is always a positive, palpable thing that they can take away with them,” he says. “Two, the best way to learn how to read the literature – in other words, how to look at a study that has been accomplished — is to put one together yourself.”

Fourth-year students can also choose to do a one-month research elective.

Davis’s position is officially half-time, along with a research administrator and two part-time statisticians. Although the office is small, it also assists residents, faculty members and attending physicians with everything from idea development, to statistics, to finding student assistants.

The Grand Rapids campus’s research productivity is apparent in the list of current research projects from residents in specialties and sub-specialties: internal medicine, family medicine, general surgery, pediatrics, plastic surgery, OB/GYN, emergency medicine, radiology, orthopedic surgery, medicine-pediatrics, colorectal surgery and vascular surgery.

Grand Rapids’ Research Day offers students an opportunity to showcase their accomplishments.
“Because students get to build relationships with attending physicians, they frequently encourage and support outside interests including research, volunteering, and advocacy work. For this reason, I was able to continue many activities that interest me with the support and guidance of the Kalamazoo faculty,” she says.

**Caring from Kalamazoo to Johns Hopkins**

As a new resident at The Johns Hopkins Hospital, Joseph Maleszewski, M.D., Class of 2005, was anxious to practice medicine alongside residents from the best medical schools in the country. He quickly realized his hands-on experience, gained during his third and fourth years at the College of Human Medicine’s Kalamazoo campus, far exceeded his classmates’ academic reputations.

“Where many of them had only watched someone perform CPR on a patient, I had actually done it,” Maleszewski explains. “While many had only watched someone perform a lumbar puncture on a sick child, I had performed not one, but several. The list quite literally goes on and on.”

“Being in Kalamazoo has given me the unique opportunity to regularly work in the Human Simulation Lab, and become ACLS-certified as a third-year medical student,” she says. “Having the chance to run codes and practice procedures as a student has relieved a lot of the fears of what to do when faced with the real situation.”

Ruth is also impressed with the caring attitude of the attending physicians and assigned mentor physicians.

“I cannot emphasize enough how supportive they are and how frequently we receive one-on-one or small group teaching from both attending physicians and residents,” she says. “For me, this close relationship with the people with whom I’m working, as well as the frequent teaching, has made it a good fit. That the Kalamazoo physician community is highly supportive is shown by the fact that not all mentors are faculty. In fact, mine is a community pediatrician.”

An active volunteer and researcher since her undergraduate years as a nutritional sciences major at Michigan State University, Ruth finds this dedication to community valuable.

“Because students get to build relationships with attending physicians, they frequently encourage and support outside interests including research, volunteering, and advocacy work. For this reason, I was able to continue many activities that interest me with the support and guidance of the Kalamazoo faculty,” she says.

**Kalamazoo: Inspiring students to become outstanding physicians**

Located halfway between Detroit and Chicago, Michigan State University Kalamazoo Center for Medical Studies (MSU/KCMS) offers excellent living and learning opportunities to College of Human Medicine students.

Third- and fourth-year students at the Kalamazoo campus gain experience with real patients and simulation manikins, learn about patient care and research, and work closely with faculty and community physicians in settings from rural to urban.

“We take seriously the responsibility of preparing the best physicians for their future. We listen to our students, our residents, our patients and our staff, and believe we have created training that represents the best of both worlds within our university community-based programs,” says Robert Carter, M.D., community assistant dean and president and CEO of the Kalamazoo Center.

As Carter explains it, “We have a proven partnership: university-based education combined with community patient experience, intellectual challenge with quality of life, and a wide range of pathology in a community students enjoy calling home.”

The best-of-both-worlds metaphor is further extended by two tertiary care hospitals, located 10 minutes from each other and from the Kalamazoo campus: Borgess Medical Center and Bronson Methodist Hospital.

“Having two tertiary care hospitals as partners allows students to be exposed to the highest quality of patient care with a broad range of patient population,” Carter says. “The proven commitment to teaching by these two hospitals has resulted in a quality of care that rivals university medical centers.”

In addition, students in Kalamazoo also have a unique patient population not found in many hospital settings: simulation manikins.

“The Human Simulation Lab contains some of the latest fully interactive, computer-controlled simulation manikins available,” Carter explains. “Students can polish their skills on everything from basic and advanced CPR to high-risk, low frequency emergency events. Students and residents who have used these manikins say it’s the best way to learn because the simulations are very real, but you know you can’t hurt the patient.”

**Practice makes perfect fit in Kalamazoo**

Erin Ruth is glad she has had the chance to practice, practice, and practice again while a student at the Michigan State University Kalamazoo Center for Medical Studies. The College of Human Medicine student believes the practical experience and close relationships with mentor physicians she has built in Kalamazoo will give her the experience she will need to be an effective physician.

The ability to practice in Kalamazoo’s simulation lab enhances patient care for student Erin Ruth.

“Where many of them had only watched someone perform CPR on a patient, I had actually done it,” Maleszewski explains. “While many had only watched someone perform a lumbar puncture on a sick child, I had performed not one, but several. The list quite literally goes on and on.”

Maleszewski says faculty at the Kalamazoo Center for Medical Studies taught him not only how to treat patients on many levels, but also how to treat everyone else responsible for their care.

“Being in Kalamazoo has given me the unique opportunity to regularly work in the Human Simulation Lab, and become ACLS-certified as a third-year medical student,” she says. “Having the chance to run codes and practice procedures as a student has relieved a lot of the fears of what to do when faced with the real situation.”

Ruth is also impressed with the caring attitude of the attending physicians and assigned mentor physicians.

“I cannot emphasize enough how supportive they are and how frequently we receive one-on-one or small group teaching from both attending physicians and residents,” she says. “For me, this close relationship with the people with whom I’m working, as well as the frequent teaching, has made it a good fit. That the Kalamazoo physician community is highly supportive is shown by the fact that not all mentors are faculty. In fact, mine is a community pediatrician.”

An active volunteer and researcher since her undergraduate years as a nutritional sciences major at Michigan State University, Ruth finds this dedication to community valuable.

“Because students get to build relationships with attending physicians, they frequently encourage and support outside interests including research, volunteering, and advocacy work. For this reason, I was able to continue many activities that interest me with the support and guidance of the Kalamazoo faculty,” she says.
“I know that I got much of this from my two years in Kalamazoo witnessing the faculty and volunteer faculty, whom I can only believe are the best mentors the College of Human Medicine has to offer,” he says.

Clinical Research Scholar Leaders: applying rules of business to research in Kalamazoo

The Clinical Research Scholar Leaders Program at the Michigan State University Kalamazoo Center for Medical Studies brings faculty together in a friendly environment to discuss research in a unique light by applying lessons in leadership from the business community.

“To become leaders in research, we decided that we wanted to explore the subject of leadership in depth,” says Director of Research Luis Toledo, M.D., who founded the group in 1999. “We saw no need to start from scratch. The business world has already established many of the parameters that define leadership. Since so much of the literature already exists, it made sense to explore this material and then translate it and apply it to the medical research arena.”

They decided to invite a group of faculty interested in research to meet once a month, and apply lessons from the business community, Toledo says. They began with a book, On Becoming a Leader, by Warren Bennis. The group was full of quick learners. According to Toledo, only two years after the program began, the Kalamazoo center saw the number of clinical trials increase by more than 100 percent, and the number of faculty publications in peer-reviewed journals rise by 58 percent.

“We’ve used the group as a way to stimulate interest in research,” Toledo says. “We ask questions such as ‘What are the characteristics of prize-winning medical researchers?’ or ‘How do you enhance creativity and innovation in research?’ Faculty members involved in the program make a commitment to read a book each month and take turns leading the discussion. “We know that education plus research equals better medical care,” says Toledo. “We need to continue to be as productive as possible in research to offer better care to our patients and more information to students and health practitioners in the community.”

Lansing gives students snapshot of academic medicine

College of Human Medicine students who stay in Lansing for their third and fourth years experience a diverse mix of academic and community-based medicine, while remaining part of a true university town.

“I would say that Lansing provides a very good exposure to practice in an academic as well as community setting for our students,” explains Renuka Gera, M.D., community assistant dean of the MSU College of Human Medicine Lansing campus.

Students do not have to change everything when they start their clinical years, and this continues to be a unique feature of the Lansing campus, Gera says. Approximately 60 to 80 percent of the students are married or have children. The environment is very family oriented, she notes.

Although we are a community-based program, many of our clinical teaching faculty are full-time Michigan State University faculty in the College of Human Medicine. As paid faculty, they are very involved with the development of the course curriculum and have a clear understanding of what students need to get out of the clinical clerkships,” Gera says. In addition, Lansing has a large number of volunteer faculty who are College of Human Medicine alumni. With these resources, students enjoy a large selection of specialty and subspecialty clerkships offered by both the paid and volunteer faculty.

Being part of a community campus is important to the students who stay in Lansing. Geographic proximity to the university gives them opportunities such as serving as tutors for the first- and second-year College of Human Medicine students, and becoming involved in university research activities.

Students find fulfillment while becoming physicians

Brian Gavitt and Richard Hall pursued other dreams before finding their way to the College of Human Medicine, where they have built steady relationships with faculty and community members en route to becoming physicians.

Gavitt, who holds a master’s degree in public health and was a policy advisor to a U.S. senator prior to medical school, wanted to become more deeply involved in patient care. “I really looked forward to the one-on-one relationships that are possible in clinical practice that just aren’t there in general public health,” Gavitt explains.

Hall, a baseball player who turned down an offer to enter the major league draft to go to college, also enjoys the interactive nature of medicine. “When I got to college, I really enjoyed the sciences, learning about the human body and interacting with people,” he says. “As baseball faded out of my life, my interest in biology and my will to be a doctor got stronger.”

Staying in the Lansing area and working with the same teachers throughout their four years has enabled both to preview life as an academician. “I don’t know what it’s like on the other campuses, but from my perspective here in Lansing, we’re closer to more of the core teachers we had from our first year. Some of the physicians we’re working with now have known us, and are comfortable with us, which means we are able to do more with their patients,” Hall says.

The focus on teaching has influenced Gavitt as well. “I think my experience working with physicians who are passionate about both clinical medicine and teaching has really made me more interested in a career in academic medicine,” says Gavitt. “In addition, my surgical experience here in Lansing was excellent. The surgery service here is small enough that medical students aren’t lost in the shuffle, but the volume of cases is large enough to allow for pretty broad experience.”

Gary Ferenchick, M.D.: “Fortunate to be at MSU”

Gary Ferenchick, M.D., believes in serendipity. As a below-average high school student, he was looking for a community college major when he stumbled upon a gratifying career. Now a College of Human Medicine associate professor of internal medicine, he graduated 63rd in his class of 90 from Sacred Heart High School in Dearborn.

He was nearing the end of his sports career at St. Clair County Community College, and had just completed a volunteer experience in physical therapy, which only made him realize that it did not match his personality.

“I was 20 years old and in a little bit of an occupational crisis,” Ferenchick says.

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Gary Ferenchick has been at home at MSU for three decades.

It took insight from a political science professor to direct him on course. “He said ‘Well, have you ever thought about medicine?’ It was like a light bulb went off,” says Ferenchick, who was from a working-class family with no relatives or friends in medicine. “It had never crossed my mind—not one iota.”

The doors were beginning to open. “At the same time I was starting to do well academically,” he says. “I looked at the pre-medical requirements which, as it turns out, were almost exactly the same as the pre-physical therapy requirements. So I gave it a shot.”

Ferenchick transferred to Michigan State University as an undergraduate and began working his way toward medical school. He has called the campus home ever since. He matriculated into the College of Human Medicine’s Class of 1980, and stayed in Lansing through his residency years. Although he interviewed with private practices, Ferenchick says that his orientation toward service, his academic qualifications and his enjoyment of teaching led him home. He joined the faculty in January 1988. “I just love this campus,” he says. “There are times when I’m coming into work, I’ll take the long way around Circle Drive. It’s just so pretty. There are times when I walk across campus for lunch just because it’s a vibrant place. I think few people fully acknowledge how lucky we are to actually work at this big, multi-disciplined and beautiful university.”

Ferenchick notes that the campus provides not only excellent clinical training and opportunity to excel, but also the perks of being at a Big Ten institution. “Honestly, everything’s serendipity along the way,” he says. “As I look back on the experience, some of the good things that have happened to me have happened because I stayed in Lansing.”

Piro Lito: Dual degree program creates tomorrow’s physician scientists

For a few academically talented and highly motivated students, four years of medical school followed by residency are not enough. These inquisitive students are part of the College of Human Medicine M.D./Ph.D. program, which has been offered since 1985.

According to program director Elahé Crockett, Ph.D., it takes students about eight years to complete. “Our goal is to educate the next generation of leaders in both the field of medicine and biomedical research, to bridge the basic science discoveries with translational medicine for treatment of patients and betterment of mankind,” she says.

One member of this next generation is College of Human Medicine student Piro Lito, who began the M.D./Ph.D. program in 2002. He successfully earned his doctorate in biochemistry and molecular genetics researching the Sprouty gene with J. Justin McCormick, a University Distinguished Professor of biochemistry and molecular biology and of microbiology and molecular genetics. McCormick is also co-director of the Carcinogenesis Laboratory with Veronica Maher, Ph.D., a University Distinguished Professor of biochemistry and molecular biology. Their work, “Evidence that Sprouty 2 Is Necessary for Sarcoma Formation by H-Ras Oncogene-transformed Human Fibroblasts” was recently published in the Journal of Biological Chemistry [J. Biol. Chem., Vol. 283, Issue 4, January 25, 2008].

“The goal of the research is to understand the genetic changes and the mechanism by which human cells become malignant,” Lito says. McCormick adds, “Finding ways to prevent those genetic changes, to interrupt the path from a benign to a malignant cell, is the team’s goal.”

After completing his graduation requirements for the Ph.D. program, Lito completed his clinical requirements at the College of Human Medicine and begins residency at Beth Israel Deaconess Hospital in Boston this summer. “I have enjoyed every bit of my experience as a physician scientist in training. It has been a long path, but also very rewarding,” Lito says. “By staying in Lansing I enjoyed the opportunity to run back to the lab whenever I had free time during clinical clerkships. This choice was a first step toward effectively combining and integrating clinical medicine with research in the future.”

Crockett noted that by remaining at the Lansing campus to complete their third- and fourth-year medical education curriculum, many M.D./Ph.D. students like Piro Lito are able to continue their research throughout their medical education, offering a truly integrated curriculum. According to Crockett, the program provides scholarships for M.D./Ph.D. students to cover medical and graduate school expenses. Anyone interested in learning more about the program or interested in donating to the scholarship fund can contact Dr. Crockett at ecrocket@msu.edu or visit www.mdadmissions.msu.edu/main/mdphd.htm

Teaching students to care for the medically underserved

Three years after a major transformation, the Saginaw campus has crafted a unique program to prepare students for treating underserved populations. The Leadership in Medicine for the Underserved/Vulnerable Program has two goals, explains Saginaw Community Assistant Dean Rae Schnuth, Ph.D. “The first is to help medical students learn to care for underserved or vulnerable populations with sensitivity and expertise, while helping communities address public health needs,” she says. “The second is to help students develop an appreciation of the impact of direct care delivery, epidemiologic research, and health education on health status and health policy.”

Along with their clinical rotations at Covenant Medical Center - Cooper, Covenant Medical Center - Harrison and St. Mary’s of Michigan, students are required to learn Spanish, and to choose electives in either rural/urban or international medicine. During both their third and fourth years, students gain additional experience by volunteering at local health clinics and participating in a key one-month clinical and public health experience in Central America, Schnuth says. “This year, for example, students worked with faculty in Costa Rica on a water safety project and provided health education for teens with children,” she explains. “The planning and implementation of these projects serve as an important part of their public health and health education experience.”

“The Leadership in Medicine for the
McElroy took two years off and gained insight into treating underserved populations before starting medical school. “During my time off, I worked as a medical assistant in an outpatient pediatrics clinic and ran a non-profit organization that works with health care providers from other countries who have been victims of torture and other wars,” she says. She also worked for six weeks with a public health organization in Chacala, Mexico, where she spent time in a clinic translating for nurses and physicians seeing patients. “Once a week we would pack a van up with supplies and medications and drive into the mountains and set up a day clinic in a town that didn’t have any stable medical care,” she says. “These were key experiences for me, and really changed my mind from being interested in research to clinical work.”

In Saginaw, McElroy says she has been able to pursue her interest in Spanish and prepare for a career focused on community service and treating underserved populations. "I like the Saginaw program because I think it has some special tools for people who want to really make volunteering and working with underserved populations—urban, rural, minority, non-English speaking, underserved, international—however you define them, really—a force of their career," McElroy says.

Across the globe and back: Saginaw is the starting point for second generation medical missionary

As a child, Kimiko Sugimoto followed her father’s footsteps through hospitals and clinics in Africa as a medical missionary. Today, she is preparing to follow him again, completing the second year of her general surgery residency at the College of Human Medicine Saginaw campus in order to practice missionary medicine in remote international areas.

While growing up, Sugimoto, Class of 2006, lived in both the Democratic Republic of Congo and in Kenya with her parents from age five to 18. She returned to Michigan for her undergraduate and medical education. She plans one day to return to Central Africa and is looking at French-speaking countries such as the Democratic Republic of Congo, Chad, or the Central African Republic (CAR).

“I grew up there, and the people are my people in many ways,” Sugimoto says. “I relate to them, and there’s a lot of need that I could fulfill. Part of it is also a very spiritual reason, because that’s where I believe God wants me to go.”

In addition to shadowing and working with her father and mother, a registered nurse, Sugimoto has spent time working internationally as part of the Saginaw campus’s curriculum in Belize and Costa Rica. On a mission with a private obstetrician/gynecologist from Saginaw, she also traveled to Galmi, Niger, where she worked at a mission hospital.

“The people in the remote areas where I’m planning on being involved are suspicious of outsiders, yet have a lot of medical needs,” Sugimoto says. “They don’t have access to basic medical care, other than their kind of native medical care, which usually involves witch doctors. Some of the witch doctors have homeopathic cures for certain diseases, but also can do things that cause more harm than good.”

This is also the reason she says she chose a general surgery residency. “Unlike here, where a lot of people are treated for chronic problems with medication, people in remote areas are treated more often by surgery,” she says.

Saginaw research provides tools for better treatment

In addition to producing capable committed clinicians, the College of Human Medicine Saginaw campus also makes sure students are able researchers. “Students at the Saginaw campus are actively involved in research from the day they arrive,” says Research Manager John Clements, M.A. “This year, several projects have already been completed, focusing on vaccine compliance, colon cancer screening, the effect of body mass index on diabetes care and osteoporosis screening,” he says.
Upper Peninsula: Top-notch rural health education

On the shores of Lake Superior, many College of Human Medicine students find an attractive mix of medical training and rural tranquility at the Upper Peninsula campus in Marquette. “You get the best of both worlds,” explains David Luoma, M.D., community assistant dean and chief executive officer of the Upper Peninsula Health Education Corporation (UPHEC). “You get personal investment, the attitude and atmosphere of genuine, nice, small town folks. You also have a cutting-edge tertiary hospital center and every specialty and service you might want. You’re working with very well-trained faculty and physicians who are doing what they love. Their medical practice is central to why they are here and what they do.”

Attracting and retaining physicians to the area is core to the campus’s mission, explains Community Administrator Patti Copley, R.N. “One of our primary purposes for existing is to keep that pipeline coming,” she said. “We have a responsibility to be a source of income and doctors for the Upper Peninsula as a whole, and then rural communities across Michigan. About 40 percent of our graduates practice in rural locations,” Copley says. “About 38 percent have gone into family medicine, and of those people who have gone into family medicine, about 58 percent are practicing in rural communities. We believe it is the influence of being up here.”

“We’re looking at growth along many avenues,” Luoma says. “We’ve taken Dr. Rappley’s directive to find the difference Michigan State University can make in our community, and are really working with our community partners to find ways.”

Treating the spirit of rural communities

Toby Long began his journey to becoming a physician while pursuing a different life of service: the seminary. Long, a 2008 College of Human Medicine graduate, was working on his master of divinity degree and searching for the best way he could use his skills and talents to help people. The turning point came when he realized, through personal experiences working in clinics and hospitals in Africa, India and the upper peninsula with 25 percent of the Upper Peninsula population over the age of 65, the Upper Peninsula Health Education Corporation has developed the Area Geriatric Education Scholars program to assist with geriatric care, while introducing high school juniors and seniors to health care careers. Students in the program receive training and pay to work in a nursing home for seven weeks during the summer. The program was piloted in 2006 and is now in nearly every county in the Upper Peninsula.

“Toby is a remarkable kid,” Luoma adds. “He went to the seminary, became a hospital chaplain and then had his second calling. He is now a medical student at Michigan State University and a seminarian. He is both a very gifted person and a great humanitarian.”

Academics

The Upper Peninsula campus is stepping up proactive efforts to recruit premedical students at local universities, including Michigan Tech and Northern Michigan University, “clearly making Michigan State the preferred school for our local colleges,” Luoma says.

The osteoporosis screening project was completed by third-year students Sean Paul and Alisha Floyd, working with Dr. Christine Rohr, senior vice president of medical and academic affairs at Synergy Medical Education Alliance, the Saginaw campus of the College of Human Medicine.

The project was based on previous research conducted by Rohr and Clements which found that physicians are reluctant to treat osteoporosis. “We developed an osteoporosis flow chart screening tool that was implemented at one long-term care facility in Saginaw where Dr. Rohr also serves as medical director,” Clements explains. “The purpose of the screening tool was to provide physicians the opportunity to assess their patients for osteoporosis risk, and based on that risk, recommend treatment or prevention therapies. After that, the physician involvement was complete and patients would be given the new therapy.”

“The screening tool found that all patients were at risk for osteoporosis,” Clements says, “confirming our previous research that physicians under-treat osteoporosis.”

But Clements notes that most of the patients did not receive recommendations for treatment even after the screening tool showed the risk of osteoporosis. Approximately half of all patients screened who were at risk for osteoporosis were already on some therapy. Of the remaining 41 patients, 18 had some contraindication to therapy, but 23, with no contraindication to therapy, still received no treatment.

Because of these results, a new research project is being designed at the Saginaw campus to determine physician attitudes on treating and screening for osteoporosis.

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Now the campus itself is looking for new ways to influence the physical, social and economic health of the Upper Peninsula.

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Dominican Republic, that medicine could tangibly impact an individual and even a community for the good. “Seminary was full of great and grand ideas but my studies led me back to the belief that people matter more than ideas and must come first,” Long says. “I sought a way to bridge the gap between big ideas and real people. To me, medicine seemed to be the most natural way to bring these worlds together.”

A graduate from the Upper Peninsula campus, Long was born in the West Coast, where his family lived before moving to Mt. Pleasant, Michigan. He later graduated with a bachelor’s degree in literature before heading to seminary, and then to the College of Human Medicine.

Long’s time in the Upper Peninsula, a place where many communities struggle to maintain adequate access to medical care, has solidified his desire to become a primary care family physician. “On many levels, rural medicine is a relational art,” Long says, “and becomes a way of being as much as it is a way to earn a living. For better or worse, a small community knows the doctor, watches the doctor, and is treated by the doctor. The result is the formation of a unique relationship where real knowledge of the other allows for great potential in terms of community service and health care.”

Long says that his experiences in the Upper Peninsula campus have been especially rich given the many opportunities he has had to work one-on-one with attending physicians from a wide variety of specialties.

“I let them know that I could learn more from them than I can from mentors or other physicians,” Burnette says. “They would usually also ask where I was from. Most would assume that I was from out of the area,” Burnette says. “When I would mention that I was from Ishpeming, or that a cousin or friend lived down the street from them, the respect seemed that much more profound.

“I think that experience with people from my own community, who hold what I am doing in such a high regard, is something that I carry with me every day.”

As he worked at the College of Human Medicine’s Upper Peninsula campus in Marquette, Brian Burnette’s patients were curious when they learned he was a medical student, and even more surprised when they learned he was a neighbor. “Being at a program where patients are not generally used to having a portion of their care handled by a trainee can be a very special experience,” Burnette explains.

His patients would often congratulate him on being in medical school, and tell him they felt privileged to be part of educating future physicians. He, in turn, would try to make sure they felt appreciated. “I let them know that I could learn more from them than I can from mentors or other physicians,” Burnette says. “They would usually also ask where I was from. Most would assume that I was from out of the area,” Burnette says. “When I would mention that I was from Ishpeming, or that a cousin or friend lived down the street from them, the respect seemed that much more profound.

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Currently completing the second year of his internal medicine residency at Mayo Clinic, in Rochester, Minnesota, and applying for a fellowship in hematology and oncology, Burnette believes his experiences in Marquette allow him to thrive. “More so than anywhere else that I could have trained, the people in the community and the patients I cared for made sure that I knew that what I am doing and the path that I have chosen is special,” Burnette says.

“Knowing the people in the community support me in this way and think so highly of what I am doing generally makes me strive that much more to learn more, to experience more, and to become a better person and physician,” he says.

Community study maps health of rural residents

Developed by the Upper Peninsula Health Education Corporation, the longitudinal Alger County Community Health Study (ACCHS) helps rural communities learn more about the health and well-being of their residents, while physicians in training learn about their future patients.

According to the study’s abstract, an aging population, limited health services and other challenges have made sparsely populated areas particularly vulnerable in recent decades. The overall community-relevant mission of the ACCHS is to contribute to the health and vitality of an entire rural community and improve their capacity to meet the needs of all residents, particularly those who are older and more vulnerable to health and social risks. Jeffrey Dwyer, Ph.D., the study’s principal investigator and College of Human Medicine associate dean of research, says the program, which started in Munising last year and expanded to all of Alger County, is very successful.

In addition to establishing baseline data and serving as a model for collaborative health studies in rural communities, the study also allows medical students to practice community-based research, Dwyer said. “The students each choose a topic of interest, develop questions, work with the advisory board, talk to community members, and participate in health screenings and health fairs,” said Jody Lindberg, the Upper Peninsula campus research director. “The study gives students hands-on learning experience and the results from their research provide data which they can also publish,” Lindberg says.

Talks are underway to expand the study to other rural counties in the Upper Peninsula and lower Michigan, and to apply for funding from the National Institutes of Health.

“We are beginning the community dialog to expand the study to other counties in the area,” Lindberg said, “particularly Schoolcraft and Marquette Counties, and Clare County in lower Michigan. Many of the region’s rural communities have specific needs that we feel can be addressed once we do the research and define the issues and their causes,” she said.

“Many levels, rural medicine is a relational art,” according to UP graduate Toby Long (left), shown in the Dominican Republic with CHM graduate Dan Bates.
Richard Leach, M.D.
Advancing women's reproductive health in Michigan

The new chairperson for the Department of Obstetrics, Gynecology and Reproductive Biology, Richard Leach, M.D., envisions a shared, community-based approach to education and research.

“Michigan State University College of Human Medicine has a rich tradition in its community campuses,” Leach says. “As a department, we’re actively engaging in collaborative educational and research initiatives with partners in the communities. The vision is to develop a research infrastructure that will advance the development of women’s health in the state of Michigan.”

Leach is a national expert on early placental implantation. His research is supported by the National Institutes of Health through March 2012. He is board-certified in obstetrics and gynecology with subspecialty certification in reproductive endocrinology and infertility, and is a fellow in the American College of Obstetrics and Gynecology, the American College of Surgeons and the American College of Clinical Endocrinologists.

“I was always intrigued with early human development and the diseases that make that a difficult thing for patients, for couples,” Leach says. “My research focus includes the effects of assistive reproductive technology on birth outcomes. The research so far has opened a new understanding of placental implantation responding to stress and gives us a better understanding as to the underlying cause of preeclampsia and miscarriages.”

Peter Coggan, M.D.
Growing community and expanding graduate medical education

In his role as president and chief executive officer of the Grand Rapids Area Medical Education and Research Center (GRMERC), and associate dean of graduate medical education for the College of Human Medicine campus network, Peter Coggan is advancing graduate and continuing medical education in Grand Rapids and beyond.

“The primary responsibility of the center is to be the sponsor of graduate medical education in the Grand Rapids community,” Coggan says. “My position as associate dean really extends that interest into the rest of the MSU campuses.”

In Grand Rapids, Dr. Coggan has three main goals: to grow graduate medical education, to expand continuing medical education, and to work closely with the College of Human Medicine to help establish the four-year campus.

“The approach that we’ve taken is to do an analysis of projected physician needs in the Grand Rapids community, which helps us to determine the number of physicians who should be graduating from our residency programs and the specialty mix,” Coggan says. “From that information it’s clear that we should be thinking of expanding our primary care programs in Grand Rapids, and secondly, we should be establishing fellowship programs in a number of subspecialties.”

As for continuing medical education, Coggan hopes to attract area physicians to the program by focusing on quality care issues and maintaining certification.

“We need to connect it more closely to patient safety and to quality care issues that come up in the hospitals and medical groups in Grand Rapids,” Coggan explains. “The idea is to be more proactive in identifying what those patient safety issues are and putting together continuing medical education that would specifically respond to those needs.”

Finally, Coggan will be working diligently with the College of Human Medicine to integrate the Grand Rapids graduate medical education and continuing medical education programs into the new four-year medical school, he says.

Along with each of these goals, Coggan hopes to increase the amount of research and publications coming from Grand Rapids. “We need to elevate the level of scholarship in our residency programs in preparation for the arrival of the four-year medical school,” he says.

Dianne Wagner, M.D.
Associate dean of new Office of College-wide Assessment sees bigger picture

As the associate dean of the new Office of College-wide Assessment, Dr. Wagner seeks to gain a broader, clearer understanding of what is going right and wrong for faculty, students and patients.

“The ideal assessment system should enable learners and faculty to determine where their strengths and weaknesses lie, and what they need to do to be ready for the next step in their professional journey,” Wagner explains. “Our system of assessment to this point has not given faculty or learners the valid and reliable feedback data that enable them to identify problems and fix them.”

Wagner’s experiences at the College of Human Medicine, including most recently serving as associate dean for graduate medical education, have allowed her to intimately observe the relationship between curriculum and assessment.

“I have been involved in medical education since the early 1980s, and have had responsibility for curriculum spanning from the first day of medical school to the last day of subspecialty fellowship,” she says.

Wagner completed her medical degree in 1981, a residency in internal medicine at Michigan State University in 1984, and a general medicine faculty development fellowship in 1986.

In the late 1980s, Wagner says, she was part of the curricular revision which resulted in the present use of problem-based learning, and also took part in the college’s first forays into performance-based assessment of clinical skills. She envisions a carefully crafted assessment system that provides valid and reliable feedback, and “drives a nimble and competency-based curriculum. I believe that a sensibly-constructed assessment system will boost learner and faculty satisfaction and contribute to better patient care,” Wagner says.

Personally, this is a huge challenge to envision, and it is a privilege to be able to work with my colleagues toward such a worthy goal,” she says.
Mary Nettleman, M.D., chairperson of the Department of Medicine, has been elected to mastership in the American College of Physicians. Masters are a small group of physicians who have been successful by achieving pre-eminence in internal medicine, holding positions of high honor and making a significant impact. The prestigious designation makes her only the tenth master in Michigan.

Walid Abuhammour, M.D., associate professor of pediatrics, has been named president of the North American Arab Medical Association for 2008-09, an organization which promotes professional relationships between members and medical organizations in North American and the Arab world. Dr. Abuhammour is director of Hurley Medical Center's Pediatric Infectious Diseases.

Marolee Neuberger, M.S., has been named director of the Michigan State University Family Medicine Residency Program Network in the Department of Family Medicine, and as such will provide leadership for collaborative work of the nine program directors, faculty and staff. Since 2003, she had worked with the Michigan State Medical Society “Health Literacy: Train the Trainer” program. She is coauthor of articles in the Annals of Internal Medicine and Patient Education and Counseling.

Ayo Ajibola, M.D., a fellow of the Division of Neonatal Medicine Residency Program in the Department of Pediatrics and Human Development, is one of seven residents nationally chosen as a fellow of the Pediatric Scientist Development Program. This is a joint effort of the National Institute of Child Health and Human Development and numerous private agencies and foundations. She will use genetic linkage methods to study the family of a child with pontocerebellar hypoplasia.

William C. Wadland, M.D., et al are authors of a paper cited as a high-impact publication in the field of computerized clinical decision support at the American Medical Informatics Association Symposium in November. (Wadland WC, Holtrop JS, Weismantel D, Pathak PK, Fadel H, Powell J. “Practice-based referrals to a tobacco cessation quit line: assessing the impact of comparative feedback vs general reminders.” Ann Fam Med. 2007 Mar-Apr; 5(2): 135-42.)

Margaret Semrud-Clikeman, Ph.D., professor of psychiatry and psychology, was selected by the National Research Council in Washington, D.C., to serve as chairperson of the dissertation/postdoctoral level education panel for the Ford Foundation Diversity Fellowship Program.

William C. McGaghie, Ph.D., has been named the Jack L. Maatsch Visiting Scholar in Medical Education in the Office of Medical Education Research and Development.

Roy Gerard, M.D., Department of Family Medicine, recently contributed a chapter, “Family Medicine Should Rediscover a Focus on Family Care” to Ideological Debates in Family Medicine (Beutow & Knealy, p. 279).

Dr. Farouck Obeid, Flint campus professor of surgery since 2001, died March 8, at the age of 58. Dr. Obeid was the Director of Trauma Services at the Minimally Invasive Surgery Center at Hurley and was a senior staff surgeon at Henry Ford Hospital in Detroit.

On March 20, MSU College of Human Medicine fourth-year students joined more than 15,000 medical students from across the country in the National Resident Matching Program. MSU’s soon-to-be M.D.s gathered at each of the college’s six campuses to learn where they had “matched” for their residency appointments.
Husband and wife Tracy Muday, M.D. and Frank Mukaida, M.D., have found a perfect place to practice medicine. The couple, who met during their first year at the College of Human Medicine because they were next to each other in the alphabet, got married in November of their intern year. After completing their residencies in Saginaw, they were looking for something halfway between Michigan and Hawaii.

“Frank’s parents live in Honolulu, which is a lovely place to visit, but a very difficult place to practice medicine,” Muday says. Their search led them to Coos Bay on the coast of Oregon, a lovely place both to live and practice. The small town has a population about 25,000 when combined with neighboring community North Bend.

Muday and Mukaida moved to Coos Bay in 2000, after discovering an even more appealing reason than living on the coast of Oregon: a uniquely structured medical practice where they could find independence in a community setting.

“On the face of things, it is a medium-sized group of about 45 physicians. It is not a typical multi-specialty group, however; it is actually a cooperative,” Muday explains. “Each physician is his or her own business, so each has control over how many patients seen in a day or who works in the office.”

Both Muday, a family practice physician, and Mukaida, an obstetrician/gynecologist, were part of the group until last year when Muday became the medical director for the local Independent Physicians’ Association that administers the Oregon Health Plan in Coos County. The freedom of being on her own was enjoyable, Muday says. Yet physicians in the practice still received the benefit of being part of a larger whole when it came time to bargain.

“The group as a whole negotiates contracts with insurers, and a central billing office collects payments, so you can get one pneumovax, aircast, or box of gloves at a time, when you need it,” Muday explains. Muday and her husband enjoyed the setup so well that they convinced their friends and fellow College of Human Medicine alumni Jean Lu (Class of 1996) and Robert Nouhan (Class of 1998) to join them in Coos Bay.

Both Lu and Nouhan are family practice physicians who were working in Ganado, Arizona, on the Navajo Reservation at a small, private hospital named Sage Memorial before joining North Bend Medical Center in 2003.

According to Muday, Lu and Nouhan left the practice in 2007 to move closer to family. They are now practicing in Longmont, Colorado.

“It was a lot of fun to share a practice with my friend,” Muday said. “It was also helpful that we have a very similar approach to things, having both been indoctrinated into the biopsychosocial model. Some of our patients referred to us as ‘Dr. Lu-Day.’”

Although her practice has changed, Muday is still excited about being in Coos Bay.

in memoriam

Steven A. Leibel, M.D., 2007 Hunt Lecturer for the College of Human Medicine, died February 7 in Hawaii. A world-renowned radiation oncologist, he was the first Ann and John Doerr Medical Director of the Stanford Cancer Center, where he oversaw roughly 350 cancer specialists. He was key to Stanford’s successful effort to receive National Cancer Institute designation. Widely recognized for his work in developing more precisely targeted therapies for treating cancers of the brain and prostate, Dr. Leibel had served on the faculty at Johns Hopkins University School of Medicine, the University of California, San Francisco, and Memorial Sloan-Kettering. He was president of the American Society of Therapeutic Radiology and Oncology, and president of the American Board of Radiology. A 1970 graduate of Michigan State University, Dr. Leibel received his preclinical education at the College of Human Medicine at a time when the college had only a two-year program. He received his M.D. from the University of California, San Francisco. He is survived by his wife Margie, daughter Nicole Dennis, two sisters and one grandchild.


by Dawn I. Doerr
## Continuing Medical Education

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<td>July 1, 2008 to June 30, 2011</td>
<td>Center for Medical Education, Inc.</td>
<td>Geraldine Hasapes (800) 458-4779 <a href="mailto:GerCME@aol.com">GerCME@aol.com</a> <a href="http://ccme.org/home.html">http://ccme.org/home.html</a></td>
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<tr>
<td>Primary Care Medical Abstracts</td>
<td>July 1, 2008 to June 30, 2011</td>
<td>Center for Medical Education, Inc.</td>
<td>Geraldine Hasapes (800) 458-4779 <a href="mailto:GerCME@aol.com">GerCME@aol.com</a> <a href="http://ccme.org/home.html">http://ccme.org/home.html</a></td>
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<tr>
<td>Pediatrics Grand Rounds Online</td>
<td>Jan. 1, 2008 to Dec. 31, 2008</td>
<td>DeVos Children’s Hospital</td>
<td>Kim Eddy <a href="mailto:kim.eddy@spectrum-health.org">kim.eddy@spectrum-health.org</a> <a href="http://www.devochildrens.org">www.devochildrens.org</a></td>
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<tr>
<td>Geriatric Grand Rounds - Michigan Center for Rural Health</td>
<td>Sept. 3, Oct. 1, Nov. 5, &amp; Dec. 3, 2008</td>
<td>Various WKAR Tele-health network sites</td>
<td>Phyllis Ball (517) 355-8250 <a href="mailto:ballp@msu.edu">ballp@msu.edu</a> <a href="http://www.mcrh.msu.edu/">http://www.mcrh.msu.edu/</a></td>
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<tr>
<td>Psychiatry Grand Rounds - Michigan Center for Rural Health</td>
<td>July 23, Oct. 22, 2008</td>
<td>Various WKAR Tele-health network sites</td>
<td>Phyllis Ball (517) 355-8250 <a href="mailto:ballp@msu.edu">ballp@msu.edu</a> <a href="http://www.mcrh.msu.edu/">http://www.mcrh.msu.edu/</a></td>
</tr>
<tr>
<td>Center for Ethics Brown Bag Series</td>
<td>Monthly from September to April</td>
<td>East Lansing</td>
<td>Peggy Anderson Center for Ethics (517) 355-3474 <a href="mailto:Peggy.Anderson@ht.msu.edu">Peggy.Anderson@ht.msu.edu</a> <a href="http://www.bioethics.msu.edu/">http://www.bioethics.msu.edu/</a></td>
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</table>

## CHM in The Campaign for MSU

The Campaign for MSU, which ended this past fall, was an outstanding success for the College of Human Medicine. Our overall goal was $25,200,000, and we finished at $56,036,381! The college emphasized endowment in The Campaign for MSU, hoping to raise $12 million. By the public kick-off of the campaign in the fall of 2002, Dr. Nicholas V. Perricone, class of ‘82, had made his commitment of $5 million to endow our new Division of Dermatology, and we were on our way to raising over $23 million in endowment. Dr. Perricone’s gift is the largest cash gift for endowment in the history of MSU. The college began the campaign with a bang and we ended it that way as well. In January 2007, we received a commitment from Ambassador Peter Secchia, his wife, Joan Secchia, and anonymous contributors for $20 million toward the construction of the Secchia Center. An additional $15 million had been pledged for this project by the end of The Campaign for MSU, and fundraising continues apace.

The College of Human Medicine would like to thank the many people who supported us during The Campaign for MSU. Our future is bright because of your commitment.
CHM Alumni Reunion 2008
All classes welcome

2008 Andrew D. Hunt Memorial Lecture
Valerie Montgomery Rice, M.D., M.P.H.,
senior vice president and dean,
Meharry Medical College
Friday, October 3, 2008, from 3 to 5 p.m.
Pasant Theatre

Alumni Reunion and MSU Homecoming Weekend
Alumni Wine and Cheese Reception
Friday, October 3, 2008, from 6 to 9 p.m.
Fireplace Room, University Club

Alumni Tailgate Party
Saturday, October 4, 2008
CHM Tent on the Red Cedar
2 hours prior to game time

For more information contact the
Alumni Office at (517) 353-0755

Michigan State M.D.
College of Human Medicine
A217 East Fee Hall
Michigan State University
East Lansing, Michigan 48824-1316

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