

# OU Medicine

Fall 2009

A Publication for Alumni and Friends of the University of Oklahoma College of Medicine



Professionalism Starts Early

DONOR APPRECIATION ISSUE

# Dean's Message

## Dear Alumni and Friends,

It's an exciting time here at the College of Medicine and the University of Oklahoma Health Sciences Center. There are seven large construction cranes at work on the Oklahoma Health Center campus, reflecting the vibrancy and continued growth and development of the center.

The new 14-story OU Children's Physicians clinic building opened in late August with tremendous positive effect on patients, families, physicians and staff. Meanwhile, work continues on the new atrium entrance and complex that will complete the new Children's Hospital. Construction of the OU Cancer Institute is progressing on schedule, including the remarkable proton therapy section. The Dean McGee Eye Institute is undergoing a major expansion that will serve both clinical and research needs. OU Medical Center's new ambulatory surgery center is under construction adjacent to the Harold Hamm Oklahoma Diabetes Center, and architectural planning is under way for expansion of OU Medical Center's adult inpatient facilities. The Oklahoma Medical Research Foundation is constructing a new research tower. We are in the initial planning phase for a new academic office building for the College of Medicine, as we are rapidly outgrowing our current space.

We have already made an addition to the Clinical Skills Education and Testing Center that was opened earlier this year and featured in the spring 2009 issue of *OU Medicine*. This addition houses one of the three centers in the nation currently in operation for training physicians on the newest high-definition generation of the *da Vinci*® robotic surgical equipment. We are pleased to be at the forefront of this advancing and sophisticated technology and are proud that we will be a regional and national training center for robotic surgery.

Facilities are obviously highly important, but it is the people and programs that are the critical elements in what we do and are able to accomplish. We are blessed with dedicated faculty and staff who continue to make great strides in our education, research, and patient care missions. I am proud of their achievements and the new goals we are setting for the future. I am also pleased to report that we have been very successful this past year in adding new, talented faculty in several areas.

As always, I am deeply appreciative for the continuing interest and generous support of our many alumni and friends. Your help is critical for us to maintain our momentum. I hope you enjoy this issue of *OU Medicine*.



**M. Dewayne Andrews, M.D., MACP**

Best wishes,

A handwritten signature in black ink that reads "Dewayne Andrews". The signature is fluid and cursive, written in a professional style.

M. Dewayne Andrews, M.D., MACP  
Vice President for Health Affairs  
Executive Dean, College of Medicine

# OU Medicine

## OU MEDICINE

### University of Oklahoma College of Medicine

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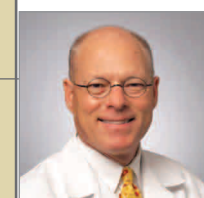
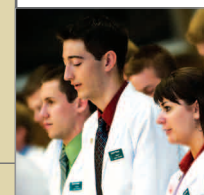
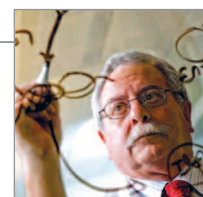
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COVER PHOTO: First-year medical student Alana Donaldson is helped into the white coat symbolic of the profession during the annual White Coat Ceremony held at the National Cowboy and Western Heritage Museum just before the start of classes. See related story on Page 26.



# Cancer Institute Rising

The 213,000-square-foot OU Cancer Institute building began to take shape during the hot months of summer. The seven-story building is expected to open in 2010 and will house all adult ambulatory cancer clinical services on campus, including radiation oncology, diagnostic imaging and multidisciplinary cancer clinics. Among the support services to be offered will be patient navigation, appearance, education and counseling. The institute will also offer proton beam therapy, making it one of just a handful of comprehensive centers with this cutting-edge therapy for cancer patients.

## Construction Starts on Surgery Center

Site work began in April for a 20,000-square-foot Ambulatory Surgery Center designed for less complex, outpatient procedures and focused on providing convenience and efficiency for patients.

The new center will be adjacent to the Harold Hamm Oklahoma Diabetes Center at N.E. 10th Street and Lincoln Boulevard. It will expand operating room capacity in response to a growing demand for on-campus surgery services.

The Surgery Center is being built by a joint venture of The Uni-

versity Hospitals Authority and Trust and OU Medical Center.

"It provides a win for all doctors requiring operating room time, because it will give them a modern and efficient place for outpatient procedures while freeing time in current operating rooms for procedures requiring hospitalization," said Cole Eslyn, president and CEO of OU Medical Center.

The center is expected to be open by the summer of 2010.



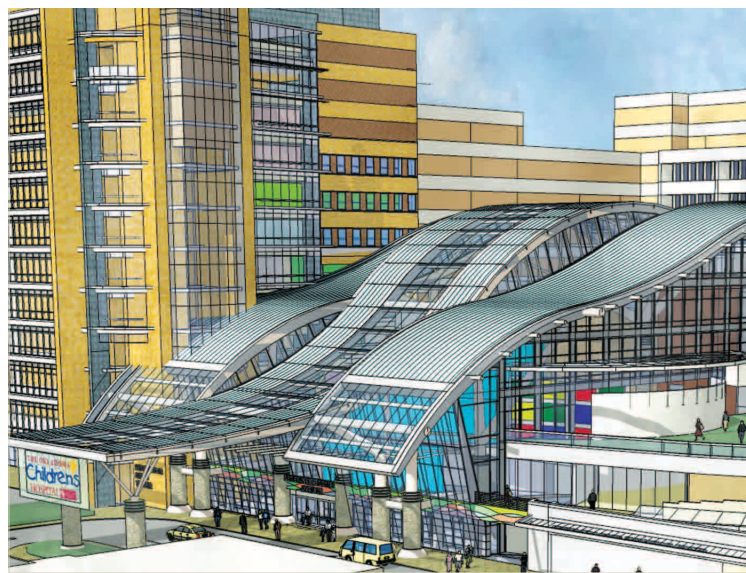
This architect's rendering shows how the 20,000-square-foot Ambulatory Surgery Center will appear upon completion in mid-2010.





### Atrium Construction Under Way

Concrete pillars give only a hint of how the iconic six-story, glass-and-steel atrium on the east side of Children's Hospital of OU Medical Center will look when it is completed in 2010, as shown in architect's drawing at right. The atrium will serve as the front door of both the hospital and the newly opened 14-story OU Children's Physicians tower, the largest ambulatory clinic for children in the state. The tower and atrium are projects of the University Hospital Authority and Trust. A third component will be an education center.



## Art for Atrium Planned

British sculptor Mackenzie Thorpe and San Francisco painter and China-born glass artist Shan Shan Sheng were chosen from the top artists worldwide who competed for the opportunity to design special pieces for the iconic atrium entrance to Children's Hospital at OU Medical Center.

When completed, the six-story, steel and glass atrium will also welcome patients to the new 14-story OU Children's Physicians Building, which opened in September.

Artwork created in a variety of media — bronze, steel, stone, glass and even crayons — were reviewed by the art selection committee, which included members representing the campus and the community. The committee faced the difficult task of narrowing the field of 53 submissions to just a handful of finalists.

"The number and quality of the submissions was impressive," said Jim Everest, vice chair of the University Hospitals Authority and Trust, who participated in the selection process. "The art selected will play an integral role in the atrium. It will further define the space and add to its beauty as well."

Thorpe has created sculpture in a variety of sizes and materials that include fiber glass, bronze, clay and mixed metal. He has a long history of working in children's health care environments in the United States, the United Kingdom, Australia and Japan. During exhibitions of his art, Thorpe conducts art workshops with children.

Sheng is a Shanghai native who came to the United States

in 1982. The last 12 of her 20 years as a professional artist have been spent in the public art field. From her studios in San Francisco and Venice, Italy, Sheng has completed large scale projects throughout the United States and China and has artwork installed in three of the world's tallest buildings.



Shan Shan Sheng



Mackenzie Thorpe

## Kendrick Named Assistant Provost



David C. Kendrick, M.D.

The OU Regents named David C. Kendrick, '99 M.D., as assistant provost for strategic planning for the OU Health Sciences Center at their July meeting.

Kendrick is an associate professor of internal medicine and pediatrics at the OU School of Community Medicine in Tulsa and holder of a George Kaiser Family Foundation Chair in Community Medicine.

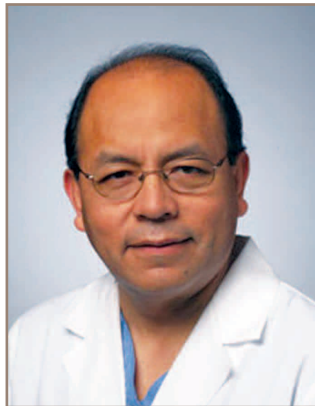
As medical director for community medical informatics in Tulsa, he is charged with defining and implementing health care information systems

strategy for the SCM and the community it serves. His larger role as assistant provost encompasses both Oklahoma City and Tulsa campuses and includes the development and implementation of health information exchanges in the state.

Prior to joining the SCM faculty in 2008, Kendrick was medical director for Archimedes Inc., a health care start-up company founded to leverage mathematics and modeling to improve decision-making in health care at all levels. Kendrick is CEO of MedUnison, a medical information company in Oklahoma City that provides communications services to patients and providers worldwide.

Kendrick holds degrees in chemical engineering and public health in addition to medicine, and he is fellowship-trained in medical informatics. His wife, Christina, '00 M.D., is a dermatologist.

## Medina Receives Perceptivity Award



Jesus E. Medina, M.D.

Nationally noted ear, nose and throat cancer treatment specialist Jesus E. Medina, M.D., was the 2009 recipient of the \$20,000 Otis Sullivant Award for Perceptivity at OU.

The Ethics and Excellence in Journalism Foundation and the selection committee, which is composed of faculty and staff members, students and alumni, made the selection. The award is presented annually to a faculty or staff

member at OU who exhibits "keen perceptivity."

"Each year we are proud to present the Otis Sullivant Award for Perceptivity to an individual whose keen insight benefits the community," said Bob Ross, director of the Ethics and Excellence in Journalism Foundation.

"This year's recipient, Dr. Medina, embodies the spirit of the award."

OU First Lady Molly Shi Boren said Medina "is not only a leader and creative pioneer in his field of medicine, he is known for his care and concern for his patients and as a master teacher of medical students."

The late Edith Kinney Gaylord of Oklahoma City established the \$500,000 Sullivant Prize endowment shortly before her death in January 2001. The award honors the late longtime Oklahoma journalist Otis Sullivant, who covered Oklahoma and national political news for several decades and was known for his ability to analyze and accurately predict political trends.

The agreement establishing the prize also states that a person "who manifests intuitiveness, instant comprehension, empathy, is observant and interprets from experience" should be selected. The benefit to society and the broader community, which comes from the insight of the recipient, also is considered.

Patients travel from many states to take advantage of the revolutionary treatments pioneered by Medina, professor and former chairman of the Department of Otorhinolaryngology, and his team. Through his efforts, the department has become widely known for its proficiency in treating mouth and throat cancers and advanced cancers of the face and neck.

The Peru native came to Oklahoma City in 1984 from the University of Texas M.D. Anderson Cancer Center in Houston to develop a head and neck cancer surgery program at the OU College of Medicine. He became chairman of the Department of Otorhinolaryngology in 1991 and has since held top elected positions in several professional ORL organizations.



## Medical Ethics Prize Awarded

Lainie Friedman Ross, M.D., Ph.D., an author, pediatrician and authority on medical ethics involving children, has received the College of Medicine 2009 Patricia Price Browne Prize in Biomedical Ethics. At \$10,000, it is the largest such award in the nation.

A member of the faculty at the University of Chicago Medical School, Ross is Carolyn and Matthew Bucksbaum Professor of Clinical Medical Ethics, an associate director of the MacLean Center for Clinical Medical Ethics and co-director of the Ethics Consultation Service, which provides both clinical and research ethics consultation.

She has published two books on pediatric ethics: *Children, Families and Health Care Decision Making* (Oxford University Press, 1998) and *Children in Medical Research: Access versus Protection* (Oxford University Press, 2006).

A trained philosopher and a practicing pediatrician, Ross combines her philosophical and clinical skills in all of her research, and often integrates theory with empirical data. Her theoretical work often focuses on policy issues, and she is adept at developing real-world solutions.

Ross serves on the Committee of Bioethics of the American Academy of Pediatrics and the Ethics Committee of the United Network of Organ Sharing, which operates the Organ Procurement and Transplant network. She also serves on numerous data safety monitoring boards.

“Dr. Ross’s work is very influential in the pediatric transplant community as she is considered one of a very small handful of experts in this area,” said Terrence Stull, M.D., chair of the Department of Pediatrics and holder of the CMRI Patricia Price Browne Distinguished Chair.

She also is regarded as an authority on collecting and using genetic material in pediatrics, and her third book, *The Genetic Testing and Screening of Infants and Children*, will be on this subject.

Ross earned a bachelor’s degree from the Woodrow Wilson School of Princeton University in 1982, her medical degree from the University of Pennsylvania School of Medicine in 1986, and a master’s of philosophy and Ph.D. degrees from Yale University’s Department of Philosophy



Lainie Friedman Ross, M.D., Ph.D., poses with the Patricia Price Browne Prize in Biomedical Ethics. From left are Whitney Browne Hooten; Terrence Stull, M.D., chair of the Department of Pediatrics and holder of the Patricia Price Browne Distinguished Chair; Ross; and Henry Browne.

in 1992 and 1996, respectively. Ross completed pediatric training at the Children’s Hospital of Philadelphia and Babies Hospital of Columbia University in New York City.

She joined the University of Chicago Medical School faculty in 1994 as an assistant professor in pediatrics and medicine, and in 1998 became the first internal candidate to be tenured in the Department of Pediatrics in more than 25 years. Ross was one of the youngest medical faculty members ever to receive an endowed professorship.

The Patricia Price Browne Prize in Biomedical Ethics and an endowed faculty position were established by her family, friends and Children’s Medical Research Institute following her death in 2000. Eligible to receive the \$10,000 biennial award in biomedical ethics are physicians, nurses, research scientists and others who demonstrate the highest professional standards in the medical or professional ethics fields.

The purpose of the prize is to foster the development of the highest professional standards in health care through discussions of the ethical issues related to complex health care topics.

## Herman Jones Receives Master Teacher Award



Stanton L. and Barbara Young congratulate Herman Jones, Ph.D., clinical professor of neurology and recipient of the 2009 Stanton L. Young Master Teacher Award.

Characterized by his students as being a wonderful, deeply caring, dedicated and inspiring teacher, Herman Jones, Ph.D., clinical professor of neurology, received the 2009 Stanton L. Young Master Teacher Award at ceremonies last spring.

The prestigious award, which carries a \$15,000 prize, was announced just four days after Jones received the Aesculapian Award for excellence in teaching from members of the Class of 2009. He won an Aesculapian Award in 2006, as well.

Executive Dean M. Dewayne Andrews, M.D., said Jones “has a sustained record of outstanding teaching, leadership in educational programs and service to students since he joined the university 28 years ago.

“His extensive experience and natural story-telling ability allow him to create a lasting impression of not only what each neurologic condition is, but what the patient looks and sounds like, which makes recognition of a patient’s condition easier, even years after his lectures,” Andrews continued.

“Weaving memorable stories into all of his lectures, he often has students hanging on every word. Many students proclaim him as one of the finest teachers ever encountered, and they consider it a privilege to be taught by him.”

Andrews noted that students with personal or family health issues have reached out to him for support and advice “and found a genuinely caring individual with open arms and an open door. As one student commented, ‘He cares deeply about who we are as persons, where we are headed and what he can do to help us get there.’”

Jones grew up in Oklahoma City, and states that he began “working” at Children’s Hospital at age 7, as his mother was nursing supervisor there. His educational background includes earning his bachelor’s, master’s and doctoral degrees in psychology from Oklahoma State University.

After receiving his doctorate, he worked with the Oklahoma Department of Human Services for three years in the Bureau of Institutions and Community Service to Children and Youth. Following this experience, he joined the OU College of Medicine faculty in 1981 as a clinical instructor for the Department of Psychiatry and Behavioral Sciences. He currently holds a joint appointment in the departments of Neurology and Psychiatry and provides outstanding neuropsychological expertise for both departments.

He has served as co-director of the neurology clerkship for third-year students; coordinator of the neurology sections of the Introduction to Human Illness course and the Principles of Clinical Medicine II course in the second year; and taught in the Introduction to Human Behavior courses in the first two years.

In addition to his medical student teaching responsibilities, he presents regularly at Psychiatry Grand Rounds, lectures to residents and continues his clinical practice in neuropsychology. He also serves as consultant to the emergency room, the trauma center and to several hospitals in the Oklahoma City area.

Jones has received the Silver Circle Award from the Multiple Sclerosis Society, a Governor’s Commendation for Professional Service and Commendation for Professional Service from the Oklahoma Brain Injury Association.

## Children’s Among Best In Pediatric Urology

The Children’s Hospital of OU Medical Center is among “America’s Best Children’s Hospitals” in the field of pediatric urology, according to *U.S. News and World Report*.

The Oklahoma City hospital was ranked 30th among 160 hospitals considered. Fifty-six hospitals were ranked in one or more specialty. Only the top 30 hospitals in each field were identified.



## Bidichandani Named To New Admin Post

Sanjay Bidichandani, M.B.B.S., Ph.D., associate professor of biochemistry and molecular biology, has been appointed assistant dean for preclinical curriculum to help improve and refine the curriculum for the first two years of medical school.

“His combined background in basic sciences and clinical medicine will allow him to work with Curriculum 2010 faculty planners to emphasize the connections between basic science and clinical concepts,” said Executive Dean M. Dewayne Andrews, M.D., in announcing the appointment. The position is part time.

Bidichandani directs the first-year Medical Biochemistry and Molecular Genetics course and will direct the Curriculum 2010

Molecular and Cellular Systems course.

A two-time recipient of the Aesculapian Award for excellence in teaching, Bidichandani also directs a successful NIH-funded research program. He has served as an officer of the National Association of Medical Biochemistry Course Directors, and he is a graduate of the master teacher fellowship program at the Baylor College of Medicine.



Sanjay Bidichandani, MBBS, Ph.D.



Headed toward the first day of orientation for the incoming Class of 2013 are, from left, Nick O'Bright, Ilya Sluch, Tuan Tran (partially hidden), Kevin Kierl and Connor Fullenwider. The 162 new first-year students were chosen from 1,567 applicants and range in age from 20 to 41. Sixty-two percent are male, and 150 are Oklahomans. Other states represented are California, Colorado, Florida, Kansas, Missouri, Pennsylvania, Texas and Utah. Class members received their undergraduate degrees from 44 different colleges and universities.

## Cancer Scientists Make Stem Cell Discovery



Shrikant Anant, Ph.D., and Courtney Houchen, M.D.

OU Medicine scientists have discovered the first evidence of a stem cell protein responsible for regulating a natural tumor suppressor. The groundbreaking research appeared in the journal *Gastroenterology*.

Cancer researchers have known for some time that certain proteins in cells cause tumors to grow, but they never completely understood why. New research from Courtney Houchen, M.D., and Shrikant Anant, Ph.D., both associate professors of medicine, not only found a new cancer protein, but also found how the protein works to turn off a natural tumor suppressor and turn on a cancer-causing gene.

This insight offers a novel target for cancer therapy and brings scientists a major step closer to a cure.

Houchen and Anant found that when the stem cell protein was increased, the tumor suppressor went down and the tumor grew in research models. When the protein was reduced, the level of tumor suppressor went up, and the tumor stopped growing. Scientists also found that when they stopped the protein, the expression of a cancer-causing gene also went down.

By targeting this new protein, researchers can work to develop new therapies that would specifically target cancer stem cells and stop cancer from growing and recurring.

Funding for this research is provided by the OU College of Medicine and the VA Medical Center.

## Fourth Biotech Firm From Scientist's Lab



Paul DeAngelis, Ph.D.

OU Medicine scientist Paul DeAngelis, Ph.D., professor of biochemistry, has developed a carbohydrate-based compound that is the basis of a fourth life sciences company. This one is for a therapeutic delivery system.

Caisson Biotech LLC is a subsidiary of Heparinex LLC, Oklahoma City, which makes a synthetic substitute for the anticoagulant heparin. Caisson will be based in San Antonio, although the synthesizing capabilities and manufacturing will remain in Oklahoma.

A carbohydrate-based compound for a synthetic chondroitin also was developed by DeAngelis and is the basis of the company Choncept. With Paul Weigel, Ph.D., George Lynn

Cross Research Professor and chair of the Department of Biochemistry and Molecular Biology, DeAngelis developed a synthetic form of hyaluronic acid produced by a company called Hyalose.

The newest firm will commercialize a patent-pending therapy delivery system called HEPylation, using a synthetic polymer similar to heparin. DeAngelis said a brainstorming session for new uses of the heparosan polymer that is the “backbone” of heparin led to the creation of Caisson Biotech early this year.

As a drug delivery platform, the heparosan polymer is said to be biologically superior to the current industry standard polymer, polyethylene glycol, or PEG.

It provides protection against adverse reactions to the drug it helps deliver to the body. It also has a longer-lasting effect because it is not eliminated from the body as quickly as other delivery platforms.

“You don’t make antibodies against it, and you don’t have your protein enzymes dissolve it,” said DeAngelis.



## Lottery Winners to Help Kids With Diabetes

Joyce Harvey said it would be easy enough for her and husband Don to help individuals with the \$33.3 million she won several years ago playing Powerball, “but we wanted to help many, not just one.”

This is why the Harveys decided to use part of their winnings to help buy and operate a mobile research unit for OU’s CMRI Pediatric Diabetes and Metabolic Research program to use in studying diabetes in rural children.

Steve Chernausek, M.D., professor of pediatrics who directs the research program, said the mobile unit will give rural children with diabetes access to specialists and the ability to participate in research.

The multi-functional van will cost \$800,000 or more, and the Harveys have made an initial donation of \$30,000, with plans to give more through the charitable foundation they founded.

Joyce Harvey bought the winning \$105.8 million Powerball ticket in June 2007. The Muldrow couple chose to receive a \$33.3 million lump-sum payment.



Pediatrics professor Steve Chernausek, M.D., gives Powerball winners Don and Joyce Harvey of Muldrow a tour of the campus pediatric diabetes research lab that he directs. The Harveys are helping to purchase and operate a mobile research unit for studying diabetes in children in rural areas. Copyright 2009, The Oklahoma Publishing Company

## College Gets One Of First Robotic Trainers

The latest *daVinci Si HD*® robotic surgery system is available to train students, residents and practicing physicians in robotic surgery skills through the College of Medicine’s new Clinical Skills Education and Training Center.

The OU Medicine center is the second university training site in the country for this latest generation robotic platform, which complements surgical skills and widens the opportunity to use a minimally invasive approach for prostate, kidney and gynecological procedures, with other areas emerging.

The \$2 million high-tech equipment will be located in a special section of the CSETC and is a joint project of the College of Medicine and the University Hospitals Trust.

The system consists of a surgeon’s console, a patient-

side cart with four interactive robotic arms, a vision system and pincer-like instruments. Powered by state-of-the-art robotic technology, the surgeon’s hand, wrist and finger movements are scaled, filtered and seamlessly translated into precise, real-time movements of the surgical instruments through 5- to 15-mm. incisions.

Carson Wong, M.D., associate professor of urology and medical director for OU Medical Center’s Center for Robotic Surgery, has used the hospital’s matching *da Vinci Si* system for prostate surgeries and says it is less invasive than conventional open surgery, reduces blood loss and speeds recovery.

Training on the robotic surgical system will be available to physicians from Oklahoma and around the country.



## Scientists Find Marker for Juvenile Arthritis



James Jarvis, M.D., professor of pediatrics and chief of the rheumatology section, is pictured with Sherri O'Neil, executive director of the Oklahoma chapter of the Arthritis Foundation, his patient, Izzy Lette, 9, and Izzy's parents (right), Gary and Shannon Lette of Lone Grove.

An OU Medicine research team has found the first genetic marker for juvenile arthritis – a discovery that could lead to a first-of-its-kind blood test and a way to improve the treatment of children with the disease.

James Jarvis, M.D., and his team have found a biomarker that can show whether a child's arthritis is in remission. This is important because many children endure painful arthritic

relapses when they stop taking medicine too soon.

Because there is no test to determine whether juvenile arthritis is in remission, physicians place every patient on arthritis medicine for a standard period of time and then take them off. Jarvis said that about half of those children actually are in remission and do well, but the others suffer debilitating relapses that progressively cause more damage.

Development of a blood test would allow physicians to know precisely when a child is ready to stop taking his or her medication.

"This is something that has baffled people in our field for decades, and we finally have the answer," Jarvis said. He predicted a gene profile will be part of the standard of care for juvenile arthritis patients within five years.

Jarvis also hopes the work will lead to better drugs to treat juvenile arthritis and treatment protocols tailored to the specific needs of each patient. "We will be able to take a child as soon as he or she is diagnosed, do a test and then say, 'You need these two medicines and not this one.'"

The research group, which includes scientists from the Oklahoma Medical Research Foundation, Children's Hospital in Seattle and St. Louis Children's Hospital, is already using the research to predict accurately whether children will respond to therapy.

## New Ablation Technique Used for A-Fib

Cardiovascular surgeon Marvin Peyton, M.D., has used a new, thoroscopic ablation technique to halt a patient's atrial fibrillation.

Peyton, professor of surgery, said the technique was developed in part by OU electrophysiologists, who worked with scientists worldwide to map the heart's complex electrical system.

The surgery was performed at OU's Heart Rhythm Institute on July 29 after Peyton collaborated with surgeons in Amsterdam to learn the new technique.

The minimally invasive surgery replaces 4-inch incisions



Marvin Peyton, M.D.

on each side of the chest with smaller, one-inch entry points. The surgeon creates precise scars on the heart to block the faulty electrical impulses that cause the heart to beat irregularly.

Patient Suzanne Cannon of Oklahoma City described her bouts of fibrillation before the surgery as feeling "like a fish (was) jumping around your chest. It is very scary and I would get light-headed and short of breath and have to lie down."

Cannon said she's had no abnormal rhythms since the surgery.

"It has given me my life back," the professional counselor said. "I now have the energy to be myself. Before I was swimming underwater."

"For most people it's a permanent cure," said Cannon's cardiologist, Deborah Lockwood, M.D., associate professor of medicine.

## Compound Promising for Diabetic Retinopathy

OU Medicine vision researchers have found a way to use a natural compound to stop diabetic retinopathy, a disease that affects as many as 5 million Americans with type 1 and type 2 diabetes.

The discovery of the compound's function in inflammation and blood vessel formation related to eye disease means scientists can now develop new therapies – including eye drops – to stop the disease, one of the leading causes of blindness in the United States.

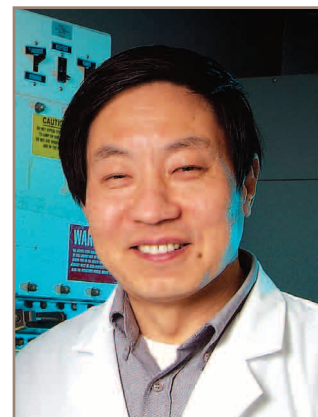
“There is no good treatment for retinopathy, which is why we are so excited about this work. This opens an entirely new area for pharmaceutical companies to target,” said Jay Ma, M.D., Ph.D., professor of medicine – endocrinology, the principal investigator on the project and a research partner at the Dean A. McGee Eye Institute and the Harold Hamm Oklahoma Diabetes Center.

Diabetic retinopathy is the most common diabetic eye disease and is caused by changes in blood vessels of the retina, the light-sensitive tissue at the back of the eye. In some people with diabetic retinopathy, blood vessels may swell and leak fluid. In other people, abnormal new blood vessels

grow on the surface of the retina. Over time, diabetic retinopathy can get worse and cause some vision loss or blindness.

Researchers found that this inflammation and leakage is caused by an imbalance of two systems in the eye. To restore balance, they delivered the new compound to cells using nanoparticle technology. The treatment in research models stopped the leakage, blocked inflammation and kept unwanted blood vessels from growing.

Ma's research is funded by the American Diabetes Association and the National Institutes of Health. His findings appear online in the journal *Diabetes*, a publication of the American Diabetes Association.



Jay Ma, M.D., Ph.D.

## COM Projects Receive OCAST Funding

Seven OU Medicine scientists were among state researchers chosen to receive three-year grants from the Oklahoma Center for the Advancement of Science and Technology.

**Yun Zheng Le, Ph.D.**, assistant research professor of medicine, is receiving \$135,000 to study regulatory mechanisms for the outer blood-retina barrier of the eye and its role in the development of diabetic retinopathy.

**Michael Elliott, Ph.D.**, assistant research professor of ophthalmology, received a \$135,000 grant to study the pathological processes that result in diabetic retinopathy and develop new therapies for this eye disease.

**David Crawford, M.D.**, associate professor of pediatrics, will test whether an aberrant expression of the enzyme UBE2Q2 contributes to the development of cancer and whether its inhibition could be used in cancer treatment. The grant is for \$135,000.

**Andrew Gardner, Ph.D.**, professor of pediatrics, received a \$135,000 grant to determine the efficacy of exercise rehabilita-

tion in older women with peripheral arterial disease. Older women with PAD have a worse prognosis and greater risk of functional dependency than men.

**Jean Ricci Goodman, M.D.**, associate professor of obstetrics and gynecology, received a \$117,000 grant to study the etiology of gastroschisis, a congenital abdominal wall defect carrying significant risk for morbidity and mortality.

**Michelle Callegan, Ph.D.**, associate professor of ophthalmology, received a \$135,000 grant to study the underlying innate immune response to bacterial endophthalmitis, one of the most rapidly blinding infections of the eye.

**Gillian Air, Ph.D.**, George Lynn Cross Research Professor of Biochemistry and Molecular Biology, received a \$135,000 grant to move closer to design of an antiviral drug for human parainfluenza viruses, a major cause of hospitalization in young children with croup and pneumonia. The study's aim is to determine how cell-binding and release mechanisms of the virus are coordinated.



Left: Members of the Standards Committee for the EXCEL program pose together.  
Right: Executive Dean M. Dewayne Andrews, M.D., addresses Leadership Development Institute members.

# EXCEL Boosts Satisfaction for Patients, Physicians, Staff

The dark blue line on the graph stayed disappointingly flat and frustratingly low as it inched month by month through 2007 and 2008, always staying well below the target level in overall patient satisfaction and below the national average.

Then, in February 2009, the line tracing patient satisfaction in OU Physician clinics suddenly jumped to just under the 70th percentile. In March, it dipped to the 48th percentile, but it was climbing again in April, and by May, it had once more risen above the target 50th percentile.

The leap in patient satisfaction was gratifying but no surprise to the hundreds of OU Medicine physicians and employees who had teamed up to develop a campus-wide transformational program called EXCEL over the previous year, nor to the several thousand more on campus who had unanimously agreed to put it into practice.

EXCEL has all of OU Medicine's physicians, staff members and administrators working together to improve service to patients and each other and to become more effective and efficient in their work through a goal-oriented focus on seven major pillars: education, research, quality, people, service, growth and finance.

OU Medicine is a partnership of the College of Medicine,

OU Medical Center (including the Children's Hospital), OU Physicians and the University Hospitals Authority and Trust.

An OU Medicine executive committee oversees the program, while an EXCEL steering committee executes the strategies. Teams were created to focus on the development of standards, measurement, communication, Leadership Development Institute and leadership evaluation manager programs. Each team is represented by a cross-section of OU Medicine physicians and other health care workers and employees.

After weeks of work, the 25-member standards team created a document describing the behavior expected of employees across the enterprise and covering professionalism, caring, communication, quality and innovation. Every OU Medicine employee, from physicians to billing clerks, signed on.

The need for a program like EXCEL had become clear several years ago when focus groups confirmed what campus leaders had feared: "Service wasn't good, we didn't communicate well, some facilities weren't what they ought to be and we weren't seen as being very friendly," said Doug Folger, M.D., associate dean for clinical affairs, chief medical officer of OU Physicians and a member of the EXCEL steering committee.



“We felt we had a great opportunity to improve as an enterprise. (We) started down the road to re-identify ourselves, to combine our efforts, to change our culture to work together to make this a great place for employees to work, a wonderful place for doctors to practice and a wonderful place for patients to get great care.”

The Studer Group, an outcomes firm assisting health care organizations in attaining and sustaining high-performance results, was hired to assist in the effort.

Re-branding the health care and medical education enter-

Improved patient satisfaction, revealed by a spike on a graph and in comments from patients themselves, is credited to AIDET, a communications program introduced in OU Medicine clinics and hospitals last winter.

AIDET stands for acknowledge (the other person), introduce (yourself), duration (say how long the exam or procedure will take), explanation (of the process, exam and/or procedure) and thank you.

AIDET was first explained to employees in small group sessions, then enterprise-wide over five days, “and more

## Education      Research      Quality      People

## Service      Growth      Finance

prise as OU Medicine was one of the first steps taken. Another was to set goals to support each pillar, “goals that cascade down through the organization so everyone is doing things to support them,” Folger said.

“For example, a goal for the manager of a clinic might be to decrease turnover rate of employees to below 10 percent.” The leadership evaluation manager software program tracks progress and shows that manager and his or her team leader whether the numbers are changing.

Folger says EXCEL is producing positive results, and he gives much of the credit to “rounding” throughout the organization by supervisors with those working under them.

“A manager will round individually and ask specific questions like what’s going well, who’s doing outstanding work and should be recognized, which physician is doing outstanding work to improve the culture here, do you have the resources to do the job, what do you need and what would you do to make this a better place.

“I round on clinic medical directors, and this is what I ask.”

Employees who are singled out for their efforts are recognized with thank you notes sent to their homes by OU Physicians executive leadership, clinic managers and medical directors, Folger said.

than 2,800 people attended,” Folger said.

Patient satisfaction surveys are tabulated by the Press-Ganey firm, and reports “tell us how we’re doing as a practice, as clinics and as providers.” These reports are doctor-specific, “so they give us the opportunity to coach when we see problems.”

The OU Medical Center is engaged in a similar process, which is also showing significant improvements.

While efforts continue to improve scheduling, EXCEL has already shown that it is working, Folger said. “Our (clinic) patient satisfaction scores are improving, and they are improving in the hospitals too, in both physician and patient satisfaction.

“Patients have been saying ‘there’s something good going on in your practice.’ A number of faculty spouses tell me that whatever we’re doing here, it’s working.

“Our mission is to provide the people of Oklahoma with great, high-quality medical care, and the care we provide each patient is improved because of our fundamental commitment to education and research,” Folger said.

“It makes our practice unique, and that enhances care. It’s a plus.”

# Long Road Ends in Discovery

Thirty-four years ago, Lawrence Rothblum, Ph.D., set out on a solitary road through a difficult and enigmatic field of biology to prove that normal cell growth in humans is controlled, or regulated, by a poorly understood process.

It was scientific heresy to think such a thing in 1975, and at the time Rothblum began his journey,

there was no way even to obtain the measurements that would prove he was onto something.

Yet along the way, Rothblum managed not only to show he was right, he also appears to have found a key for preventing heart cells from growing dangerously large while identifying new targets for cancer therapies.

Rothblum has been chair of the Department of Cell Biology since 2007, coming from the Sigfried and Janet Weis Center for Research of the Geisinger Clinic in Danville, Penn., where he was senior scientist. He formerly was professor of cellular and molecular physiology at Penn State University College of Medicine and a member of the faculty of the Department of Pharmacology at the Baylor College of Medicine.

His path of discovery started at the Hahnemann Medical College in Philadelphia, where he received his doctorate in 1975. A postdoctoral fellowship followed at Baylor.

Rothblum's journey has taken him through the field of cell biology that focuses narrowly on the creation of new ribosomes in the cell by looking at the production of ribosomal RNA, or rRNA, which is the structural framework of these new ribosomes, and the processes — some still unknown — that trigger the production of rRNA itself.

The rationale for Rothblum's research is as simple as the work is complex:

Proteins are manufactured in the ribosome, so a cell must accumulate new ribosomes if it is to grow larger or split into daughter cells. In either case, it must have enough ribosomes to support protein production.

"For many years, it was believed this process was not

regulated," Rothblum said. "The lack of ability to measure synthesis in normal cells suggested the process was not regulated at the biogenesis level but at the rate that cells turn over, or degrade ribosomes."

To make his point, Rothblum drew a picture of a barrel open at the top and with a spigot below. Water going into the barrel represents synthesis, with water going out through the spigot representing cell degradation.

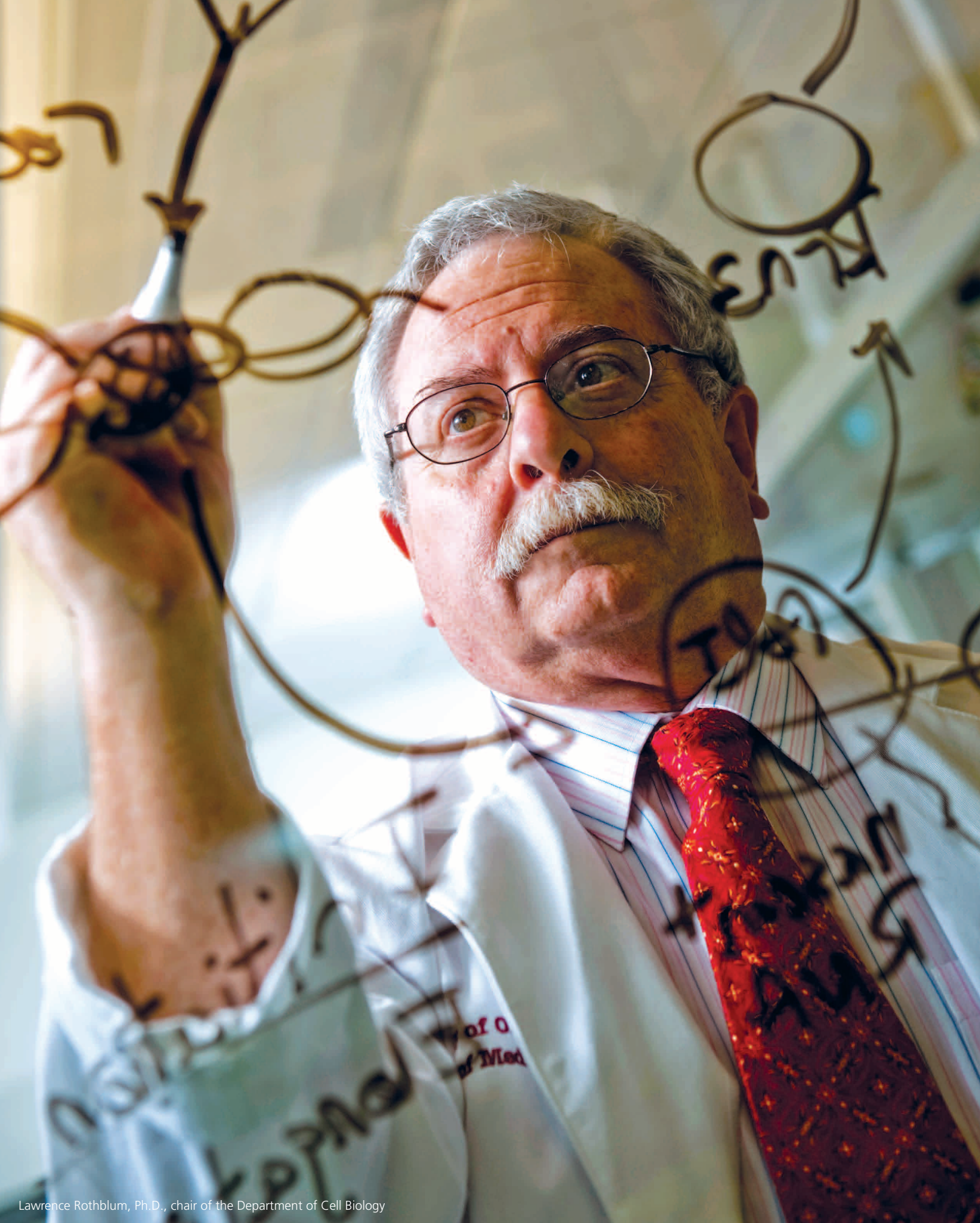
"The conclusion was that when accumulation increased, it was because the spigot was closed ... that rate of degradation had slowed down."

The picture was different for wildly dividing cancer cells, whose "disregulation" was blamed for their abnormal growth.

"It's been my job since 1975 to understand the process of ribosome synthesis and how it's regulated," Rothblum said. "What keeps it going in a tumor cell? What keeps it shut down, so to speak, in the normal cell, and how does the normal cell turn it on when it has to in order to grow, yet still stay normal?"

It was the early 1990s before Rothblum had the breakthrough he'd been looking for. The development of new testing mechanisms allowed him to show that an increased rate of ribosomal RNA synthesis was associated with cardiac





Lawrence Rothblum, Ph.D., chair of the Department of Cell Biology



hypertrophy, the abnormal enlargement of heart cells that can lead to heart failure.

Because the rate of change, even in this disease, is so slow, Rothblum had to be very careful with his measurements. Experiments were done many times to be sure of the values and be certain the anticipated increase in synthesis was occurring.

"This was synthesis we could show," Rothblum said. "We showed the change was due to an increase in ribosomal RNA synthesis" and not because degradation had slowed.

Rothblum's group proved that rRNA synthesis was allowing for creation of additional ribosomes. Now he had to figure out what triggered the increase in rRNA synthesis and what had triggered the trigger. In short, "I needed to know who the players were."

One hint of the answer came when Rothblum's lab added the purified protein rDNA transcription factor UBF, or upstream binding factor, to a test tube in which rRNA synthesis was being measured. The result was an increase in the rate of rRNA synthesis. But was this biologically relevant?

That question had to wait as Rothblum began a look at the role of UBF in the abnormal growth, or hypertrophy, of heart muscle cells.

"We looked at different forms of hypertrophy, and in every case, the cells increased the amount of UBF or its activity," Rothblum said. "This led us to propose that rRNA wasn't just 'on' or 'off,' but that it could be regulated, and (UBF) would be one of the ways to regulate it. Subsequently, in collaboration with colleagues in Canada, Rothblum's lab was able to confirm these observations. They demonstrated that the directed overexpression of UBF in cells resulted in an increased rate of rRNA synthesis.

"If we can control the activity of UBF in a cell, we can keep the cell happy . . . not kill it, but not let it grow. If we can block increases in UBF function in a cell, we block increased rates of ribosome biogenesis. And if we block ribosomal biogenesis, the cell just stops growing."

In collaboration with colleagues in Australia, Rothblum has developed an experiment that will do just that by inhibiting the function of the UBF that's there. It doesn't kill the cell, but it does block the hypertrophic growth of cells.

Next up is testing in live animals and, if it works without being toxic, in humans. "You may have high blood pressure, but this can keep your heart from being hypertrophic and going on to cardiac myopathy," Rothblum said.

This protection could be as simple as a pill that functions only in the heart.

Meanwhile, the search for the UBF trigger turned up a chicken-or-the-egg quandary: lab data showed that when the UBF gene is turned on, so, too, was growth. But in the heart, it

appears that growth itself switches on UBF, Rothblum explained.

"When a cardiomyocyte is stimulated to grow, it kind of flips back to gene expression in early fetal growth. It's saying, 'When I was growing, I was younger, so I'll turn on the genes I used when I was younger.'"

This is what happens when exercise and/or high blood pressure cause cells to undergo hypertrophy. Why cells reach a certain point and then stop growing is another question Rothblum is asking. "Wouldn't that be fun to know? What limits cell growth? Why do cells become only so big, when it is clear that size itself is not limiting?"

The answers, Rothblum felt, would lead eventually through the heart to a way to inhibit cancer. And they did, through a chance phone call that Rothblum calls "one of those things that happen in science."

An acquaintance mentioned seeing a scientific paper suggesting that the anti-oncogene Rb (the protein product of the retinoblastoma susceptibility gene) bound to UBF. Rothblum immediately wondered if Rb affects rDNA transcription by binding to UBF.

It was generally understood that Rb blocked cell cycle progression by interacting with E2F and blocking the expression of genes transcribed by RNA polymerase II that were essential for cell cycle progression. But did it also regulate transcription by RNA polymerase I?

"We knew that increasing UBF increases rDNA transcription (rRNA synthesis). What if Rb blocked the ability of UBF to function in transcription?"

Experiments showed that was indeed the case: "If we added purified Rb, we could block UBF-dependent activation of transcription. When we took inactive mutants of Rb, it did not block UBF. Perfect."

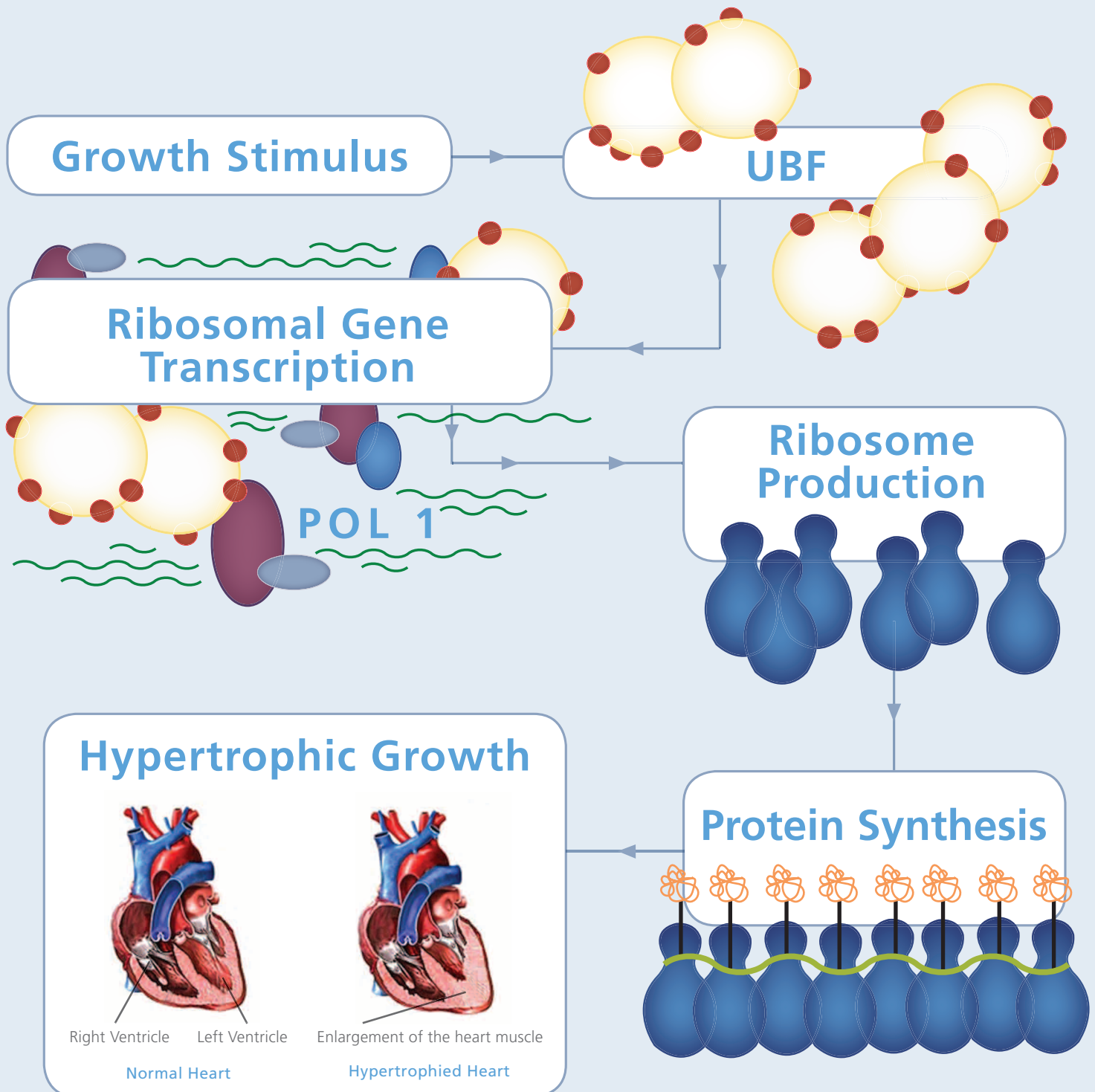
This work identified several more "players" required in the very early stages of the process of transcription and demonstrated how Rb and another anti-oncogene, p130, interfere with the mechanism by which UBF activates transcription.

Here was the connection between the abnormal growth of individual heart cells in hypertrophy and the wild multiplication of cancer cells, but hardly the end point of Rothblum's research.

His lab remains focused on his original mission to determine all the "players" involved in the regulation of cell growth, and this means Rothblum continues to focus on the fundamental mechanisms of each stage in the process of transcribing ribosomal genes, particularly focusing on the basic steps in recruiting RNA polymerase I to the rDNA promoter.

Just as there may one day be a pill to stop a heart from growing pathologically, Rothblum hopes that his work may one day lead to a cancer therapy that stops one of these "players" dead in its tracks. §

# Path to Cardiac Hypertrophy



This diagram shows the cellular processes that lead to an increased rate of ribosomal RNA synthesis and, ultimately, to the abnormal growth of heart muscle cells. Lawrence Rothblum, Ph.D., chair of the Department of Cell Biology, found that the amount of UBF, or upstream binding factor, produced in the cells was a determining factor in hypertrophic cardiomyopathy and could be a therapeutic target.

Digital photography allows William J.J. Ertl, M.D., top left, to join the amputation team headed by his grandfather, Janos von Ertl, center. Next to Ertl is his father, and second from right is his uncle. The senior Ertl developed the procedure that still bears his name.



# Grandson Carries On Ertl Name, Method

OU Medicine orthopedic surgeon William J.J. Ertl, M.D., performs and teaches the amputation technique pioneered by – and named for – his Hungarian grandfather, who treated injured veterans of World War I.





Wounded himself in the carnage of World War I, Hungarian physician Janos von Ertl developed a dramatically new amputation technique that would improve the lives of the 13,000 maimed veterans he treated after the war.

The technique, known as the osteomyoplastic or Ertl procedure, restored the limb's natural end weight-bearing capability and carefully preserved muscular, nerve and vascular systems. Ertl took advantage of bone's natural ability to repair itself and, in below-knee amputations, constructed a bone bridge between tibia and fibula, providing natural end-bearing and a good prosthetic fit.

Over the years, Ertl's breakthrough technique fell

into general disuse and some disrepute as his papers were mistranslated, misunderstood and misapplied, according to Janos's grandson, William J.J. Ertl, M.D., associate professor of orthopedics. William is one of three third-generation Ertls who are not only amputation surgeons, but who also continue to champion the procedure and urge its proper use.

The three are joined in their cause by delighted Ertl amputees worldwide, the most famous of them being Heather Mills, former wife of Beatle Paul McCartney. Mills, who lost her leg in a 1993 highway accident, credits the successful Ertl revision of her original amputation for her ability to ski and

compete on the television show, “Dancing with the Stars.”

Mills’ revision surgery was done by William Ertl’s cousin, Jan P. Ertl, M.D., associate professor of orthopedic surgery at the University of Indiana School of Medicine.

The Ertl amputation also is performed by William’s younger brother, Christian W. Ertl, assistant professor of surgery at Michigan State University’s Kalamazoo Center for Medical Studies.

The three are following in the steps of their fathers, the

Before attending medical school at the Leonard M. Miller School of Medicine at the University of Miami, he worked in a hospital “pushing patients, sterilizing equipment and working behind the scenes with an orthopedic surgeon,” seeing the immediate impact orthopedics could have on patients.

He was completing a general surgery residency at North Shore University Hospital/Cornell University and about to begin a plastic surgery fellowship when he got the chance



William J.J. Ertl, M.D., performs a post-amputation examination of patient Randall Dixon.



An X-ray shows a properly performed Ertl amputation with its characteristic end-bearing bridge.

late Vilmos Ertl, M.D., father of William and Chris, and John W. Ertl, M.D., father of Jan, professor emeritus at Loyola University Stritch School of Medicine, Chicago. John Ertl is a retired surgeon who promotes the bioregenerative aspects of surgery.

For William Ertl, the road to orthopedics and amputation surgery took some unusual twists and turns.

for orthopedic surgery training through the renowned orthopedics program at the Hospital for Special Surgery in New York City.

“It meant starting over again. Although I didn’t have to repeat my intern year, I was not the senior resident but a lowly junior resident,” Ertl said. “General surgery training really helped me with orthopedics because I had a strong

background in soft tissue management” plus a year of research in tissue engineering. He then completed a fellowship in orthopedic trauma at Harborview Medical Center in Seattle. “It was a circuitous route, but I wouldn’t change it.”

Ertl has been with the OU College of Medicine since 2002, his practice primarily focusing on orthopedic trauma and using the Ertl method to amputate and revise prior amputations for patients nationwide.

At events like the Ertl Symposium, held annually on campus, he explains the benefits of the methods his grandfather pioneered while countering misconceptions about the procedure.

“There’s been a misunderstanding of my grandfather’s concepts and philosophy. His original writings were in German, and there has been a lot of misinterpretation of what he was saying, and that got propagated through the literature. There has been wide misinterpretation and misapplication, and results can vary.

“I took care of a gentleman from California who allegedly had an Ertl procedure. The surgeon had taken the fibula and broken it and sutured it to the tibia. Instead of making a bridge, he made a point. The patient couldn’t wear a prosthesis.

“It was the total misapplication of a technique from a misunderstanding of a misconception,” Ertl said of the patient’s original surgery.

“My concept is that I’m trying to reconstruct that limb to make it function like a limb that can accept weight, for muscles to have an insertion point so they can have contractility, to make the alignment appropriate so the prosthetic application is easier.”

Ertl reminds residents during his campus lectures that they’re dealing with a multiple organ system when they amputate.

“Bone is living tissue. Muscles are there to provide motion and volume. (Surgeons) still have to get the blood flow in and handle the nerves correctly, and when they close it, there should be no problem with the fit of the prosthesis.

“In the standard below-knee amputation, you don’t create a bridge. You just cut the bones and take the calf muscle, bring it around to the front, suture it, and you’re done. But now there’s potential motion between tibia and fibula, the limb cannot end-bear, and a lot of time there’s a lack of proper nerve handling. We often see post-operative neuromas and short limbs.”

Ertl said the unique aspect of his grandfather’s methodology is the bone bridge. “Why is it important? One, it gives you a bigger surface area for end-bearing and keeps the fibula from moving around, and two, it provides a foundation for muscle anchorage and muscle suturing.”

He said surgeons who focus just on the bridge, ignoring the procedure’s osteomyoplastic principles, are likely to put the bridge too high, put the bones together and make a point, or use screws – and then blame the Ertl method when it doesn’t work.

Ertl said he faces critics who claim the procedure doesn’t work with diabetic patients as well as overenthusiastic diabetics who expect an Ertl amputation to cure their disease.

“I just had a conversation today in my clinic with someone who needs a below-knee amputation, but he may have bad arterial disease, and if so, I can’t do it. You have to recognize a patient’s comorbidities, recognize why the limb needs to be amputated and look at that limb to see if it’s healthy enough to sustain an amputation.

“It can be done for diabetics, but you have to work that up, just as you do for a hip replacement.”

The Ertl procedure can be applied not only in below-knee amputations but also in transfemoral and upper-extremity amputations.

Once an amputation is recommended, executing the Ertl procedure correctly is more time-consuming than the traditional amputation, “but it’s not about speed,” Ertl said. “It’s about quality,” Ertl said.

In all cases, Ertl utilizes a comprehensive patient-centered team approach involving the surgeon, nurses, prosthetist, physical and occupational therapists, referring physician, community resources and family members to help ensure a successful recovery and rehabilitation. ¶



# OU Breast Institute

## Offers Screening, Hope

For a woman of a certain age, there may be no sweeter words than these: “your mammogram shows no suspicion of cancer.” Fortunately, this is the message that most women get.

But when there is suspicion of disease and then confirmation, patients at the OU Breast Institute receive the bad news from Elizabeth “Betsy” Jett, M.D., director of imaging. As often as not, it comes as no surprise.

“When I actually sit down and tell them they have cancer, the thought has already occurred to them,” Jett said. “Perhaps they felt something (in a breast) and worried about it. Perhaps the thought had occurred to them because we called them back in after an abnormal mammogram. If we’ve done a biopsy, it probably occurred to them.”

As with other forms of cancer, catching breast cancer early is vital. Yet even when it has spread to other parts of the body, breast cancer is treatable “and we can still extend your life with great treatments.”

Jett, a member of the Class of 1999, cited a case involving a friend in Minnesota who discovered a lump after the birth of her baby. Her physician said it was “probably nothing.” Five months later, when the lump was larger, the friend called Jett for advice.

“I told her, ‘You need a mammogram and an ultrasound, and even if they’re normal, you need somebody to stick a needle in it. Drive to Mayo (Clinic), if you have to.’” The friend had a pre-invasive form of the disease, underwent bilateral mastectomies, took tamoxifen “and has a 95 percent chance of never dealing with this again.”

Jett’s recommendation to primary care physicians is simple: Pursue any suspicious lump, even if the imaging is negative.

“If I feel a focal dominant mass, I biopsy it. We’ve found a handful of cancers that way.”

Obstetrics-gynecology interns rotating through the Breast Institute have the opportunity to feel various types of lumps and immediately see what an ultrasound scan reveals. “With the ultrasound machine in the same room, we scan and they can correlate that fibrocystic change felt

like this, that cancer felt like this and a cyst felt like this,” Jett said.

Fourth-year medical students may take elective rotations for two to four weeks at the Breast Institute. Radiology residents rotate for at least three months through the institute where Jett provides a core lecture series, case conferences, board reviews and mock oral examinations. Breast imaging fellows also look to the institute for additional training.

Women with breast-related medical problems have the opportunity to participate in trials of the latest therapies and techniques through the Breast Institute and OU Cancer Institute. More than 60 studies and randomized clinical trials have opened in recent years, many of which involve comparing the efficacy of one chemoprevention therapy versus another or which might work best in combination.

Surgical patients are given the opportunity to make their tissue available to cancer researchers through the Cancer Institute’s tissue bank.

For every woman alert to the danger of breast cancer and eager to do whatever it takes to eliminate the risk, there is someone who, for many reasons, pays scant attention to the danger.

“There is a population out there where breast cancer is not on their radar,” Jett said. “A mass is growing larger and larger, and it never occurs to them it might be cancer.”

Still another group is composed of women who have spent their lives taking care of other people. “They will not go to the doctor to have a mass in the breast addressed because it’s their job to take care of other people,” not be ill themselves.

For many of the working poor among Jett’s patients, losing a job is a worse fate than cancer. “They say, ‘I can’t miss work (for treatments). It doesn’t matter if I die because, in the meantime, I have to work and put food on the table and keep a roof over our heads.’”

Fortunately for patients like these, the OU Breast Institute has access to several state and national programs that can help pay for both screening and treatment.

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Elizabeth "Betsy" Jett, M.D., is director of imaging for the OU Breast Institute



## Friends Group Provides 'Envelope of Support'



Imaging director Betsy Jett, M.D., is pictured with Lil Ross, president of the OU Breast Institute's Community Advisory Board, and second-year medical student and OUBI intern Jacob Haynes. The summer internship held by Haynes and once held by Jett is one of the programs at the OUBI funded by the advisory board and the larger Friends of the Breast Institute group.

As a biomedical engineering student at Duke University, Elizabeth "Betsy" Jett knew her way around a breast ultrasound machine. She had even done experiments using high-pulse frequencies and the Doppler Effect to differentiate between cystic and solid lesions.

In 1996, during the summer between her first and second years of medical school at OU, Jett found herself again with imaging equipment as the first honors research fellow ever funded by the nonprofit Friends of the OU Breast Institute.

If the Friends group was hoping to interest someone in breast imaging through this internship, it certainly succeeded. After a summer's worth of experiences with OUBI, Jett was hooked.

After radiology training at the University of California San Diego and a fellowship in mammography and cardiothoracic imaging, Jett joined the OU Breast Institute in 2006 and became the OUBI's imaging director in 2007, bringing the Friends' gift full circle.

Jett's gratitude to the Friends group for her long-ago internship continues today in recognition of the group's long-standing commitment and uninterrupted support of the institute.

The Friends purchased an expensive microscope for the clinic and later updated it to digital. The group helped sponsor a nurse navigator to assist patients, it purchased a biopsy device, and it continues to support the summer research program for medical students. Funding for a genetic counselor was provided by the Friends group, as was support for a breast imaging fellow this fall.

There are about 80 members of the Friends of the Breast Institute providing "an envelope of support," as Jett describes it. Twenty-five Friends members comprise the OUBI Community Advisory Board. They listen to the institute's needs and initiate any fundraising projects.

The Advisory Board group began in the 1980s as a core group of breast cancer survivors, who dreamed of an institute that would provide the type of medical services that they had wished for themselves. They held this dream in common with the late G. Rainey Williams, M.D., who



...continued from page 23

When one of Jett's patients was fired by the bank where she worked because of time lost due to chemotherapy, she also lost her insurance and couldn't afford to continue treatment.

"I told her we could help her get into a program where treatment would be covered and she wouldn't have to pay for her chemo," Jett said. "It was one less thing for her to worry about because she could think, 'Now I've got coverage to take care of this.'"

Yet in too many cases, patients don't return once they hear the word cancer, Jett said. "They fall off the map, worried about what will happen when they miss work, and we go to great lengths to track down these women and provide them with the care they need."

## Women with breast-related medical problems can participate in trials of the latest therapies and techniques.

Breast center patients may be surprised at how quickly OU Medicine's multidisciplinary approach can get their treatment under way. Because Jett meets weekly with the tumor board of surgeons, oncologists, radiologists and pathologists, "it allows us to expedite things for the patient," Jett said.

"I can say 'this patient needs chemo first' and start arranging for some of the things they need. They don't have to wait a couple of weeks for them to see a surgeon, then wait for tests, then wait another couple of weeks to see an oncologist."

Patients who don't have cancer, but who are considered to be at risk due to the incidence of breast cancer in the family, are given the opportunity to meet with genetics counselor Susan Hassed.

If their risk is sufficiently high, patients are told they

may want to be tested for mutations in the BRCA1 and BRCA2 genes, predictors of both breast and ovarian cancer.

Many patients refuse the test because they don't want to know the results; others either have no insurance – or their insurance company won't pay – and they can't afford the \$3,000-plus price tag charged by the firm that holds the patent on these genes.

If the test is done and the result is positive for the mutation, these patients are counseled by their surgeon about both surgery and chemoprevention with tamoxifen or birth control pills, the latter to reduce the risk of ovarian cancer.

"Many (patients) ultimately opt for a bilateral mastectomy to reduce the risk by 90-plus percent, and then they go to the

gynecologic oncologist to have their ovaries removed," Jett said.

She expressed concern that some breast centers might advise women to have bilateral mastectomies "yet completely ignore the ovarian component. The risk of breast cancer with (altered) BRCA is 80 to 90 percent over a lifetime. For ovarian cancer, it's 50 to 60 percent, but you are more likely to die from the ovarian cancer."

Jett said her practice at the OU Breast Institute is satisfying because "I can care for my patients the way I think they should be taken care of. We're working up people the way I'd want to be worked up.

"I don't want to be told, 'OK, your mammogram is abnormal, you need a biopsy, and we can schedule you in three weeks.' I want it done before you walk out the door, and we do that here." }

chaired the Department of Surgery from 1974 until his retirement in 1996.

"Rainey spoke so frequently about how good it would be to have a comprehensive breast center that would bring all the various services together so a patient could see all the people she needed to see at a single place," said his widow, Martha Williams, a devoted member of the Friends and former advisory board member.

The institute opened in 1992, and the Friends group became a formal organization soon afterwards. To ensure the institute's ability to recruit and retain a distinguished breast surgeon as medical director, volunteers led by the

late Patricia Browne raised enough money for a \$4 million endowed chair. The G. Rainey Williams, M.D., Chair in Surgical Breast Oncology is now held by William C. Dooley, M.D.

Later, in partnership with the University Hospitals Trust, the Merrick Foundation, the Presbyterian Health Foundation and the Jean Everest Foundation, the Friends helped fund the Elizabeth Merrick Coe Chair in Breast Imaging.

Officers of the OU Breast Institute's community advisory board are Lil Ross, president; Joan Frates, vice president; Lori Hill, immediate past president; Berta Faye Rex, secretary; Martha Williams, nominating; DeDe Benham, treasurer, and Becky Buchanan, Joan Gilmore and Nancy Yoch, luncheon co-chairs.

# Professionalism Begins Early for Students



Hakeem Shakir, center, advances an idea about how to deal with possible cheating by a fellow student as fellow module members listen intently. From left are Brandon Niemeier, Kevin Watson, Israel Mays and Lacy Fincannon. These members of the Class of 2011 were in their second year when this photo was taken.

The hypothetical situation facing then-second-year student Hakeem Shakir is a tough one. He believes he saw “Adam,” a fellow student, cheat on a biochemistry exam, and then saw Adam appear to cheat again on a second exam. What to do?

Shakir mulls his choices aloud to the fellow members of his student module. He and the others have just heard Executive Dean M. Dewayne Andrews, M.D., lecture on medical professionalism, and Andrews is sitting at the head of the table, waiting to hear Shakir’s decision, as are about 15 of Shakir’s fellow students.

The ethical question being confronted – no more difficult than ones that the students will see as practicing physicians – is a reminder that self-regulation demanded of the medical professionals begins early. It starts even before incoming students attend their first class.

Every August, first-year students are helped into ceremonial white coats before Andrews administers an oath in which each student pledges to “require self-discipline, honesty and professionalism of myself, and expect no less from those with whom I work.”

“We must nurture, preserve and promote professionalism,” Andrews said of the training that medical students receive. “We do this at the OU College of Medicine under the rubric of Patients, Physicians and Society, a program interlaced throughout many of our programs and activities.”

In orientation sessions for new students, expectations for ethical behavior of physicians are emphasized. In small groups of students and faculty, case studies like the one Shakir and his module mates are pondering, are presented to challenge thinking and stimulate discussion.

A joint student-faculty task force appointed in 2002 drafted a statement on “Students Rights and Responsibilities,” which represented not only a new student honor code but a statement of the behavior that students and faculty have the right to expect of each other, Andrews said.

The course for second-year students in Clinical Ethics covers fundamentals of ethical decision-making, health law, confidentiality, informed consent in treatment and research, organ transplantation, medical genetics and its implications, HIV and AIDS, complementary and alternative medicine, end-of-life and withdrawal-of-care issues and, finally, self-regulation of the profession.

In third-year clinical clerkships, student behavior and professionalism receive special attention and evaluation. This continues into the fourth year with a 360-degree evaluation program. Residency programs receive similar attention.

Back in the module, Shakir’s first thought is to confront Adam with what he saw. Or what he thinks he saw. But what if Adam denies cheating? What then? And what if Adam truly is innocent?

A fellow student suggests Shakir take his suspicions to the course director. Someone else adds that the honor code gives Shakir no choice but to report what he saw. But again, what if Adam weren’t cheating?

None of the choices discussed over the next 10 minutes is easy or popular, and the atmosphere in the room is somber when someone says, “I’d ask my mother.” Everyone laughs, and while the mood lightens, no one believes the problem has disappeared.

Andrews explains that while he has ultimate authority for student discipline, consideration is given to recommendations from the Student Promotions Committee, faculty input and any additional information from the record. Both students and faculty are asked to assume positions of responsibility in the college judicial system.

The procedure for determining whether the academic integrity and professionalism code for the College of Medicine has been breached not only provides due process and privacy of the student under suspicion, it also gives those bringing the complaint the knowledge that his or her report is taken seriously.

On this spring day, the case involving “Adam” is one of five presented for simultaneous student discussion in each of the second-year modules. Each case represents an ethical and professional dilemma that these students might eventually face as practicing physicians:

- “Dr. Brown,” a longtime hospital colleague is rumored to be having marital problems, and you believe you’ve smelled liquor on his breath. A nurse describes an incident where Brown compromised a patient’s care.

# Oath of Commitment

"As I embark upon the study of medicine at the University of Oklahoma College of Medicine, I promise to myself and to all here present that I will:

Enter into a relationship of mutual respect with my teachers,

colleagues, and staff as I strive to acquire the knowledge,

skills and virtues of a good physician;

Require self-discipline, honesty, and professionalism of myself,

and expect no less from those with whom I work;

Maintain the trust expected of a physician,

the confidentiality required by patients,

and the judgment to know the proper limits of my competence;

Respect the humanity of those patients

who allow me to learn this profession through their illnesses,

always demonstrating my compassion and willingness

to place their appropriate needs before my own;

Value the knowledge and wisdom

of those physicians who have preceded me,

endeavor to contribute to this tradition,

and continue to learn and teach all the days of my life."

Administered by Executive Dean M. Dewayne Andrews, M.D., to incoming medical students at the annual White Coat ceremony.



During the annual White Coat Ceremony held just days before the start of classes, first-year medical students repeat the Oath of Commitment, which includes a pledge to "require self-discipline, honesty, and professionalism of myself, and expect no less from those with whom I work." From left are students Kevin Kierl, James Ward and Carly Allred.

- You and your partner agree to share calls with "Dr. Hyde," but then you and your partner see Dr. Hyde improperly and inadequately managing patients' medical care.

- As a third-year medical resident in an out-patient clinic, you discover that one of the first-year residents is writing up findings from examinations he didn't conduct.

- "Dr. Jekyll" is a skilled surgeon with a reputation for handling difficult cases, but he frequently screams at his medical

team in the operating room and sometimes throws instruments. The intimidation and humiliation endured by members of the team is compromising their effectiveness.

"If we are to honor our fundamental contract with society," Andrews said, "I believe professionalism in all its dimensions is equal in importance to acquiring scientific knowledge and clinical skills for our students, residents and faculty." §



# Where is the Class of 2009 Now?

Listed below are members of the Class of 2009, their chosen specialties and where they matched for residency training. Specialties represented are anesthesiology, 18; dermatology, 4; emergency medicine, 8; family medicine, 12; general surgery, 7; internal medicine, 20; neurology, 5; neurosurgery, 2; obstetrics-gynecology, 5; ophthalmology, 2; otorhinolaryngology, 2; orthopedic surgery, 3; pathology, 1; pediatrics, 17; psychiatry, 13; radiology, 6; radiation oncology, 1; urology, 4.



Matt Diffley and wife Elena Songster are on the phone to spread the news that Diffley matched with Children's Hospital in Oakland, Calif.



From left, Cliff Layton, Austin Taylor, Ben Daxon and Jonathan Mannas share their Match Day news.

STUDENT	SPECIALTY	INSTITUTION	LOCATION
Andrew Abatiell	Anesthesiology	WSU – Detroit Medical Center	Detroit, Mich.
Sumit Ahluwalia	Internal Medicine	Temple University Hospital	Philadelphia, Penn.
Justin Allen	Emergency Medicine	Beth Israel Medical Center	New York, N.Y.
Janeen Arbuckle	Obstetrics-Gynecology	U. of Alabama Medical Center	Birmingham
Ashley Bassett	Psychiatry	McGraw Medical Center of Northwestern U.	Chicago, Ill.
Charles Beavers	Pathology	U. of Louisville School of Medicine	Louisville, Ky.
Pedram Behzadi	Emergency Medicine	U. of Rochester – Strong Memorial Hospital	Rochester, N.Y.
Marshall Bell	General Surgery	U. of Colorado School of Medicine	Denver
David Bohn	Preliminary Medicine	U. of Oklahoma College of Medicine	Oklahoma City
	Radiology-Diagnostic	Integris-Baptist Medical Center	Oklahoma City
ElizaBeth Botts	Psychiatry	U. of Utah Affiliated Hospitals	Salt Lake City
Amanda Brown	Family Medicine	In His Image at Hillcrest Medical Center	Tulsa
Kimberly Carpenter	Obstetrics-Gynecology	John Peter Smith Hospital	Fort Worth, Texas
Amber Clark	Family Medicine	Montana Family Medicine Residency Program	Billings
Ashley Clark	Pediatrics	U. of Oklahoma College of Medicine	Tulsa
Taylor Clark	Internal Medicine	U. of Texas Southwestern Medical School	Dallas
Matthew Coburn	General Surgery	U. of Oklahoma College of Medicine	Tulsa
Shawn Cochrane	Pediatrics	U. of Colorado School of Medicine	Denver
Jeffrey Craig	Internal Medicine	U. of Oklahoma College of Medicine	Tulsa
Robert Crane	Emergency Medicine	U. of Oklahoma College of Medicine	Tulsa

STUDENT	SPECIALTY	INSTITUTION	LOCATION
Neil Crittenden	Internal Medicine	U. of Louisville School of Medicine	Louisville, Ky.
Sunita Crittenden	Preliminary Medicine	U. of Louisville School of Medicine	Louisville, Ky.
	Dermatology	U. of Louisville School of Medicine	Louisville, Ky.
S. David Cromwell	Anesthesiology	Texas A&M – Scott & White	Temple
Mark Crouch	Family Medicine	In His Image at Hillcrest Medical Center	Tulsa
Brett Cunningham	Psychiatry	U. of Oklahoma College of Medicine	Oklahoma City
Major Cunningham	Anesthesiology	St. Louis U. School of Medicine	St. Louis, Mo.
Jonathan D'Angelo,	Preliminary Medicine	U. of Oklahoma College of Medicine	Oklahoma City
	Anesthesiology	U. of Kansas School of Medicine	Kansas Cit
Ian Daniel	Preliminary Surgery	Rush U. Medical Center Program	Chicago, Ill.
Benjamin Daxon	Transitional	Walter Reed Army Medical Center	Washington, D.C.
Ryan Dennis	Internal Medicine	U. of Oklahoma College of Medicine	Oklahoma City
Brett Derrevere	Emergency Medicine	Palmetto Health Richland	Columbia, S.C.
J. Matt Diffley	Pediatrics	Children's Hospital – Oakland Program	Oakland, Calif.
Andrea Dillard	Preliminary Medicine	U. of Oklahoma College of Medicine	Oklahoma City
	Anesthesiology	Emory University School of Medicine	Atlanta, Ga.
Ky Dorsey	Transitional	Naval Medical Center	San Diego, Calif.
Meitra Doty	Psychiatry	U. of Texas Southwestern Medical School	Dallas
Jason Doye	Preliminary Medicine	Tulane University School of Medicine	New Orleans, La.
	Radiology-Diagnostic	Emory University School of Medicine	Atlanta, Ga.
David Duvall	General Surgery	U. of Texas Southwestern Medical School	Dallas
Mark Fine	Anesthesiology	U. of Oklahoma College of Medicine	Oklahoma City
Christen Flack	Anesthesiology	U. of Rochester – Strong Memorial Hospital	Rochester, N.Y.
Caroline Foust-Wright	Obstetrics-Gynecology	Maine Medical Center Program	Portland
Mary Fredrickson	Neurology	U. of Minnesota Medical School	Minneapolis
Phillip Fuller	Preliminary Surgery	U. of Missouri School of Medicine	Columbia
	Urology	U. of Missouri School of Medicine	Columbia
Alison Galatian	Preliminary Med-Peds	U. of Oklahoma College of Medicine	Tulsa
	Dermatology	U. of Oklahoma College of Medicine	Oklahoma City
Brian Goentzel	Anesthesiology	Texas A&M – Scott & White	Temple, Texas
Christopher Goff	Otorhinolaryngology	U. of Oklahoma College of Medicine	Oklahoma City
Edward Grady	Anesthesiology	U. of Alabama Medical Center	Birmingham
Kathrin H. Harrington	Internal Medicine	U. of Colorado School of Medicine	Denver
Maria Harrington	Internal Medicine	Ohio State U. Medical Center	Columbus
J. Heather Hausmann	Preliminary Medicine	U. of Oklahoma College of Medicine	Oklahoma City
	Radiology-Diagnostic	Mt. Sinai Medical Center	Miami, Fla.
Johnny (Trey) Hickson	Preliminary Surgery	Texas Tech U. Program	Lubbock
	Urology	Texas Tech U. Program	Lubbock
Joseph Huffman	Anesthesiology	U. of Kansas School of Medicine – Wichita	Wichita
Kimberly Hummer	Internal Medicine	U. of Oklahoma College of Medicine	Oklahoma City
Gabriel Hyder	Internal Medicine	Virginia Mason Medical Center	Seattle, Wash.
John Ice	Preliminary Medicine	U. at Buffalo Program (CHS – Sisters of Charity)	Buffalo, N.Y.
Nolan Jaeger	General Surgery	U. of Nevada	Las Vegas, Nev.
Matthew Jared	Family Medicine	Saint Anthony Hospital	Oklahoma City
Mark Jennings	Internal Medicine	U. of Texas Southwestern Medical School	Dallas
Michael Johnson	Pediatrics	Cincinnati Children's Hospital Medical Center	Cincinnati, Ohio
Amanda Jordan	Neurology	U. of Oklahoma College of Medicine	Oklahoma City
Kyle Judkins	Transitional	Walter Reed Army Medical Center	Washington D.C.
Sarah Kelley	Pediatrics	U. of South Florida College of Medicine	Tampa
Sana Khan	Obstetrics-Gynecology	U. of Oklahoma College of Medicine	Oklahoma City
Varun Khanna	Internal Medicine	Beth Israel Deaconess Medical Center	Boston, Mass.
Fadalia Kim	Psychiatry	U. of Oklahoma College of Medicine	Oklahoma City
Michael Klepper	Family Medicine	Great Plains Medical Foundation	Oklahoma City
Ryan Knapp	Pediatrics	U. of Oklahoma College of Medicine	Oklahoma City
Michael Koehler	Internal Medicine	U. of Oklahoma College of Medicine	Oklahoma City

## EDUCATION

STUDENT	SPECIALTY	INSTITUTION	LOCATION
Kevin Lai	Preliminary Medicine	Texas A&M – Scott & White	Temple
	Ophthalmology	Texas A&M – Scott & White	Temple
Heather Laskey	Internal Medicine	U. of Colorado School of Medicine	Denver
Foster Lasley	Preliminary Medicine	U. of Oklahoma College of Medicine	Tulsa
	Radiation Oncology	Indiana University School of Medicine	Indianapolis
J. Cliff Layton	Preliminary Medicine	U. of Kansas School of Medicine	Kansas City
	Anesthesiology	U. of Kansas School of Medicine	Kansas City
David Lehenbauer	General Surgery	U. of Texas Southwestern Medical School	Dallas
Andrew Liew	Psychiatry	McGraw Medical Center - Northwestern University	Chicago, Ill.
Samantha Mallory	Pediatrics	U. of Oklahoma College of Medicine	Oklahoma City
Jay Malone	Family Medicine	U. of Oklahoma College of Medicine	Oklahoma City
Jonathan Mannas	Neurological Surgery	U. of Kentucky Medical Center	Lexington, Ky.
Erik Martin	Emergency Medicine	U. of Tennessee College of Medicine	Chattanooga
Kinzie Matlock	General Surgery	Texas Tech U. Program	El Paso
Kerri May	Pediatrics	Palmetto Health Richland	Columbia, S.C.
Ryan McKee	Pediatrics	St. Louis Children's Hospital	St. Louis, Mo.
Dirk McMurray	Preliminary Surgery	U. of Oklahoma College of Medicine	Tulsa
Ashley Meador	Pediatrics	U. of Oklahoma College of Medicine	Oklahoma City
Aelayna Meyer	Preliminary Medicine	U. of Oklahoma College of Medicine	Oklahoma City
	Dermatology	Dartmouth-Hitchcock Medical Center	Lebanon, N.H.
Carly Miller	General Surgery	Vanderbilt University Medical Center	Nashville, Tenn.
Meredith Milligan	Preliminary Medicine	Stamford Hospital – Columbia University	Stamford, Conn.
	Neurology	NYU School of Medicine	New York, N.Y.
Sanjay Mirchia	Preliminary Surgery	Albert Einstein College of Medicine Program	Bronx, N.Y.
Courtney Morris	Psychiatry	U. of Oklahoma College of Medicine	Oklahoma City
Heath Mueller	Psychiatry	U. of Oklahoma College of Medicine	Tulsa
Ryan Mundy	Pediatrics	U. of Oklahoma College of Medicine	Tulsa
Laura Myrick	Family Medicine	U. of Oklahoma College of Medicine	Oklahoma City
Monica Nall	Family Medicine	U. of Oklahoma College of Medicine	Oklahoma City
Zack Nash	Preliminary Surgery	Baylor College of Medicine	Houston
P. Elizabeth Ngo	Internal Medicine	U. of Oklahoma College of Medicine	Oklahoma City
Ann Nguyen	Internal Medicine	Tufts Medical Center	Boston
Ethan Nguyen	Anesthesiology	U. of Texas Southwestern Medical School	Dallas
Tam Nguyen	Emergency Medicine	Case Western-MetroHealth Medical Center	Cleveland, Ohio
Andra Nuzum-Keim	Preliminary Medicine	U. of Oklahoma College of Medicine	Tulsa
Jacob O'Meilias	Psychiatry	U. of Utah Affiliated Hospitals	Salt Lake City
Christopher Orendorff	Family Medicine	U. of Arkansas Medical School – AHEC	Ft. Smith
Jeff Ostrander	Anesthesiology	U. of Oklahoma College of Medicine	Oklahoma City



Timothy Yates celebrates during the Match Day luncheon at Gaillardia Country Club.



Christy Peck	Emergency Medicine	York Hospital	York, Pa.
Victor Pham	Internal Medicine	Rush U. Medical Center	Chicago, Ill.
Elizabeth Pinard	Obstetrics-Gynecology	Baylor U. Medical Center	Dallas
Catherine Porter	Neurology	U. of Buffalo School of Medicine	Buffalo, N.Y.
Bryan Potthoff	Family Medicine	U. of Oklahoma College of Medicine	Oklahoma City
Pal Randhawa	Neurological Surgery	U. of Oklahoma College of Medicine	Oklahoma City
Nikhil Rao	Psychiatry	U. of Colorado School of Medicine	Denver
Nathaniel Ray	Psychiatry	Medical College of Wisc. Affiliated Hospitals	Milwaukee
Toby Rockefeller	Pediatrics	St. Louis Children's Hospital	St. Louis, Mo.
Kalen Rogers	Anesthesiology	U. of Oklahoma College of Medicine	Oklahoma City
Scott Rogers	Emergency Medicine	U. of Oklahoma College of Medicine	Tulsa
Kaustubb Sagdeo	Pediatrics	Medical College of Wisc. Affiliated Hospitals	Milwaukee
Adam Savage	Anesthesiology	Texas A&M – Scott & White	Temple
Kyle Schauf	Family Medicine	Great Plains Medical Foundation	Oklahoma City
Amy Schimke	Internal Medicine	Wright Patterson Medical Center	Wright Patterson AFB, Oh.
Lauren Schwartz	Psychiatry	U. of Oklahoma College of Medicine	Oklahoma City
Mark Shreve	Orthopedic Surgery	New York U. School of Medicine	New York
Jamal Siddiqui	Transitional	Saint Francis Hospital	Evanston, Ill.
	Ophthalmology	Brown University	Providence, R.I.
Daniel Skelly	Anesthesiology	U. of Oklahoma College of Medicine	Oklahoma City
Anthony Sparks	Transitional	John Peter Smith Hospital	Fort Worth, Texas
	Radiology-Diagnostic	Baylor College of Medicine	Houston
Lauren Sparks	Anesthesiology	U. of Oklahoma College of Medicine	Oklahoma City
David Sparling	Pediatrics	N.Y.P. Hospital – Columbia U. Med. Center	New York, NY
Mark Stivers	Anesthesiology	U. of Alabama Medical Center	Birmingham
Natalie Strickland	Anesthesiology	Barnes-Jewish Hospital	St. Louis, Mo.
Siam Sukumvanich	Preliminary Medicine	U. of Oklahoma College of Medicine	Tulsa
	Anesthesiology	Mayo School of Graduate Medical Education	Jacksonville, Fla.
Marthew Tandy	Pediatrics	U. of Oklahoma College of Medicine	Tulsa
Austin Taylor	Orthopedic Surgery	U. of Oklahoma College of Medicine	Oklahoma City
David Tietze	Internal Medicine	Baylor University Medical Center	Dallas
Nick Treadwell	Transitional	UPMC Mercy Hospital	Pittsburgh, Pa.
	Radiology-Diagnostic	West Virginia University School of Medicine	Morgantown, W.Va.
Kim Van Guilder	Medicine-Primary	Loma Linda University	Loma Linda, Calif.
Anthony Vaughn	Neurology	U. of Oklahoma College of Medicine	Oklahoma City
Tyler Webb	Neurology	U. of Oklahoma College of Medicine	Oklahoma City
Kristen Weidner	Transitional	U. of Tennessee Graduate School of Medicine	Knoxville
	Dermatology	Duke University Medical Center	Durham, N.C.
Christopher White	Preliminary Medicine	Medical College of Wisc. Affiliated Hospitals	Milwaukee
	Physical Medicine & Rehab	Medical College of Wisc. Affiliated Hospitals	Milwaukee
Alexander Williams	Emergency Medicine	Maricopa Medical Center	Phoenix, Ariz.
Matthew Williams	Internal Medicine	U. of South Alabama Hospitals	Mobile
Elena Willis	Otorhinolaryngology	Albert Einstein Medical Center	Bronx, N.Y.
Bradley Wilson	Preliminary Surgery	U. of Kansas School of Medicine	Kansas City
	Urology	U. of Kansas School of Medicine	Kansas City
Heather Wilson	Pediatrics	Children's Mercy Hospital	Kansas City, Mo.
Casey Windrix	Family Medicine	U. of Oklahoma College of Medicine	Oklahoma City
Jeremy Woodson	Orthopedic Surgery	U. of Oklahoma College of Medicine	Oklahoma City
Cole Wootton	Preliminary Surgery	U. of Kentucky Medical Center	Lexington
	Urology	U. of Kentucky Medical Center	Lexington
Angela Yaffe	Pediatrics	U. of Oklahoma College of Medicine	Oklahoma City
Kimberly Yang	Psychiatry	U. of Michigan Hospitals	Ann Arbor
Timothy Yates	Preliminary Pediatrics	U. of Oklahoma College of Medicine	Oklahoma City
	Radiology-Diagnostic	Integrus – Baptist Medical Center	Oklahoma City
R. Deepa Yohannan	Internal Medicine	Loyola U. Medical Center	Chicago, Ill.
Joseph Zakhary	Preliminary Surgery	Louisiana State U. Program	Shreveport



Senior Associate Dean Daniel Duffy, M.D., left, and David Kendrick, M.D., MPH, assistant provost for strategic planning and medical director of community medicine informatics.

School of Community Medicine and IBM Partner to Develop

# Patient Centered Medical Home Model for Nation

The College's School of Community Medicine in Tulsa and IBM are partnering to create a Center of Excellence that will focus on the development and evaluation of tools to support patient-centered medical homes.

The patient centered medical home, or PCMH, has been identified by many as an important advancement beyond the traditional primary care delivery model, but depends on the creation of an information-based, connected health care system.

The Oklahoma HealthCare Authority has partnered with Oklahoma physician-leaders to bring this model of care to Medicaid recipients with extraordinary results.

SCM has electronic medical records, or EMR, in place at all of its two dozen clinics and has adopted the proactive, coordi-

nated team-based approach to patient care that is the hallmark of a patient-centered medical home.

"Our clinics provide the ideal laboratory for testing the concepts and tools of the patient centered medical home," said David Kendrick, M.D., MPH, assistant provost for strategic planning for the OU Health Sciences Center, and SCM's medical director of community medicine informatics.

"IBM's expertise in developing novel hardware and software systems, coupled with our on-the-ground expertise in the processes and pitfalls of medical home implementation, will enable us to make significant contributions to the field.

"Ultimately, we hope to help doctors do a much better job of providing medical care by defining care environments that enable providers to practice at the top of their licenses," Kendrick said.

IBM brings to the collaboration its secure information-exchange technologies, industry-leading analytics capabilities, tools for documenting PCMH processes, and online community health record portals for use by patients, physicians, caregivers and health insurers.

Together, SCM and IBM will produce and evaluate tools to support patient-centered medical homes that can be adopted by health systems and primary care practices across the United States. The goal is to transform health care by providing patients with the personalized, information-based care needed to improve health care delivery.

Kendrick and Daniel Duffy, M.D., senior associate dean, said IBM became involved after learning that SCM had declared in 2008 that all of its educational and medical programs would be based on a patient-centered medical home model of care. IBM had already recognized that its employees who saw a primary care physician received better health care at a lower cost than did employees who self-referred to specialists, Duffy said.

A patient-centered medical home involves a proactive team that places the patient at the center. "This involves reviewing every care delivery process, beginning with the way you answer the phone and continuing all the way through the visit itself. It also involves the development of new, proactive care processes, such as identifying all patients who are eligible for a mammogram and contacting them," Duffy said.

"And then you need to identify the data sources and connectivity to those data sources that will support those proactive clinical processes," Kendrick added. "In the case of mammograms, the doctor needs to access information from the payer as well as information from the radiology center and even his own EMR in order to identify patients eligible for breast cancer screening."

"Contacting patients to remind them of mammograms, diabetes tests, certain cancer screenings . . . that's the proactive side of a patient-centered medical home," Duffy said.

"The other side of PCMH is in becoming very efficient.

But rather than eliminate positions, now staff can do things they were unable to do before, like additional patient education, calling people in advance of visits, following up after they've been seen to see whether there's a side effect or medication reaction.

"Patients get better care, they (and their employers) save money overall and they get higher-quality outcomes with reduced hospitalizations and reduced emergency room visits. There's nothing radical here. It's what you'd want as a patient," Duffy said.

The collaborative effort, which marks IBM's first Medical Home Center of Excellence with a medical school, could include as many as 355 physicians and facilitate health information exchange clinical data from 11 different EMRs between hospitals, physician offices, local ambulances, fire departments and patients.

In addition to developing the PCMH model, OU and IBM will also collaborate to design and implement new health analytics platforms to derive value from the clinical data contained in interconnected EMRs.

The health analytics solutions will use IBM's open standards-based technology and will serve as a way to store, analyze and capitalize on SCM's clinical, financial, operational, claims, genomic and other medical data.

"Our new relationship with OU reflects our deep commitment to drive comprehensive health care reform through smarter health care solutions. Because OU stands committed to PCMH in its curriculum, research and practice, they make an ideal partner in our shared mission to build smarter health care systems," said Robert Merkel, IBM Healthcare Global Industry Leader.

"We look forward to marrying OU's strengths in family medicine and medical home best practices with IBM's business transformation capabilities. By enabling information exchange and improving collaboration, we will empower physicians and patients to drive healthcare innovation within Oklahoma and across our nation." ►

In future issues of OU Medicine, you will read about other health care information technology being developed and tested at the School of Community Medicine.

One of these is the Doc2Doc system, an electronic consultation and referral system that is the focus of an ongoing randomized controlled trial in the Tulsa region. Doctors caring for more than 20,000 patients in the Tulsa community have utilized the Doc2Doc system to streamline referral processes and improve access to specialty care for their patients.

Another is the Greater Tulsa Health Access Network, or Greater THAN, a project that will ultimately enable patients to share their health care information securely with the physicians and other providers who care for them. This will

help prevent unnecessary lab tests and x-rays and ensure that patients do not receive medications that have dangerous interactions.

It has been estimated that this system will save more than \$200 million per year, and more than 500 people will avoid life-threatening drug reactions in the Tulsa community. The stakeholders in this effort include a broad swath of the Tulsa health care system, including the city government, patients, hospitals, doctors, pharmacists, payers, Indian nations, and many others.

This group has begun collaborating to make the medical information superhighway a "new kind of public utility owned by the community and focused on improving health care quality and access."



# Clinic Named for Tisdale



Wayman Tisdale

The new \$20 million specialty clinic planned in north Tulsa will be named the University of Oklahoma Wayman Tisdale Health Center after the late Sooner basketball star. Tisdale became the first freshman ever to win All-American first team honors. He also won a gold medal at the 1984 Olympics and played 12 seasons in the NBA.

Construction of the 43,000-square-foot Tisdale clinic will begin by the end of the year. It will offer MRIs, CT scans, outpatient surgery, endoscopy and a cardiac rehabilitation center to an underserved area of Tulsa. The clinic will be established with \$4,375,000 in state funds and \$15,625,000 in private contributions.

*...continued from page 33*

SCM and IBM will also team in research projects to solve such critical issues as the effects of human factors and technology upon each other in health care delivery settings, how patients can most efficiently communicate with their physicians, how patients can better manage their medical challenges using connected EMR technology and how technology can strengthen the patient-doctor relationship.

Data integration, patient privacy and patient safety will also be addressed in this research effort, in addition to data management.

SCM's adoption of a patient-centered medical home approach moved into high gear in mid-2008 when the Oklahoma Health Care Authority announced a radical change in how it would reimburse physicians who treat Sooner Care patients. The determining factor in payment would be how proactively care is managed. In other words, the level of medical home services provided determines the amount of reimbursement the provider can expect, explained Duffy.

"We were already moving to a patient-centered medical home," Kendrick said. "This was the burning platform that gave us the urgency to do it immediately."

The deadline was Dec. 31, 2008, which gave SCM just a few months to deploy EMR in 17 clinics that hadn't already converted and adopt the PCMH team approach. "You can imagine what a big job that was," Duffy said.

Having degree-training programs for all members of a PCMH under one roof helped make the transition easier, Kendrick said. "In PCMH planning meetings, it wasn't just doctors sitting around thinking about it. There were nurses, social workers, PAs, pharmacists, and patient educators — and each of them contributed something important to the process and to the OU concept of the patient-centered medical home.

"The concept [of PCMH] is no longer that I am one doctor and all my patients look to me for 100 percent of their care, but I am a doctor with a team supporting me," Kendrick said. "Patients can look to the team for part of their care. It may be more appropriate for them to see the pharmacist or diabetes educator instead of the doctor.

"Other industries have worked this out and have multidisciplinary teams solving problems and thinking together creatively. It's relatively new to health care," Kendrick said. §

## Clinic Gives Teachers Health Care at School

Teachers receive quick and affordable health care at an on-site health clinic in Union Public Schools through a partnership with OU Physicians Tulsa, the faculty practice of the School of Community Medicine.

A \$5 co-pay gets a teacher or staff member a visit with a physician, complete work-up and possibly free samples of medications, without having to stand in line or make an appointment, said Union Superintendent Cathy Burden.

The district's 2,000 employees and their covered dependents are eligible to be seen at the clinic, giving them access to quality health care while helping to control escalating costs, Burden said.

The clinic offers routine medical care, comprehensive physical examinations, sports and school physicals, acute care, nutritional counseling, referrals and monitoring of chronic health conditions. Disease management intervention for chronic conditions such as asthma, hypertension, diabetes, lipid disorders, smoking and obesity also are available, as are allergy shots, diabetes control and laboratory services.

Not only is the OU-Union partnership offering teachers cheaper, faster care and reduced absences, it also provides clinics at two Union elementary schools to keep children and

their families healthier during the school year.

The result has been higher attendance and attentiveness in the classroom, Burden said.

The two elementary-based clinics, which also see students' families, have served thousands of patients, she said. The one at Clark Elementary has been open about four years, the one at Rosa Parks Elementary about two years.

"We have truly wraparound services for the students so the teachers can concentrate more on the academics in the classroom without thinking that they have to be all things to all people," Burden said.

"We are also a business, and we employ a great number of people. In order for us to use our resources best and use them to the advantage of students, we want things like insurance costs and time away from work to be minimized."

The employee clinic, located adjacent to the Union Alternative School, is open approximately 20 hours a week. Participating full-time Union employees are fully covered by health insurance through a PPO or HMO plan that is paid by the district as a part of the employee's compensation package. Part-time employees are seen at a discounted rate.

## Plan Acquaints Students With Careers in Medicine

Booker T. Washington High School students have new opportunities to explore medical careers because of a partnership between the school and the School of Community Medicine.

The relationship was formalized through the Tulsa Metro Chamber's Partners in Education program.

"We picked Booker T. Washington because it has such an excellent track record of academics and it is definitely a school with a reputation for social conscience," said OU-Tulsa President Gerard Clancy, M.D., who also is dean of the SCM.

"By reaching out to students who are still in high school, we can work with them early on to ensure they are taking appropriate classes, provide "shadowing" opportunities and provide community-based educational experiences that will expose these high school students to community medicine issues in our community."

Some Booker T. Washington students can take special courses for college credit during their senior year.

"Through this partnership we will be working on recruiting students to the health-care fields. We want them to know about those career options because the pathway begins as early as their freshman year," Clancy said.

"I am excited about the partnership and the work that the OU School of Community Medicine is providing to the community," Principal Micheal Johnson said when the partner-

ship was announced. "We look forward to the partnership with OU-Tulsa and the opportunity provided to Booker T. Washington students."

Through the Partners in Education program, business and nonprofit groups help schools with volunteering, mentoring, in-kind contributions or financial assistance.



Meeting at Booker T. Washington High School to discuss a new partnership between the School of Community Medicine and the high school are Meredith Davidson, Ph.D., associate dean for academic programs, and Micheal Johnson, principal.

## Regents' Awards Go to Dunn, Rao and McCaffree

Max Weitzenhoffer, chair of the OU Board of Regents, presented Regents' Awards last spring to **C.V. Rao**, Ph.D., professor of medicine; **S. Terrence Dunn**, Ph.D., associate professor of pathology; and **D. Robert McCaffree**, M.D., professor of medicine.

Rao received the Regents' Award for Superior Research and Creative Activity; Dunn was recognized with the Regents' Award for Superior Professional and University Service and Public Outreach; and McCaffree was presented the Regents' Professorship.

OU President David L. Boren awarded a David Ross Boyd Professorship to **Mary Zoe Baker**, M.D., professor of medicine. Named George Lynn Cross Research Professor was **Joan Walker**, M.D., professor of obstetrics and gynecology.

Boren also presented four-year presidential professorships to faculty members nominated by their peers. The Edith Kinney Gaylord Presidential Professorship was awarded to vision scientist **Muna I. Naash**, Ph.D., professor of cell biology. Cardiologist **Thomas Hennebry**, M.D., associate professor of medicine, received the Robert Glenn Rapp Foundation Presidential Professorship. Recipients of President's Associates Presidential Professorships were scientists **Darren Akins**, Ph.D., associate professor of microbiology and immunology, and **Dean Meyers**, Ph.D., associate professor of obstetrics and gynecology.

Provost Joseph J. Ferretti, Ph.D., presented the Provost's Research Award – Junior Faculty to **Xin (Sarah) Zhang**, M.D., assistant professor of medicine. The Provost's Research Award – Senior Faculty went to cancer researcher **Shrikant Anant**, Ph.D., associate professor of medicine.

Colin FitzSimons, executive director of the OU Intellectual Property Management Office, recognized patents issued to **Bradley Kropp**, M.D., professor of urology; **H-K Lin**, Ph.D., associate professor of urology; **Paul Weigel**, Ph.D., and **Paul DeAngelis**, Ph.D., professors of biochemistry and molecular biology; **Anne Pereira**, Ph.D., associate professor of pathology; **Wei-Qun Ding**, assistant professor of pathology; **Richard F. Harty**, M.D., professor emeritus of medicine; **James McGinnis**, Ph.D., professor of ophthalmology and cell biology; and **William Hildebrand**, Ph.D., professor of microbiology and immunology.

OU Regents made the following appointments to named faculty positions at recent meetings: **Mark D. Fox**, M.D., asso-

ciate professor of internal medicine/pediatrics and associate dean for community health and research development at OU-Tulsa, to the Julian Rothblum Chair in Community Health Research; **Mary Beth Humphrey**, M.D., associate professor of medicine, to the James R. McEldowney Chair in Immunology; and **Greg A. Krempf**, M.D., assistant professor and interim chair of the Department of Otorhinolaryngology, to the Steve Moore Chair in Head and Neck Cancers.

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**James McGinnis**, Ph.D., professor of ophthalmology, was one of four scientists nationally to receive the Research to Prevent Blindness Senior Scientific Investigator Award. The recognition included a \$75,000 grant for McGinnis to continue his work in therapeutic applications using nanoparticles. McGinnis has been professor of ophthalmology and cell biology in the College of Medicine and researcher at the Dean McGee Eye Institute for 12 years.

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**Jay Harolds**, M.D., professor of nuclear medicine, has been elected president of the American College of Nuclear Physicians. He also was featured speaker at the annual meeting of the Association of University Radiologists. In May, Harolds was recognized by the Oklahoma Chapter of the American College of Radiologists at the ACR's annual meeting in Washington, D.C.

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**Betty Pfefferbaum**, M.D., J.D., chair of the Department of Psychiatry and Behavioral Sciences, has achieved Distinguished Life Fellow status in the American Psychiatric Association in recognition of her years of service to her patients and her profession.

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**Robert Eugene "Gene" Anderson**, M.D., Ph.D., has been named by the Association for Research in Vision and Ophthalmology to this year's inaugural class of distinguished Fellows. Anderson was recognized for his accomplishments, leadership and contributions to the association and was awarded a Gold Fellow, the organization's highest level as determined by a rigorous point system. The former chair of the Department of Cell Biology is director of research at the Dean McGee Eye Institute and professor of ophthalmology and a George Lynn Cross Research Professor.



**Michael Bronze, M.D.**, chair of the Department of Medicine, has been appointed to the Alliance of Academic Internal Medicine – Internal Medicine Reform Task Force and the American Board of Internal Medicine/APM/AGGME Task Force on competency-based education and training.

**Deborah Shropshire, M.D.**, assistant professor of pediatrics, received the Nance Diamond Award from Court Appointed Special Advocates for Children, or CASA, for her efforts to create Fostering Hope medical clinics in Oklahoma City and Tulsa for children in foster care.

## Deaths

**John G. Campbell, '68 M.D.**, clinical professor emeritus of otorhinolaryngology, died in December. The Tulsa surgeon was a former president of the American Academy of Otolaryngology – Head and Neck Surgery.

Cardiologist **Rayburne W. Goen, M.D.**, Tulsa, clinical assistant professor of medicine, died in February at 94. Goen was 90 when he received the Aesculapian Award for volunteer faculty from the College of Medicine, Tulsa, Class of 2005 in recognition of his continuing service to the Bedlam free clinic.

**B. Bhushan Sharma, M.D.**, Tulsa, professor of pediatric infectious disease, died April 19 in Oklahoma City. He was 58. The Meerut, India, native had received the Daniel C. Plunket Teaching Award and the C. T. Thompson, M. D., Award for Excellence in Trauma Care.

**Albert L. Shirkey, M.D.**, Tulsa, clinical instructor in cardiovascular surgery, died in January at 76. In the 1960s, Shirkey performed Tulsa's first heart-valve replacement and coronary artery bypass grafts in Tulsa hospitals.

**William Ogg Smith, M.D.**, former professor of medicine, died July 24. He was 84. Smith served as chief of the medical service at the VA Hospital and vice chair of the Department of Medicine. He received his medical degree from Harvard Medical School.

## Vannatta Receives Edgar W. Young Award

Professor of medicine and former executive dean Jerry Vannatta, M.D., was chosen by medical students to receive the 2009 Edgar W. Young Lifetime Achievement Award. Executive Dean M. Dewayne Andrews, M.D., described the selection of Vannatta as “excellent and well-deserved.”

Vannatta is David Ross Boyd Professor of Medicine and John Flack Burton Professor of the Humanities in Medicine. He has been recognized for outstanding teaching with the Aesculapian Award on eight occasions, and in 1987 received the Stanton L. Young Master Teacher Award.

Vannatta, a member of the Class of 1975, member of the faculty since 1979 and former executive dean of the OU College of Medicine, developed the simulated patient education program that allows first-year students to have a clinical experience in the early weeks of medical school. He also initiated a literature in medicine course that led to publication of *Blood and Thunder: Musings on the Art of Medicine*, an annual student-produced literary journal that showcases poetry, prose, photographs and art from contributors nationwide.

Vannatta was unable to accept the Young Award due to the critical illness of his wife, Marianne. Accepting on his behalf was Sheila Crow, Ph.D., director of the Office of Educational Development and Support, who read Vannatta's written remarks.

“I had the good fortune to know Edgar Young,” Vannatta wrote. “He was an associate dean in the college when I was a young assistant professor. He was not only an excellent physician but also a wise, experienced, and kind gentleman. In effect, he was a man in our college with the virtue of *phronesis*.

“He could sit one-on-one or in a small group of concerned – and at times even agitated students – and or faculty – with his pipe dangling from the right corner of his mouth – and quickly and quietly spread calm in the room. His counsel was wise and his effect of person soothing. He was greatly missed at his death.

“For these and many other reasons it is a great honor to receive an award in his name,” Vannatta said.

“I can report tonight that after 30 years of teaching medical students, it has never quit being fun.

“Over the years, the experience with the students and residents has kept me young, energized, and up to date. The students and residents teach me more than I teach them. I make new friends every year, some of which become life long relationships – and what else could one want from a professional life?”



Jerry Vannatta, M.D.

# Evening of Excellence

Set for January 28

Russell G. Postier, M.D.



Michael S. Samis



The OU College of Medicine Alumni Association holds its 26th annual Evening of Excellence gala on Jan. 28, 2010, at the National Cowboy and Western Heritage Museum.

Dean's Distinguished Service Awards will be presented to Oklahoma City businessman Mike Samis, chair of the University Hospitals Authority and Trust; Russell G. Postier, M.D., chair of the Department of Surgery; and the Greater Oklahoma City Chamber.

Proceeds from the event fund small seed grants to assist the careers of junior faculty scientists. More than \$2 million in seed grants have been awarded.

#### Michael S. Samis

Samis has been chair of the Authority since 1993 and the Trust since its creation, and as such helped to ensure the survival of our teaching hospitals. He also helped create an environment resulting in more than \$175 million in new investment on the OU Health Sciences Center campus.

Samis led the negotiating team on behalf of the State of Oklahoma in structuring the Joint Operating Agreement for the teaching hospitals complex between the state, OU and HCA, the largest private hospital operator in the world. This 1998 agreement created a single hospital with three physical structures – Presbyterian, owned by HCA, and University and Children's hospitals, owned by the University Hospitals

Authority – to be operated by HCA. This hospital system is known today as the OU Medical Center.

This agreement rescued the cash-strapped, state-owned hospitals, kept medical education intact on the Oklahoma City campus, preserved the medical center's ability to provide care to the underserved, and had an important impact on sustaining the college's research programs.

Under Samis's leadership, the Trust has financed construction of the OU Physicians Building and an adjacent parking structure for the faculty's adult medical practice and \$18.6 million of the funding for Phase II of the Stanton L. Young Biomedical Research Center dedicated in early December 2005. Opened early this fall was the 14-story OU Children's Physicians tower, built by the Trust for the children of Oklahoma. Construction of an adjoining six-story atrium and an educational center are under way. The Trust has also assisted with acquisition of equipment and other vital assets for the College of Medicine and other colleges on the OU Health Sciences Center campus.

Samis is a private investor with interests in real estate, oil and gas, manufacturing, health care and entertainment. He received a bachelor's degree from the University of Okla-

homa in finance and a master of business administration degree from Southern Methodist University.

He is chairman of Energy Financial Solutions, LLC, an energy trading company providing services to commercial banks and their customers. He is former president, CEO and chairman of Macklanburg-Duncan Company, or M-D, and CEO and chairman of its successor company, M-D Building Products, Inc. During Samis' leadership, M-D grew to be one of the 25 largest suppliers to the hardware and home center industry with sales exceeding \$250,000,000.

Samis is a former director of the Oklahoma City Branch of the Federal Reserve Bank of Kansas City and former member of the District 10 Economic Advisory Board for the Federal Reserve Bank. He received the 2002 Alumni Achievement Award from Casady School and the 2007 University of Oklahoma Regents' Alumni Award.

His volunteer service includes current membership on the boards of the University of Oklahoma Foundation, Oklahoma Medical Research Foundation, Dean A. McGee Eye Institute, Presbyterian Health Foundation and The Oklahoma Health Center Foundation and prior membership on the boards of the Arts Council of Oklahoma City, Oklahoma City Art Museum, Oklahoma City Chamber of Commerce, Oklahoma State Chamber of Commerce, Casady School and OU College of Business Administration-National Board of Advisors.

He and his wife, Karen, have two daughters.

#### **Russell G. Postier, M.D.**

Postier, immediate past chair of the American Board of Surgery, is widely known for his surgical expertise in gastrointestinal surgery, especially in the areas of the biliary tract, pancreas and colon.

His research interests, which began with a seed grant funded by proceeds from the first Evening of Excellence in 1985, are in both basic science and clinical research. His basic science interest has focused on the identification of precursors and markers that occur in the progressive stages of cancer in the pancreas, colon and esophagus. Research efforts in the clinical arena have involved the search for improved therapeutics in a range of surgical diseases and problems, including sepsis, soft-tissue and intra-abdominal infections, colorectal and pancreatic adenocarcinoma.

He has secured more than \$9.5 million in research monies for the Department of Surgery and College of Medicine during his career.

The Vinita native completed his undergraduate education at Oklahoma State University and graduated from the OU College of Medicine in the Class of 1975. He began his residency at Johns Hopkins Hospital in 1975 and completed his surgical training in 1980. During that time, he spent six months as a registrar in vascular surgery at The St. Laurence's Hospital in Dublin, Ireland. After completing his residency, he spent one year as the assistant chief of the Surgical Service at Johns Hopkins Hospital. In 1981, he returned to Oklahoma and joined the OU faculty in

the Department of Surgery, taking over directorship of the surgery residency training program in 1983. He held that position until 1997, when he was named the John A. Schilling Professor of Surgery and chairman of the department.

He became board certified by the American Board of Surgery in 1982, was recertified in 1991 and again in 2000.

In addition to his recent chairmanship of the American Board of Surgery, Postier is a member of the American College of Surgeons, Association for Academic Surgery, Society for Surgery of the Alimentary Tract, Society of University Surgeons, Southern Surgical Association, Alpha Omega Alpha Honor Medical Society and Southwestern Surgical Congress, having served as president of that organization in 2002.

Postier was a member of the American Board of Medical Specialties representing the American Board of Surgery and recently completed a six-year term as governor of the Oklahoma chapter of the American College of Surgeons.

He and his wife, Ruthann, are parents of a son.

#### **Greater Oklahoma City Chamber**

For more than a century, the Greater Oklahoma City Chamber has been the driving force behind the growth of the Oklahoma City area. The Chamber represents thousands of businesses of all sizes and interests in Oklahoma City's 10-county region and supports these members and the business community at large through economic and community development, tourism, government relations and education and workforce development.

As the bioscience industry has grown exponentially in recent years in the metro area, the Chamber has expended tremendous efforts through funding, lobbying and other tools support this sector of the economy and help it prosper.

Most recently, when the Oklahoma Legislature attempted to outlaw stem cell research last session, the Chamber and the OU Health Sciences Center, with Oklahoma Medical Research Foundation and other entities as partners, stood against vocal opponents to call successfully for a gubernatorial veto. When a legislative group moved to override the veto, the effort was defeated by the same Chamber partnership.

Working together, the Chamber, the OU Health Sciences Center and others created the Oklahoma Bioscience Association for the development of a long-range, regional strategic plan for further development of the bioscience industry in central Oklahoma.

The Chamber promotes the biomedical sciences internationally through the Oklahoma BIO pavilion and activities at the annual international conference of the Biotechnology Industry Organization, or BIO.

The Chamber has also taken a lead role on such key bioscience initiatives as the creation of the Economic Development Generating Excellence, or EDGE, Research Endowment and support for the Oklahoma Center for the Advancement of Science and Technology, or OCAST, and the Oklahoma Seed Capital Fund.



### '40s

The McLennan County, Texas, Medical Society in Waco helped **Charles Shellenberger**, '45 M.D., celebrate his 90th birthday in April by presenting him with the society's first ever certificate of merit. The retired pediatrician was recognized for decades of service to area families and for being a "cornerstone of medical care" in the community.

### '50s

**Jay L. Dickerson**, '54 M.D., says he is easing into retirement after 45 years as an anatomic and clinical pathologist in California. He resides in Saratoga, Calif.

**Robert Engles**, '54 M.D., Durant, retired from his office and hospital practice as a general surgeon in 1999, but is medical director for four nursing homes in Bryan County.

**William Bernhardt**, '58 M.D., Midwest City, has four grandsons in medicine: one practices obstetrics and gynecology, one is a hospitalist, another is a radiology resident and the fourth is a medical student.

**Harry C. Holloway**, '58 M.D., has been named to the External Advisory Council for the National Space Biomedical Research Institute, a consortium studying the health risks related to long-duration spaceflight. Holloway is a pioneer in researching how humans adapt to extreme environments. He is professor of psychiatry and neuroscience at the Uniformed Services University of the Health Sciences in Bethesda, Md.

**Ralph G. Sablan**, '59 M.D., lives on Guam where he has had a solo dermatology practice since retiring from the U.S. Navy Medical Corps in 1979. He now practices part time.

### '60s

**Bruce Lee Evatt**, '64 M.D., retired in 2004 as chief of the hematologic diseases branch of the Centers for Disease Control, where his research for several decades had focused on HIV-AIDS and identifying the clotting disorder, protein C deficiency. He lives in Atlanta.

**Robert V. Tate**, '64 M.D., had a general medical practice in Hemet, Calif., for 31 years before his retirement in 1998 and move to Bellingham, Wash.

**Shelba Bethel**, '65, has an active obstetrics and gynecology practice in Norman.

**Abbas E. Kitabchi**, '65 M.D., Ph.D., has been appointed the Maston K. Callison Professor of Medicine in Endocrinology at the University of Tennessee College of Medicine. Kitabchi was chief of the Division of Endocrinology in the Department of

Medicine for more than 35 years before stepping down to devote more time to research.

**Gary Strebel**, '65 M.D., has welcomed daughters **Julie Strebel Hager**, '98 M.D., and **Jennifer Leigh Strebel**, '05 M.D., into his Oklahoma City obstetrics and gynecology practice.

**Ken Whittington**, '68 M.D., Oklahoma City has retired from his family medicine practice and is medical director at Deaconess Hospital.

**Gabriel A. Shapiro**, '69 M.D., left his 31-year private hematology/oncology practice in 2008 to join the faculty at the University of Texas Southwestern Medical Center. He resides in Dallas.

### '70s

**Jay P. Cannon**, '70 M.D., is chief of staff at Integris Medical Center, Oklahoma City. He practices general surgery.

**Alice Dilling Cox**, '74 M.D., lives in Fredericksburg, Texas, where she describes herself as a goat and horse rancher. The family medicine specialist is medical expert for the Social Security Administration and a member of the medical board for the Teacher Retirement System of Texas.

**Richard W. Threet**, '74 M.D., has practiced obstetrics, gynecology and cosmetic surgery in Georgia, Alaska, Guam and Washington. He finished law school last summer with plans to begin a medical-legal career in South Carolina.

**Michael J. Schwartz**, '75 M.D., Oklahoma City, specializes in pain medicine. His son represents an area of Canadian County in the Oklahoma Legislature.

**James Blomgren**, '79 M.D., moved his family practice back to Oklahoma in 2007 from Nebraska. He practices in Oklahoma City.

**Tony Diehl**, '79 M.D., lives in Eugene, Ore., where he practices pediatrics and is physician-supervisor for three school-based clinics and a juvenile detention center.

### '80s

**William Wright**, '80 M.D., is executive medical director of the Colorado Permanente Medical Group. He previously was CPMG's associate medical director of markets and networks. Wright received a master's degree in public health from the University of Colorado Health Sciences Center with a focus on health care utilization.

**John Kevin Doyle**, '82 M.D., lives in Napa Valley, Calif., and practices ophthalmology with Kaiser Permanente in Vacaville.

**Michael A. Foster**, '84 M.D., was a partner in a 20-member

radiology group in Denver before returning to Oklahoma. He is solo radiologist for Integris Grove General Hospital.

**Dave Griffiths**, '85 M.D., practices family medicine in Tulsa. He is vice chair of the Oklahoma State Medical Association's board of directors.

**Kent King**, '86 M.D., is president of the Oklahoma State Medical Association. He has a family medicine practice in Marlow.

**Duc M. Tu**, '88 M.D., lives in Oklahoma City and practices family medicine with St. Anthony Hospital.

**Linda B. Andrews**, '89 M.D., is senior associate dean for graduate medical education at Baylor College of Medicine in Houston, managing over 1,100 residents and fellows. She maintains a small outpatient practice in general psychiatry.

**Val Gene Iven**, '89 M.D., has been head team physician for Oklahoma State University since 2007. The family/sports medicine specialist formerly was head team physician for men's athletics at the University of Tennessee from 1993 to 2006.

## '90s

**Woody G. Jenkins**, '90 M.D., practices internal medicine with the Warren Clinic in Stillwater. He co-chairs the rural caucus of the Oklahoma State Medical Association.

**Cary Carpenter**, '91 M.D., Choctaw, recently added aesthetics to his family medicine practice.

**Kristina Kline**, '94 M.D., practiced family medicine in Coalgate and Tulsa before becoming a medical director with the Tulsa Health Department.

**Susan Rainwater**, '94 M.D., is staff anesthesiologist at Bayonet Point Regional Medical Center in Tampa, Fla. She lives in Land O' Lakes.

**Ronnie Wiles**, '94 M.D., is in a group nephrology practice in Pensacola, Fla., and continues to remodel his home in Gulf Breeze that was extensively damaged by Hurricane Ivan.

**Jess F. Armor**, '99 M.D., a medical oncologist, is in private practice with Cancer Care Associates at Mercy Medical Center. He has been principal investigator for several Phase II and Phase III research studies.

**Carolyn Palmer Baxter**, '99 M.D., moved from Tulsa to Wisconsin, where she joined a small mental health practice in Sheboygan. She practices outpatient psychiatry exclusively.

**Lori Chaffin Jordan**, '99 M.D., is assistant professor of neurology and pediatrics at Johns Hopkins University School of

Medicine. Jordan, who lives in Baltimore, also is associate director of the pediatric neurology residency program.

## Deaths

**Philip J. Lowenthal**, '38 M.D., Salinas, Calif.

**James R. Ricks Jr.**, '38 M.D., Oklahoma City

**Earle Wesley Warren**, '38 M.D., Yorba Linda, Calif.

**William D. Maril**, '40 M.D., Oklahoma City

**Charles B. Overbey Jr.**, '41 M.D., Kalamazoo, Mich.

**Harvey C. Roys Jr.**, '43 M.D., Seattle, Wash.

**William O. Coleman**, '47 M.D., Oklahoma City

**James E. Loucks**, '47 M.D., Santa Fe, N.M.

**Bob J. Rutledge**, '48 M.D., Oklahoma City

**Lawrence Stream**, '49 M.D., Oklahoma City

**Carl G. Coin**, '51 M.D., Asheville, N.C.

**Richard F. Barbee**, '57 M.D., Bixby

**Lloyd G. McArthur**, '57 M.D., Ardmore

**Donald D. Collins**, '59 M.D., Pryor

**Donald R. Pfeifer**, '59 M.D., Tulsa

**Norma S. Small**, '60 M.D., Checotah

**Taylor D. Wagner**, '63 M.D., Benton, Ark.

**Georgene M. Schmeckpeper**, '72 M.D., Oklahoma City

**Everett M. Gibbens**, '75 M.D., Charleston, Ill.

**Lynn B. McDonald**, '76 M.D., Bend, Ore.

**John T. Haskins**, '78 M.D., Oklahoma City

**John M. Squires**, '80 M.D., Oklahoma City

**Stephen T. Lester**, '87 M.D., Tulsa

**Kenneth W. Veteto**, '87 M.D., Tulsa

**Karen D. Keeffer**, '91 M.D., Midlothian, Va.

**Tina D. Good**, '92 M.D., Mead

**Johnathan B. Wohler**, '92 M.D., Minot, N.D.



# '09 Alumni Day

OU College of Medicine alumni packed continuing medical education sessions and the evening dinner at the Oklahoma History Center during annual Alumni Day festivities in May. Honorees recognized during the dinner were Gerald W. McCullough, M.D., as Physician of the Year, Private Practice; Everett Rhoades, M.D., Physician of the Year, Academic Medicine; and Rep. Douglas Cox, M.D., Friend of Medicine. Alumni Day in 2010 will be May 7.

**Top:** Lois and Bill Goetzinger, M.D., left, visit with Leota and Theodore Violett, M.D., prior to the Alumni Day dinner at the Oklahoma History Center. Both couples live in Oklahoma City. Goetzinger and Violett are members of the Class of 1956. **Bottom left:** The Alumni Day dinner at the Oklahoma History Center gives Class of 1999 members Allie Garcia-Serra, M.D., Miami, Fla., and Ashwini Kamath Vaidya, M.D., Tulsa, the opportunity to catch up. **Bottom right:** Bonnie and Jerry Gregory, '69 M.D., made Alumni Day one of their stops during a cross-country trip. The Gregorys live in Asheville, N.C.



# Thank you

for your generosity to the

## University of Oklahoma College of Medicine.

The College of Medicine gratefully acknowledges our alumni and friends who gave so generously between July 1, 2008 and June 30, 2009, and we are pleased to list them on the following pages.

Gifts large and small received during the period totaled \$18,854,609, each gift demonstrating your commitment to our mission of providing

excellence in education, research and patient care.

Every effort was made to ensure accuracy in this report. However, should you notice errors, please report them to the Office of Alumni and Development, OU Health Sciences Center, 1000 Stanton L. Young Blvd., Ste. 162, Oklahoma City, OK 73117-1208.

### \$4 Million and Above

George Kaiser Family Foundation

### \$1 Million - \$4 Million

LJS Revocable Trust  
St. John Medical Center

### \$500,000 - \$999,999

Children's Medical Research  
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### \$25,000 - \$49,999

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P&G Pharmaceuticals Inc.  
Gene Rainbolt  
Robert Glenn Rapp Foundation  
Henry Zarrow

### \$10,000 - \$24,999

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# Banker's Golf Book Rings Up \$112,000 for Pediatric Cancer

When Oklahoma City banker Randy Royse was diagnosed with colon cancer, it never occurred to him that getting cancer might actually improve his golf game. The thought that he might one day write a book about it was equally far-fetched.

Yet both happened, and OU Medicine's pediatric cancer research program is \$112,000 better for it.

Royse didn't sell his small book, *How to Beat Cancer and Play Better Golf*, but rather gave copies to his innumerable friends with the expectation that these friends would make sizeable contributions to the Jimmy Everest Center for Cancer and Blood Disorders in Children. And they did. In the first three months after its fall 2008 publication, contributions reached \$95,000.

Royse used a golf theme in writing the book, calling the first three years of his treatment the "front nine." The day he learned of his cancer, Jan. 15, 2005, was given a "double bogey."

He wrote about playing golf as often as possible during his treatment and, perhaps most importantly, of meeting and encouraging others who were dealing with their own illness. He told of wearing a bow tie to keep his spirits up ("you can't be down when you're wearing a bow tie") and of continuing to go to work every day (his employees moved a sofa into his office so he could nap when he needed to).

Throughout the book are photographs of young patients

at the Jimmy Everest Center who inspired him to follow through with his plan.

Royse's own battle with cancer didn't end with publication of the book, but his subsequent treatments have been successful, just as the book has been.

"I just wanted to help the little kids who have cancer," Royse said. "If this (book) can help them, then it did what I set out to do."



Sally and Randy Royse flank head Sooner football coach Bob Stoops at the Jimmy Everest Center's annual Christmas party for children with cancer and blood disorders. Royse has raised more than \$112,000 for pediatric cancer research.

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# Raise \$250,000 for Cancer Institute

A pink cowboy hat and a donations collection can in an Oklahoma City hattery helped build a relationship that is now helping cancer patients throughout Oklahoma through donations totaling more than \$250,000.

Tracie Anderson, director of clinical operations at the OU Cancer Institute, owns and shows American quarter horses. During the 2006 American Quarter Horse Association World Championship show in Oklahoma City, Tracie met hatter Shorty Koger at Shorty's vendor booth and ordered a new hat. Shorty owns Shorty's Hattery, which specializes in custom-made cowboy hats and is located in Oklahoma City's Stockyards.

"When I went into Shorty's store to pick up my hat, I saw that she had a pink hat and a memorial to her sister, Shirley Bowman, who lost her battle with breast cancer," Tracie recalls. "It was clear that she was raising money, so I asked her what her plans for the fund were. Shorty told me that she had been waiting for someone to walk through the door to tell her what to do with the money."

Tracie had the answer - the OU Cancer Institute. As they talked, Shorty said that both she and Shirley had been diagnosed with cancer. Shorty survived, but Shirley did not. Shirley did not have health insurance, and Shorty was interested in honoring her sister's memory by raising funds to help cancer patients who lacked the ability to pay for care.

Oklahoma is horse country, and Shorty knew that many professional horsemen and their employees lack adequate health insurance. Tracie explained that the OU Cancer Institute is the state's cancer safety net and serves scores of Oklahomans who lack the ability to pay for cancer treatment, including chemotherapy and radiation therapy. Shorty was convinced.

A decision was made to honor Shorty's sister by establishing the Shirley Bowman Nutrition Clinic at the OU Cancer Institute so that every cancer patient, regardless of financial resources, would have access to nutrition counseling. Cancer patients often experience significant weight loss as a result of their disease and treatment and become weak and unable to fight infections.

In the months since early 2007 when Tracie and Shorty first discussed their idea, their "horse friends" from across the nation have responded by raising more than \$250,000 through events and appeals. The

funds allow the OU Cancer Institute to employ a half-time registered dietitian who is available to any OUCI cancer patient.

During the past two years, the "March to the Arch," a horseshow in St. Louis, Mo., has raised over \$95,000 for the nutrition clinic. The AQHA, headquartered in Amarillo, Texas, has sponsored the "Saddle Up for the Cure" day at its World Show in Oklahoma City. Other associations also participate, including the Morgan Horse Youth Association, based in Vermont; the National Reining Horse Association, headquartered in Oklahoma City; the Kansas Quarter Horse Youth Association; and the Women's Professional Rodeo Association, based in Colorado Springs. The Pinto Horse Association, headquartered in Bethany, held its first "Pink Your Pinto Parade" during its World Show in July in Tulsa, with proceeds from the event benefitting research at the OU Cancer Institute.

A number of businesses have become involved, too, making direct contributions and hosting fundraising events.

After reaching the initial goal of \$250,000, Shorty and her friends raised their goal by another \$250,000 and started a non-profit organization called Rein in Cancer to raise money through the horse community. By the time the OU Cancer Institute building opens in late 2010, the group plans to be able to support a full-time nutrition counselor and other patient services.



Horsewoman Tracie Anderson, left, director of clinical operations at the OU Cancer Institute, and hatter Shorty Koger pose with a framed photograph of Koger's late sister, Shirley Bowman.

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Tong, M.D.</p> <p><b>1967</b> <b>Edwin F. Ellis, M.D.</b> Coy Freeman, M.D. <b>Joe B. Harbison, M.D.</b> Christian E. Kaufman Jr., M.D. <b>Joseph E. Leonard, M.D.</b></p>	<p>Robert B. Livingston, M.D. <b>Robert J. Weedn, M.D.</b> <b>H. Jackson Woodward Jr., M.D.</b></p> <p><b>1968</b> Stephen B. Campbell, M.D. Raymond L. Cornelison Jr., M.D. David A. Cross, M.D. <b>Phyllis P. Engles, M.D.</b> <b>Donald H. Garrett, M.D.</b> E. N. S. Samara, M.D. Hal B. Vorse, M.D. <b>Kenneth W. Whittington, M.D.</b> <b>1969</b> Dennis W. Coffman, M.D. William M. Henderson, M.D. Dennis R. Mask, M.D. <b>D. Robert McCaffree, M.D.</b> James R. McCurdy, M.D. Dan E. Miller, M.D. Dick A. Morgan, M.D. Linda S. Orr, M.D.</p> <p><b>1970</b> <b>M. Dewayne Andrews, M.D.</b> Sinclair W. Armstrong Jr., M.D. <b>Jack J. Beller, M.D.</b> <b>Jay P. Cannon, M.D.</b> <b>James D. Dixon, M.D.</b> <b>R. Nathan Grantham, M.D.</b> Lawrence J. Gregg, M.D. Thomas J. Hanson, M.D. Lynn H. Harrison Jr., M.D. <b>Carl T. Hook, M.D.</b> <b>Norman K. Imes Jr., M.D.</b> Laird Ingham Jr., M.D. Stephen C. Mills, M.D. R. Douglas Shaw, M.D.</p> <p><b>1971</b> <b>Clisto D. Beaty, M.D.</b> <b>Charles F. Bethea, M.D.</b> <b>Philip C. Bird, M.D.</b> David J. Confer, M.D. Larry R. Demas, M.D. J. L. Dunagin Jr., M.D. Robert A. Frampton, M.D. John K. Hamilton, M.D. John B. Kamp, M.D. Mitchell W. Leventhal, M.D. Marvin D. Peyton, M.D. Galen B. Toews, M.D.</p> <p><b>1972</b> Thomas R. Bryant, M.D. William C. Hamilton Jr., M.D. Zev M. Kahn, M.D. John W. McReynolds, M.D. <b>John W. Tipton, M.D.</b> Daniel G. Walters, M.D. <b>John J. Zavoshy, M.D.</b></p> <p><b>1973</b> William C. Burnett, M.D. David G. Kastl, M.D. Thomas E. Kimball, M.D. Walter L. Lamar, M.D. <b>J. Randall Rauh, M.D.</b> <b>James H. Schmidt, M.D.</b></p> <p><b>1974</b></p>	<p>Leo E. Berkenbile II, M.D. Gary A. Brown, M.D. Dian Y. Denney, M.D. G. Kevin Donovan, M.D. <b>C. Douglas Folger, M.D.</b> John E. Goff, M.D. Ralph T. Guild III, M.D. Michael S. Haynes, M.D. Campbell P. Howard, M.D. Dirk T. Hutchinson, M.D. Richard T. Jennings, M.D. Paul J. Kanaly, M.D. James G. Webb, M.D. Carla E. Wilsey, M.D.</p> <p><b>1975</b> Phillip Barrett, M.D. <b>Braden R. Cross, M.D.</b> Lynn E. Frame, M.D. B. Michael Hale, M.D. Jeffrey G. Hirsch, M.D. James C. Hoffman, M.D. James P. Holland, M.D. <b>John H. Holliman, M.D.</b> David A. Kallenberger, M.D. Gideon T. Lau, M.D. Dane A. Lesser, M.D. Thomas A. Marberry, M.D. John C. Mogab, M.D. Jeffrey P. Pardee, M.D. <b>Russell G. Postier, M.D.</b> William B. Ross, M.D. <b>Robert H. Roswell, M.D.</b> Michael J. Stirling, M.D. <b>Jerry B. Vannatta, M.D.</b></p> <p><b>1976</b> Patricia A. Barnes, M.D. Robert R. Bruce, M.D. Daniel C. Dennehy, M.D. Jo Ann Spiegel Harris, M.D. Randall W. Henthorn, M.D. <b>Richard H. Jackson, M.D.</b> Don P. Murray, M.D. Robert C. Newman, M.D. G. Wendell Richmond, M.D. James A. Rodgers, M.D. Ann L. Ward, M.D.</p> <p><b>1977</b> Paul C. Bicket, M.D. Jesse E. 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<p>Edward S. Bentley, M.D.  <b>Jerry D. Brindley Jr., M.D.</b>  James M. Brinkworth, M.D.  Robert M. Clark, M.D.  Douglas G. Cox, M.D.  Charles B. Fullenwider, M.D.  Timothy L. Grode, M.D.  Christy Hendrickson, M.D.  Chet H. Jameson III, M.D.  <b>Robert G. Johnson, M.D.</b>  John D. Lasater, M.D.  James S. Millar, M.D.  Col John H. Patterson, M.D.  Glenn J. Rubin, M.D.  Charles C. Weddle Jr., M.D.  Don L. Wilber, M.D.</p> <p><b>1979</b>  George B. Caldwell Jr., M.D.  Timothy J. Hill, M.D.  Marc F. Inciardi, M.D.  James E. Larson, M.D.  William L. McHenry, M.D.  Debra L. Morgan, M.D.  James M. Whiteneck, M.D.  Randall J. Willis, M.D.</p> <p><b>1980</b>  Eric M. Alcouloumre, M.D.  J. Stephen Archer, M.D.  Kim Arganbright, M.D.  Peter D. Binstock, M.D.  Reagan H. Bradford Jr., M.D.  Frank R. Burton, M.D.  Mary S. Burton, M.D.  <b>J. Christopher Carey, M.D.</b>  Christopher G. Covington, M.D.  David L. Dautenhahn, M.D.  Justine C. Dautenhahn, M.D.  Barry R. Eisen, M.D.  Warren L. 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Marshall Jr., M.D.  Emily J. Rosenberg, M.D.  Aleda A. Toma, M.D.  Vicky L. Weidner, M.D.</p> <p><b>1985</b>  John M. Brookey, M.D.  Kerry R. Clark, M.D.  <b>Jeffrey A. Crook, M.D.</b>  David J. Flesher, M.D.  David W. Griffiths, M.D.  Elizabeth D. Hunter, M.D.  John N. Kamphaus, M.D.  Joseph D. Kern, M.D.  Byron S. Mui, M.D.  Jennifer K. Nelson, M.D.  Robert L. Overacre, M.D.</p>	<p>Carol D. Padilla, M.D.  Brian D. Ryals, M.D.  Cynthia J. Safa, M.D.  Constance A. Smiley, M.D.  Phebe M. Tucker, M.D.  Virginia Vaughan, M.D.  Anne H. Ward, M.D.</p> <p><b>1986</b>  James M. Baker, M.D.  Joan P. Cain, M.D.  Lisa Dobberteen, M.D.  Bennett E. Fuller, M.D.  <b>Keith E. Gawith, M.D.</b>  Mark H. Gillie, M.D.  Jeffrey L. Herring, M.D.  David H. Jelley, M.D.  Jeffrey L. Moffat, M.D.  Diane L. Pentecost, M.D.  Kevin S. Pitts, M.D.  Arthur F. Windholz, M.D.</p> <p><b>1987</b>  Gerald S. Asin, M.D.  <b>Stephen A. Feuerborn, M.D.</b>  Joseph B. Guarnaccia, M.D.  David M. Harsha, M.D.  Carol C. Kutteh, M.D.  Scott W. Maxwell, M.D.  Cynthia S. Redding, M.D.  L. Laurie Scott, M.D.  Virginia Stark-Vance, M.D.</p> <p><b>1988</b>  Deborah S. Blalock, M.D.  <b>Steven W. Emmons, M.D.</b>  Mark W. Halterman, M.D.  Douglas W. Hughes, M.D.  Douglas K. Mandel, M.D.  Mitchell S. Meier, M.D.  Charles M. Millsap, M.D.  Nancy E. O'Dell, M.D.  <b>Craig H. Rabb, M.D.</b>  Jim Radike, M.D.  <b>George F. Schutz, M.D.</b>  Ami L. Siems, M.D.  Roger A. Thompson, M.D.  C. David Wood, M.D.  Mark W. Wood, M.D.</p> <p><b>1989</b>  Kenneth V. Hughes III, M.D.  <b>Rhett L. Jackson, M.D.</b>  <b>Robert N. Jarman, M.D.</b>  Mark R. Miller, M.D.  Randal R. Nixon, M.D.  Kirkland C. Nolan, M.D.  Charles B. Pasque, M.D.  Laura M. Patton, M.D.  Nabil E. Srouji, M.D.</p> <p><b>1990</b>  Paul C. Bierig, M.D.  Robert E. Engles Jr., M.D.  Cathy L. Hammond, M.D.  Hayden D. Henry, M.D.  Joseph P. Pineau, M.D.  Daron G. Street, M.D.</p> <p><b>1991</b>  Herschel L. Brown, M.D.</p>	<p>Patricia I. Davis, M.D.  Judy M. Gilbreth, M.D.  John M. Krodel, M.D.  Astrid E. Morrison, M.D.  William R. Puffinbarger, M.D.  Gregory S. Stamps, M.D.  <b>1992</b>  Rene Ballard, M.D.  <b>Jonathan E. Drummond, M.D.</b>  Oscar Falcon Jr., M.D.  Patricia G. Fenderson, PhD, M.D.  Darlene K. Foster, M.D.  <b>Greg A. Krempl, M.D.</b>  <b>Kelly D. Means, M.D.</b>  William G. Watson II, M.D.</p> <p><b>1993</b>  Sharon L. Barber, M.D.  Steven B. Barnes, M.D.  Morris S. Dees III, M.D.  Tuan-A D. Diep, M.D.  Margaret A. Hall, M.D.  Stephen W. Heimbach, M.D.  Jeffrey D. Hodgden, M.D.  Charles V. Soebbing, M.D.  Khanh P. Tran, M.D.</p> <p><b>1994</b>  Tate B. Allen, M.D.  Mark A. Dawkins, M.D.  Joseph M. Li, M.D.  Wade T. McCoy, M.D.  Sonya R. Miller, M.D.  Daran L. Parham, M.D.  Reagan R. Parr, M.D.  Leslie J. Rainbolt-Forbes, M.D.  Steven O. Smith, M.D.  Rhonda A. Sparks, M.D.</p> <p><b>1995</b>  <b>Sherri S. Baker, M.D.</b>  Cheryl L. Bryant, M.D.  Bradley D. Carter, M.D.  Victoria P. Cook, M.D.  Tina M. Cooper, M.D.  Samantha J. Lewellen, M.D.  <b>Robert W. Maxwell, M.D.</b>  D. Brian Raley, M.D.  <b>Scot A. Sullivan, M.D.</b>  Charles R. Whitfill, M.D.  Jonathan D. Wilks, M.D.  Robert B. Wilson II, M.D.</p> <p><b>1996</b>  Roy W. Bankhead, M.D.  <b>David W. Bobb, M.D.</b>  Robert R. Frantz Jr., M.D.  Michael J. Hahl, M.D.  Glen A. Henry, M.D.  Heather M. McKee, M.D.  Juan C. Nalagan, M.D.  <b>Christopher A. Paskowski, M.D.</b>  Heather H. Revelis, M.D.  David P. Strickland, M.D.  Carolyn K. Synovitz, M.D.</p> <p><b>1997</b>  Justin D. Digby, M.D.  <b>Marianne E. Dunlap, M.D.</b>  W. Bentley Edmonds, M.D.</p>
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In bold-face type are names of OU President's Associates who designate the College of Medicine as beneficiary of their annual membership gifts.

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Kristi L. Ludwig, M.D.  
Bryan F. Perry, M.D.

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Jason S. Lees, M.D.  
Rebecca A. Luper, M.D.  
**Ashley A. Magness, M.D.**  
Kevin M. Neal, M.D.  
Atul M. Vaidya, M.D.  
Robert J. Wienecke, M.D.

#### 1999

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James T. Banta, M.D.  
Jack L. Collier, M.D.  
Susannah L. Collier, M.D.  
Elizabeth J. Gaske, M.D.  
Sylvia A. Gisi, M.D.  
Waverly F. Peakes, M.D.  
Timothy P. Schweitzer, M.D.  
Derek J. Shadid, M.D.  
Donald R. Simmons, M.D.  
Vikas Vij, M.D.  
**Thienkhai H. Vu, PhD, M.D.**

#### 2000

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Christopher T. Cassetty, M.D.  
Julie W. Lees, M.D.  
R. Clayton Musser, M.D.  
Aaron V. Sapp, M.D.  
Julie A. Schaufele, M.D.

#### 2001

Ryan D. Brown, M.D.  
Robin K. Gonzalez, M.D.  
Kanika M. Hampton, M.D.  
Justin M. Jones, M.D.  
Amanda K. Levine, M.D.  
Allison Heather M. Thompson, M.D.  
Roy L. Thompson, M.D.  
Khoa D. Tran, M.D.  
Lori S. Whitley, M.D.

#### 2002

Chad L. Betts, M.D.  
Bobby L. Boyanton, M.D.  
Danna K. Dersch, M.D.  
Jamie L. Hokett, M.D.  
Douglas C. Miller, M.D.  
Merindy G. Morgenson, M.D.

Steven B. Ogden, M.D.  
Jonathan M. Pillow, M.D.  
David A. Salikof, M.D.

#### 2003

James R. Earley, M.D.  
Erin J. Grimes, M.D.  
Kristy L. Jones, M.D.  
Jeffery R. Pruitt, M.D.  
James E. Stanfield, M.D.

#### 2004

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Kathryn L. Cook, M.D.  
Sarah R. Hughes, M.D.  
Quentin D. Lobb, M.D.  
Rachel M. Seaman, M.D.  
Karen K. Swisher, M.D.

#### 2005

Stephanie B. Caywood, M.D.  
Jordan C. Deschamps-Braly, M.D.  
Craig A. Haslam, M.D.  
Blake W. Palmer, M.D.  
Ryan T. Skinner, M.D.

#### 2006

Lisa P. Hoffman, M.D.

#### 2007

Justin A. Gullede, M.D.  
Daniel I. Pascucci, M.D.

#### 2008

John S. Long Jr., M.D.  
Sarah M. Smith, M.D.

### George Lynn Cross Heritage Society

A number of alumni and friends have included the College of Medicine in their estate plans. They are members of the George Lynn Cross Heritage Society, which recognizes donors who strengthen the future of the university through their planned gifts. For information or to let us know you have remembered the OU College of Medicine in your will or trust, contact Karen Waddell, associate vice president and executive director, Office of Alumni and Development, at (405) 271-2300.



Stethoscopes purchased with first-time donations by College of Medicine alumni are in the boxes held by Maria Hester, left, and Valerie Truong. The stethoscopes are presented to first-year medical students at a late summer picnic hosted by the College of Medicine Alumni Association. Don Garrett, M.D., association vice president, welcomed the Class of 2013 to medical school.



Five-year-old Garrett Wright stretches to tap high on an interactive directory in the new 14-story OU Children's Physicians tower adjacent to the Children's Hospital at OU Medical Center. Interactive directories on every floor, bright and colorful furnishings, games and toys, childrens' book niches and kid-sized chairs shaped like elephants are among the special features on every floor of the ambulatory clinic building, the largest in Oklahoma. Clinics for all children's specialties are located in the tower, which opened in late August. Construction of a six-story glass-and-steel atrium is scheduled for completion in 2010. More photos from inside the tower will appear in the spring 2010 issue.

