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TO INSPIRE TOMORROW’S LEADERS

Kansas needs doctors, particularly in rural areas.

Nationwide, fewer than a third of physicians practice in the state where they graduated from medical school. But graduates of the KU School of Medicine–Wichita tend to stay: Half of them go on to practice in Kansas.

And even more — 65 percent — stay in Kansas if they graduate from both the Medical School and a residency program in Wichita.

The KU School of Medicine–Wichita takes care of Kansas.

To support tomorrow’s leaders in Kansas medicine, please visit farabove.org

Help us rise. Help us soar.
As I write this, I’m surrounded by boxes, packing up my office for my last stop in my career, to serve as Special Assistant to the Dean for Educational Development at the University of Kentucky College of Medicine. In many ways, I’m going home to Kentucky where I can continue to make a difference professionally, and where Jan and I can spend time with our family and grandchildren.

It has truly been my pleasure to meet so many fine people with can-do spirits in Wichita and throughout Kansas. The kind of people who don’t wait to watch things happen, but who make things happen.

They took the time to learn about what we do and our plans to educate even more doctors for Kansas, and they got behind us with their actions, their words, and their money. My thanks to each and every one of you.

It is deeply satisfying to know we made a lasting difference in Kansas.

**Wichita is in good hands**

I leave the University of Kansas School of Medicine–Wichita in the very capable hands of Dean Garold Minns, M.D. I’ve had the honor of working with Dr. Minns these past three years in his role as Associate Dean for Academic and Student Affairs. I’ve watched him with our students, celebrated his recognition as an outstanding teacher, and benefited from his wise counsel.

His Wichita roots go back to medical school and continue through residency and a fellowship, joining the faculty in 1980. He’s been interim chair of Internal Medicine and continues as Associate Dean for Academic and Student Affairs.

Dean Minns’ passion for our students and teaching, combined with his commitment to the KU School of Medicine–Wichita, will most certainly result in great things for Wichita.

My very best to KU, Wichita, and Kansas. It has been my honor.

The many accomplishments of Dean H. David Wilson, M.D., were celebrated as he was honored at a reception. Those include: 1) hosting a ribbon cutting to make room for the KU School of Pharmacy in Wichita as well as the expanding medical school; 2) raising $4 million toward the medical school expansion; and 3) leading the effort to expand from a two-year to a full, four-year medical school campus in Wichita.
Nothing quite compares to the energy, excitement, and enthusiasm of a high school football game in Kansas.

In communities across the state, players suit up and take the field for their evening of glory under the Friday night lights. Students, parents, and fans fill the stands. The cheering can be deafening; the school spirit thrilling.

Brandon Streeter lived for these nights.

On Oct. 22, 2010, the high school senior put on his red and white Rose Hill High School uniform and took the field as he had done so many times before. As a wide receiver, he knew he would take hard hits only to jump back up and into the game. What he wasn’t prepared for — this would be his final football game and the last time he would ever play sports.

Approximately 1.6 to 3.8 million sports- and recreation-related traumatic brain injuries occur in the United States each year. And during the last decade, emergency department visits by children and adolescents increased 60 percent, according to the U.S. Centers for Disease Control and Prevention.

The severity of a concussion — when the brain bounces around, hitting the inside of the skull — can vary. Until 2011, there was no law in Kansas to guide how student athletes with concussions should be treated, other than waiting for their symptoms to clear. Should they sit out the remainder of the game? A week? The rest of the season?

Concussions can be difficult to diagnose because they can’t be seen on a CT scan. In addition, many people don’t even know when they have suffered one, leaving physicians to estimate countless more concussions are sustained than reported. And when concussions aren’t properly diagnosed and given time to heal, young athletes can experience additional brain trauma from a second injury that can be life-changing or even deadly.

It took only one Kansas physician to experience one head injury at one local high school football game to set the wheels in motion to create the Kansas Sports Concussion Partnership, an online resource that provides functional concussion assessment tools for student athletes, parents, coaches, and physicians.

Two years ago, James Gilbaugh, M.D., attended a Friday night high school football game. The punt returner took a solid hit from two players on the opposing team.

“You’re just cringing as you’re watching it,” he said. Two of the boys were knocked unconscious. As one struggled to his feet and walked off the field, he collapsed again. “Clearly those are signs of significant concussions.”

A “blow out game,” Dr. Gilbaugh left in the third quarter. He was even more shocked to read in the next day’s newspaper that at least one of the players re-entered the game in the last quarter.

Dr. Gilbaugh, a urologist and a Medical Society of Sedgwick County (MSSC) board member, recognized the public health significance of letting injured athletes return to play. He made sure the issue was on the board’s agenda the following week.

“It was disturbing to me to see a kid who had a concussion actually put back in the same game,” he said.

Brandon was an athlete since starting football in third grade. Every season was dedicated to a sport -
football in the fall, basketball in the winter, and baseball in the spring. So when the day came that his neurologist said he couldn’t play sports ever again, the then-18-year-old fell into a depression. His tearful mother was devastated. All because of a series of undiagnosed concussions he sustained during five years of playing sports. Brandon was like many athletes – with the desire to stay in the game, he downplayed his symptoms, even lying to his parents, coaches, and trainers. The old saying “walk it off” resulted in multiple concussions.

“We’re definitely a gladiator society,” said neurologist and KU School of Medicine–Wichita clinical professor Bart Grelinger, M.D. “If you break your arm, you’re a hero. But the guy who gives up part of his mainframe, part of his hard drive, it’s considered ‘his heart’s not in it’ and ‘he’s lost his spirit.’”

“Every time there are bodies in motion, we’re at risk for concussions.”

Brandon is an extreme example of what can happen when concussions aren’t diagnosed. Any hit that can jostle his brain, no matter how small, could mean a coma or even death.

Thanks to Dr. Gilbaugh’s attention, the MSSC submitted a resolution to the Kansas Medical Society (KMS), calling for physician engagement when a student athlete is suspected of having a sports-related head injury. It passed unanimously, and became a KMS initiative.

At the same time, Travis Francis, then-president of the Kansas Athletic Trainers Association, worked with Mark Stovak, M.D., a KU School of Medicine–Wichita clinical associate professor and a sports medicine physician, to draft state legislation, which passed in April 2011. The new law: If a student athlete is suspected of having a head injury, the athlete cannot re-enter practice or play without being evaluated by a licensed physician, either an M.D. or D.O.

“Within 18 months of this event that started with concern expressed from an individual physician, we now have a state law,” said Jon Rosell, Ph.D., executive director of the MSSC, which continues to provide support and leadership for the cause.

从那里开始，MSSC，通过赞助的KMS，推出了Kansas Sports Concussion Partnership (KSCP)，由来自全州的医生组成，包括Dr. Grelinger，担任KSCP主席，以及许多KU School of Medicine–Wichita的教员。该组织不断更新其网站，提供新的信息。

Brandon sustained his first concussion in seventh grade. “It was kick off; I tackled the guy, and I got up dizzy,” he recalls. “I stumbled off the field and just started to fall over. I fell over and passed out.”

Under doctor’s orders, Brandon took a week off. During this time, he never gave much thought to the frequent headaches he experienced. He always suffered from them, and the ailment runs in his family. He even considered headaches after games normal.

It was a year later that his headaches became more severe.
They continued, as did Brandon in sports. Two years later, he and a teammate collided during a tackle. “He was subbing as quarterback in that game (against Kingman) and when he came to, he went over to Kingman’s side and everybody was looking at him,” said his mom, Karen. “That’s when we knew something was wrong.”

Brandon can recall several games and hits when he didn’t feel right but never sat out. A concussion during his senior year of high school would be the most devastating.

For more than 10 years, Carol Johnson, M.D., has attended every home football game for Sunrise Christian Academy, monitoring players for signs of concussions and other injuries. As the team’s physician, she’s thankful for the KSCP guidelines. “They’re nice because they’re so concrete,” said the KU School of Medicine–Wichita clinical associate professor and family medicine physician who has benched football players and cheerleaders. “(The KSCP) is very important because concussion symptoms can be subtle and you have to do the neurologic test and it requires some expertise to interpret.”

Because concussions are difficult to diagnose and many people don’t know they have them, the KSCP provides a variety of guidelines on its website. The athlete’s guide, for example, lists signs and symptoms that can be observed by the player as well as others, what happens when a concussion is reported, what to do in the event of one, and when to see a doctor.

Guides tailored to parents, schools, coaches and athletic trainers, as well as physicians are also included, and a team of volunteer physicians works to continually update the site to provide the most current information.

Dr. Johnson uses the material to guide her through sideline evaluations and how the athletes should be treated, including when it’s safe to return to play. The website also features SCORE – Sports Concussion Observation, Recognition & Evaluation – Cards, which provide a record of all exam dates and rates the physical, cognitive, emotional, and sleep symptoms of an athlete with a concussion.

With a strong desire to compete, Brandon never let a headache, sprained wrist, or sore muscles pull him away from a game. During two crucial football games his senior year, he held strong to that belief. While playing arch rival Andale, Brandon made a tackle but doesn’t remember what happened next. “I hit the guy, and I chased after him. I don’t remember chasing after him. I just remember hitting him and falling down. But on the film . . . I chase after him for five to seven yards and then I, all of a sudden, collapse,” he said. “I remember waking up on the sideline, super dizzy. The ground was floating around me.

“I knew something was bad then.”

A few weeks later he suited up for what would be the last game he’d ever play. A simple tackle left him unconscious on the field, his legs twitching. Once he regained consciousness, he jumped up, ready to play. That’s when the team’s athletic trainer pulled him out.

Concussions are a biomechanical injury to the brain, which depolarizes brain cells, explained Dr. Grelinger. “Each brain cell is like a little capacitor,” he said. “When you sustain a concussion, the cells no longer fire in sequence. They shut down and try to regroup, which can leave athletes dazed and confused. The cells are temporarily offline and if damaged too severely, may never function again.”

Inevitably, every person will hit his or her head at some time. With more than 100 billion brain cells, a person likely won’t notice a difference when a hundred thousand or so die, he said. It’s when a large number of cells are repeatedly injured, such as with multiple concussions, that an irreversible change is noticed by the athletes and those close to them.

“A brain can be compared to a public building and its fire control systems,” said Dr. Grelinger, who testified before the Kansas Senate in support of the legislation. “If an injury occurs, there are several mechanisms built in to protect it, such as smoke detectors and sprinkler systems. The brain is no different. Just like a building after a fire, it takes time to clean up and

### Concussions aren’t isolated to football. Overall, the activities associated with the greatest estimated number of traumatic brain injury-related emergency room visits are:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Estimated Number of ER Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bicycling</td>
<td>20,000</td>
</tr>
<tr>
<td>Soccer</td>
<td>15,000</td>
</tr>
<tr>
<td>Football</td>
<td>10,000</td>
</tr>
<tr>
<td>Basketball</td>
<td>5,000</td>
</tr>
<tr>
<td>Other Sports</td>
<td>2,500</td>
</tr>
</tbody>
</table>
reset all systems. If a second fire occurs before the system is reset, the damage will be much greater. If a second concussion occurs before the brain is reset through healing, the next injury is frequently much more severe.

“There are laws from preventing me from re-entering my damaged building too early. Now we have a law to prevent athletes from re-entering the game too early. Athletes who return to play too early risk second-impact syndrome. The damage can result in permanent disability or even death.”

Because of continuing brain development, younger people are at increased risk for traumatic brain injuries with increased severity and prolonged recovery, according to the CDC. Increasing evidence also shows that repeated concussions, particularly in athletes, can lead to early-onset dementia and similar disorders.

The next morning, Brandon’s parents, friends, teachers, and physicians started to notice changes as he began having drastic mood swings and memory problems.

“We would shut the door and because of the noise, he would get irate,” Karen said. “He’s a very low-key person; he never gets mad. All of a sudden, his personality was very irritable, vacant. He just wasn’t there.”

Brandon’s condition deteriorated. He couldn’t remember what was said during conversations or that they even took place.

All the while, he continued having splitting headaches. Moving into football playoff season, he kept his pain to himself.

“I kept lying to the athletic trainers. It wasn’t until the day before a game when I finally told the truth that I was having symptoms,” he said. “I didn’t know concussions would be as big a deal as they are. I just wanted to play.”

His friendships suffered; his grades dropped. The sharp student who signed up for pre-calculus and trigonometry suddenly couldn’t remember simple algebraic equations. His math skills plummeted to that of a seventh grader.

“I remember sitting in her (the neurologist’s) office crying when she said no baseball because that’s my favorite, too. We were devastated. For a year, he couldn’t do a jumping jack, he couldn’t run,” Karen said of the simple brain movement from those activities that could have resulted in a coma. “They say now if he gets a good hit to the head, there’s probably no recovery.”

Doctors can’t see an injured brain like they can a broken wrist, so in the case of concussions, physicians look for impaired balance, coordination, memory or concentration. The comprehensive guides at kansasconcussion.org detail what physicians need to assess.

“Since we are unable to directly test the brain’s protective systems, we rely on physical and mental characteristics that can be tested reliably at the sideline,” Dr. Grelinger said. “Finding any damage here suggests the other systems may be damaged as well and the athlete may be at significant risk to return to play.”

If Dr. Grelinger finds any evidence of brain impairment, athletes are removed from sports activities until they have had time to heal. Only when they are completely healed, he said, will an athlete have the best chance to adjust should another brain injury occur.

While Brandon will never play contact sports again, the road to recovery is far from over. He doesn’t know if he’ll ever return to what he was like before the concussions. He gained 15 pounds from epidural injections from which he suffered multiple side effects, including intense leg pain. And in the past two years, he’s relearned math and regained the ability to speak clearly.

His original college plan is on hold. At the advice of his doctors, he takes only six credit hours while living at home. He hopes to start a full schedule soon, working toward a pre-medical degree, maybe going on to medical school, and becoming a medical missionary.

He knows it will be a long road. “I would have been more truthful,” he admits. “For me, it was always hard to say I was in pain because it made me feel like I was a baby.

“At the time, high school was what was most important. My life was sports. I didn’t look forward. High school is only four years of your life … and now high school is so insignificant … Definitely get checked, definitely don’t lie, and definitely don’t try to sneak your way through.”

Playground activities Basketball Football
It’s been several years in the making, and the KU School of Medicine–Wichita is now educating more than 140 students in all four years of medical school, the most ever in Wichita.

In late July, 28 new medical students kicked off the expansion facing their second year of training while more than 140 students in all four years of medical school, the most ever in Wichita.

The original eight first-year students included:

- Tucker Allred, Salina
- Christina Bourne, Tucson, Ariz.
- Jacob Clarke, Medicine Lodge
- Nathan Davis, Wichita
- Letisha Ferris, Dexter
- Selia Garcia, Johnson City

The original eight first-year students included:

- Cole Gillenwater, Bill Goodeman, Wichita
- Jesse Gray, Wichita
- Ryan Hayden, Salina
- Allison Ho, Topeka
- Amanda Just, Wichita

The original eight first-year students included:

- Isaac Johnston, Wichita
- Chris Jones, Derby
- Maneesh Kumar, Phong Le, Wichita
- Katy Leavitt, Andale
- Matt Leroy, Hutchinson
- Lan Ly, Wichita
- Justin Maxfield, Manhattan
- Isaac Meier, Salina
- Amanda Miller, Derby
- Kyle Miller, Derby

The original eight first-year students included:

- Amanda Steventon, Wichita

**New Residents**

**Anesthesiology**
- Paul Aaron, D.O.
- Valerie Cagle, M.D.
- Jean Goodloe, D.O.
- Erik McClure, D.O.

**Family Medicine**
- Scott Akers, D.O.
- Samantha Algrim, M.D.
- Amanda Baxa, M.D.
- Michael Campbell, M.D.
- Paul Cleland, M.D.
- Brooke Dunlavy, M.D.
- Cassandra Gerlach, M.D.
- Carolyn Glendinning, M.D.
- Gabrielle Guhl, M.D.
- Casey Hicks, M.D.
- Emily Lawson, M.D.

**Internal Medicine**
- Kenneth Byrd, D.O.
- Emily Duethman
- Mustapha El-Halabi, M.D.
- Justin Fernandez, M.D.
- Christine Garrett, M.D.
- Najia Itani, M.D.
- Rossa Khalaf, M.D.
- Bharat Malhotra, M.D.
- Paul Ndunda, M.D.
- Patrick Ters, M.D.

**Medicine/Pediatrics**
- Simran Brar, D.O.
- Brian Guhl, M.D.
- Mohinder Vindhyu
First-year students who arrived in 2011 are now third- and fourth-year students are continuing their hands-on, clinical training off-campus at Via Christi Hospitals, Wesley Medical Center, the Robert J. Dole VA Medical Center, and a variety of clinics.

The new class of residents in Wichita is made up of 82 physicians training in one of the 13 residency programs, such as anesthesiology, obstetrics and gynecology, and surgery, with a total of 270 residents training in Wichita.

### Obstetrics & Gynecology

- Catherine Koertje, Wichita
- Elizabeth Kraft, Wichita
- Manuel Maldonado-Vital, Wichita
- Caleb McCormick, Benton
- Becca Milburn, Haysville
- Meriah Moore, Hutchinson

- Taylor Neff, Andale
- Michelle Nentwig, New Market, England
- Rachel Nichols, St. Joe
- Nicholas Ojile, Andale
- Austin Pyle, Halstead

### Orthopaedics

- Barbara Nguyen, Wichita
- Sam Ornelas, Sublette
- Serina Padilla, Liberal
- Jon Pankow, Wichita
- Andy Patton, Prairie Village
- Casey Peaveler, Topeka
- Jessica Pries, Hutchinson
- Aubrey Ralston, Andover
- Megan Renehan, Colorado Springs, Colo.
- Bailey Roberts, Overland Park

### Pediatrics

- Catherine Kortje, Wichita
- Elizabeth Kraft, Wichita
- Manuel Maldonado-Vital, Wichita
- Caleb McCormick, Benton
- Becca Milburn, Haysville
- Meriah Moore, Hutchinson

- Jessica Rogers, Manhattan
- Aaron Rupp, Hays
- Mariam Savabi, St. Louis, Mo.
- Tiffany Schwasinger-Schmidt, Goodland
- Cassie Shaw, Arkansas City
- Levi Short, Hamilton
- Brandon Stringer, Hutchinson
- Rachael Svaty, Kanopolis
- John Tann, Denver, Colo.
- Stephanie Thom, Paola

### Psychiatry

- Erin Kenny, M.D.
- Irina Smith, M.D.

### Preliminary Medicine

- Taylor Bertschy, D.O.
- Benjamin Klug, D.O.
- Melinda McMurry, M.D.
- Lauren O’Brien, M.D.
- Locke Uppendahl, M.D.

### Radiology

- Tyler Bron, M.D.
- Nathan Drummond, M.D.
- Paul Haeder, M.D.
- Michael Priddy, M.D.
- Craig Yager, M.D.

### Sports Medicine

- Kelly Byrd, D.O.
- Gregory Gherardini, Jr., M.D.
- Kenosha Hobson, M.D.

### Surgery

- Raymond Chankalal, M.D.
- Caleb Downing, D.O.
- Jahanzeb Khurshid, M.D.
- Dee Sadler, D.O.
- Shumaila Younas, M.D.

### Psychiatry

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Forty-seven percent of the infants who died in 2010, the moms smoked.

Linda Francisco, M.D., doesn’t work with children on a daily basis. The Wichita nephrologist has spent more than 30 years treating adults with kidney disease. But as a mother of three and grandmother of one, she was shocked to learn that, on average, every year in Kansas nearly 300 babies die before their first birthdays.

“I just couldn’t believe I lived here and practiced medicine here and didn’t know how abysmal the statistics were for Sedgwick County,” said the Internal Medicine clinical associate professor.

Of the nearly 41,000 live births in Sedgwick County between 2006 and 2010, 317 of those infants age one year and younger died, according to the Kansas Department of Health and Environment. For Dr. Francisco, several other physicians, and local organizations, that’s 317 too many.

The biggest challenge of fetal and infant mortality is that no one can pinpoint why these children are dying.

To address the issue, communities across the country are establishing groups to examine death records and propose solutions to decrease those numbers.

In 2009, the Kansas Blue Ribbon Panel on Infant Mortality was formed, and from its recommendations the Sedgwick County Fetal and Infant Mortality Review (FIMR), referred to as Project Imprint, was created in 2010. A year later, the MSSC Infant Mortality Task Force originated.

“This (infant mortality) involves many facets of health care, poverty, health literacy, and behavior change,” said Jon Rosell, Ph.D., MSSC executive director.

FIMRs are common, with more than 200 sites across the country. As part of Sedgwick County’s FIMR, a case review team made up of physicians, nurses, social workers, and others analyzes two infant mortality cases per month. They review facts, such as a mother’s access to health care at time of pregnancy, maternal and prenatal health, and postnatal care like environment and sleep habits.

Case reviews and community action are the key activities of FIMRs, said Linda Frazier, M.D., Obstetrics and Gynecology professor, who, with a team from the KU School of
and infant mortality

Rates of fetal and infant mortality

While data shows the top three causes of infant death in Sedgwick County and the state are congenital malformations, prematurity, and unsafe sleeping conditions or sudden infant death syndrome (SIDS), Project Imprint is exploring why these events are occurring.

Congenital malformations – conditions that have damaged the fetus during gestation – were the leading cause of infant deaths between 2006 and 2010, accounting for about 23 percent of deaths. Causes can include the mother’s health before and during pregnancy. Not all malformations are preventable, Dr. Frazier said, but taking folic acid, avoiding alcohol, and not smoking can help, especially if habits are changed before conception.

SIDS, or unsafe sleep conditions, accounted for 19 percent of infant deaths and prematurity led to another 19 percent of infant deaths.

These statistics serve as an indicator of the general population’s health and other factors likely to influence health, such as economic development, general living conditions, and social well-being.

“A lot of people come to the table and assume it’s teenage pregnancy and mothers strung out on drugs and on Medicaid. It’s not that,” said Shalae Harris, former Project Imprint coordinator. “A lot of them (mothers) are on private insurance. Forty-seven percent of the infants who died in 2010, the moms smoked. We know from our small Project Imprint numbers they’re accessing prenatal care. But what kind of care are they getting?”

In many counties, the numbers were too small for KDHE to analyze; however, two Sedgwick County ZIP codes did allow analysis. The KDHE reported 67218 (southeast Wichita) and 67214 (east central Wichita) as the areas with the highest rates of infant mortality.

“A lot of times, Project Imprint has identified we (the community) don’t have the services mothers and babies need,” Harris said. “Little babies don’t come with manuals. Mothers don’t have those support services and connection to services.”

Race also plays a factor. The rate of black infant mortality in the last 20 years has remained at least twice that of white infants, according to the KDHE. Infant deaths among Hispanic babies increased.

There is a silver lining. The KDHE’s most recent report shows infant mortality has decreased dramatically during the last century, declining from 73.5 deaths per 1,000 live births in 1912 to 6.3 in 2010. Although, it’s noted that the overall decline in infant mortality rates in the last five years was not a statistically significant trend. Rather, analysis of the data shows a statistically significant decrease from 1989 to 1998 and a stable rate from 1999 to 2010.

“Infant mortality is at its lowest in history, but it’s still not where we need it to be,” said Barry Bloom, M.D., a neonatologist and KU School of Medicine–Wichita Pediatrics chair and professor, who has been involved with Project Imprint since it started.

“It is often said the health of a community can be measured by the health of its most vulnerable residents. In Sedgwick County, babies are being born too early and too small and many of them are dying before their first birthdays. Project Imprint is a multidisciplinary gathering of community partners united in our desire to eliminate the social, environmental, economical, health and cultural issues that are interfering with the ability of our babies to survive and thrive.”

– Susan E. Wilson, Healthy Babies director & Project Imprint member

Steps to reverse the trend

Those on the case review team and involved with FIMR have made significant strides in a short amount of time, creating and implementing several community campaigns.

Because a high number of infants who died had mothers who smoked and smoking is a risk factor for prematurity and SIDS, three tobacco-cessation counseling workshops held in clinics and at the KU School of Medicine–Wichita helped train nurses to better explain the dangers of smoking while pregnant as well as how to teach women to be more effective at attempts to quit.

Since unsafe sleep environments are one of the top three causes of infant death, the KU School of Medicine–Wichita partnered with Wesley Medical Center and Christy Schunn, director of the SIDS Network of Kansas and FIMR maternal interviewer. Before parents are allowed to leave the hospital with their newborn, they’re required to watch a video that details the safest ways babies should sleep – alone, on the back, and in a crib.

One of Project Imprints’s goals is to create better connections to providers and patients so everyone knows what help is available if needed. Currently, clinics might not have the best access to resource information, Dr. Frazier said.

“It’s difficult for clinics to keep up on the community resources out there because they change,” Dr. Frazier said.

As a result, a community task force is looking at ways to make that information more accessible to clinic health professionals, such as nurses, as well as to patients.
Pediatrician Sid Sivamurthy estimates between 8 percent and 12 percent of children in Kansas are diagnosed with asthma; however, he’s certain the percentage of children who suffer from the chronic lung disease is much higher.

“Most children are not diagnosed,” said the KU Wichita physician and KU School of Medicine–Wichita assistant professor. “They end up presenting later and being more acutely ill at presentation.”

Dr. Sivamurthy; Venessa Lopez, M.D.; and KU Wichita Pediatrics providers are implementing a proven diagnostic program to help identify asthma and give children better care sooner. The program is in its infancy at the KU clinic, and if it goes well, the doctors hope to have it adopted by physicians statewide.

Underdiagnosis and undertreatment are major obstacles to managing the disease, according to asthma literature. Add to that the underuse of inhaled corticosteroids and the lack of a written treatment plan, and children aren’t receiving the care they need.

What is Easy Breathing?

Created by Connecticut pediatric pulmonologist Michelle Cloutier, M.D., the Easy Breathing© program provides clinicians with a system to quickly and easily assess, treat, and re-evaluate asthma. The program consists of a questionnaire followed by an assessment to classify the severity of the child’s asthma. Established guidelines outline the course of treatment based on the assessment, and a treatment plan is created for the child and family to help them manage the disease. On follow-up visits, the child is reassessed and treatment is adjusted as needed.

Clinics using the program notice significant improvement in asthma diagnosis and management. Dr. Cloutier and Dorothy Wakefield, MS, completed a six-county, five-year study in Connecticut and found that among children who were in the program:

- hospitalizations and emergency-department visits decreased
- inhaled corticosteroid use doubled
- appropriate use of anti-inflammatory therapy increased to 96 percent
- 94 percent of the children received a written treatment plan compared to less than 5 percent before the study began

For every $1 spent diagnosing and treating children with asthma, an annual return of $3.58 is realized, according to Dr. Cloutier’s study of Medicaid insured population in Hartford, Conn., using Easy Breathing©

Dr. Sivamurthy; Venessa Lopez, M.D.; and KU Wichita Pediatrics providers are implementing a proven diagnostic program to help identify asthma and give children better care sooner. The program is in its infancy at the KU clinic, and if it goes well, the doctors hope to have it adopted by physicians statewide.

Underdiagnosis and undertreatment are major obstacles to managing the disease, according to asthma literature. Add to that the underuse of inhaled corticosteroids and the lack of a written treatment plan, and children aren’t receiving the care they need.

What is Easy Breathing?

Created by Connecticut pediatric pulmonologist Michelle Cloutier, M.D., the Easy Breathing© program provides clinicians with a system to quickly and easily assess, treat, and re-evaluate asthma. The program consists of a questionnaire followed by an assessment to classify the severity of the child’s asthma. Established guidelines outline the course of treatment based on the assessment, and a treatment plan is created for the child and family to help them manage the disease. On follow-up visits, the child is reassessed and treatment is adjusted as needed.

Clinics using the program notice significant improvement in asthma diagnosis and management. Dr. Cloutier and Dorothy Wakefield, MS, completed a six-county, five-year study in Connecticut and found that among children who were in the program:

- hospitalizations and emergency-department visits decreased
- inhaled corticosteroid use doubled
- appropriate use of anti-inflammatory therapy increased to 96 percent
- 94 percent of the children received a written treatment plan compared to less than 5 percent before the study began

For every $1 spent diagnosing and treating children with asthma, an annual return of $3.58 is realized, according to Dr. Cloutier’s study of Medicaid insured population in Hartford, Conn., using Easy Breathing©
Deborah G. Haynes, M.D., F.A.A.F.P., was named the 2012 Kansas Family Physician of the Year by the Kansas Academy of Family Physicians. Dr. Haynes is a KU School of Medicine–Wichita alumna and a Family & Community Medicine clinical professor. She is the first female recipient of this award.

Seventeen KU School of Medicine–Wichita students were honored at the 10th Annual Academic Society Medical Student Recognition Ceremony. Service to KUMC: Aaron Nilhas, M.D.; Service to Kansas City Community & Beyond: Justin Hoskins, Andy Patton, and Mariam Savabi; JayDoc Board Members: Samuel Ornelas; Overcoming Adversity: Obi Agborbesong and Jamie Ball; Most Valuable Person/Class Leader: Barbara Nguyen.

First-year Spring 2010 Modules
Gastrointestinal/Nutrition: Justin Maxfield; Renal/Endocrine: Scott Adrian, Nick Allen, Justin Maxfield, Jonathan Pankow, Derek Young; Sexuality and Reproduction: Katy Leavitt.

Second-Year Modules
Musculoskeletal: Aric Aldrich, Justin Maxfield; Brain & Behavior: Justin Maxfield, Jonathan Pankow, Derek Young; Performance on Human Gross Anatomy Lab Exams Across 5 Modules: Nick Allen, Phong Le, Justin Maxfield; Blood & Lymphoid: Phong Le, Katy Leavitt, Jonathan Pankow; Infectious Disease: Aric Aldrich (Thorkil Jensen Achievement Award winner), Joseph Baalmann, Katy Leavitt; Medicine Across the Life Span: Katie Grelinger and Aaron Thiessen; Integration & Consolidation: James Bush

Save the date: The 21st Annual Research Forum will be held April 18, 2013.

W. Steven Trombold, M.D., Internal Medicine clinical assistant professor, achieved re-certification by the American Board of Internal Medicine and was awarded a Certificate of Critical Care Medicine.

Michael Machen, M.D., Family & Community Medicine clinical assistant professor, was appointed by Governor Sam Brownback to the Kansas Advisory Committee on Trauma, which advises the Secretary of Health and Environment on the development and implementation of a statewide trauma system.
The following faculty member and fourth-year medical students were elected to the Alpha Omega Alpha (AOA) Honor Medical Society: Lindall Smith, M.D., Pediatrics assistant professor; Katie Grelinger, Erin Locke, Caitlin Palko, Paul St. Romain, and Aaron Thiessen. Election to AOA is an honor signifying a lasting commitment to scholarship, leadership, professionalism, and service.

Rick Kellerman, M.D., Family & Community Medicine chair and professor, has been appointed as a member of the Institute of Medicine Global Forum on Innovation in Health Professional Education.

Sonia Greteman, president and creative director of Greteman Group, received the 2012 Donna E. Sweet Humanitarian of the Year Award, which was created by Dr. Sweet to recognize individuals who have made significant contributions in the Wichita community through their leadership, guidance, philanthropic, and selfless actions.

Karim Masri, M.D., third-year Internal Medicine resident, received an Outstanding Abstract Award from the American College of Rheumatology for his co-authored abstract “Validity and Reliability Problems with Patient Global as a Component of the American College of Rheumatology/European League Against Rheumatism Remission Criteria.”

R. Stephen Smith, M.D., a general surgery resident alumnus, has been appointed chair of the Department of Surgery at the University of South Carolina School of Medicine.

John Dorsch, M.D., Family & Community Medicine associate professor, was honored during KU’s Commencement ceremony. Dr. Dorsch was one of three KU Medical Center faculty members and the only one from the Wichita Campus to receive a Chancellor’s Award for Outstanding Classroom Teaching.

The following are winners of the 20th Annual Research Forum poster symposium. Outstanding Poster by a Student: “Migraines in Medical Students: Prevalence and Impact on Daily Life and Career Choices” Jaya Arora, M.D.; Amy Chesser, Ph.D.; Heidi Johnson, M.D.; Gabrielle Ghattas, M.D.; Anne Walling, M.B., C.H.B.; Outstanding Poster by a Resident: “Effect of Initial Post-Operative Visit Radiographs on Treatment Plans and Costs” Bradley Dart, M.D.; Timothy Ghattas, M.D.; Steven Hinkin, MS-4; Teresa Jones, M.P.H.; Anh Pham, MS-4; Anthony Pollock, M.D.

The latest issue of the Kansas Journal of Medicine (KJM) is now available at “KS Journal of Medicine” at wichita.kumc.edu. Detailed in this issue is “The Female Athlete Triad: An Assessment of Current Practices in Primary Care and Benefit of Educational Intervention;” “Predicting the Importance of Hospital Chaplain Care in a Trauma Population;” “Fatigue and TSH Levels in Hypothyroid Patients;” “hCG-Induced Hyperthyroidism Due to a Metastatic Germ Cell Tumor;” “Bilateral Adrenal Hemorrhage after Blunt Abdominal Trauma;” “West Nile Encephalitis;” “Endoscopy Ultrasound Imaging of an Abdominal Aortic Aneurysm;” “Evaluation of a Submucosal Gastric Lesion;” “Kansas Horse & Buggy Doctor Receives a Letter from Albert Einstein;” and “Erratum: Should Vitamin D Screening be a Part of Primary Care?”

The Kansas Journal of Medicine, published by the KU School of Medicine–Wichita, is a quarterly electronic publication featuring original research, reviews, commentaries, and case studies on all aspects of clinical medicine, health care delivery, health policy, and medical education.

Paul Harrison, M.D., Surgery clinical professor, was named one of three local winners of the Frist Humanitarian Awards at Wesley Medical Center.

The Wichita Business Journal’s annual “Best Doctors” list included 109 KU School of Medicine–Wichita faculty members. For the complete list, visit wichita.kumc.edu/kuwichita.

David Grainger, M.D., M.P.H., was appointed Chair of Obstetrics and Gynecology. He replaces Interim Chair Kent Bradley, M.D. Dr. Grainger was previously the Associate Dean for Research and most recently served as a professor and vice chair of OB-GYN as well as a Family and Community Medicine professor and a Preventive Medicine and Public Health professor.

Camilo Palacio, M.D., Pediatrics clinical assistant professor, achieved re-certification by the American Board of Pediatrics.
Doug Horbelt, M.D., OB-GYN former chair and clinical professor emeritus, received the National Faculty Award from the American College of Obstetricians and Gynecologists Council on Resident Education in Obstetrics and Gynecology. The award recognizes physicians who promote high standards of residency education in the OB-GYN field.

Tracy Williams, M.D., Family and Community Medicine assistant professor, and Nikki Keene Woods, Ph.D., M.P.H., received a $2,000 March of Dimes Community Grant to support the implementation of group prenatal care at Via Christi Family Medicine. This is a small pilot study to examine the feasibility of implementing group care into a residency training schedule.

Nicole Klaus, Ph.D., Psychiatry & Behavioral Sciences assistant professor, received $30,000 for her study “Engaging and Educating Latino Families of Children with Mood Disorders.” The study plans to build community partnerships to engage Latino communities in research and pilot the Spanish Psychoeducational Psychotherapy intervention.

Richard Gomendoza, M.D., Family & Community Medicine clinical instructor, achieved re-certification by the American Board of Internal Medicine and was awarded a Certificate of Endocrinology, Diabetes, and Metabolism.

Ruth Wetta, RN, Ph.D., M.P.H., MSN, Preventive Medicine and Public Health associate professor and KU School of Medicine–Wichita site director for the Master of Public Health program, is co-director of an applied research study in partnership with the Kansas Health Institute. The two-year, $200,000 grant funded through the Robert Wood Johnson Foundation’s Public Health Services and Systems Research initiative will use qualitative and quantitative research methods to explore factors that influence the timeliness and quality of Community Health Assessments and Community Health Improvement Planning activities across Kansas.

Two OB-GYN physicians and KU School of Medicine–Wichita faculty members received awards from the OB-GYN class of 2012 residents. Dawne Lowden, M.D., clinical assistant professor, received the Rescue Award for her availability and willingness to help residents at last-minute notice and for her outstanding contribution to the OB-GYN residents. Jacqueline Morgan, M.D., clinical instructor, received the Helping Hand Award for her enthusiastic participation in resident education.

Mark Bernhardt, M.D., has been appointed interim chair of the Department of Orthopaedic Surgery at the University of Missouri-Kansas City School of Medicine. Dr. Bernhardt is a KU School of Medicine alumnus and a KU School of Medicine–Wichita Orthopaedic Surgery resident alumnus.

Tracie Collins, M.D., M.P.H., Preventive Medicine and Public Health chair and professor, was one of 22 Kansans selected for the Kansas Health Foundation’s Fellows VII program. The group will examine, expand, and apply their capacities to exercise leadership to enhance access to healthy foods.

Eleven KU School of Medicine–Wichita faculty members and two organizations received Health Care Heroes awards from the Wichita Business Journal. The awards honor companies, individuals, and organizations for their contributions to improving health care in Wichita and the surrounding area. Dr. Michael Chang, Surgery clinical assistant professor, Physicians award; Dr. Joe Davison, Family & Community Medicine clinical associate professor, Physicians award; Dr. Charles Green, Family & Community Medicine clinical assistant professor, Physicians award; Dr. Paul Harrison, Surgery clinical professor, Physicians award; Dr. Kevin Hoppock, Family & Community Medicine clinical assistant professor, International Outreach award; JayDoc Community Clinic, Community Outreach award; Kansas Sports Concussion Partnership, Health Care Innovations award; Dr. Steve Lemons, Family & Community Medicine clinical instructor, International Outreach award; Dr. George Lucas, Surgery professor, Physician award; Dr. Andrew Massey, Internal Medicine associate professor, Health Care Educator award; Dr. Katherine Melhorn, Pediatrics clinical professor, Lifetime Achievement award; Dr. Dennis Ross, Internal Medicine clinical professor, Physician award; Dr. Krista Shackelford, Internal Medicine clinical assistant professor, Community Outreach award.
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