CANCER SURVIVORS JOIN FORCES

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Getting everyone on the same page improves patient care. Page 7

Research

Dean Dismuke
After seven years at the helm, Dean Dismuke announced his plans to resign his position as dean and focus on teaching, public health, family, and his tennis game. Page 13

Cover
Breast cancer survivors Judy Johnston, Jill Longstaff, and Gwendolyn Anderson (left to right) share their stories along with high hopes for a new breast cancer survivorship clinic thanks in part to funds that will come from the sale of the KSN Dream House for the Cure. Photo by Mike Shepherd. Rendering courtesy of KSN.

Dean’s Message
Fred Chang, MD

Our Mission
We educate students, residents, and physicians through patient care, service, research, and scholarly activities to improve the health of Kansas in partnership with Kansas communities.

Core Values
• Excellence in Education
• Social Responsibility and Community Orientation
• Excellence in Leadership
• Responsible Stewardship
• Continuous Quality Improvement

Third time’s a charm
In 1975, I was working full-time in academic medicine at the University of Utah. If you’ve never been there, it’s a beautiful place, located in a valley, surrounded by mountains. Dr. George Farba, our first surgery chair at the KU School of Medicine-Wichita, tried to recruit me. I told him I wasn’t interested in coming to Wichita Falls. When he said it was Wichita in Kansas, I was reminded of the only Kansas reference I knew: “The Wizard of Oz.” The more he told me about what was happening here, the more interested I became. I was being given the opportunity to help create a new, community-based medical school. It sounded pretty exciting, and it would certainly challenge me in new ways. So, I finally said yes.

This past August, Dr. Barbara Atkinson, executive dean of the KU School of Medicine, called to ask if I’d be willing to come out of retirement once again to serve as interim dean because Dr. Dismuke was stepping down (see page 13). Loyal to this community and to the school, I said yes. As interim dean, my first priority is to do whatever I can to help in our search for a new dean. As with Dr. Atkinson and so many others, I’m committed to helping find someone to fill this seat long-term, someone who’s good for the school and good for the community. And, of course, I’ll be doing whatever I can to keep things on an even keel. Before long, we’ll have a new dean in place and I’ll retire … again … for the third time. In the meantime, I’m honored to be back at the medical school once again, working alongside so many talented people, helping to educate doctors for Kansas.

Back again
After just a few months in retirement, Joe Meek, MD, our dean from 1991 to 2001, asked me to serve as associate dean of graduate medical education. So I came out of retirement, and for 10 years, I led our graduate medical education program. Again, I set a date to retire and stepped away in January 2006 … for the second time.

Interim Dean
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The 5-year survival rate for all women diagnosed with breast cancer is 90%.

A survivors’ clinic would offer answers through part-time medical professionals, educational materials, even a Web site, extending its reach beyond south-central Kansas. It could also provide access to clinical trials, possibly through a partnership with the Midwest Cancer Alliance, to find ways to prevent the reoccurrence of breast cancer. To make it a reality, the KU School of Medicine-Wichita and the Mid-Kansas Affiliate of Susan G. Komen for the Cure agreed to work together to set up a breast cancer survivorship clinic. A good portion of the initial funding will come from the sale of the KSN Dream House for the Cure, a newly built residence in the Oaks Golf Course Community in Derby, KS, on display during the parade of homes the three weekends of October.

Quick action, along with successful surgery and radiation therapy, has resulted in her being cancer-free since February. “You beat it, but you still have doubts,” said Jill, department administrator, Internal Medicine, KU School of Medicine-Wichita.

Those doubts, and other unanswered questions about life after cancer, are why she’s excited about a new breast cancer survivorship clinic. “You want to know you’re getting the right answers.”

Jill isn’t the only cancer survivor with questions. Every two years, Susan G. Komen for the Cure has its affiliates conduct profiles of their communities to determine the needs of breast cancer survivors. “For the last two profiles, breast cancer women have said they’re isolated, even from the time of diagnosis,” said Peggy Johnson, development chair for the Mid-Kansas Affiliate, Susan G. Komen for the Cure.

The idea for the clinic grew out of three focus groups made up of medical professionals, cancer survivors, and patients, as well as others who recognized a need for follow-up help. Focus group members asked: Once a cancer patient is released by a surgeon or physician, who’s available to help with such day-to-day issues as nutrition, exercise, self image, and depression?

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Although a site for the clinic is yet to be determined, supporters are confident it will be open sooner rather than later. “The clinic will fill a big gap,” according to Peggy.

Nationwide, there are no more than a dozen breast cancer survivorship clinics, according to Sharon Roberts of the Susan G. Komen for the Cure headquarters in Dallas, TX. A survivorship clinic in Kansas would put it in the forefront of extending help to breast cancer survivors. Jill said the Kansas clinic is crucial because “you become a survivor the day you’re diagnosed.” It can also provide support for family members. “Your spouse and your children go through such a hard time. They need moral support, too.”

For those reasons and more, Jill said, she hopes the clinic is up and running soon “because cancer’s not a disease that’s going away anytime soon.”

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Peggy Johnson

What she does: Research instructor, Preventive Medicine and Public Health, KU School of Medicine-Wichita

Why she wants a breast cancer survivorship clinic:
“ ‘For me, it’s not just the worry about the reoccurrence of breast cancer. It’s how do I survive with the highest possible quality of life?’ “

Discovery:
Both a self examination and a mammogram missed any sign of breast cancer in Judy. Sick with pneumonia, she had an X-ray that revealed a tumor. An ultrasound test confirmed the tumor’s presence and raised suspicions of a malignancy. A biopsy confirmed it was malignant.

Treatment:
Following surgery in July 1995, Johnston underwent chemotherapy for several months but maintained a positive attitude. Dr. Doren Fredrickson, a colleague and friend, visited her twice a week and often brought her journal articles about breast cancer to review and molasses cookies to keep up her spirits. “There’s still so much stigma about cancer,” she said. “People need educating: ‘Hey, you can survive this and be just fine.’ ”

Clinic benefit:
That belief underscores why a breast cancer survivorship clinic is so important, she said. “You go through this intense experience, and the doctor pats you on the back and says, ‘see you in six months.’ ” The cancer survivor is not sure what to do, how to feel, or what to ask. “It’s the ultimate teachable moment, but nobody takes advantage of it.”

Physicians in western Kansas who see cancer survivors also need a clinic’s resources. “We need to make resources available in a place where people are free to ask their questions,” she said. “Any venue we can make available is critical.”

Who gets breast cancer?
• The older a woman is, the more likely she is to get breast cancer.
• White women are more likely to get breast cancer than women of any other racial or ethnic group.
• They also have a better chance of survival, primarily because their cancer is usually detected earlier.
• African American women are more likely to die from breast cancer than white women.
• Less than one out of every 100 cases of breast cancer in the U.S. occurs in men.

Source: Susan G. Komen for the Cure; American Cancer Society

Judy Johnston, MS, RD, LD

What she does: Records specialist, Midwest Chapter, Red Cross

Why she wants a breast cancer survivorship clinic:
“We will be able to get my ladies in to get information on early detection.”

Discovery:
Gwendolyn Anderson discovered a lump in her breast in 2003. When her doctor unsuccessfully tried to aspirate it, a biopsy was the next step.

Treatment:
After her mastectomy, Gwendolyn continued chemotherapy for several months but maintained a positive attitude. Dr. Doren Fredrickson, a colleague and friend, visited her twice a week and often brought her journal articles about breast cancer to review and molasses cookies to keep up her spirits. “There’s still so much stigma about cancer,” she said. “People need educating: ‘Hey, you can survive this and be just fine.’ ”

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OB/GYN resident research improves care and outcomes

At the KU School of Medicine-Wichita, research often begins at the bedside with a conversation between a resident and an attending physician.

It was in a hospital room at the bedside of a patient that Leah Brantley, MD, OB/GYN resident, decided to follow up on a project to improve preoperative care and outcomes. Dr. Brantley is a specialist in Developmental-Behavioral Pediatrics.

“We implemented all this, and then we checked our compliance again, and it just went through the roof,” Dr. Brantley reported. “As a result of the project, doctors are following proven guidelines to prevent post-operative complications, standardizing treatment so there’s uniformity among all the hospitals, providing education on guidelines, and making sure everyone involved in the hospital is aware of the guidelines to help improve compliance as well as patient outcomes.”

Dr. Brantley described resident research projects as making a contribution to evidence-based medicine. “Our research improves patient care and plays a big role in resident education by giving us baseline knowledge so we think about things critically and are able to go out and try to find answers to medical questions.”

Leah Brantley, MD
OB/GYN Resident

“Some of my kids with severe autism it would be difficult for them to travel in a car for three hours.”

Valarie Kerschen, MD
Developmental-Behavioral Pediatrics

Measuring results
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The project was presented at the KU School of Medicine-Wichita’s annual research forum and annual meetings of The American College of Obstetricians and Gynecologists.

Exploring protocols
While OB/GYN residents work out of one hospital, most attending physicians work out of multiple locations. “We have protocols for patients before they go to surgery to try to prevent post-operative complications, and one of those is to give them antibiotics to help prevent infections. We also have interventions to help prevent blood clots caused by patients being immobile after surgery,” Dr. Brantley explained.

The American College of Obstetricians and Gynecologists (ACOG) makes recommendations based on available research as to what should be done to prevent complications. Those guidelines change periodically and can differ from guidelines for other surgical procedures. As a result, she said it can be challenging to stay up to date.

Improving compliance
To improve how well the guidelines were being followed, Dr. Delmore and Dr. Kuhlmann did three things:
1. Reviewed medical records to determine how compliance with the ACOG guidelines could be improved.
2. Created standardized orders with ACOG recommendations to make it as easy as “checking a box” to be compliant with the recommended evidence-based guidelines.
3. Introduced an education session with residents and faculty physicians to make sure they were up on the current guidelines.

Children with special needs
According to national recommendations, Wichita should have a minimum of 30 child psychiatrists to meet the needs of families. “We have the least number of child psychiatrists for any city with a population of over 250,000. Statistically, we should have a minimum of one child psychiatrist per 20,000 residents. Every day, a child goes without treatment is a day they will never get back.”

The consequences of not treating children early for signs of mental illness, according to Dr. Scheffer, are a gateway for underachievement, substance abuse, juvenile delinquency, and lack of education.

Beyond treating children, Dr. Scheffer is working to develop a more collaborative care model that utilizes primary care physicians as the front line of defense for prescribing medications for children to make the current system more efficient despite the psychiatrist shortage.

People with diabetes
More than 23 million people in the United States, or eight percent of the population, have diabetes, according to the American Diabetes Association. Justin Moore, MD, an endocrinologist, specializes in treating diseases such as diabetes.

“Diabetes is quickly becoming the plague of the 21st century,” he stated. “The idea of having numbers to fall back on was appealing to me in my decision to become an endocrinologist.”

As Dr. Moore treats patients as well as shares his knowledge with medical students and residents, he is focused on educating the medical community about diabetes.

Dr. Moore’s love of working with families combined with having an excellent mentor during his training led to her becoming a specialist in the field.

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Evaluating Doctors for Kansas

The numbers tell the story

Fortune 500 companies, considered the biggest and the best in the nation, believe a mission statement should answer three questions:

- What do you do?
- How do you do it?
- Whom do you do it for?

According to former Dean S. Edwards Dismuke, MD, MSPH, the mission of the KU School of Medicine-Wichita has done just that for more than three decades.

"Simply put, we educate doctors for Kansas," he explained.

Wichita students receive their clinical, or hands-on training in a community-based setting within the two largest hospitals in the state – Wesley Regional Medical Center and Via Christi Regional Medical Center-St. Francis Campus – as well as at Via Christi Regional Medical Center-St. Joseph Campus and Robert J. Dole VA Medical Center and in the offices of the school’s more than 900 volunteer faculty.

Medical School Graduates Since 1975, 1,353 students have graduated from the KU School of Medicine-Wichita, and nearly half have gone on to practice in Kansas.

"When you compare that with the national average of 29 percent of doctors in each state having graduated from medical school within that state, I’d say we’re doing pretty well," Dr. Dismuke stated. "For the health of Kansans as well as many Kansas communities, it’s critical that we maintain, and even build upon our record, training and retaining doctors for the state."

Wichita Center for Graduate Medical Education Residents On top of Wichita’s results graduating medical doctors who are caring for Kansans, more than 55 percent of the Wichita Center for Graduate Medical Education residents have gone on to practice in Kansas over the last five years, while 64 percent of the primary care residents are practicing in the state.

"Once again, that surpasses the national average of 45 percent of doctors in each state having graduated from a residency in that state."

Staff, Faculty, and Partners Focused on a mission to educate doctors for Kansas, the KU School of Medicine-Wichita’s more than 250 staff and faculty, more than 900 volunteer faculty, and three community partners are dedicated to improving the health of Kansans.

"As a scientist, I like data," Dr. Dismuke said. "And looking at our numbers, I especially like our data."

Almost 70 percent of Kansas counties depend on the Wichita Center for Graduate Medical Education for physicians to provide health care.

Smoky Hill Family Medicine Residency gets results

There is a need for more physicians in rural parts of Kansas, and the Smoky Hill Family Medicine Residency Program in Salina, KS, is successfully helping to fill the void.

Over a span of 25 years, 73 out of 93 graduates (roughly 76 percent) of the Smoky Hill graduates are practicing in Kansas. According to Program Director Robert Freelove, MD, clinical assistant professor, Family and Community Medicine, that’s right in line with their mission to train doctors for rural parts of the state.

"We believe our benefit to Kansas is that so many of our graduates are located in what some call frontier towns. We put doctors in small towns, and I believe we impact the health of Kansas as a result," Dr. Freelove said.

"For example, if it weren’t for our program, there wouldn’t be a doctor in St. Francis, KS, in the northwest part of the state. Both of the doctors located there came through our program."

If he were given the opportunity to write the program’s legacy, Dr. Freelove would proudly refer back to their mission. "We do a good job of training family physicians for rural practice. I’m very proud of our success and of the quality of our doctors who are often the only ones within a 100-mile radius. They are extremely important to those towns."
Family medicine physicians fill a critical need in rural Kansas

Shana Jarmer, MD, knows the advantages of working as a primary care physician in Wellington, a town of 8,600 people in southern Kansas:

• Great place to raise a family.
• Patients can also be friends.
• Relationships with fellow physicians are close.

But she also recognizes what can be drawbacks:

• A lack of medical specialists in the area.
• A patient load that’s increasing and the same few physicians serving them.

Although she’s been in practice only one year since graduating from Via Christi Family Medicine Residency Program, Dr. Jarmer is committed to rural medicine. “It’s what I always wanted to do,” she said.

Dr. Jarmer, one of five family physicians at the Sumner County Family Care Center, is filling a critical need in Kansas. A 2006 study sponsored by the American Academy of Family Physicians concluded that 29 percent more family physicians will be needed in 2020 than are practicing in 2006. Yet, fewer medical students are choosing to enter family medicine — a critical need in rural and urban areas. From 1997 to 2005, the number of U.S. medical school graduates entering family medicine residencies dropped by 50 percent.

In Kansas, the number of family physicians 50 and older is greater this year than in 2001. As a result, about 30 to 40 family physicians are expected to retire each year.

“We are going to start losing retiring family physicians faster than we’re replenishing them,” said Rick Kellerman, MD, Family and Community Medicine professor and chair. “Unless we do something now, it’s a situation where we’ll never catch up.”

To reverse that trend, particularly in rural areas, the KU School of Medicine offers several programs:

• Smoky Hill Family Medicine Residency Program in Salina, KS, was established in 1977 to train doctors to serve in rural communities. Since then, 92 percent of its graduates have been placed in rural communities.
• The Kansas Bridging Plan provides a loan-forgiveness program to resident physicians in family medicine, general internal medicine, general pediatrics, or internal medicine/pediatrics who sign a practice commitment agreement with a rural health care organization.
• The Kansas Medical Student Loan Program is awarded annually to a student who agrees to practice primary care medicine in Kansas after completing residency.

Because Alan learns best by doing, “Wichita’s program has been a perfect fit. It’s definitely a hands-on place. Because we have access to the skills lab and the simulators, we have experience before we go into the operating room. Plus, our attending physicians are really good about making sure we’re prepared.”

With a class of just over 50, Alan sees benefits in Wichita’s smaller class size. “I like the feeling and all the hands-on experience,” he explained. “I like the fact that inside the hospital we’re treated as part of the treatment team along with the nurses and doctors rather than someone who has to be watching from the sidelines.”

“Because the doctors expect a lot of the students, it can get a little intimidating. But then you get really pumped up about it. They’re ready to let you go as far as you want to go as long as you want to learn. It encourages you to step up. It’s like my dad says, ‘If you set the bar low, people will try to get under it. If you set it high, people will try to get over it.’”

Over the next couple of weeks, Dr. Bacani thought about other possible careers. “I couldn’t come up with anything else, so I figured I’d just have to work harder.”

Living in Wichita and Kansas

In her first year in medical school, Dr. Bacani came to Wichita for a visit. Loving Kansas City, she wasn’t expecting to choose to spend her 3rd and 4th years in Wichita. “It was just the neatest thing walking through the hospitals on our tours. Doctors and nurses would say ‘hi’ to the students and use their names. I just thought, ‘Wow, that’s kind of cool.’ It was just a really nice atmosphere.”

The Kansas Medical Student Loan Program is awarded annually to a student who agrees to practice primary care medicine in Kansas after completing residency. These are invited to exhibit at career fairs and discuss health care careers opportunities in their area. The next fair is at the KU School of Medicine-Wichita, Thursday, Oct. 30, from noon to 3:45 p.m.

Dr. Jarmer said she knows she made the right choice settling in Wellington. She credits the small-town atmosphere, the good relationships with patients, and the collegial attitude of the physicians for the satisfaction she’s found in serving a rural community.

“We have our own family here in the clinic,” she said. “I can’t imagine a better situation.”

Experiencing residency

“Residency is another world. You’re there 24 hours a day, exhausted together, stressed at certain times, and cutting loose others,” she explained. “The best part is you’re in it together, and you can relate to one another, so it brings you closer together.”

After graduating from medical school, Dr. Bacani worked with the Children’s Aid Society in Kansas City. “I realized I had this idea that I’d be a doctor. It was just kind of assumed,” she said. “It was solidified in undergrad when I was taking all these hard courses. I remember getting a C on an organic chem test. I called home and told them I didn’t think I could be a doctor anymore. Mom said, ‘You can do anything. It’s just one test.’”

Living in Wichita and Kansas

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Because she and her husband are both from small towns, they had planned to move to a larger city outside the state after she finishes her residency. “The more I looked around at different residencies, the more I realized, ‘I’ve got everything I want in Wichita. I can’t leave and pass up this great opportunity.’”

When she finishes her residency in June 2009, Dr. Bacani and her husband plan to stay in Kansas. “We had every expectation of getting out of Kansas, but it keeps drawing us back. It’s a great place. We love it.”

Profiles

Alan Kovar
3rd-Year Medical Student (Wichita)
Hometown: Lenexa, KS
Undergrad: MidAmerica Nazarene University
Avocational Interests: Biologist/Chemistry Minor

Becoming a doctor
Alan Kovar knew he wanted to be a doctor when he was 10 years old. A family friend was going to medical school, and “he took me through the hospital and talked to me about enzymes and biochemistry. From that day on, I was fascinated with the way the human body worked. The more I learned about the body and medicine, the more I wanted to learn.”

Learning Surgery
Alan’s first rotation in Wichita was Surgery. “Surgery isn’t something I thought I was interested in, but I love it,” he explained. “I like the dynamic of fixing things and how gratifying it is. There’s a problem you actually see. Then you fix it. Then the patient gets better.”

Living in Wichita
Because Alan loves best by doing, “Wichita’s program has been a perfect fit. It’s definitely a hands-on place. Because we have access to the skills lab and the simulators, we have experience before we go into the operating room. Plus, our attending physicians are really good about making sure we’re prepared.”

With a class of just over 50, Alan sees benefits in Wichita’s smaller class size. “I like the feeling and all the hands-on experience,” he explained. “I like the fact that inside the hospital we’re treated as part of the treatment team along with the nurses and doctors rather than someone who has to be watching from the sidelines.”

“Because the doctors expect a lot of the students, it can get a little intimidating. But then you get really pumped up about it. They’re ready to let you go as far as you want to go as long as you want to learn. It encourages you to step up. It’s like my dad says, ‘If you set the bar low, people will try to get under it. If you set it high, people will try to get over it.’”

Over the next couple of weeks, Dr. Bacani thought about other possible careers. “I couldn’t come up with anything else, so I figured I’d just have to work harder.”

Jennifer Bacani, MD
Via Christi Family Medicine Resident
Hometown: Fredonia, KS
Undergrad: KU, Chemistry
Medical School: KU School of Medicine (Kansas City and Wichita)

Becoming a doctor
Growing up, Jennifer Bacani, MD, was exposed to medical life through her father, a surgeon in Fredonia, KS. Because Dr. Bacani’s father practices in a small town, she said he functions more like a family doctor. “I always had this idea that I’d be a doctor. It was just kind of assumed,” she said. “It was solidified

Experiencing residency
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When asked what TV show most accurately reflects life as a resident, Dr. Bacani said, “‘Scrubs.’ There’s a lot of joking around and pranks. You have to do that to get by.”
Dean Dismuke leaves legacy of success

Wichita's Dean, S. Edwards Dismuke, MD, MSPH, stepped down in September but will continue to work with medical students and residents as a professor in the Departments of Preventive Medicine and Public Health as well as Internal Medicine.

"It has been an honor to serve as Dean of the medical school in Wichita," Dismuke said. "I’ve always been passionate about community-oriented medical education, and Wichita is one of the best at it. This community, including our government officials, community leaders, the medical society, our hospital partners, and more than an 900 volunteer faculty, is incredibly supportive of our efforts to educate doctors for Kansas."

As he announced his resignation to faculty and staff, Dr. Dismuke recounted several high points from his time as dean:

• A new curriculum for KU’s medical students was successfully developed and instituted.
• Discussions about distributed medical education, particularly how Wichita might be involved in helping educate 1st- and 2nd-year medical students as well as residents about basic science concepts, are underway.
• The KU School of Medicine led the country with regard to medical students going into family medicine.
• Wichita now has access to many clinical trials, thanks to the KU School of Medicine-Wichita’s affiliate Clinical Research Institute, or CRI.
• The Kansas City and Wichita campuses are working together to develop a new School of Public Health.
• Wichita is building an addition for a Pharmacy School branch to help meet the state’s need for pharmacists.
• Overall, the Wichita team is working with colleagues in Kansas City to build and develop programs like never before, especially Cancer Research and the NIH Clinical Translational Science Award.

Dr. Dismuke is looking forward to spending more time with his family and working on his tennis game in addition to teaching, doing research, and seeing patients.

"Thinking about the life and work of my dear friend Doren Fredrickson (see page 14) has reenergized me to do what Doren and I believe when it comes to public health and community medicine."

Dean Dismuke leaves legacy of success

NCI grant to fight cancer in Kansas

"We need answers now, and this grant will help put nutrition information in the hands of people in their fight against this disease."

Jon Schrage, MD

Enhancing their necessary knowledge, skills, and abilities for care for their patients.

Creating and distributing materials for patients about what to eat and what not to eat for a healthier lifestyle.

Preparing residents with nutrition education for their specialty board exams.

The cost-effective, patient-centered project provides doctors, residents, and students with educational materials for patients on nutrition, access to expert dieticians, and targeted online nutrition information, he explained.

From an NCI point of view, according to Dr. Schrage, the grant is innovative because it will educate physicians, residents, and students along with patients about cancer patient nutrition.

“Our neighbors, coworkers, friends, and family members are among the more than 5,000 people who die each year in Kansas from cancer – and we need answers now. This grant will help put nutrition information in the hands of people in their fight against this disease."

Work on the grant will begin with 19 residents, increasing to more than 50 during the four-year period. The four-year grant totals $1.5 million and will be shared by the Wichita campus, the University of Nevada-Reno, and UCLA, he stated. Scott Moser, MD, Family and Community Medicine professor, and K. James Kallail, PhD, Internal Medicine professor, serve as co-investigators.

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The one number priority of the University of Kansas is to achieve NCI designation. According to Dr. Schrage, this grant will assist by:

• Providing residents and students with information and answers on how proper nutrition can help in the fight against cancer.

We couldn’t do it without you

A very special thank you to supporters of the KU School of Medicine-Wichita who gave more than $1,000 between July 1, 2007, and June 30, 2008.

We welcome the opportunity to visit with you about how you might help. And we assure you that 100% of your gift will benefit the area of your choice. Please call us (316) 293-2601 or send us an e-mail at KUEWA@kumc.edu.
Happenings

Remembering

The Deans Club, supporting KU School of Medicine-Wichita students, welcomes new members: Kathy and Douglas Brachman, DrPH, Wichita, KS; Diana Cook, MD, and Randy Cook, Wichita; Lucille and Herbert Doubek, MD, Bellville, KS, and Debra Doubek-Phillips, MD, Manhattan, KS; Beverly and Edmond Feuille, MD, Wichita, KS; Lauren and Russell Scheffer, MD, Wichita, KS. Anyone can become a member with a $1,000 donation. For more information or to join, contact Shanna Williams at swilliams@kumc.edu or (316) 293-2601, or visit kuendowment.org/givenow.

The KU School of Medicine-Wichita faculty and staff from the KU School of Medicine-Wichita meet monthly for a teleconference with a nationally recognized leader in medical education. Recently, the subject was “Innovations in Family Medicine Residency Training” with immediate past president of the Association of Family Medicine Residency Directors (AFMRD) Samuel M. Jones, MD, calling in from Fairfax, VA. Jones presented a sampling of innovations being studied, including:

- an extension of training beyond three years
- curricula incorporating principles of adult learning
- training that permits intentional diversification
- leadership and change management training

Funded by the James W. Shaw Memorial Fund, the effort takes advantage of teleconferencing and handouts, avoiding travel costs, large honorariums, and time away from the office.

Residents in the Department of Psychiatry and Behavioral Sciences honored Mercedes Perales, MD, clinical associate professor, with their 2007-2008 Teacher of the Year Award.

One of more than 900 volunteer faculty on the Wichita campus, Steve Penner, MD, is participating in the Family and Community Medicine Department’s International Faculty Exchange Program and will be visiting Paraguay to share his experiences as a volunteer.

Each year, Master of Public Health (MPH) students on the Wichita campus give one faculty member the “Excellence in Public Health Teaching Award” for exemplifying excellence in public health teaching, encouraging critical thinking, stimulating independent learning, and demonstrating a willingness to provide additional assistance. The 2007-2008 award went to Elizabeth Ahlaf, PhD, assistant professor, Preventive Medicine and Public Health. The 2007-2008 KU-Master of Public Health (MPH) Outstanding Graduate Award was given to Jia Li, PhD, MPH, from the Wichita campus for demonstrating skill in the classroom and dedication to work in the field of public health. Jia started medical school in Kansas City this fall. Courtesy photo.

KU School of Medicine-Wichita faculty members Jana Lincoln, doct.ate, Psychiatry; Elisa Brumfield, MD, Internal Medicine; Melissa Warner, MD, Internal Medicine; and Sylvia Orozco-Osio, MD, Internal Medicine, attended a seminar at the Harvard Medical School on maximizing teaching skills.

Each year, 20 second-year residents in family medicine across the country are given the Bristol Myers Squibb Award for Excellence in Graduate Medical Education for their achievement in leadership, social commitment, and community involvement. Robin Waller, MD, resident, Wesley Family Medicine, was one of this year’s recipients. Walker is interested in helping the underserved population and will be practicing at GraceMed Health Clinic in Wichita when he graduates in February 2009. Courtesy photo.

Cruising in Alaska, the family of Fred Chang, MD, interim dean of the School of Medicine-Wichita for the 2008-2009 academic year, sported KU gear one day to show their Jayhawk pride. Courtesy photo.

The Wichita Center for Graduate Medical Education (WCGME), thanks to the efforts of many in the Wichita community and state, received $2.5 million of its request for $9.6 million in funding from the State of Kansas. Of that amount, $1.5 million is for non-research needs, such as office or rural rotations or for attaining adequate standards of accreditation for the WCGME residency program. The other $1 million will be used to support other graduate medical education needs. WCGME is currently working with the Kansas Bioscience Authority for the remaining $7.5 million.

Wesley Medical Center’s trauma department received re-certification as a Level I Trauma Center from the American College of Surgeons. The review, which occurs every three years, also verified Wesley as a Level II Pediatric Trauma Center. The achievement, according to Wesley Trauma Director, Paul Hamilton, MD (clinical associate professor, Surgery), recognizes the trauma team’s commitment to providing the highest quality trauma care for all patients. Wesley relied on the expertise of Gina Berg-Copas, teaching assistant, and Ruth Wetta Hall, assistant professor, Preventive Medicine and Public Health, to help them publish the 20 required articles in the three-year cycle.

A memorial to honor Dr. Doren Fredrickson has been set up with The University of Kansas Endowment Association.

Please send donations to:
KU Endowment Association
Dr. Doren Fredrickson Memorial
1010 N. Kansas
Wichita, KS 67214

Doren Fredrickson, MD, PhD

It is with great sadness that we learned of the passing of one of our beloved faculty members, Doren Fredrickson, MD, PhD., on Aug. 21. One of the Wichita medical school’s first recruits to the newly formed Department of Preventive Medicine in 1990, according to S. Edwards Dismuke, MD, MSPH, Dr. Fredrickson was a “trip threat” in academic medicine:

- an outstanding clinician
- a great educator
- and a well-trained and respected researcher.

His concern for those who were less fortunate was well known, and he was absolutely passionate about eliminating health disparities and correcting social inequalities.

We will miss him terribly.

A memorial to honor Dr. Fredrickson has been set up with The University of Kansas Endowment Association.

Please send donations to:
KU Endowment Association
Dr. Doren Fredrickson Memorial
1010 N. Kansas
Wichita, KS 67214

Wichita Medical Center
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KU WICHITA FALL 2008

wichekumc.edu
Governor Kathleen Sebelius tries on her very own KU School of Pharmacy jacket amid pharmacy students when in Wichita to ceremoniously sign the pharmacy bill this past summer. The bill put into motion the expansion of the KU Pharmacy School in Lawrence and the construction of an addition on the Wichita campus designed by McCluggage, Van Sickle, and Perry of Wichita, KS. The KU School of Pharmacy-Wichita will accept its first class in 2010.