MEASURE of SUCCESS
We are grateful for your support.

Rosalind Franklin University of Medicine and Science is pleased to share its 2014-2015 Year in Review, which celebrates a very productive year of effort and achievement under the powerful and forward-thinking models of interprofessional education and practice.

The stories that follow represent the drive and dedication of our university leaders, faculty, students and alumni who, generation after generation, uphold and strengthen the RFU legacy of excellence, innovation and service. Today, as never before, our university relies on the collective dynamism and generosity of its community as it faces a convergence of complex challenges at home and abroad.

Our ability to meet those challenges, including growing our programs in response to the pressing healthcare needs of our nation, is made possible by the unflagging support of our donors.
Seventy-five years ago, Rosalind Franklin defended her devotion to science and her decision to stay at Cambridge University despite the great war that was storming through Europe and the bombs that were raining down on London.

This Year In Review is dedicated to the many ways Rosalind Franklin’s namesake university continues its own march forward, working to better educate, develop and support the healthcare workforce of the future. It reflects our recognition that we must continuously strive to improve the state of our union, aim higher, learn more, drill into data to better accomplish our core mission — the interprofessional education of health and biomedical professionals and the discovery of knowledge dedicated to improving human health.

Our mission is undergirded in great measure by the hard work, generosity and support of those who believe in it. Every investment we make in the science and technology of medicine, the art of healing and the art of teaching, is an investment in the future professionals who will use those great gifts to improve the health of their fellow human beings.

This work cannot be accomplished in the isolation of personal concerns, but in the deeply human interconnection of people, science and everyday life. Grounded in this foundation for a life lived in discovery, our students and alumni can practice and explore, adapt and reach to meet the ever-shifting demands for innovation in treatment, prevention and healthcare delivery.

The direct correlation between the success of our mission and the improvement of health outcomes across our communities, the nation and the world has never been clearer at Rosalind Franklin University. We know and understand that the better we build interprofessional healthcare teams, measure our progress and continuously refine the means to our mission, the better we can put our students first, front and center.

Our students — past, present and future — who, like Dr. Franklin, courageously lead the charge into new frontiers of science and health, are the truest measure of our success.

President and CEO Dr. K. Michael Welch speaks at the 101st Commencement Celebration.
The university is committed to measuring the impact and effectiveness of its curriculum, policies and educational environment in the quest to educate healthcare providers who will work in interprofessional teams to lead the exciting evolution of health care.

Rosalind Franklin University is employing the power of metrics — carefully chosen data points that reveal its performance in relation to its institutional goals and aspirations and within the context of national trends, new models of care and other forces driving the evolution of health care.

RFU Provost Wendy Rheault, PT, PhD, a national expert on interprofessional health science education, is leading the push to align RFU’s priorities with the nation’s anticipated healthcare needs. She is using the Institute of Medicine’s Triple Aim — improving the individual experience of care, improving the health of populations, and reducing the per capita costs of care — as a prime benchmark for achieving university priorities.

“The Triple Aim challenges us to prepare practice-ready graduates who will work together to improve not only patient outcomes, but both the individual and population’s experience of care, which, unhappily, is often driven by costs,” said Dr. Rheault, who works closely with President Welch, the deans and vice presidents in developing academic priorities, providing strategic direction and ensuring academic accountability.

“As a graduate medical and health science university,” Dr. Rheault said, “we must align how we teach, train and professionally develop our students with national goals for improving health.”

The university is also using core educational metrics — admissions, student achievement, affordability, educational environment and accreditation — to understand the key drivers or levers to achieving growth, solvency and long-term engagement.

“We have to pick the right things to measure, because when we measure, the RFU community understands these are important metrics and that they say something important about who we are,” Dr. Rheault said. “In terms of student achievement, if we only measure for test scores, that’s what students will strive for. But in addition to a keen intellect, we’re looking for traits like professionalism, ethical behavior and compassion. You are what you measure. What you measure sets the direction. The key is to select the right metrics to measure.”

This process of self-examination will help us drive our own future and improve our own outcomes — both inextricably linked to the health of the nation and the world.
**A CULTURE of ASSESSMENT**

The university is sharpening its focus on interprofessional education, a hallmark of its mission since 2003, in a three-year quality improvement initiative under the Higher Learning Commission’s (HLC) Academy for Assessment of Student Learning.

An interprofessional team of nine faculty, staff, and administrators, including representatives of RFU’s five colleges and schools, are working on this special initiative, with support and direction from an HLC senior scholar and mentor. Project goals are to improve student learning across the university, create a university-wide culture of assessment, and improve and expand interprofessionalism (IP) and its competencies.

“We are highly committed to the interprofessional model of education, and through this assessment process, we’re using data and feedback to enhance it across the curriculum,” said Glenda Gallisath, PhD, associate vice president for accreditation and assessment.

“We want to understand IP in terms of integration,” Dr. Gallisath said. “How is IP evident across the university? How are our academic programs and nontraditional learning opportunities incorporating the IP competencies? We’ll look at the successes and challenges, see where the gaps are and come up with a plan for the future.”

In addition to the Quality Initiative Project, RFU is implementing a system of Continuous Quality Leadership for all program accreditations to ensure that standards and criteria are fully integrated into core operations and management of each program. The university is also gearing up to launch preparations for the next Higher Learning Commission accreditation review in 2018-19.

“We are highly committed to the interprofessional model of education, and through this assessment process, we’re using data and feedback to enhance it across the curriculum.”

Dr. Rheault said. “It’s more important than ever to help our alumni understand why scholarships are so important. The impact the scholarships have on the quality of our education and the bill our students are able to pay reflects the fact that we’re working to help all our students be successful. It reflects our student-centric environment and the holistic way we see our students.”

Improvements are needed, she said, to continue to lower student debt, as rising costs, declining affordability and financial pressures continue to squeeze higher education across the country.

“It’s more important than ever to help our alumni understand why scholarships are so key and to redouble our efforts on behalf of the Annual Fund and scholarship support,” Dr. Rheault said. “We want to expand the success of those efforts, which have elicited such a generous response from our alumni and other supporters.”

The university is also using metrics to plan for growth. It has formed a task force to look at potential new programs that address the changing healthcare environment. New online certificate programs in population health management and healthcare analytics are being designed with plans for the development of full-degree programs.

“Both are linked to employer needs, new legislation and what’s happening in the world around us,” Dr. Rheault said. “Most importantly, both are linked to the improved health of the nation.”

“We’re moving as a nation, and an institution, to a new focus on prevention and wellness,” Dr. Rheault said. “Health care is not just intervention. It’s not just doctor and hospital visits. It’s interprofessional teams. It’s individualized education. It’s about achieving overall, lifelong health.”

Working in concert with the Board of Trustees to ensure educational quality at RFU, Dr. Rheault also led the development of three strategic educational metrics: online learning, interprofessional education, and diversity and inclusion.

“We looked at what things are propelling our brand with prospective students and our institutional health, growth and traction in the marketplace,” Dr. Rheault said. “Our goal is to make data-informed decisions. So much goes into decision making. We’re driving for transparency, accountability and performance.”

The metrics, which will also play an important role in the development of a new strategic plan, offer insight on how RFU prioritizes the student experience and translates that to both institutional growth and improving the health of the nation. Successes include excellent student retention, graduation rates and high rates of satisfaction among students, faculty, staff and alumni.

“Our incoming metrics are very high in terms of GPAs and test scores,” Dr. Rheault said. “We have very academically talented students coming in. But it also reflects the fact that we’re working to help all our students be successful. It reflects our student-centric environment and the holistic way we see our students.”

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"WE'RE MOVING AS A NATION, AND AN INSTITUTION, TO A NEW FOCUS ON PREVENTION AND WELLNESS... HEALTH CARE IS NOT JUST INTERVENTION. IT'S NOT JUST DOCTOR AND HOSPITAL VISITS. IT'S INTERPROFESSIONAL TEAMS. IT'S INDIVIDUALIZED EDUCATION. IT'S ABOUT ACHIEVING OVERALL, LIFELONG HEALTH."
METRICS of EDUCATION

Using educational metrics to achieve our priorities and those of the nation.

Sources:
Educational Metrics for Achieving University Priorities, 2014-15
Student Satisfaction Survey: Noel-Levitz 2013 National Benchmarking Data

UNIVERSITY-WIDE GROWTH

APPLICATION GROWTH

ENROLLMENT GROWTH

FIRST-YEAR RETENTION RATES

- 1st Year Retention 2010 Cohort

GRADUATION RATES

- Graduation Rate 2010 Cohort

STUDENT SATISFACTION SURVEY

All in all, if they had to do it over again, would re-enroll at RFUMS.

Students in career and professional programs: 57%
Students at four-year public universities: 60%
Students at four-year private universities: 60%
Students at community colleges: 72%

RFUMS 92% (2013)
RENEWING our COMMITMENT

The university’s mission to educate health and biomedical professionals who will work in teams to transform health care is rooted in an historic commitment to inclusion.

“...the Chicago Medical School’s admission policies,” the First Lady wrote in her nationally syndicated “My Day” column in 1949. “It is open to all, and, because of that, many Jewish students who have done well in their studies have been given their opportunity when it was almost impossible for them to find a place where they could enter anywhere else.”

Race and religion, the First Lady wrote, “have no bearing on one's right to an education in whatever field of learning one has chosen to follow.”

But race and ethnicity do have a bearing on health. A landmark 2002 Institute of Medicine report, and numerous studies that followed, found that minorities often receive lower quality care resulting in worse outcomes, even after adjusting for socioeconomic and health insurance status.

RFU’s commitment to inclusion, the high value it places on a highly-diversified body of students, faculty and staff and the work it is doing to ensure every member of its community feels valued, supported and respected, is vital to the success of the university’s mission.

The nation needs health professionals who both reflect and value the diversity of the patients and communities they serve, said Rebecca Durkin, MA, vice president of the Division of Student Affairs and Inclusion.

“We need more diverse interprofessional teams and the knowledge, insights and skills diverse members bring,” Ms. Durkin said. “That’s how diversity and inclusion intersects our interprofessional mission. We’re fulfilling a mandate to teach about the breadth and depth of diversity and to ensure that our university is inclusive, but also to challenge our students to learn at a deeper level from their experiences with each other and the communities that we serve.”

A broad effort to increase awareness of the value of inclusion and the biases that undermine it has been underway since 2014.

“We know bias exists across the board for differences, especially those identifiable at first glance — perceived gender, race, body types,” said Ms. Durkin. “That must be countered through awareness-building and training, intentional decision-making and dialogue.”

But awareness alone doesn’t go far enough. RFU is investing in robust systems to improve access and retention for students from diverse backgrounds. The Multiple-Mini Interview and holistic admissions screening process reach beyond the academic matrix to consider attributes, characteristics and experiences. Faculty are focusing on what it means to teach diverse learners and teaching about diversity in a way that will benefit future patients. Culturally inclusive networks, relationships and affinity groups are being developed and supported. The university continues to partner in career pathway and healthcare outreach programs in underserved communities and schools.

“We’re a diverse community, in race, ethnicity, gender, sexual orientation and much more,” said Ms. Durkin. “But what’s difficult in both education and health care is that...
the underserved populations in both, overlap. A young person who is disadvantaged in education and health care and who has never seen a physical therapist, is not going to become a physical therapist. The disparity affects career choices. It affects the knowledge base within health systems.

“Ultimately, if we’re doing what we should do in the community and implementing holistic selection practices, we will find the diversity we’re seeking,” Ms. Durkin said. “The real value is this work allows us to reach deeper into communities that haven’t always been served.”

“OUR OVERARCHING GOAL IS TO POSITIVELY IMPACT THE FUTURE DELIVERY OF INTERPROFESSIONAL HEALTH CARE.”

“Diversity has to be reflected in more than the racial, ethnic and religious background and composition of our university community,” said Paula Banks-Jones, RFU trustee and chair of the Board of Trustees’ Committee for Diversity and Inclusion, an oversight group formed in 2013. “Our overarching goal is to positively impact the future delivery of interprofessional health care. Ensuring a diverse and inclusive environment is critical to achieving that end. We will continue to build the culture, set expectations, take intentional actions and evaluate outcomes to ensure that our environment results in a healthcare future we can all be proud of.”

INSPIRING MENTORSHIP

Thoughtful mentorship is key to the development of future biomedical researchers and healthcare professionals from underserved backgrounds.

RFU’s nationally recognized INSPIRE program creates pathways for local Latino students interested in graduate education and possible careers in health and science. INSPIRE students are guided as they conduct biomedical research and attend academic enrichment sessions and presentations on careers in the health sciences.

Mentorship of the students by faculty advisors is key to their success. Here, William Frost, PhD, chairman of the Department of Cell Biology and Anatomy, and Waukegan High School student Adrian Perez talk about the connection they formed through INSPIRE.

WF: Adrian is so bright and interested. I want to expose him to the love of science, what it can do for you intellectually, the passion it can engender in you. We talked a lot in the lab. I told him about scientific expeditions I undertook as a young man, including a five-month backpacking trip to the Amazon and the year I spent in Africa, where I lived among the Rendille and Samburu tribes. We talked about how I’m spending summers working at Friday Harbor Labs, a University of Washington marine biology station in Puget Sound, and how you can visit with scientists there who dive to the bottom of the sea in submarines and travel on expeditions to Antarctica. He could barely believe it.

AP: Dr. Frost is so fun to talk to. I asked a lot of questions. We sat for hours, talking about everything from bees to the specimens we were working on — the Aplysia sea slug. He gave me books. He talked about how he was interested in insects as a child. We talked about things that completely blew my mind, like “What is a thought?”

I dissected the Aplysia, removed its organs, leaving the neurons exposed so Dr. Frost could perform optical recordings. He could track their thoughts, see when they were thinking of moving or trying to escape. He was concluding the slug’s neurons fired in a sequence so if he could isolate one of them, he could find out how it would disturb the sequence or what its importance was. I would tell everybody at school about his work. I had to share it with people.

“FIRST-GENERATION STUDENTS FROM UNDERSERVED GROUPS NEED EXPOSURE AND THEY NEED TO SEE ROLE MODELS, ESPECIALLY IN RESEARCH, TO UNDERSTAND THE OPPORTUNITIES AVAILABLE, WHAT THEY CAN STRIVE FOR.”

From left: William Frost, PhD, chairman of the Department of Cell Biology and Anatomy; Adrian Perez, a Waukegan High School senior and participant in RFU’s INSPIRE program; Adrian in the lab.
HUMAN CONNECTION

Kwan Kew Lai, MD ‘79, has traveled the developing world to offer medical care and comfort in the wake of tsunami, typhoon and earthquake.

The infectious disease expert, who grew up poor in Malaysia, has battled HIV/AIDS in Vietnam, Tanzania, Uganda, Nigeria, Kenya, Malawi and South Africa. She treated patients with cholera after an earthquake in Haiti, and offered medical care after an earthquake in Nepal and during the war in Libya. The Ebola plague beset her in Liberia in fall 2014, then to Sierra Leone last winter.

“It is frightening to think about plunging yourself into a country stricken with a deadly disease,” said Dr. Lai, who attended a three-day Centers for Disease Control training, but still had no idea what to expect, she said.

“Slowly, the fear disappears,” she said. “The fact that other people enter the Ebola Treatment Unit (ETU) to care for patients helps make it disappear. The Africans, who month after month work with so much dedication — that dissipates your fear.”

When she arrived with the International Medical Corps in Liberia, many clinics still lacked intravenous fluids, including the Bong ETU, where she provided supportive care.

“There was no treatment for Ebola,” Dr. Lai said. “But we could try to ease our patients’ discomfort. What we could do was give them human contact, but only through layers of personal protective equipment. That was the preternatural part.”

Excerpts from a blog written by Dr. Lai during her trip to Liberia were broadcast by National Public Radio.

“Daily we are surrounded by human sufferings and yet the zeal with which everyone here works tirelessly to fight this scourge is admirable,” Dr. Lai wrote. “The meticulous care with which we are helped to don and doff to ensure our safety makes us feel loved and cared for. Each time after I come out of the ETU, invariably someone will come forward to thank me, making me feel that every drop of sweat on the I shed is worth its weight in gold.”

Dr. Lai was also quoted in The New York Times, which reported on a blog post from Sierra Leone, in which she raised the issue of unequal treatment of two Ebola patients, an African and an American. In another post, she reflected on her decision to return to Liberia.

“MY PRESENCE MIGHT NOT MAKE A DENT IN THE EBOLA [DEATH TOLL], BUT IT EASES THE ACHES IN THE LIVES OF THE FEW I TOUCH. EVERY DAY I AM THERE WILL MAKE A DIFFERENCE IN SOMEONE’S LIFE.”

STUDENT SPOTLIGHT

Jacob Aaron, CMS ‘16, wants to turn every single patient into a scientist.

“I want them to understand the drugs they’re taking, the treatment they’re choosing and to help them make the most informed choices possible,” he said.

Diagnosed as an infant with cystic fibrosis, a chronic disease that causes a sticky mucus to build up in the lungs and pancreas, Jacob has managed his own therapy since he was 6.

“It’s important to help kids with chronic diseases discover that they have the autonomy to care for themselves,” Jacob said. “With some encouragement and a little hope, the condition becomes a lot less scary. That can make kids not only more interested in their own health, but health care in general.”

Jacob, who recently completed a family medicine rotation at Sts. Mary and Elizabeth Hospital in Chicago, will pursue a residency in med-peds — combined internal medicine and pediatrics — allowing him to treat chronic disease in both the pediatric and adult phase.

INSPIRED RESULTS

Data published in 2014 show:

- Seventy percent of INSPIRE students achieve improved GPA in the sciences after their first year of participation.
- One hundred percent of INSPIRE students who retake the ACT average a nearly two-point improvement in their scores.
- One hundred percent of INSPIRE students graduate high school and matriculate at two- or four-year colleges.

WIE: Each time we talked about a different topic, I gave him something to read: the dance language of honeybees — research that turned into a Nobel Prize; the work of the famous neurologist Oliver Sacks. He was lighting up on topic after topic. He read every book and we communicated during the school year.

API: I really became interested in neuroscience. Dr. Frost showed me so many aspects of the field and allowed me to branch out and get views of other researchers. We built a new tank for the slugs after the old one broke down. We drove to ACE Hardware in his minivan to buy parts and the whole ride there we talked about college and the type of experience he had and what I could do to make the most out of my experience.

WP: First-generation students from underrepresented groups need exposure and they need to see role models, especially in research, to understand the opportunities available, what they can strive for. Watching Adrian catch fire intellectually is such a pleasure. To be around researchers in an interprofessional environment like RFU is to understand the joy of discovery.

AP: I went back to high school after my first summer with INSPIRE and became a teaching assistant for a chemistry teacher. I was elected president of the National Honor Society. I talk to students about opportunities in science. Two of them were accepted as teaching assistants for a chemistry teacher.

API: It continues to carry with me.

WF: The summer I worked with this student was challenging me and allowed me to grow from my experience.

In other cases, he would wrap my head around the things he does. But he and Dr. [Beth] Stutzmann, who introduced me to the research, were invaluable. Dr. Frost opened my eyes to neurons, the mechanism of how the brain works and what it does and why. When he first talked to me about his research, I was unsure how I would wrap my head around the things he does. But he and Dr. [Beth] Stutzmann, who introduced me to the research, were invaluable. Dr. Frost opened my eyes to neurons, the mechanism of how the brain works and what it does and why. When he first talked to me about his research, I was unsure how I would wrap my head around the things he does. But he and Dr. [Beth] Stutzmann, who introduced me to the research, were invaluable.

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The Alliance for Health Sciences’ effort to assist Haitian healthcare workers in better treating diabetic foot ulcers is helping to prevent the crippling consequences of amputation.

Rosalind Franklin University and DePaul University are using the power of interprofessional collaboration and its Alliance for Health Sciences to prevent amputations and save lives in Haiti, an effort that, if successful, could improve health around the globe.

“Telemedicine — A Global Solution for Medical Education: An Initiative for Haiti and the United States,” a project funded under the alliance’s pilot grant program, asks a bold question: Can better healing of diabetic foot ulcers (DFUs) be promoted through regular distance education consultations? If the answer is yes, the approach could serve as a model to improve health outcomes in resource-poor areas in the United States, throughout the Caribbean and the world.

“Disparities in global health are complicated by a complex dynamic of infrastructure, resources, human capital and cultural barriers, and this project was no exception,” said Robert Joseph, DPM, PhD, chairman of the Department of Podiatric Medicine and Radiology, whose encounter with a Haitian orthopedist at an international conference sparked the idea for the collaboration.

A lack of affordable internet access posed an immediate challenge. But the alliance anticipated a solution in the person of Olayele Adelakun, PhD, associate professor in DePaul’s School of Computing, who has made several trips to the country to explore and initiate digital infrastructure and to provide technical training to the healthcare team at Hospital Bernard Mevs in Port-au-Prince.

Dr. Adelakun forged relationships with officials at Digicel, one of two major broadband companies in Haiti, which partners with IT company Cisco. Digicel agreed to a steep discount on bandwidth through its Foundation Digicel Haiti and a guaranteed level of internet connectivity for Bernard Mevs.

“We couldn’t have gotten that deal on our own,” Dr. Adelakun said. “Digicel understands the value of what we bring. We’re adding value to the education system — medical education to start — and improving health care in their country. We’re providing expertise that is not available to them.”

Chicago Medical School Professor Mildred Olivier, MD ’88, whose parents were natives of Haiti and who frequently travels there, has shared a wealth of contacts, connections and cultural knowledge.

“Every hospital or healthcare system in Haiti has struggled not only with a lack of infrastructure, but a lack of continual access to medical expertise,” Dr. Olivier said. “Through the pilot grant, we’ve been able to offer both.”

Dr. Adler Francius, the Haitian general surgeon leading Bernard Mevs’ wound care activities, said in a phone interview that he had performed lower extremity surgery during residency training, including amputations related to diabetes.

“I wanted to save as many limbs as possible,” said Dr. Francius, who lost a daughter in the 2010 earthquake. “That’s my passion. That’s why this partnership is so exciting. We want to heal the wounds so we don’t need the amputations.”
The project hinges on the drive and dedication of Bernard Mevs’ clinical staff to improve wound care and, in particular, to document healing rates. They attended a three-day instructional course that emphasized best practices, within local context, taught by RFU wound expert Adam Fleischer, DPM, MPH, associate professor of medicine and radiology. Dr. Fleischer spent five more days at Bernard Mevs looking at records to determine baseline DFU outcomes.

“They’re treating 50 to 60 patients a day,” Dr. Fleischer said. “The charting was very sparse. We explained the importance of identifying and reflecting on bad outcomes. Dr. Francius wants to have a world-class wound healing clinic. But to be the best, you have to look at the ugly and work to improve it. Every patient chart now has a spreadsheet. One person is designated to do wound area calculations. If a patient isn’t making progress, the surgeon reviews the case and comes up with a new direction for care.”

In the United States, where wound care centers measure and photograph every DFU, careful clinical documentation is taken for granted. But that advancement only came, Dr. Fleischer notes, after Medicare implemented penalties for hospital readmissions and failure to meet “meaningful use.”

“In the end, there’s a huge amount of power in having the data,” said Dr. Fleischer, who is pleased that more detailed cases are being presented at the twice-monthly WebEx video conferences between the wound care teams at Bernard Mevs and RFU.

“Our partners are now regularly identifying who their outliers are so that we can discuss them,” Dr. Fleischer said. “Nurses are working with Dr. Francius in presenting two or three cases each session. They’re seeing the whole patient, all the factors, and using that information to make treatment decisions.”

The telehealth initiative and the extensive network of interprofessional partnerships behind it is a result of both shared contacts and good fortune. Dr. Adelakun ran into a Digicel officer at the airport in Port-au-Prince. Dr. Fleischer encountered Scholl College alumni Patrick DeHeer, DPM ’90, founder of Step-By-Step Haiti, which hosts a podiatric surgery fellowship; the surgeon/fellow, now a partner in the project, works regularly with Dr. Francius. Other partners, in addition to RFU, DePaul and Bernard Mevs, include wound care nurses from Advocate Condell Medical Center in Libertyville, IL; and Judy Costner, RN, from Baltimore and Dr. John MacDonald, a cardiac surgeon from the University of Miami, who have worked with nurses at Bernard Mevs since the earthquake.

“The power of remote teleconferencing and communication has fostered new collaborations and allowed others to mature in new ways,” Dr. Joseph said.

Dr. Fleischer also points to the web of collaborations fueling the project and driving its success.
THE POWER OF REMOTE TELECONFERENCING AND COMMUNICATION HAS FOSTERED NEW COLLABORATIONS AND ALLOWED OTHERS TO MATURE IN NEW WAYS.

We had connections with people already working with Bernard Mevs, people we knew, and that gave us instant access and legitimacy in their eyes,” he said. “Our Office of Global Health Initiatives helped us go about the work in a sensitive way. We’re not insisting that what we know about wound care will necessarily improve their outcomes. Instead, we’re looking more at their processes and seeing how they might be tweaked to potentially improve outcomes.”

RFU and DePaul plan to continue to improve internet access for more hospitals and medical schools in Haiti, where sustainability is key to the success of the telehealth initiative and its expansion to other areas in need.

“Haiti depends on a lot of aid,” Dr. Joseph said. “Americans and others come down and we help patch. But through this project, we can improve how we assist the Haitian people in developing skills to optimize health outcomes. We want to model and teach, then let them take over.”

“We hope the project at Bernard Mevs can be used to educate other sites that want to develop programs,” Dr. Fleischer said. “It can be done for wound care, it can be done for other care. The model has tremendous potential and, so far, huge buy-in.”

Over the course of nearly 30 medical mission trips, first to treat clubfoot in Honduras, then Haiti, Dr. DeHeer discovered the limitations of “parachute medicine,” which, he said, “boosts the ego but accomplishes limited good.” He learned to work in partnership to establish sustainable programs that are incorporated into a country’s healthcare system.

“Leave skills, not scars,” has become a mantra for Dr. DeHeer who, like his hero Dr. Albert Schweitzer, wields “the vital power that comes from helping others.” Principal of Hoosier Foot & Ankle and team podiatrist for the Indiana Pacers and Indiana Fever, Dr. DeHeer promotes the healing power of podiatry through numerous state and national professional leadership roles, publishing, blogging and lectures.

“Progressive, global, podiatric academia is key to the advancement of the future of podiatry.” Dr. DeHeer said. “If we want to further the profession, we have to look to the research that’s being done and needs to be done to continue to prove our value to the healthcare system.”

Named the 2011 APMA Humanitarian of the Year, Dr. DeHeer said that mentorship and an attitude of “paying it forward” are key to leadership.

“You have to share and be very open about what you’ve learned — your mistakes, your knowledge and experience,” he said. “I perform surgery and treat all types of foot and ankle pathology. But I’m acutely aware that few podiatrists in the 1970s had hospital privileges. Someone paved the way for us. We have to pave the way for the next generation.”

ABOUT THE AUTHOR

Arti Karmur, SCPM ’17, president-elect of the American Podiatric Medical Students’ Association, is following in the footsteps of Scholl College Dean Nancy L. Parsley, DPM ’93, MHPE, the first woman elected president of the APMSA.

“Leave skills, not scars,” has become a mantra for Dr. DeHeer who, like his hero Dr. Albert Schweitzer, wields “the vital power that comes from helping others.” Principal of Hoosier Foot & Ankle and team podiatrist for the Indiana Pacers and Indiana Fever, Dr. DeHeer promotes the healing power of podiatry through numerous state and national professional leadership roles, publishing, blogging and lectures.

“Progressive, global, podiatric academia is key to the advancement of the future of podiatry.” Dr. DeHeer said. “If we want to further the profession, we have to look to the research that’s being done and needs to be done to continue to prove our value to the healthcare system.”

Named the 2011 APMA Humanitarian of the Year, Dr. DeHeer said that mentorship and an attitude of “paying it forward” are key to leadership.

“You have to share and be very open about what you’ve learned — your mistakes, your knowledge and experience,” he said. “I perform surgery and treat all types of foot and ankle pathology. But I’m acutely aware that few podiatrists in the 1970s had hospital privileges. Someone paved the way for us. We have to pave the way for the next generation.”

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“We have amazing women in our profession — women who, like Dr. Parsley, have helped take podiatric medicine to the next level,” Arti said. “They provide inspiring mentorship and lead by example. That’s the way I want to be.”

A student member of numerous national podiatric groups, Arti joined other APMSA delegates in a March lobbying visit to Congress, where she met with U.S. Rep. Adam Kinzinger, who represents her home state of California.

“It’s our future,” she said. “We want to make sure our student voice is heard on a national level. We’re still fighting for parity. We’ve come a long way, but people still need to be educated about what podiatrists do. We are physicians who focus on the lower extremity.”

Arti, who has conducted research through CLEAR, Scholl College’s Center for Lower Extremity Ambulatory Research, appreciates the support and mentorship of Scholl College alumni.

“We look to them to continue advancing the field of podiatric medicine,” she said.
LEADING the PROFESSION

Generations of alumni of the Dr. William M. Scholl College of Podiatric Medicine have helped lead their profession to the front lines of medicine, fighting for and winning hospital privileges, access to operating rooms, uniform residency programs, and Medicare and private insurance reimbursements.

“There are a lot of challenges precisely because we’ve come so far,” said Laura Pickard, DPM ’90, FASPS, who is among five Scholl College alumni currently serving on the American Podiatric Medical Association (APMA) Board of Trustees.

The profession has advanced through the determination of physicians, like Dr. Scholl himself, who understand the importance of expanding medical knowledge and expertise in the complex and once neglected lower extremity. It has also advanced through the dedication and sacrifice of its practitioners who, in each generation, teach, mentor and lead.

“The foot and ankle is so fundamental to maintaining overall health,” said Scholl College Dean Nancy L. Parsley, DPM ’93, MHPE, chair of the Board of Directors of the American Association of Colleges of Podiatric Medicine. “Dr. Scholl was passionate about helping patients, and that passion still exists within our students and our alumni today.”

Many Scholl College alumni have served at the helm of local, state and national groups, including 26 APMA past presidents and five past presidents of the American Association for Women Podiatrists. Scholl College graduates work to influence health policy, quality improvement, information and technology, coding and reimbursement, and podiatric training and credentialing.

They continue to work to gain parity for all podiatric physicians.

“We have a very strong voice,” said Kathleen Stone, DPM ’85, APMA past president and RFU trustee, who has served the profession in numerous national and Arizona state positions.

“Rosalind Franklin University’s commitment to interprofessionalism has been a boon to increasing understanding among other professions about who we are and what we do,” said Jondelle Jenkins, DPM ’83, FACFAS.

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HARDWIRING
for SUCCESS

The university’s strategic investment in healthcare simulation is attracting a new generation of tech-savvy students who seek optimal learning zones that are collaborative, interactive, case-based and controlled.

The university’s Department of Healthcare Simulation provides a variety of simulation-based learning experiences for early clinical skills training and assessment. Software-simulated virtual patients, like Dr. Liu’s first SVT patient, help enhance clinical decision-making, skills development and immerse students in complex patient cases. Highly-immersive, mannequin-based simulation allows students to practice and fine-tune clinical reasoning, teamwork and clinical procedures like suturing, IV insertion and intubation. The university also uses standardized patients, portrayed by real people, to help students hone their interpersonal communication, history-taking and physical examination skills.

“We’re using simulation-based training to help students develop a wide range of skills including diagnostic reasoning and interprofessional team training — skills that will ultimately improve the quality and safety of care,” said James Carlson, PhD ’12, PA-C ’01, dean of the College of Health Professions and associate vice president for clinical simulation.

Research shows that students who participate in simulation-based training tend to have greater confidence in their clinical abilities and, over time, improve both their performance and knowledge retention, Dr. Carlson said.

Ted Hegner, CHP ’16, a student in the physician assistant program, took a simulation-based clinical decision-making course in his first year and also used a series of web-based virtual patient cases (i-Human Patients™) as a self-paced tutorial.

“You see the virtual patient in front of you breathing, coughing,” Ted said. “He has a pulse and blood pressure. You can ask him questions. You can examine him. You’re trying to piece a puzzle together to make a diagnosis and the best treatment choice.”

In one simulation scenario, a patient presents with severe chest pain. Pharmacy students, who enter a lab that resembles a hospital room, furnished with monitors and a crash cart, are tasked with recommending a drug therapy for the nauseated, sweating patient. They’re in for a few surprises.

“We design cases to have hidden nuances, critically important drug interactions and real-life adverse effects,” said Sean Kane, PharmD, BCPG, assistant professor of pharmacy practice. “Many students will ask about medication history, but fail to capture that history. They give a nitrate and the blood pressure drops.”

The lessons that result, hardwire into long-term memory.
But then the patient volunteers that he takes the drug Viagra, and suddenly the student makes the connection: nitrates and Viagra can be a deadly combination.

“You see in their face such a visceral response to the situation,” Dr. Kane said. “You know it’s a lesson they won’t forget.”

“The Sim Lab is a safe place to make mistakes,” Dr. Kane said. “The important thing is that students approach the scenario with a learner’s mind, versus a task-driven mentality.”

Patient simulation also helps practicing clinicians learn to correct the biases or flaws in their diagnostic reasoning process, said Dr. Carlson — who notes that the Institute of Medicine has expressed a renewed interest in diagnostic safety and decision-making.

“As an instructor, I can use simulation to directly observe and measure how a student makes clinical decisions as a case progresses and give each student highly-specific feedback on their performance.”

In a web-based patient simulation, every click of the mouse offers insight:

“The instructor can see what questions students ask, what they choose to examine and what they thought they heard,” Dr. Carlson said. “If I embed an abnormal heart or lung sound, I can determine if the student interpreted it correctly. If the program generates a low score, I can drill in and see where the student went wrong, what was done correctly and help the student adjust their clinical strategy.”

“What we have here is a truly interprofessional, virtual health system,” said Dr. Carlson. “It’s a system that allows students from a variety of professions to not only learn how to become skilled in their discipline, but also the opportunity to practice alongside their colleagues in other professions in realistic healthcare environments similar to those in which they will ultimately practice.”

Stephen Klinkhammer, CRNA, DNP, assistant professor and director of anesthesia simulation, also uses mannequins to “suture” schemes and “hardwire” interactions.

“It’s a system that allows students from a variety of professions to not only learn how to become skilled in their discipline, but also the opportunity to practice alongside their colleagues in other professions in realistic healthcare environments similar to those in which they will ultimately practice.”

Rosalind Franklin University is leading in this area through the use of simulation-based training that provides interprofessional teams of students learning opportunities focused on decision-making strategies to improve collaboration around diagnosis.

RFU faculty are also studying the potentiality of interprofessional collaboration and information technology to improve diagnostic accuracy. They are publishing outcomes in this area to inform strategies that reduce diagnostic error at the bedside.

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**DEMONSTRATING CARE**

**STRATEGIC INVESTMENTS**

RFU has strategically invested in labs and facilities in which faculty and entry-level students across health professions can simultaneously participate in simulation-based training.

**PROGRAMS INCORPORATING SIM**

The Department of Healthcare Simulation delivers more than 10,000 student-patient simulations each year.

**OUTPATIENT CLINIC**

- The Education and Evaluation Center (EEC) — 12 fully functional examination rooms simulating a physician’s office
- Inpatient/Critical Care/Emergency Medicine Unit: Simulation of critical and intensive care environments
- Procedure Rooms/Clinical Skills Labs: Multi-purpose spaces for clinical skills training such as suturing, IV insertion, central venous line placement
- Operating Room: Mock operating theater with anesthesia and surgical equipment
- Web-Based Patients: Software-based simulation designed to enhance clinical decision-making and guide skill development
- Standardized Patients: Carefully-coached patients portrayed by actual people
- Case Demonstration Amphitheater: Interactive lecture hall; cases include demonstration of physical exam procedures and clinical skills
- Pathology Skills Lab: Fully-equipped surgical pathology simulation laboratory
- Operating Room: Mock operating theater with anesthesia and surgical equipment

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**OUTPATIENT CLINIC**

The Education and Evaluation Center (EEC) — 12 fully functional examination rooms simulating a physician’s office

**INPATIENT/CRITICAL CARE/EMERGENCY MEDICINE UNIT**

Simulation of critical and intensive care environments

**PROCEDURE ROOMS/ClinICAL SKILLS LABS**

Multi-purpose spaces for clinical skills training such as suturing, IV insertion, central venous line placement

**Operating Room**

Mock operating theater with anesthesia and surgical equipment

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**RFU LEADING IN DIAGNOSTIC SAFETY EDUCATION AND RESEARCH**

“Improving Diagnosis in Healthcare,” a report by the Institute of Medicine, released in September, recommends learning linked to quality and safety in patient care to combat diagnostic failures that, the report finds, pose a significant risk to patient health and safety.

Stepping up to meet the challenge, Rosalind Franklin University has expressed a renewed interest in diagnostic safety and decision-making.

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RFU faculty are also studying the potentiality of interprofessional collaboration and information technology to improve diagnostic accuracy. They are publishing outcomes in this area to inform strategies that reduce diagnostic error at the bedside.
LEADING the TEAM
As the first-ever chief of nurse anesthesia at Zablocki VA Medical Center in Milwaukee, Deborah Meyer, DNP, CRNA, APNP, RFU nurse anesthesia graduate, Class of 2009, is harnessing the power of interprofessional healthcare teams to improve care in a complex delivery system.

Dr. Meyer led the development of a strategy at the VA to reduce surgical cancellations related to patient substance abuse. The interprofessional preoperative substance abuse cessation program, which began as her RFU master’s thesis and culminated in her doctoral capstone project, screens, educates and randomly drug tests high-risk patients. It has created a more efficient workforce, reduced surgical cancellations and turnover times between surgeries.

“It was a very collaborative, very interprofessional process,” said Dr. Meyer, who worked with 10 disciplines, including the chief of surgery, operating room nurses, including surgical techs, front office administration, sterile processing, ambulatory procedure nurses and recovery room nurses. “You need buy-in from key stakeholders, including upper management.”

The process yielded a system-wide change and an anticipated payoff — newly forged professional relationships founded in trust.

“It’s really important to build trust throughout the hospital and especially within our team,” said Dr. Meyer, who leads a group of 11 nurse anesthetists, six of whom are alumni of RFU’s Nurse Anesthesia program in the College of Health Professions.

“At night, the rule is ‘No one goes home unless we all go home together,’” said Dr. Meyer, who has written about the role of trust in teams and the cost in “cooperation and resources” when trust is lacking.

“Often the need for change is driven by individual leaders and needs to be driven from the bottom up,” Dr. Meyer said. “Leaders need to be visible and vocal about their support for interprofessional collaboration.”

“I learned so much about interprofessional practice at RFU — that you need the skills of all providers to care for patients,” Dr. Meyer said. “The program challenged us to be leaders and advocates for our profession.”

“It is incredibly rewarding to know that as educators, we’re helping to create our future,” said Sandra Larson, PhD, MS, CRNA, associate professor, chair and program director in the Department of Nurse Anesthesia. “We know that each investment in a student has the potential to improve interprofessional collegiality in ways that ultimately advance the quality and efficiency of our health systems.”

Dr. Meyer has also worked on process improvement projects to increase first-case starts, reduce turnover teams in the operating room and improve access to care for veterans. She helps lead a quarterly simulation involving all surgical disciplines in the operating room and throughout other departments, using a patient simulator in mock code drills.

“We have learned how we can make the system smoother, what protocols need to be changed or updated, how to identify breakdowns in communication and what our respective roles are,” Dr. Meyer said. “The staff love it. They’re feeling more comfortable, more confident with critical scenarios.”

STUDENT SPOTLIGHT

Jenny Quach, CHP ’16, who is completing a surgical pathology clerkship at Kaiser Permanente hospitals in northern California and an autopsy pathology clerkship at the Los Angeles Medical Examiner’s office, said learning to work in interprofessional teams is key for a pathologists’ assistant, a crucial extension of the pathologist and liaison to other laboratories and departments.

Jenny studied anatomy at RFU in an interprofessional team that included physician assistant, physical therapy and nurse anesthetist students. She studied neuroscience and structure and function alongside pediatric students, and pathology with both podiatric and medical students.

“The opportunity to work together allowed us to trust each other and share responsibilities,” she said. “To learn what each specialty does for patients makes you more appreciative of the effort and the involvement that goes into patient care. You start recognizing everyone’s leadership and how important they are.”

“Everyone is an essential piece of the healthcare puzzle of treating and caring for patients — to meet their needs to heal and stay healthy.”
INVESTING in our FUTURE

Students who seek to experience the demands of research will also encounter its joys.

Our commitment to the discovery of knowledge dedicated to improving health begins with exposure, through undergraduate internships, to the biomedical research environment.

Local undergraduate students who delve into research experiences at Rosalind Franklin University may find themselves in a microbiology lab, using cell culture to investigate the inflammatory pathways of breast cancer, or collecting data from pedometers in the quest to learn whether adolescent personalities are predictive of future physical activity, or in a boat, on Puget Sound, trawling the Salish Sea in search of the swimming sea anemone.

RFU’s undergraduate research program beckons students from DePaul University — under the Alliance for Health Sciences between RFU and DePaul — in addition to Lake Forest College and underserved area high schools to experience the dogged commitment required in the experimental process. It allows them to explore different kinds of biomedical research, interact with scientists and, most importantly, to see what they can do.

“I’m interested in cultural barriers to physical activity and how that’s a barrier to health,” said Deena Kishawi, a student in DePaul’s Pathways Honors program, which offers access to RFU’s health science faculty and resources and a 3+ accelerated program.

Deena, who has been accepted into the Chicago Medical School, where she will matriculate in the fall of 2016, worked with Kristin Schneider, PhD, assistant professor in the Department of Psychology, on a collaborative, alliance-funded pilot grant project that aims to understand factors that promote active video game use in children.

“It was a huge learning curve — the statistics behind the study and research methods and analyzing data,” Deena said. “One of the most helpful things was Dr. Schneider’s support. I may not be considering a career in research, but this experience could help point me toward the direction of how I want to practice.”

Access to RFU research labs creates important opportunities for DePaul students, said Phil Funk, PhD, DePaul associate professor, immunology and biology.

“Undergraduate students are keenly interested in a lab experience, especially in biomedicine or health,” Dr. Funk said. “While we do a lot of research on our campus, RFU allows our students to experience a graduate research environment where there’s a synergy among investigators doing similar kinds of work.”

Jeremy Berg, a Lake Forest College senior and RFU Summer Research Fellow, is considering the pursuit of an MD/PhD after working with William Frost, PhD, professor and chairman of the Department of Cell Biology and Anatomy.

The pair traveled to the University of Washington’s Friday Harbor Labs, a marine station on Puget Sound, to study the Stomphia anemone, famous for its seemingly intelligent evasion strategies when confronted by predators, despite having no brain.

“Everything’s new to Jeremy — the environment, the work, the switch from passive learning,” said Dr. Frost in a July phone call from the lab located on San Juan Island, WA. “I’m telling him, ‘You’ve got to be skeptical. Think on your own. I want to turn him into a more rigorous, questioning person, which is what you do in science.”
RFU’s INSPIRE program. Department of Neuroscience and Waukegan Stutzmann, PhD, associate professor in the Department of Psychology; and Beth and Kristin Schneider, PhD, assistant professor a DePaul University Pathways Honor student, Dunn, a neuroscience major; Deena Kishawi, and Lake Forest College senior Alexandra Department of Microbiology and Immunology Sharma-Walia, PhD, assistant professor in the research program include, from left: Neelam participants in RFU’s 2015 undergraduate From left: Faculty mentor and student HANDS-ON IN THE LAB. “TEXTBOOK OR IN A CLASSROOM. IT’S SKILLS CANNOT BE LEARNED FROM A “THE TECHNICAL AND CRITICAL THINKING SKILLS CANNOT BE LEARNED FROM A TEXTBOOK OR IN A CLASSROOM. IT’S HANDS-ON IN THE LAB.” “We teach the younger generation but we also invariably learn from them,” Dr. Sharma-Walia said. “Maybe it’s a better idea for a presentation — they’re so tech savvy. Their courage in asking questions and challenging hypotheses and their wonderful creativity is essential for success in the academic environment.” Alexandra Dunn, a Lake Forest College senior and neuroscience major, who worked with Sharma-Walia on a breast cancer inflammation project. She also helped less experienced undergrads on a breast cancer inflammation project. “I took more of a leadership role,” Alexandra said. “I’ve always known I like working with and helping people more than working on my own. This experience solidified that.” Dr. Stutzmann also enjoys watching talented young people. “When the lightbulb goes off and they really understand it, you’re reminded why you do this,” she said. “Our field is very much mentor-driven,” said Associate Professor Beth Stutzmann, PhD, who researches the early neuronal pathology that develops in Alzheimer’s disease. “That was how I was trained. The technical and critical thinking skills cannot be learned from a textbook or in a classroom. It’s hands-on in the lab.” “I am very grateful to have had such generous mentors. I feel it’s part of the natural cycle to give back. It’s a welcome obligation.” Dr. Stutzmann also enjoys watching talented young people. “When the lightbulb goes off and they really understand it, you’re reminded why you do this,” she said. “This is the real deal,” Jeremy said. “I’m putting myself into scientists’ shoes — setting up experimental procedures, learning how to dissect tissues, how to do tissue staining and histological work. It’s very detailed, intricate work. It’s nothing I ever expected. It’s been an awesome experience.” “I’ve watched him enjoy the process of field collecting,” Dr. Frost said. “We’re putting up whatever comes up off the bottom of the sea: clams, sharks, starfish. I’m watching him realize this work is a possibility.” Neelam Sharma-Walia, PhD, assistant professor of microbiology and immunology, said the mentor-mentee relationship is a collaborative learning process.

“‘The technical and critical thinking skills cannot be learned from a textbook or in a classroom. It’s hands-on in the lab.’”

Dr. Cassiday, a prolific author and presenter who has made appearances on “Animal Planet” and national news shows, recalls the worried skepticism over CBT. “You’re going to do what? Make people actually confront their fears?”

“Presidential-elect of the Anxiety and Depression Association of America, Dr. Cassiday is a proponent of evidence-based standards for psychological care. ‘Like medicine, we have a basic body of scientific knowledge,’ she said. ‘That should direct us — in training, research and treatment.’”

“TRANSFORMATIVE TREATMENT

When Karen Cassiday, PhD ’90, a national expert on the treatment of anxiety and depression, arrived at the School of Graduate and Postdoctoral Studies in 1984 to pursue a doctorate in clinical psychology, the field was in tumult. Cognitive-behavioral therapy (CBT) was emerging to challenge psychoanalysis, then the dominant treatment model for mental illness.

“It was an incredibly exciting time to be doing innovative research and treatment,” said Dr. Cassiday, an RFU adjunct clinical professor. “We were bathed in a wonderful environment of intellectual curiosity and honesty and exploration, and because behavioral therapy was so new, a dichotomy of experience in the field. I received world-class training at RFU, and launched my career.”

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“A drug or nanotechnology to improve countless lives,” Dylan said. Dylan, who was raised by his Mennonite parents among Canadian aboriginal, Native American and poor farming communities, is the graduate student coordinator for the RFU pathway program INSPIRE. “What continues to strike me, every place I’ve lived, is the inequality in public education,” Dylan said. “Research shows that students from families that lack financial resources are much less likely to graduate high school or obtain an undergraduate or advanced degree. It also shows a strong connection between education and good health.”

“‘The technical and critical thinking skills cannot be learned from a textbook or in a classroom. It’s hands-on in the lab.’”
“Through research, knowledge builds,” said Joseph DiMario, PhD, dean of the School of Graduate and Postdoctoral Studies, which organizes the event. “You don’t just do research and keep it to yourself. That’s not what research is. Yes, you conduct experiments, review literature, engage in activity. But the research doesn’t stop there. It needs to be communicated. A very important part of research is communicating findings so others can attempt to replicate them or use them as the basis of their own scientific endeavors.”

A record 133 posters were presented at the daylong consortium, organized by the Graduate Student Association, and that featured symposiums on health care, neuroscience and electrophysiology, and cancer and immunology.

“The consortium brings us together to communicate what we have been doing throughout the year,” said Maria Bompolaki, a PhD student in the Department of Physiology and Biophysics and chair of the 2015 Organizing Committee. “People from across schools are interested in learning about each other’s research and they’re eager to make new connections and learn about issues in the different departments.”

During a past ASRC, Maria found herself stationed next to a podiatry student. “We shared what we were learning,” she said. “My poster was about our research on anxiety and rat neurons and his was about gait and balance.”

“There are wonderful discussions to have,” said Dr. DiMario, a professor of cell biology and anatomy, who recalls judging a poster on a subject he hadn’t given much thought — clinical outcomes for gastric bypass.

“There’s nothing like being able to talk about your research,” Dr. DiMario said. “In a way, it’s like teaching. You can note something up here,” he said, pointing to his head. “But when you can communicate it effectively and clearly, that’s when you truly understand.”

**COMMUNICATING RESEARCH**
Annual growth in ASRC participation, by school, since 2006

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<th>Year</th>
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<th>College of Health Professions</th>
<th>College of Pharmacy</th>
<th>Dr. William M. Scholl College of Podiatric Medicine</th>
<th>School of Graduate and Postdoctoral Studies</th>
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**PEOPLE FROM ACROSS SCHOOLS ARE INTERESTED IN LEARNING ABOUT EACH OTHER’S RESEARCH AND THEY’RE EAGER TO MAKE NEW CONNECTIONS AND LEARN ABOUT ISSUES IN THE DIFFERENT DEPARTMENTS.**
RFU-trained pharmacists are in the vanguard of an advancing team of diverse healthcare clinicians who are working to realize the Institute of Medicine’s Triple Aim: improving the health of populations, improving the experience of care and reducing the cost of care.

In addition to traditional dispensing, RFU’s new PharmDs can expect to provide more direct patient care: medication reconciliation and continuous monitoring, medication therapy management, immunizations, and communication with patients to promote behavioral changes that lead to better health.

Highly-trained pharmacists are already working with both patients and prescribers to avoid emergency room visits and hospital admissions resulting from medication-related issues. They are earning recognition as drug experts for complex therapeutic regimens. They have earned their place as essential members of the interprofessional healthcare team. Their expertise, studies show, is a cost-efficient way to improve patient safety and access to care.

"Healthcare delivery is changing from fee-for-service to emphasis on outcomes," said College of Pharmacy Dean Marc S. Abel, PhD. "Our new PharmDs are perfectly positioned to be part of that change."

Other trends leading the demand for clinical pharmacy include a rapidly aging population; increased access under the Affordable Care Act; the growth of telemedicine and telepharmacy; and new genomic technologies leading to personalized medicine.

"We need to be aware of the trends and be sure we're graduating entry-level pharmacists who are practice-ready and team-ready," Dr. Abel said. "They must be exposed early and often to interprofessional activities and the patient-centered healthcare team."

COP’s emphasis on experiential and interprofessional learning, its culture of assessment, and student involvement on curriculum and other important committees, impressed the Accreditation Council for Pharmacy Education (ACPE), which awarded full accreditation soon after the college’s inaugural commencement on June 5.

"This is a reflection of the excellent quality of our College of Pharmacy and its leadership," said Dr. K. Michael Welch, RFU president and CEO.

Effective July 1, 2016, all pharmacy schools in the nation must implement new ACPE standards, which include more stringent requirements for interprofessional education.

"We embraced that from the very beginning," Dr. Abel said. "Our curriculum is designed to be interprofessional and we're always looking for new ways to provide those opportunities to our students, which will, in turn, prepare them for the professional lives they will lead."

Monal Punjabi, PharmD ‘15, one of 58 COP students awarded a doctor of pharmacy degree in the inaugural class, is completing a yearlong residency in pharmacy practice at Advocate Lutheran General Hospital in Park Ridge, IL.

"Working in teams, getting the perspective of other professions, has been so important," said Dr. Punjabi, who trained through COP in community, hospital and pharmaceutical
industry settings. “RFU has prepared us well through clinical experiences. During my advanced pharmacy practice rotations at Northwestern Memorial and Advocate Condell hospital we worked on an interprofessional team to deliver the highest-quality, patient-centered care. At Northwestern Memorial, other healthcare professionals made clear the expectation: We are the drug experts.”

Dr. Punjabi also spent two summers as the only pharmacy student on an interprofessional healthcare team at the National Institutes of Health (NIH) National Institute of Nursing Research, where she performed benchwork for a clinical trial on antioxidant therapy for congenital muscular dystrophy.

“Whenever there was a question about a drug interaction or possible adverse effect, they looked to me,” said Dr. Punjabi, who plans to apply for more training through NIH.

“Learning pharmacy at RFU has been an amazing journey and now it’s time to go out and practice,” Dr. Punjabi said. “But we all know the learning will never end.”

“Pharmacy will continue to evolve,” Dr. Abel said. “Our PharmD students who were about to graduate cited that fact. They seem to thrive on it. They like the idea of growing and influencing change within the profession.”

“A recipient of the Lilly Achievement Award for scholastic and professional achievement, leadership and ethical conduct, Dr. Zacher served on the COP curriculum committee and helped found the RFU chapter of Phi Delta Chi and the student chapter of the Illinois Council of Health System Pharmacists. “It’s important to promote the profession of pharmacy and that goes beyond the services you provide when you’re wearing your white coat. Your attitude, the way you communicate with others and the relationships you build in everyday life are just as important.”

“If new medications are coming out all the time,” Dr. Zacher said. “Provider status is expanding. It’s a field that will continue to grow and change. I really appreciate that I will be constantly learning.”

Dr. Zacher is participating in a yearlong hospital pharmacy residency at NorthShore’s Skokie Hospital, where last summer she was learning EPIC, the system’s electronic medical record, training in acute coronary life support, and using her interprofessional skills every day.

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“I communicate with lots of nurses, other pharmacists and pharmacy techs, physicians and other providers about different orders and ensure everything works out best for the patient,” she said.

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FUTURE of PHARMACY

Jessica Zacher, PharmD ’15, a member of the inaugural class of the College of Pharmacy, enjoys the potential for growth in her new profession.

“I communicate with lots of nurses, other pharmacists and pharmacy techs, physicians and other providers about different orders and ensure everything works out best for the patient,” she said.

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Faculty Representative

Rosalind Franklin University
Rosalind Franklin University
FINANCIAL REPORT
fiscal year ended June 30, 2015

OPERATING REVENUES

<table>
<thead>
<tr>
<th>Source</th>
<th>2015</th>
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<tr>
<td>Net tuition and fees</td>
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<tr>
<td>Grants and contracts</td>
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<tr>
<td>Patient care</td>
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<tr>
<td>Endowment support</td>
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<tr>
<td>Contributions</td>
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<tr>
<td>Other</td>
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<tr>
<td><strong>Total</strong></td>
<td>$111.5</td>
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</table>

$ in millions

REVENUES fiscal year 2015

- Net tuition and fees: 66%
- Grants and contracts: 16%
- Patient care: 8%
- Endowment support: 2%
- Contributions: 2%
- Other: 6%

OPERATING EXPENSES

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<tr>
<td>Instruction</td>
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<tr>
<td>Research</td>
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<tr>
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<tr>
<td>Institutional support</td>
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<tr>
<td><strong>Total</strong></td>
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</table>

$ in millions

EXPENSES fiscal year 2015

- Instruction: 57%
- Research: 17%
- Patient care: 9%
- Institutional support: 17%

Excludes nonoperating revenues and expenses, including realized and unrealized gains and losses on investments.

SPONSORED RESEARCH SUPPORT

<table>
<thead>
<tr>
<th>Year</th>
<th>Millions</th>
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<td>$14</td>
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STUDENT ENROLLMENT

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<th>Year</th>
<th>College of Pharmacy</th>
<th>School of Graduate and Postdoctoral Studies</th>
<th>College of Health Professions</th>
<th>Dr. William M. Scholl College of Podiatric Medicine</th>
<th>Chicago Medical School</th>
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</table>
Your gifts to the university are accompanied by the knowledge that every donation counts and is invested where it matters most.

Philanthropic support enables Rosalind Franklin University to continue to train the next generation of interprofessional healthcare providers and to conduct groundbreaking biomedical research to meet the pressing healthcare needs of our nation. We gratefully acknowledge the generous support of the individuals, corporations, foundations and government agencies that made contributions to the Annual Fund between July 1, 2014 and June 30, 2015.

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