RFU is creating a blueprint that goes beyond brick and mortar and pushes the boundaries of healthcare professions education and medical research.
HOW DOES ONE VISIONARY SEE THE FUTURE OF HEALTH CARE?

BY THE NUMBERS,

National trends, new models of care and other forces are driving the evolution of health care and the study of population health management. Rosalind Franklin University is employing the power of metrics to track performance in relation to our institutional goals and aspirations.

As provost and visionary expert on interprofessional education, Dr. Wendy Rheault is leading this effort to align RFU’s priorities with the nation’s anticipated healthcare needs through the sheer, undeniable strength in those numbers.

Her insights are helping align how we teach, train and professionally develop our students with the nation’s Triple Aim of improving healthcare costs, quality and outcomes.

Numbers reveal an impressive story that’s unfolding now at Rosalind Franklin University.

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

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

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

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

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IN EVERY NEW PROJECT, PARTNERSHIP AND PROGRAM THAT WE UNDERTAKE, WE MODEL THE TRANSFORMATIVE POWER OF INTERPROFESSIONAL EDUCATION AND PRACTICE, OUR COMMITMENT TO TEAMWORK AND OPENNESS TO LEARNING ABOUT, FROM AND WITH ONE ANOTHER.

That commitment undergirds plans for our new Innovation and Research Park, designed to reflect our strong culture of collaboration, innovation and transparency. The building represents hope for translational scientific discoveries, but also an important economic benefit to our community and our university’s commitment to the region’s health and well-being.

While the construction, set to begin in spring, powers forward behind the scenes, a new academic year has begun, bringing an infusion of energy and idealism from our newest members. These new students, faculty and staff bring fresh experiences and perspectives that enrich and inform our mission to serve the population through the interprofessional education of health and biomedical professionals and the discovery of knowledge dedicated to improve the wellness of its people.

This issue of Helix speaks to our university’s openness to new ideas and approaches, new partnerships and new scholarship, all with the goal of breaking down barriers to health and well-being. It speaks to our belief in human development, particularly through our longtime commitment to the post-baccalaureate Pre-Matriculation Program, a bridge program for students who show great grit and potential in the face of inequities. These very bright students offer keen insights into the communities we need to reach.

In this issue, we also welcome our newest institute, dedicated to interprofessional healthcare workforce development. Dr. Bill Rudman and his team of thought leaders place us at the forefront of an international effort to prepare for the new skills economy, including highly skilled healthcare jobs, and to expand opportunities to those most in need.

Rosalind Franklin University recognizes that each new generation shoulders the moral imperative to address the root causes of health and social inequities that do harm to our people and communities. We believe that our path forward is bound to that imperative, to our ability and commitment to expand opportunity, promote wellness and reduce disparities in care.

Working together, interprofessionally, across sectors and within communities, we will forge new and more direct paths to our collective health and well-being.

Above and next page: President and CEO Dr. K. Michael Welch, and architectural renderings of the Innovation and Research Park.

Cover photo: James Fullwood, DPM ’10, AAFPAS, chief of staff, Sebasticook Valley Health, Pittsfield, ME, spoke during the Dr. William M. Scholl College of Podiatric Medicine Distinguished Lecture Series on Sept. 18.

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

MESSAGING FROM THE PRESIDENT

THE PARTNERS

Rosalind Franklin University
The University Financing Foundation (TUFF)
City of North Chicago
Lake County
Illinois Department of Commerce and Economic Opportunity

A public-private partnership

PROJECT DETAILS

$50 million construction
$117 million total economic regional impact per year
450 estimated direct new jobs

THE INNOVATION AND RESEARCH PARK IS EVIDENCE OF RFU’S COMMITMENT TO TRANSLATING ITS SCIENTIFIC RESEARCH INTO IMPROVED HEALTH AND WELL-BEING.

The university celebrated the impending construction of its new Innovation and Research Park with a ceremonial groundbreaking on Sept. 8 attended by state and local officials, life science industry and clinical partners, and university faculty, alumni and supporters. “Our new Innovation and Research Park will be a catalyst for discovery, but also for putting that discovery to work saving lives,” Dr. Kaplan told attendees. “It will promote collaboration among academic and industry scientists, innovators and entrepreneurs with the goal of accelerating the development of RFU’s nationally recognized research into prevention and treatment of diseases that afflict millions here at home and around the world.”

View the fly-through video at http://rfu.ms/irpvideo
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STUDENTS UNDERREPRESENTED IN MEDICINE DISCOVER A POWERFUL RESOURCE IN RFU’S POST-BACCALAUREATE PRE-MATRICULATION PROGRAM.

Alfonso Gomez, CMS ’21, a first-generation Mexican American, grew up in Chicago’s Little Village and then in nearby Waukegan, where just 18 percent of high school students meet or exceed ACT college readiness benchmarks. He studied automotive technology in high school and earned an associate’s degree from the College of Lake County before transferring to Northern Illinois University.

“I was always interested in medicine, but I couldn’t see how to get there,” he said. “I always felt someone knew more than I did, that somewhere along the way I didn’t get the memo about things like the MCAT or how to prep.”

Students underrepresented in higher education and the health professions are keenly aware that beyond their family and friends, entire communities are invested in and supportive of their academic success — and none more so than Rosalind Franklin University.

“It really hit home during our White Coat Ceremony,” Alfonso said. “I’m here. All my hard work and the support I received has paid off. I know I still have a long way to go, and I’m determined to get there for everyone who believes in me and for the Latino community, so I can offer the care they need.”

Alfonso studied on his own for several years for the MCAT — reading textbooks during lunch and recess while working as a substitute teacher — and volunteered as a Spanish language translator for the university’s Interprofessional Community Clinic for the uninsured. He was admitted to RFU’s post-baccalaureate Pre-Matriculation Program (PMP) in 2016. The non-degree curriculum track of medical school-level coursework is offered at no cost to disadvantaged students seeking to improve their competitiveness as medical or health professions degree applicants. Through PMP, Alfonso received academic support and developed a close-knit relationship with a small cohort of other strivers.

Through PMP, the university aims to increase the diversity of its enrollments and, in turn, help produce a more diverse health professions workforce that can help solve the national crisis of disparities in access and quality of care among minority populations. Racial and ethnic diversity, research shows, also strengthens the quality of medical education, enhancing learning and cultural competency among healthcare professionals.

Rebecca Durkin, MA, vice president for student affairs, diversity and inclusion, said PMP is evidence of RFU’s commitment and understanding of the systemic challenges faced by underrepresented students.

*“There are quality candidates in all walks of life and there are very, very special candidates who yearn for their dreams to be realized, but who face social, financial..."*
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“We’re recognizing what drives disparities in the larger community and we’re committing to be part of the solution.”

REBECCA DURKIN, MA

and educational barriers,” Ms. Durkin said. “We’re providing an opportunity to individuals who need it and deserve it. We’re recognizing what drives disparities in the larger community and we’re committing to be part of the solution.”

The typical PMP student arrives with gaps in their education; they may have high grades but difficulty with standardized tests; their GPAs or MCAT scores don’t reflect their potential; given other strong indicators of success.

Courtney Hatcher, MS ’12, CMS ’21, an accomplished pianist who plays for patients as a volunteer for Northwestern Memorial Hospital’s Music Matters, was raised in the Roseland neighborhood on Chicago’s far South Side and her high school offered just two AP courses — in English and political science.

“There’s no question that underserved minorities have been overlooked,” Courtney said. “Academically, we don’t have the same resources. RFU focuses on the whole student, and PMP helps lay a brick-by-brick foundation for a medical career.”

Both Alfonso and Courtney attend the popular Problem-Based Learning (PBL) course taught every Saturday by PMP Director Fred Richardson, MD, a family practitioner for 30 years who has earned national recognition for his work in developing underrepresented students for careers in medicine and the health professions. The PBL model helps students integrate basic science concepts into clinical medicine.

“It’s taught by clinicians who see the world through patients and work their way back to the science,” Dr. Richardson said. “We start with a case and from that case, we delve into so many branches of basic science and it’s back and forth, so they can see the relevance of what they’re learning.

“For clinicians — and I’m biased — I think it’s the only way to learn,” Dr. Richardson said. “Because during rotations, as a third- and fourth-year, if you’ve been through a traditional curriculum, you may not know how to think clinically; I expose them to the all the things they’re going to see later on.”

A recent PBL class included a wide-ranging, high-energy discussion of a 20-year-old patient with complications of Type 1 diabetes, whose breath had an acetone odor. Dr. Richardson facilitated as approximately 30 students explained or attempted to explain the basics of the digestion of fats, beta oxidation, diabetes-related renal failure, the Henderson-Hasselbalch equation, breakdown of adipose tissue, orthostatic hypotension, dilutional hyponatremia and many other biological functions and malfunctions that could show up on a cellular metabolism exam the following Monday.

“It’s a long leap from a case to beta oxidation,” Dr. Richardson said. “I teach them to maneuver through those waters, how to think through exam questions, how to think through complex biological processes — how to think like a clinician.”

“We need to know a lot of information,” Alfonso said. “PBL helps me understand how basic science relates to what we will see in the clinic. With Dr. Richardson, we learn to read actual EKGs and the electricity and physics behind it, how electrons move then jump forward into membranes. It’s not just bits and pieces of information, it’s understanding processes and putting it into language that makes sense to me.”

PMP students, who must meet standard entrance competencies for admission to CMS, spend 120 hours under Dr. Richardson’s supervision at his practice in Oak Park, IL. They manage and coordinate their own schedules.

“Our students have to rely on each other; he said. “From day one, they’re speaking with patients. They do a history and a more senior student will demonstrate a very focused exam based on the history and will help them develop a differential diagnosis and get to a management plan.”

Dr. Richardson prods his students to explain their reasoning in simple terms.

“In medicine, you almost have to be bilingual,” he said. “Maybe you’re treating a patient who is less well-educated. Their pancreatic cancer is no different than the CEO’s pancreatic cancer. They may have different degrees of articulation. Your job is to speak the language of the person in front of you, including if it’s a person who speaks another language — then you have to get a translator. If you can’t explain it in simple English, if you can’t break it down, that tells me you don’t know it.”

Patient education is a key task for any physician, according to Dr. Richardson, something Courtney has already experienced, as people from her old neighborhood, knowing she’s in medical school, frequently ask her to explain their diagnoses, including a family acquaintance who recently knocked on her mother’s door.

“He has serious health issues,” Courtney said. “He’d been to the doctor, but he didn’t understand what the swelling in his abdomen meant, what cirrhosis and edema meant.

“There’s no real connection to health care in my community,” Courtney said. “People aren’t taught about the importance of taking care of themselves. They’re struggling. There’s a lack of trust. I want to help change that.”

PMP is a culminating pipeline among numerous such educational initiatives offered by RFU for students elementary-age and older that provides knowledge and awareness about health care and health professions — opportunities that impact the health of communities and, ultimately, choices about professions.

Ophthalmologist Kenya Williams, MD ’02, another Chicago native, participated in the program under the RFU-partner Chicago Area Health and Medical Careers Program (CAHMCP, pronounced CHAMP), created by a 1978 state legislative mandate in response to the lack of diversity in the state’s healthcare workforce.

Board certified and fellowship-trained in oculoplastic, reconstructive and orbital surgery, Dr. Williams is a CMS clinical assistant professor of surgery and a past learning community mentor.

“CAHMCP program connected me with a community of similar students from underrepresented backgrounds and gave me opportunities for research and MCAT prep.”

KENYA WILLIAMS, MD ’02

“Two problems in medicine — persistent disparities and a shortage of health care providers.”

Above: Alfonso Gomez, CMS ’21, at right, and Theodore Snyder, CMS ’19, and Sabina Cashin, CMS ’20, practice their physical examination skills on a patient mannequin during a simulation lab attended by student members of the Family Medicine Interest Group.

Above: Ophthalmologist Kenya Williams, MD ’02, is an alumna of the Chicago Area Health and Medical Careers Program, whose work is continuing under RFU’s Pre-Matriculation Program.
A recent PBL class included a wide-ranging, high-energy discussion of a 20-year-old patient with complications of Type 1 diabetes, whose breath had an acetone odor. Dr. Richardson said, "We start with a case and from that case, we delve into so many branches of basic science and it’s back and forth, so they can see the relevance of what they’re learning."

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"The CAHMCMP program connected me with a community of similar students from underrepresented backgrounds and gave me opportunities for research and MCAT prep," Dr. Williams said. "It allowed me to prove that I could compete and I feel very grateful to CMS for the opportunity.

"I knew I had to be in medicine, that anything else would feel like a ‘job,’" Dr. Williams said. "But I often wondered if I could make it and felt like I wasn’t good enough or whatever enough. By working well academically, it became clear to me: I can do this. I belong here."
"Our mission is to meet the needs of industry by aligning education and workforce training to build a skilled and competent healthcare labor pool to achieve better health for the community."

WILLIAM "BILL" RUDMAN, PhD

The Interprofessional Healthcare Workforce Institute will launch a new peer-reviewed, online publication by spring 2018. The interdisciplinary Journal of Interprofessional Workforce Research and Development will support evidence-based research in the field, according to Susan Hart-Hester, PhD, the institute’s director of research. “The journal very much aligns with RFU’s mission of IP education and the institute’s mission to meet the needs of education and workforce training,” Dr. Hart-Hester said. “It speaks to the full ecosystem of the healthcare environment, which includes industries such as transportation, manufacturing and retail. All these industries address the workforce environment and workforce strengthening. Listening to their voices through the journal helps us better align our educational training and programming.”

“There’s a need to develop a new model based on what we refer to as a skill economy, a system built on the individual skills we possess, work and life experiences, accomplishments and personal networking,” Dr. Rudman said. “It’s not about careers and jobs anymore, it’s about skills. We’re looking at what are the skills necessary to advance.”

The skillset needed for healthcare practitioners has changed as a result of technological innovation, new regulatory and legislative policies, value-based health outcomes and patient-centric care models dependent on interprofessional teams. As a result, occupational roles, competencies and skill profiles are being redefined.

“As work roles continue to change and develop in health care, there’s a need to understand the personalized skillsets and competencies individuals need to know,” said Becky Holton, director of the institute. “Physicians 20 years ago didn’t need to know value-based healthcare reimbursement. But today, that knowledge is crucial. We’re focusing on the life cycle of learning and creating a path for career advancement which could be upward, lateral or a complete change in health career or role.”

The institute is an important component in a network of strategies by RFU with the overarching goal of reducing health disparities. It complements the work of the Health Professions Education Consortium (HPEC), a public/private partnership among leaders in education, health care, government and industry, and the university’s DeWitt C. Baldwin Institute for Interprofessional Education. The Baldwin Institute, established in 2013, serves as a hub of learning, practice and research in support of RFU’s vision for interprofessional, team-based, patient-centered health care.

"Our mission is to meet the needs of industry by aligning education and workforce training to build a skilled and competent healthcare labor pool to achieve better health for the community," said Dr. Rudman, noting the strong correlation between work and health.

"Healthcare is the fastest growing market sector — with more than 20 percent job growth," he said. "It’s also the most educated workforce sector in the country, with the highest percentages of MDs, PhDs and graduate degrees. As we increase access to the health professions, we impact not only the economic development of communities, but also health outcomes and population health.

“We believe healthcare organizations are anchor institutions for most communities,” Dr. Rudman added. “Consequently, they have a tremendous impact on the health of the community by not only providing services, but also by creating generational opportunities within that workforce. As a nation, we can’t survive without providing economic and job growth opportunities for people.”

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Above: William “Bill” Rudman, PhD, executive director of the Interprofessional Healthcare Workforce Institute and, from left: Becky Holton, director; Kate Jackson, manager of research and education; and Susan Hart-Hester, PhD, director of research.

THE INTERDISCIPLINARY JOURNAL OF INTERPROFESSIONAL WORKFORCE RESEARCH AND DEVELOPMENT

RFU’S NEW INTERPROFESSIONAL HEALTHCARE WORKFORCE INSTITUTE AIDS TO HELP THE EMERGING WORKFORCE AND WORKING LEARNER POPULATIONS DEVELOP THE SKILLS THEY NEED TO ADVANCE.

The university’s new Interprofessional Healthcare Workforce Institute offers a powerful lens through which to observe the changing landscape of an industry that directly affects RFU’s educational programming and strategic planning. The institute is the first of its kind to work nationally and internationally for workforce development and strengthening, according to Executive Director William “Bill” Rudman, PhD. It addresses gaps between traditional education/technical skills, common employability skills and leadership skills needed for workplace success in any position.
“Our mission is to meet the needs of industry by aligning education and workforce training to build a skilled and competent healthcare labor pool to achieve better health for the community.”

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The skillset needed for healthcare practitioners has changed as a result of technological innovation, new regulatory and legislative policies, value-based health outcomes and patient-centric care models dependent on interprofessional teams. As a result, occupational roles, competencies and skill profiles are being redefined.

“As work roles continue to change and develop in health care, there’s a need to understand the personalized skillsets and competencies individuals need to know,” said Becky Holton, director of the institute. “Physicians 20 years ago didn’t need to know value-based healthcare reimbursement. But today, that knowledge is crucial. We’re focusing on the life cycle of learning and creating a path for career advancement which could be upward, lateral or a complete change in health career or role.”

The institute is an important component in a network of strategies by RFU with the overarching goal of reducing health disparities. It complements the work of the Health Professions Education Consortium (HPEC), a public/private partnership among leaders in education, health care, government and industry, and the university’s DeWitt C. Baldwin Institute for Interprofessional Education. The Baldwin Institute, established in 2013, serves as a hub of learning, practice and research in support of RFU’s vision for interprofessional, team-based, patient-centered health care.

“Our mission is to meet the needs of industry by aligning education and workforce training to build a skilled and competent healthcare labor pool to achieve better health for the community,” said Dr. Rudman, noting the strong correlation between work and health.

“Health care is the fastest growing market sector — with more than 20 percent job growth,” he said. “It’s also the most educated workforce sector in the country, with the highest percentages of MDs, PhDs and graduate degrees. As we increase access to the health professions, we impact not only the economic development of communities, but also health outcomes and population health.

“We believe healthcare organizations are anchor institutions for most communities,” Dr. Rudman added. “Consequently, they have a tremendous impact on the health of the community by not only providing services, but also by creating generational opportunities within that workforce. As a nation, we can’t survive without providing economic and job growth opportunities for people.”

Above: William “Bill” Rudman, PhD, executive director of the Interprofessional Healthcare Workforce Institute and, from left: Becky Holton, director; Kate Jackson, manager of research and education; and Susan Hart-Hester, PhD, director of research.

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“The university’s new Interprofessional Healthcare Workforce Institute offers a powerful lens through which to observe the changing landscape of an industry that directly affects RFU’s educational programming and strategic planning. The institute is the first of its kind to work nationally and internationally for workforce development and strengthening, according to Executive Director William “Bill” Rudman, PhD. It addresses gaps between traditional education/technical skills, common employability skills and leadership skills needed for workplace success in any position.

RFU’S NEW INTERPROFESSIONAL HEALTHCARE WORKFORCE INSTITUTE AIDS TO HELP THE EMERGING WORKFORCE AND WORKING LEARNER POPULATIONS DEVELOP THE SKILLS THEY NEED TO ADVANCE.

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Neuroscientist Eugene Dimitrov, MD, PhD ’07, is working to understand the perplexing link between chronic pain and behavioral health.

The interdigitation (picture the interlocking of the fingers of two hands) of pain and mood disorders is an area ripe for discovery, with implications for both basic neuroscience and psychiatry.

“Patients in chronic pain suffer anxiety and depression at very high rates,” he said. “That may not seem surprising, but we think there may be an underlying organic reason they’re depressed, not just because they’re dealing with pain. It’s getting at the organic causes that can lead to more effective treatment.”

Between 40 and 70 percent of people with chronic pain develop anxiety and depression, according to Dr. Dimitrov, who developed an animal model of reversible neuropathic pain to help elucidate what is a complex and poorly understood etiology.

While the association between chronic pain and psychiatric disorders is well-documented, “the extent to which depression and chronic pain contribute to the development or maintenance of the other is not clear,” Dr. Dimitrov explained in a study, published by the Journal of Neuroscience in 2014, which found that depression-like behavior and impaired neurogenesis persisted after the source of pain was removed, suggesting that different processes control pain and associated behavioral changes.

“Exactly, what is the mechanism?” Dr. Dimitrov wants to know. “You have sensory input. Pain is unpleasant sensation but it’s still sensation. So how does sensation change mood? How does it affect the brain? Because right now, there is a disconnect. If you have a patient in chronic pain, you treat the pain. No one pays attention to their complaining — because, after all, they’re in pain.”

His observation that mental and emotional issues persist even when physical pain is relieved may be indicative of a feedback loop: A person who is experiencing chronic pain gets depressed because of the pain, then perceives the pain more intensely, which makes them more depressed.

“I’ve been called a pain researcher but, no, I’m not,” Dr. Dimitrov said. “I use pain models to induce behavioral changes in my laboratory experiments. So the focus is not on pain mechanisms per se. It’s what behavior modifications this persistent pain evokes, which include not only anxiety and depression, but impaired cognition — memory and learning ability.”

Dr. Dimitrov, an assistant professor of physiology and biophysics, earned a medical degree in his native Bulgaria in 1992. He immigrated to the United States and worked for a busy family practice in the northwest suburbs of Illinois, where an experience with transgender patients, some who were administered large doses of the hormone estrogen, helped steer him to research.

“In two of these patients we detected renal cancer,” he said. “When we stopped the estrogen, the markers of cancer disappeared. It was very interesting and we started to write a paper.”

Seeing Dr. Dimitrov’s excitement, the doctor who owned the practice suggested he look into RFU’s School of Graduate and Postdoctoral Studies.

“I always wanted to do science,” Dr. Dimitrov said. “But my interest came later. In medicine, I faced the mysteries of life. The fact that we experience biological events that we do not understand is the essence of my motivation; I want to know more, to better understand the mysteries of life.”
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A PODIATRIC PHYSICIAN/EXECUTIVE HELPS LEAD HEALTH REFORM IN RURAL MAINE.

A 2010 graduate of Dr. William M. Scholl College of Podiatric Medicine, Dr. James Fullwood, AACFAS, is helping to lead healthcare change in the state of Maine, where more than 61 percent of residents live in rural areas. As Chief of Staff at Sebasticook Valley Health, he’s intent on improving care for a patient population of approximately 40,000 in the central part of the state.

“During seven years of postdoctoral training at the National Institute of Mental Health, Dr. Dimitrov studied neuropeptides (molecules used by neurons to communicate with each other) and began investigating the relationship between pain and anxiety disorders.”

He’s taking an unconventional approach.

“The conventional thinking is: You have pain; let’s see after time how the pain will affect memory and emotion,” he said. “But my thinking is: What if you relieve the pain? Would memory and emotion still be affected? Or, if you have pain, how memory of previous events (before pain) would be affected.”

Dr. Dimitrov is excited by the possibility that his research will help in the creation of a therapeutic to halt the long-lasting, consistent changes in the brain that are triggered by pain.

“If I figure out one of these contributing factors, it would be a pretty good success,” he said. “And what if we can figure out a way of preventing negative emotions associated with pain — to become numb emotionally to pain? That’s a really long-term goal. But halting that triggered process in the brain could be life-changing.”

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Below: Dr. Dimitrov in the lab with graduate student Tanvi Paretkar.

HELIX FAL 2017

DEDICATED TO RURAL HEALTH

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Below: Dr. Dimitrov in the lab with graduate student Tanvi Paretkar.
“We all have to work together to take care of patients. No one provider or system can do it all.”

DR. JAMES FULLWOOD, AACFAS, DPM ’10

Dr. Fullwood always knew he wanted to practice community-based health care in a rural area. After completing a residency in foot and ankle reconstruction and diabetic limb salvage in Minneapolis, he accepted a position in Pittsfield, ME, an old mill town, population 4,200. Sebastianook is a critical access hospital with three primary care locations throughout central Maine, where many barriers threaten the health of its residents.

Those barriers include: 30 to 40 miles and often farther to the nearest pharmacy, doctor or hospital; high unemployment; lack of transportation; lack of internet access; a high rate of hospital closures; too few healthcare professionals; and a heavy burden of chronic disease.

“I see a lot of end-stage renal disease and cardiovascular and peripheral vascular disease,” Dr. Fullwood said. “It’s often a delayed presentation. People don’t have the means to go to doctor and hospital appointments.”

Dr. Fullwood sits on his hospital’s Board of Trustees and he’s an executive member of the Eastern Maine Healthcare Systems’ Central Regional Medical Advisory Group, which oversees the operations of three hospitals.

“With good leadership and the collaboration of many people and communities, we’re trying to figure out what makes sense for all of Maine,” he said. “Even though we are nine hospital systems, we can’t let another hospital fail, even if it’s outside our particular system. If it does, it floods services and we have a limited number of providers and resources. We all have to work together to take care of patients. No one provider or system can do it all.”

One of just 84 practicing podiatric physicians in Maine, Dr. Fullwood points to another serious shortage in his state: One family medicine/general practice physician for every 1,508 people, according to 2014 data reported by the American Association of Medical Colleges. While family physicians make up just 15 percent of the outpatient physician workforce in the United States, they provide 42 percent of care in rural areas, according to the National Rural Health Association.

Rooted in his training at Rosalind Franklin University, Dr. Fullwood supports interprofessional (IP), team-based care, the population health model and the state’s growing cross-system collaboration as a means to improved prevention and treatment. He’s the creator and scientific chair of a biennial IP diabetic foot conference and he’s part of a growing population health effort.

“We’re looking at the services we offer and the resources and people we need to strategically manage disease within our state and organization,” he said. “Because of constraints of health care and what’s going on politically, we realize we’re all fighting for the same thing — our patients and quality care. We still have medical silos, but they’re slowly breaking down.”

Dr. Fullwood has experienced health care in both urban and rural settings. He spent his formative years in New York City before moving at the age of 15 with his family to unincorporated Supply, NC.

“I was a kid from the inner city who became a country boy,” said Dr. Fullwood. “I understand the barriers because I saw them growing up.”

Today, Dr. Fullwood is an advocate for rural practice, promoting it at undergraduate universities, discussing rural health needs with state and federal legislators and mentoring students on rotations in the clinic.

“There are great national and local programs that will help young professionals who commit to rural practice repay their loans,” he said. “But rural communities and health systems across our nation want to keep you. They need your services and they’re willing to invest in you. Rural health is all word-of-mouth advertising. You have to treat your patients right.”

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Above: Dr. Fullwood is greeted, during his Sept. 18 visit to campus, by Neil Horsley, DPM, assistant professor and chair for pediatric surgery and applied biomechanics.
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“That’s where you have to really get involved. You’ve got to be there,” he said. “There’s no way you’re going to go in there and just have a board meeting and be done.”

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NEW STUDENTS, ORGANIZED IN INTERPROFESSIONAL GROUPS, LEARN ABOUT EACH OTHER AND BEGIN TO UNDERSTAND THEIR PLACE IN A NEW COMMUNITY.

New podiatric medical student Manuel “MJ” Ramirez and new pharmacy student Kyle Hauger arrived on campus in early August and, along with hundreds of other first-year students in RFU academic programs, they soon plunged into a Day of Service — a powerful new orientation activity aimed at building community.

“The most important thing wasn’t the job, though, yes, it’s great to help agencies doing so much good,” said MJ, who grew up in an underserved rural area outside of Tucson. “But on the very first day of being here, you feel like you’re right off the bat part of the community and are able to help. It was getting to know and learn about students in other programs. Interprofessionalism is what really stood out.”

Neither was the larger lesson lost on Kyle, a native of Bay City, MI, where he worked in a pharmacy since age 16.

“Day of Service showed me that RFU is concerned about its community,” he said. “They want to have a presence and they want to make positive change and impact not just on the students of the university, but on the people who live around the university.”

Student teams volunteered on behalf of local, regional and global nonprofit partners: A Safe Place, a shelter for women and children; the literacy program, Bernie’s Book Bank; Our House of Hope Rescue, an animal welfare agency; and Feed My Starving Children, which provides nutritionally complete meals for malnourished children.

Day of Service is the first step in a larger, integrated effort to tie the university’s service learning and community engagement activities into learning outcomes driven by curriculum. Before new students begin their community service projects, they are introduced to D2L, RFU’s course management system, via informational modules on neighboring communities.

“Day of Service is not focused on health care,” said Rebecca Durkin, MA, vice president for student affairs, diversity and inclusion. “It’s focused on the context that contributes to the health of this community. What are the needs? What are the difficulties? Where are the gaps in care and education and how does that ultimately lead to health outcomes? Our students are learning the building blocks and what it means to be a true part of a community — that you don’t just sweep in and do what you want to do. You work to understand your community’s needs and you connect with the partners that are already active in the community. Through collective knowledge, you can make a bigger impact.”

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MANUEL “MJ” RAMIREZ, SCPM ’21

At left: Ngoc-Anh Le, left, and Linsay Ling, both CMS ’21, at Bernie’s Book Bank.

Inset: Representatives from five nonprofits — Feed My Starving Children, Bernie’s Book Bank, Hispanic American Community Education and Services (HACES), It’s Our House of Hope Rescue and A Safe Place — spoke to students about their work in the community during the RFU orientation Day of Service.
New podiatric medical student Manuel “MJ” Ramirez and new pharmacy student Kyle Hauger arrived on campus in early August and, along with hundreds of other first-year students in RFU academic programs, they soon plunged into a Day of Service — a powerful new orientation activity aimed at building community.

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Interprofessionalism (IP) is a key part of Day of Service. Student teams are pulled together from different colleges and their programs aren’t identified.

"Students tend to connect exclusively with others in their chosen academic program," Ms. Friedman said. "We wanted to interrupt that. That’s why we put this day up front. Students discover that their program isn’t the dividing line."

Day of Service is a first dip into IP socialization for students who go on to participate in other IP teams, activities and projects.

"IP can help learning," Mr. Ruiz said. "If you know students in other programs, you can enlist them for team projects. If you’re struggling in a class, you can tap them for support. The other professions may have a different perspective or way of understanding a subject."

“We hope that Day of Service will serve as the foundation of our students’ understanding of IP and community service for the improvement of health and well-being,” Ms. Friedman said.

“A Safe Place in Zion, which offers transitional and permanent housing for women and their children escaping domestic violence, welcomed 90 RFU students who refurbished a playground and beautified landscaping. Carmen Patlan, chief development officer for the agency, told them that one in three women and one in seven men experience domestic violence by an intimate partner."

"The stress of domestic violence, not to mention the trauma, takes a toll on the mind, the body and overall health," Ms. Patlan said. "As RFU students become professionals, I ask them to always..."
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JESUS RUIZ, MAEd

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Jesus Ruiz, MAEd, community relations and special projects officer, and Beth Friedman, MS, director of academic affairs, helped design Day of Service, which launched in spring for four College of Health Professions programs.

“Our community partners see us as a resource and a source of knowledge,” Mr. Ruiz said. “Day of Service gives our students the opportunity to connect with those partners who will be asking for assistance in the future. It jump-starts the relationship.”

“We’re hoping the Day of Service will provide a greater understanding of the community that students will draw upon when they get to service learning," Ms. Friedman said. “We want to make sure they get the big picture of health disparities in Lake County and what social determinants influence health outcomes.”

Day of Service can help topple stereotypes and preconceived notions about “why people live the way they do,” he said. “Knowledge of the social determinants of health can break down misconceptions and help providers offer better, more effective care.”

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RFUFEST
The fifth annual RFUFEST was held September 7-9, 2017.

REUNIONS
Clockwise from top:

ALUMNI AWARD RECIPIENTS
Clockwise from top left:
- RFU Trustee Franklin H. Pratt, MD '84, MPH/MTM (left) with CMS Distinguished Alumni Trustee M. Parks, MD '92 and CMS Dean James Record, MD, JD, Suffolk College Dean Medalist, and Alumni of the Year Award recipient Patrick A. DeHeer, DPM, ‘80 (right); pictured with his wife, Erika Jagger, and his children, Anthony Jagger, DPM '16, Provost Dr. Wendy Rheault, center, with CMS Distinguished Alumni Donna L. Luftker, PhD, MS '94, PA-C, and Donald R. Frisch, MS '03, PA-C, Faculty members of the Department of Physical Therapy congratulate Edward J. Lucerte, DPT '15, 2017 Alumnus of the Year.

SPECIAL EVENTS
Clockwise, from top left:
- The podiatric surgeon turned designer takes in her eponymous exhibit Elevated Feat: The Innovative Luxury Footwear of Marion Parke, DPM '09; Running the Discovery Dash in support of the Interprofessional Community Clinic, RFU faculty at the Discovery Dash.

AWARDS DINNER DANCE
Clockwise from top left:
- Alan Schiller, MD, '57 with CMS Dean James Record, MD, JD, Gary Broder and Ronni Lee Seltzer, MD, '77; Student leaders representing the Interprofessional Community Clinic (I2C).

RFUFEST 2018
Watch for details for the 2018 RFUFEST and special reunions. All alumni are welcome to attend.
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Jeffrey Scavron, MD ’67, was featured in an article on masslive.com about developing an elder care model that works for all ages.

1970s

David Boyer, MD ’72, presented a report on top-line results from the phase 2b DEL MAR clinical trial of ALG-1001 (Luminate, Allegro) in patients with centrally involved diabetic macular edema at the American Society of Retina Specialists (ASRS) 2017 Annual Meeting.

James E. Fanale, MD ’76, was appointed interim president and CEO of Care New England.

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Dean Naftelok, MD ’81, earned board certification in sleep medicine from the American Board of Psychiatry and Neurology.

Susan Fuchs, MD ’82, was awarded the Chicago Medical School Distinguished Alumnus Award of 2017.

Matthew G. Garoufalias, DPM ’82, presented at the European Wound Management Association (EWMWA) meeting in Amsterdam and at the European Society of Vascular Medicine Conference (ESVM) in Graz, Austria.

Lawrence E. Ginsberg, MD ’82, a CMS Distinguished Alumnus, was awarded the Ya Yen Lee Endowed Professorship in Head and Neck Oncological Surgery at the University of Texas MD Anderson Cancer Center in Houston.

Robert Rogers, MD ’82, FACP, SFHM, has been elected to the board of directors of the National Association of Healthcare Advocacy Consultants (NAHAC).

Gregory Vitas, MD ’84, was appointed Chair of Staff at North Memorial Medical Center in Minneapolis.

Richard T. Braver, DPM ’85, was featured on running.competitor.com in an article titled “The Best Advice for Runners Who Have Pain from Bunions.”

Angela MacCabe, PT ’87, DPT, was selected to receive the 2017 School of Health Sciences Outstanding Faculty Award for Teaching Excellence at the University of South Dakota.

Douglas McMullin, MD ’88, was appointed assistant professor of family and preventative medicine in clinical sciences at Chicago Medical School at Rosalind Franklin University.

Amol Saxena, DPM ’88, current president of the American Academy of Podiatric Sports Medicine, was part of the medical team volunteering care for the National USA Track and Field Championships in Sacramento, CA.


Alex Kor, DPM ’89, presented as part of the Distinguished Lecture Series at Dr. William M. Scholl College of Podiatric Medicine at Rosalind Franklin University on “Podiatry: Friend or Foil?” He also presented at the 2017 Annual Conference of the Indiana Orthopaedic Society held in Bloomington, IN, and was recently interviewed by the Milwaukee Journal Sentinel on the proper way to buy shoes.

Sheryl Ribbling, MS ’89, was selected for the Illinois Community College Trustees Association Outstanding Full-Time Faculty Member at Shawnee Community College.

Kathleen Daly, DPM ’90, served for the sixth consecutive year as the podiatry coordinator for the Chicago portion of the 2017 Avon 39 Breast Cancer Walk, held in June.

Patrick Deitkrie, DPM ’90, was awarded the Dr. William M. Scholl College of Podiatric Medicine Alumnus of the Year and Honor Medallion awards of 2017.

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James Hanna, DPM ’91, was elected treasurer of the New York State Podiatric Medical Association.

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Lowell Wells, Jr., DPM ’94, MBA, served as co-chairman of the PRESENT Residency Education Summit Conferences East and Midwest.

Ivan Albert Gomez, MD ’97, MS ’93, was named Chief of Family and Community Medicine at UCSF Fresno.

Eureka Nakai, DPM ’97, was invited to lecture on dance medicine at the State College of Music and Dance of Mongolia and the U.S. State Department of Arts and Culture, while providing foot consultations at the Endored Clinic during her second trip to Mongolia.

Minda Lemmon, PT ’98, will head the new Steppin’ Up Physical Therapy practice in Fort Wayne, IN.

Jay Somers, MS ’98, PA-C, is the recipient of the Leadership Award from the Nevada Academy of PAs (NAPA). He is past president of the group.

William R. Adams II, DPM ’99, was elected to the Kentucky State Board of Podiatry.

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Sharilyn Wheaton, MD ’03, was profiled for The Ventura County (CA) Star.

Alan A. MacGill, DPM ’06, was named one of the 2017 America’s Most Influential Podiatrists by Podiatry Management.

Kevin Adeleke, MD ’08, participated as an instructor during the fourth annual Podiatry Initiative of Nigeria.

Emily Bubbers, DPT ’08, was profiled for the Independent Record of Helena, MT.

Sarah Haag, DPT ’08, contributed to an article on pelvic health for ptptodcast.com.

Noman Siddiqui, DPM ’08, was appointed clinical instructor of medicine and radiology.

Jessica Joanna Richardson, MD ’09, a family physician at Mayo Regional Hospital’s Mino Family Practice in Mino, ME, has achieved the degree of Fellow of the American Academy of Family Physicians (AAFP).

Jason Woods, DPM ’09, was certified by the American Board of Wound Management as a wound specialist physician.

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James Fullwood, DPM ’10, participated as an instructor at the 4th Annual Podiatry Initiative of Nigeria.

Nima Mehran, MS ’06, MD ’10, authored an article on ACL graft options on theprehabguys.com.

Karthik Rajasekaran, MD ’11, joined the faculty at the University of Pennsylvania Podiatric Initiative of Nigeria.

Kevin Adeleke, MD ’11, profiled for The Ventura County (CA) Star.

ARE YOU RECEIVING OUR MONTHLY e-NEWSLETTER?

Learn about university news, upcoming events and more. Send us your email address at alumni@rosalindfranklin.edu so you can be in the know. Connect to us on LinkedIn and Facebook for up-to-the-minute updates and to catch up with old friends.

Rosalind Franklin University is rooted in the Chicago Medical School’s creation in 1967 of the University of Health Sciences, one of the first institutions of its kind in the nation aimed at training and educating students in a variety of health professions: UHC/CMS broke ground in 1978 for the first new academic facility on its North Chicago campus, pictured above in an architectural rendering by Chicago firm A. Epstein and Sons, Inc. Completion of the $45 million, 300,000-square-foot Basic Sciences Building was celebrated with a dedication on Oct. 12, 1980. The rendering envisions the 2002 addition of the Health Sciences Building (top, right) which would bring all colleges/schools under one roof.
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Karthik Rajasekaran, MD ’11 joined the faculty at the University of Pennsylvania after completing a fellowship in head and neck cancer surgery. Microvascular reconstruction and transoral robotic surgery.

Steven Springer, MS ’12, PA (ASCSP) was promoted to regional director of histology and genetics at Kaiser Permanente for Northern California.

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YOU PLEDGED TO MAKE A DIFFERENCE.

ANNUAL FUND 2017/18

The day you proudly pledged to make a difference in the lives of others is a day you’ll never forget.

That’s why we’re calling on you to take just a few minutes of your time to pledge again — to the Annual Fund. Make a pledge or consider a multi-year gift. Your support is integral to the advancement of Rosalind Franklin University and helps ensure that those who follow in your footsteps can continue to fulfill the pledge — and promise — of RFU.

Go online to learn more about our new LEADERSHIP GIVING SOCIETY.

IT’S TIME TO PLEDGE AGAIN.

MAKE A PLEDGE TO THE ANNUAL FUND TODAY.

LEAD PA

“TIm Bryan, MS ’12, PA-C

As a Lead Physician Assistant (PA) in the Emergency Department (ED) of Vista East Medical Center, in nearby Waukegan, Tim Bryan, MS ’12, PA-C, a graduate of RFU’s PA Program, knows he’s making a difference for patients.

“The best thing about being an emergency medicine PA is the chance to help people who are at a low point, who are sick or injured and need someone to care for them and about them,” Mr. Bryan said.

Mr. Bryan’s dedication to the profession was recognized this year when he accepted the Physician Assistant Clinical Preceptor Award during commencement ceremonies in June. He was also appointed clinical instructor for the PA department and inducted into Pi Alpha National Honor Society, sponsored by the Physician Assistant Education Association.

PA students completing clinical rotations at Vista appreciate his candor, good humor and practical approach to patient care.

“You have to look at the whole patient, treat them with respect, be kind and take care of their issues,” Mr. Bryan said. “If it’s a sick child, maybe with a bad cold, the parents need reassurance it’s not pneumonia. Maybe it’s not technically an emergency, but it is to them. They need someone to understand, to say ’It’s going to be okay,’ and in a lot of cases, they need resources, like advice on where they can find low-cost prescription and over-the-counter medications.”

Mr. Bryan served 20 years as a hospital corpsman with the U.S. Navy, working in numerous medical capacities. As an independent duty hospital corpsman (IDC) stationed in isolated Adak, the southernmost town in Alaska, he was the ED director and healthcare provider, half of the ambulance crew, radiology technician and often the lab technician.

By the time he was accepted into RFU’s PA program, he was in his 40s, a father and a grandfather. “I was the old man in the classroom,” he said. But his life experience and training made him a calm and centered professional — ideal for ED duty.

“The ED can be horribly high pressure,” Mr. Bryan said. “But you know you’ve got it when the excellent training you received kicks in. You have to be the duck: calm on the surface, paddling really fast underneath.”

Above: Lead PA and RFU clinical instructor Tim Bryan, MS ’12, at work in the Emergency Department at Vista East Medical Center in Waukegan, Ill.
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By the time he was accepted into RFU’s PA program, he was in his 40s, a father and a grandfather. “I was the old man in the classroom,” he said. But his life experience and training made him a calm and centered professional — ideal for ED duty.

“The ED can be horribly high pressure,” Mr. Bryan said. “But you know you’ve got it when the excellent training you received kicks in. You have to be the duck: calm on the surface, paddling really fast underneath.”

Above: Lead PA and RFU clinical instructor Tim Bryan, MS ’12, at work in the Emergency Department at Vista East Medical Center in Waukegan, Ill.

“‘It’s going to be okay,’ and in a lot of cases, they need resources.”

TIM BRYAN, MS ’12, PA-C

LEAD PA

ALUMNI SPOTLIGHT

ABOVE: Lead PA and RFU clinical instructor Tim Bryan, MS ’12, at work in the Emergency Department at Vista East Medical Center in Waukegan, Ill.

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