Surgical robots transform care

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KU Wichita

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KU WICHITA

Cover
Third-year student Amanda Baxa ties a few sutures using the daVinci Surgical System as part of a robotic hysterectomy performed by Jed Delmore, MD, left, as he guides her movements.
Improving critical thinking for students and residents

Knowing information along with asking questions and being able to find information are important skills for doctors. And ultimately, it’s the ability to think critically – to question and challenge, to put information together and solve problems – that results in the kind of care most needed today.

Over the last 10 to 15 years, accrediting entities for medical education have recognized the importance of training physicians to think critically. As a result, the emphasis on research in medical education has increased … and rightly so.

Changing behaviors before there’s a problem

Many of the projects centered on prevention and behaviors, a too-often overlooked area of medicine that can greatly affect health as well as costs. Some of those projects included:

- text message reminders for immunizations
- improving birth outcomes through the healthy babies Northeast Wichita Healthy Start Initiative
- overcoming barriers to physical activity during pregnancy

I’m proud to say, Wichita students, residents, and faculty are asking the kinds of questions that impact how patients are cared for, what works, and what will work better.

The Forum ended with a presentation on leadership by Chair of the Board of Regents and former Lt. Governor Gary Sherrer. He made many excellent points, but one stuck out to me: “Leaders have to challenge the status quo.” That’s what clinical research is all about – asking why something has been done a certain way and how we can do it better. It’s taking patient care to the next level.

Improving the Health of Kansans through RESEARCH and INNOVATION

When most people think about research at a medical school, they picture test tubes and microscopes. Those of us in Wichita mostly rely on community partnerships, patient outcomes, and computers with a focus on innovation and improved care, what’s known as clinical research.

Feasibility & Benefits of Daily Electronic Diary Data Collection Method for Adolescents with Suicidal Ideation

Aveekshit Tripathi, MD
2nd-year Psychiatry Resident

Nicole Klaus, PhD
Psychiatry Assistant Professor
Hearing the word “cancer” threw Zee Habibi’s life into a tailspin. The Wichitan, who is an electrophysiology nurse, had to adjust emotionally and psychologically to the “new normal” that came with finding out she had cancer and needed a total abdominal hysterectomy with bilateral salpingo-oophorectomy, removing her uterus, ovaries, and fallopian tubes.

“Your head is not on Earth,” she explained almost a year after hearing her diagnosis. “That feeling of Superwoman is gone, and you feel vulnerable for some reason.”

During all of it, Zee found comfort in her gynecologic oncologist Jed Delmore, MD and his skill using a fairly new instrument – a robot – to operate.

Dr. Delmore, a KU School of Medicine–Wichita Obstetrics and Gynecology professor, performed Wichita’s first robotic hysterectomy using a daVinci Surgical System in 2007. Given his exceptional history operating with the machine and its proven benefits, Zee said it made her experience in April 2010 much easier than a traditional surgery.

“It was effective, efficient, and from a patient perspective, it was less pain and faster healing,” she said. “As far as pain, it was nothing, really … by the fourth day, I took only one pain pill.”

She’s not the only one to notice the benefits. Robotic surgeries have grown in popularity in recent years and for good reasons. Two KU School of Medicine–Wichita Obstetrics and Gynecology residents – Jennifer Hill, MD, and Ellen Hopper, MD – and faculty member Dr. Delmore closely examined robotic surgeries, their benefits, and their rise in use in Wichita.

Fine-tuning surgery

“Music, we need music. With 9,000 songs on my iPod, I’ve got something for everyone,” proclaims Dr. Delmore.

The morning starts like any other in an operating room. Nurses hustle to prep the surgical area. A nursing supervisor fills out the required paperwork, and the surgeon scrubs in.

The OR is a bit more crowded, however, this morning. A large machine with sprouting tentacles sits to the side, a seven-foot tower of machines stands next to the operating table, and several monitors can be seen from any angle in the room.

This isn’t an ordinary surgery – it’s a minimally invasive surgery that utilizes a surgical robot. While the use of robotic surgeries has grown in popularity, the benefits are significant. Estimated blood loss, length of hospital stay, post-operative complications, and risk of infection were significantly lower.

While operative time was longer with the daVinci – just under four hours compared to about two and a half hours for a traditional procedure – estimated blood loss, length of hospital stay, post-operative complications, and risk of infection were significantly lower.
such tools is fairly new, Dr. Delmore is a seasoned gynecologic oncologist when it comes to using them to perform hysterectomies. Since his first one in 2007, he's performed more than 300.

Once the room is set and the patient is sedated, Dr. Delmore makes his first of five incisions – five tiny holes in the patient's abdomen that will be portals for a tube-like camera and surgical tools attached to the robot's arms.

"I can do the same thing with a big up-and-down incision as I can through these little incisions, and half the patients can go home the same day rather than three or four days later," he says, then turning to 3rd-year student Amanda Baxa, who is observing this particular day, he adds, "Now hold this camera and be careful. That's about $75,000."

Enhancing recovery
During her residency, Jennifer Hill, MD, reviewed medical records from Dr. Delmore's patients who had hysterectomies, oophorectomies, and lymphadenectomies for endometrial cancer. Of the patient records she examined, 105 women received an open procedure while 75 were treated with the help of a robot.

According to her findings, while operative time was longer with the daVinci – just under four hours compared to about two and a half hours for a traditional procedure – estimated blood loss, length of hospital stay, post-operative complications, and risk of infection were significantly lower.

"It's a better quality of life and faster recovery without the great big incision," Dr. Delmore said.

In an extension to that study, Ellen Hopper, MD, is conducting research to compare the distribution of hysterectomy types in Wichita before and after implementation of the daVinci Surgical System and evaluating its importance to the community. As of March, she was gathering data from area surgical centers as well as Via Christi Health and Wesley Medical Center.

"We're fortunate that in a community this size, we can look at every institution that performs hysterectomies, we can look at trends over the past four years, and we can say what impact robotic surgery had," Dr. Delmore said.
Robotic Surgery
continued from page 5

sticking out of her lower abdomen hooked up to the robot that will gently allow Dr. Delmore the ease and precision to remove the uterus, ovaries, and fallopian tubes without cutting a gaping hole in her abdomen.

Wearing cowboy boots with his teal scrubs, Dr. Delmore takes the reins of the robot, confidently using the foot pedals and two hand controls to delicately cut through tissue, cauterize blood vessels, and eventually remove the uterus.

Several monitors around the OR let everyone observe Dr. Delmore’s actions as he slices through tissue. Sitting at the console though, Dr. Delmore has a unique three-dimensional view, just as if he were standing over the patient. The only aspect missing is the tactile feel.

Once Dr. Delmore is finished and it’s time to suture, he encourages 3rd-year student Amanda Baxa to take a turn and tie a few sutures using the robot – a one-of-a-kind experience most third-year students would only dream of.

As Amanda navigates the suturing using the robot, Dr. Delmore stands at a nearby monitor, using his finger to draw diagrams on the screen showing exactly what Amanda needs to do. She can see the orange guidelines on her screen through the viewer on the console, making it easy for her to follow his instructions.

“It’s all in the wrists,” he tells her. After a few sutures by Amanda, Dr. Delmore finishes the job inside the abdomen. Then it’s time for him to scrub in again, this time to suture the tiny incisions that made way for the robotic tools.

Once complete, Dr. Delmore gets ready for his second robotic surgery of the day.

Plans are underway to develop a Mid-Continent Health Outcomes Research Center to bring together the many specialties at the KU School of Medicine-Wichita along with community partners, such as the hospitals and universities, in an effort to improve health services and outcomes.

Hospitals and surgery centers are investing the nearly $2 million it costs to purchase one daVinci Surgical System. That significant investment pays off in extreme benefits, improving patient care with quicker recoveries, less scarring, reduced blood loss, and more.

According to then 4th-year resident Dr. Jennifer Hill’s study, Abdominal Hysterectomy versus Robot-Assisted Hysterectomy and Lymphadenectomy for Endometrial Cancer, surgery took longer to perform when using the robot – just under four hours compared to about two and a half hours for the more traditional procedure. On the flip side, using the robot resulted in much greater benefits for patients as well as cost savings:

- **Blood loss** when using a robot was nearly three times less than with an open hysterectomy.
- Hospital stays for recovery shrunk from about four days to one, more than making up for the cost of the increase in surgery time.
- Robotic surgeries utilize about five, one-centimeter incisions, compared to a larger 12-centimeter incision for a traditional open surgery.
- **Wound infection was nonexistent** in the robotic surgery group while 5.7 percent of patients who had a traditional open surgery suffered an infection.
- More than 8 percent of the open surgery group experienced re-hospitalizations related to their surgeries compared to only 1.3 percent of the robotic group.
- Four patients required blood transfusions, all of whom were in the open surgery group.
- Only the open surgery group experienced complications of cardiac arrhythmia, deep vein thrombosis, respiratory insufficiency, and other complications.

Dr. Hill’s work on this study earned her a prestigious award from the American Congress of Obstetrics and Gynecology.

“I’m so proud,” Dr. Delmore said of Dr. Hill’s award, which was one of only two nationwide. “It’s something that is contributing to the wellbeing of the women we’re treating. It facilitates our goal – not only of teaching the practice of medicine but understanding the research and what goes into it.

“It’s gratifying on many levels.”

Branching off from Dr. Hill’s study, Dr. Ellen Hopper, a 4th-year OB/GYN resident, will compare types of hysterectomies to determine if surgeries done with the robot are becoming more prominent.

“I want to look at trends and distribution of hysterectomy types pre- and post-daVinci. Did the number of conventional surgeries decrease when the daVinci system became available? I also want to see if physicians have changed their practices significantly with implementation,” Dr. Hopper said.

Her prediction? “The number of abdominal hysterectomies has decreased with the robot, which is a good thing for patient care.”
Practicing medicine abroad is vastly different than in the United States, as six KU School of Medicine–Wichita 4th-year students learned during their international rotations this spring. When not learning about the challenges of administering care, adjusting to hospital conditions, and struggling to overcome cultural differences, they went sightseeing and experienced local cultures.

**Alicia Chennell  South Africa – OB/GYN**
Local Experience: Being kissed on the cheek by Bono on Valentine’s Day and petting a cheetah

“Chris Hani Bargwanth hospital was jam-packed at all hours of the day. There was always a baby to catch. It was all hands on deck.”

**QuyChi Le  Vietnam – Infectious Disease**
Local Experience: Learning to hide her toothbrush because people often share them.

“My goal is to have a subset of Vietnamese patients in my practice and a lot of them are carriers of HBV.”

**Mary Pham  New Zealand – Radiology**
Local experience: Hiking the Tongariro Alpine Crossing.

“The standard of care was the same but care was rationed,” she said of the public health insurance program that’s in place.

**Hang D. Pham  Vietnam – Neurology**
Local Experience: Working in one of the busiest hospitals and seeing multiple patients sharing one bed. (photo on left)

“If I could give them one gift, it would be textbooks,” she said of the lack of clinical resources.

**Rachael Krob  Honduras – Family Medicine**
Local Experience: For a local tradition called “new moon,” pregnant women show their stomachs to the night sky to ward off birth defects.

“I learned good lessons of providing medical care when you have limited resources and making do with what we have,” she said of practicing at a rural hospital.

**Matt Kaiser  India – Infectious Disease**
Local Experience: A local man told him that food from a street vendor is what “real men eat.” About three seconds later, Matt said he felt an intense burning, “like someone poured Napalm down my throat.”

“It’s a primitive hospital, compared to what we’re used to,” he said of the Sewa Bhawan Hospital mission hospital.

Photos courtesy of students.
Just ask Jeff Robinson who was shocked when his letter revealed he matched in pediatrics at the Mayo Clinic. Or Adam Misasi who fought back tears as he learned he matched in general surgery and was staying in Wichita.

“This is one of the most important days in the lives of young, soon-to-be doctors,” said Dean H. David Wilson, MD. “I couldn’t be more thrilled.”

On Thursday, March 17, KU School of Medicine–Wichita’s 4th-year students – along with all 4th-year medical students across the country – learned where they will spend the next three to five years for their residency training.

As soon as the digital clock in Roberts Amphitheater displayed 11:00, Garold Minns, MD, associate dean for Academic and Student Affairs, reached into the fish bowl and pulled the first numbered ping pong ball, starting the festivities of the students opening their match letters one-by-one.

Emotions covered the gamut from shaky hands as they struggled to open their envelopes to more light-hearted moments, such as when Matt Kaiser (pictured on the right) opened his letter while his mom was on the phone, revealing his match results by telling her: “I guess you’ll have to send my cookies to Washington now.”

Jessica Brown learned of her match in internal medicine at the KU School of Medicine in Kansas City via phone since she missed the festivities after giving birth that morning.

While students are branching out for their residencies, they all have at least one similarity: the incredible hands-on clinical experience they received at the KU School of Medicine–Wichita, preparing them for the next step in their training.

“Your get a lot of one-on-one experience with faculty here, which I think is really valuable,” Jeff said. “The physicians in the community take a lot of pride in having students with them and being able to teach, so that’s been a great aspect.”

“My message to them is to go and make us proud at the University of Kansas. Wherever you go for your post-graduate training, I want them to feel like ‘boy, the students from this campus were really prepared and are really good doctors.’”

Dean H. David Wilson, MD
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**Wichita by the Numbers**

- **48** 4th-year Wichita medical students who matched
- **26** Primary care
- **8** Surgery (general or orthopaedic)
- **1/3** Staying in Wichita and training at the Wichita Center for Graduate Medical Education

Nationally, **29%** of physicians graduated from medical school in the same state where they practice.

- **49%** of physicians who graduate from the KU School of Medicine-Wichita are likely to practice in Kansas.

- **65%** of physicians who graduate from both medical school and a residency program on the Wichita Campus are likely to practice in Kansas.
For trauma patients and physicians, venous thromboembolisms (VTEs) – or blood clots – are a significant concern as up to 58 percent of major trauma patients develop one when they haven’t received medication to help prevent them.

“Of all of the post-operative and post-traumatic problems we deal with, VTEs are in the top five,” said David Acuna, DO, Surgery clinical assistant professor at the KU School of Medicine–Wichita and a trauma physician at Wesley Medical Center.

VTEs pose a serious threat because a blood clot can break off and travel to other parts of the body, including lodging in the lungs where they can block air flow and cause death. Ultimately, trauma physicians aim to avoid VTEs.

The easy answer would be to give every trauma patient anti-clotting medication to help prevent clots from forming; however, there are also consequences that come with treatment, such as increased risk of bleeding out and additional costs.

Risk of developing a VTE

In the spring of 2010, Dr. Acuna worked with then-4th-year students Trent Wray and Bridget Harrison and many others (who are listed in the study online) to determine if the Greenfield Risk Assessment Profile (RAP) was acceptable in determining who to treat with anti-clotting medication.

While there is no standard risk factor assessment to rate a trauma patient’s risk of developing a VTE, the Greenfield RAP is commonly used. According to the scale, if a patient receives a score of less than five, that patient is considered low risk for developing a VTE and skipping medication is recommended.

Wray, who is now a 1st-year emergency medicine resident at University Hospital in Cincinnati, Ohio, and Harrison, a 1st-year plastic surgery resident at the University of Texas Southwestern Medical School in Dallas, Texas, reviewed medical records of 110 trauma patients admitted to Wesley between January 2001 and December 2005 as part of their Health of the Public required research project.

Splitting the patients into two groups – those who developed a VTE and those who didn’t – they studied the data to determine if scoring the patients on the Greenfield RAP could help predict whether or not the patients should have received pharmacological prophylaxis to decrease the risk of developing a VTE.

Need to pharmacologically treat all trauma patients

The students’ research found a score of five to be an unacceptable indicator for whether or not to administer treatment. Eleven percent of the study population with a score below five still developed a VTE.

“It’s not safe to deem someone low-risk and not treat them,” Dr. Wray said. “You do see times when the patient did so well and then there’s a blood clot that goes to the lungs and it just disrupts the entire treatment.”

These research findings are consistent with recommendations from the American College of Chest Physicians that every trauma patient should receive medication to help prevent blood clots from forming.

While this study found that it’s important to pharmacologically treat all trauma patients, the decision still has to be made on a case-by-case basis.

“We try to prevent a VTE from forming whenever possible but certain medical conditions or medical procedures don’t allow for effective prophylaxis to be given,” Dr. Acuna said.

“Assessing the Validity and Use of a VTE Risk Assessment Profile in a Trauma Population,” co-authored by two KU School of Medicine–Wichita 4th-year students, was presented at the Society of Critical Care Medicine in San Diego, Calif., in January and was accepted for publication in American Surgeon.
The improved Health of the Public course has tripled student research publication rates.

Building ALLIANCES throughout the medical community

It’s a significant accomplishment for a medical student to have research published in a major medical journal. Just ask Trent Wray, MD, a 1st-year resident at University Hospital in Cincinnati, Ohio, featured in the story on page 10.

“People can talk to you all about research but until you do it and you can see the end result, there’s not much of a substitute for that,” said Dr. Wray, co-author of “Assessing the Validity and Use of a VTE Risk Assessment Profile in a Trauma Population” as a 4th-year KU School of Medicine–Wichita student.

“It’s quite a bit of work … but being able to have something like this of publishable quality and presentation quality to take into a new residency program is huge.”

During their clinical years of medical school, Wray and then-classmate Bridget Harrison conducted research on preventing blood clots in trauma patients as a requirement for their Health of the Public (HOP) course. The program is designed to expose 3rd- and 4th-year medical students to public health and preventive medicine.

HOP began as a one-month rotation when students chose a topic and created a poster to complete the requirement, often missing the message of research importance.

A few years ago, Maha Assi, MD, Internal Medicine clinical associate professor, and Amy Chesser, PhD, Family and Community Medicine research assistant professor, initiated a change to the Health of the Public curriculum on the Wichita campus. Under the direction of Elizabeth Ablah, PhD, MPH, Preventive Medicine and Public Health assistant professor, the program was split into two parts in the fall of 2010. Paul Uhlig, MD, Preventive Medicine and Public Health associate professor, served as the clerkship director of rotations, which includes a course using a simulator (pictured above), while Dr. Ablah serves as the clerkship director for the research projects. The result: a revised program to promote research, pairing medical students and sometimes residents with community mentors and KU School of Medicine–Wichita advisers.

“We really want this community-based medical school to be community-based in its research as well,” Dr. Ablah said. “We’re giving students exposure to critical analysis and critical thinking. Then when they get into their residency, they’re better prepared to conduct their own research.”

Graduating students are now lead authors of strong studies and they gain actual research experience that is attractive during residency interviews and residency. It’s also advantageous to the site mentors who now have someone to analyze data they’ve collected and may not have had time to analyze, Dr. Ablah said.

The research stretches beyond a requirement for the students and now improves patient care, which is seen in the VTE study, and even teaches the physician mentors.

“We were both learning at the same time because most of my research experience has been in the lab,” said David Acuna, DO, Surgery clinical assistant professor and trauma physician at Wesley Medical Center. “For most of them, this wasn’t something they would choose to do. It gives them the appreciation of how it’s done and the effort it takes to do research.”
When a child comes into the trauma bay at Wesley Medical Center, every second counts. Diagnosing and treating run on a tight timeline.

If a child needs a CT scan to detect fluid in the abdomen, it can take 20 minutes or more to transport the child to radiology, perform the scan and expose the child to radiation, and review the images.

So for pediatric trauma patients, what if there was another tool that could detect fluid in the abdomen—much the way a CT does—in a fraction of the time and without the risks of radiation?

For more than 10 years, Wesley Medical Center has used the FAST (Focused Assessment with Sonography for Trauma) exam.

Approximately 4 million to 7 million CT scans are performed annually on children in the United States, according to the National Cancer Institute.

The study found a 10 percent decrease in the use of CT scans for pediatric abdominal traumas when the FAST exam was used as the first line of defense.

That decrease is significant since a child’s body is still developing and repeated radiation exposure is directly linked to increased cancer rates later in life.

“What makes our study slightly different than what’s already published is that we have a fairly large sample size plus no one else has reported this decreasing trend,” said Gina Berg, PhD, Preventive Medicine and Public Health research assistant professor, of the study that looked at 854 pediatric patients with blunt abdominal trauma injuries from September 2002 through December 2007.
“Also, the interesting part is that while the number of blunt abdominal traumas rose and then trended stable, CT scans in the same time period were fairly stable and then decreased.”

The finding means physicians are relying on FAST exam results, which lead to decreased treatment time, less expense since doctors are ordering fewer tests, and reduced radiation exposure for the patient.

About half of the patient records (449 or 52.6 percent) noted a motor vehicle crash as the reason for injury. Of those, 401 or roughly 89 percent had true negative results, meaning a FAST exam showed no fluid as did a CT scan.

**Radiation is a concern with CT scans, although it’s low. FAST exams use no radiation.**

Rather it’s a sonogram that detects fluid in the abdomen. Patients shouldn’t have abdominal fluid that’s not inside the bladder, kidney, and other organs, said Charles McGuire, MD, Radiology chair and associate professor. Part of a response to injury can be the collection of fluid, such as blood.

“Most people believe that children are much more susceptible to radiation than adults,” he said. “One exam doesn’t matter; it’s really the accumulation of radiation over time. But if we can limit exposure, that’s a good idea.”

If the FAST exam yields a positive result – meaning fluid in the abdomen – doctors can follow up with a CT scan.

**CT scans can be costly.**

Wesley charges about $400 for a CT scan but the market price can be as high as $5,000, Dr. McGuire said. A FAST exam can be administered for about $200, and the cost savings don’t end there. There are also reduced nurse and technician time when using the FAST exam.

While it seems apparent to always use the FAST exam as the first line of defense, there are some drawbacks.

“If you triage people into the ‘let’s watch’ category or if you don’t intervene in any way, you might be wrong,” Dr. McGuire said, citing an example of a liver laceration. While fluid might not be visible, it doesn’t mean it’s not there. If that patient is bleeding and medical response is delayed, that patient’s condition may worsen.

The study showed 11 false negatives out of 854 FAST exams – tests in which the FAST exam couldn’t see abdominal fluid. Those false negatives resulted in no deaths, however, and no 28-day hospital readmits. All of those cases had normal courses of improvement.

The KU School of Medicine–Wichita recently formed a clinical-academic research collaborative with Wesley Medical Center to study cases in an effort to improve patient care and outcomes as well as manage costs and resources.

**“Evaluation of Effectiveness of FAST Exam in a Pediatric Trauma Population,”** co-authored by Charles McGuire, MD, and Paul Harrison, MD, was presented at the Society of Pediatric Radiology in Boston in April 2010. A complete listing of all involved can be found in the study online.

**FAST Exam Results**

- Decreased treatment time
- Lower costs
- Reduced radiation exposure
The first issue of 2011 of the Kansas Journal of Medicine (KJM) is now available at “KS Journal of Medicine” at wichita.kumc.edu. Detailed in this issue is “Treating Chronic Pain: Residents’ Attitudes and Behavior toward Managing Patients on Chronic Opiate Therapy;” “Severe Nitrofurantoin-Induced Lung Toxicity;” “Hemorrhage of Ectopic Deciduosis Necessitating Emergent Surgical Resection;” “Capnocytophaga Canimorsus Septicemia Caused by a Dog Bite in an Asplenic Patient;” “Dynamic Interventricular Septal Hematoma Following Blunt Chest Trauma Presents as ST Elevation Myocardial Infarction;” “An Unusual Cardiac Manifestation of Multiple Myeloma.” 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.

Craig Dietz, DO, MPH, FACOI, was honored at the end of 2010 by the American College of Osteopathic Internists for excellence in the practice of internal medicine. Dietz, who completed his Master of Public Health degree in the fall of 2009, serves as medical director of the Kansas City Free Health Clinic in Kansas City, Mo. In addition to this national recognition, Dietz was also appointed as the national medical director for the National Association of Free Clinics based in Washington, D.C.

Two KU School of Medicine–Wichita graduates have joined the faculty in two different residencies. Tara Neil, MD, joined the Via Christi Family Medicine Residency Program in October 2010, and Chantel Long, MD, joined the Smoky Hill Family Medicine Residency Program in February.

KU School of Medicine–Wichita professor and chair of Psychiatry and Behavioral Sciences Russell Scheffer, MD, was named a “Best Doctor in America” in February. This is the sixth consecutive year Dr. Scheffer has received the award. He is among the top 5 percent of physicians in the country, selected by his peers. The Best Doctors in America list is respected by medical professionals and patients as the source of the nation’s most outstanding specialists and primary care physicians. The list is unbiased – doctors cannot pay a fee, are not paid, and cannot nominate or vote for themselves.

A community coalition led by Linda Frazier, MD, and the KU School of Medicine–Wichita was awarded a $99,956 grant in January from the United Methodist Health Ministry Fund to create programs that will encourage pregnant women to exercise and eat better. In cooperation with the Sedgwick County Health Department’s Healthy Babies program, the activities developed during the project will be aimed at encouraging pregnant women in physical activity and nutrition programs already available as well as the creation of new opportunities for pregnant women to exercise and learn healthy behaviors.

Dennis Valenzeno, PhD, joined the KU School of Medicine–Wichita in January as the new associate dean for Medical Sciences and chair of Medical Sciences. Dr. Valenzeno will oversee basic science education and lead the development of the curriculum for 1st- and 2nd-year medical students. The school will welcome its first class of eight freshmen medical students this fall.

Donna Sweet, MD, KU School of Medicine–Wichita Internal Medicine professor and world renowned HIV/AIDS expert, was recently named chair of a national committee that will address the shortage of HIV medical workers in the United States. The American College of Physicians Foundation’s National HIV Workforce Expansion Steering Committee received $2.93 million over three years from Bristol Myers Squibb Company for the effort and to create a mentoring program pairing HIV experts with primary care clinicians in areas with high HIV prevalence and few HIV experts.

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The Live & Learn Lecture Series is designed to help educate the public on health matters. The free lectures are held from noon to 1:30 p.m. in the Roberts Amphitheater. Free audio recordings from each lecture are posted online at wichita.kumc.edu/livelearn.

May 10 – “Depression Throughout Life: Help at Any Age.” Russell Scheffer, MD, Psychiatrist, KU School of Medicine–Wichita
June 14 – “Child Abuse: Preventing, Recognizing, and Reporting.” Katherine Melhorn, MD, Pediatrician, KU Wichita Pediatrics
Gretchen Dickson, MD, has been appointed chair of the special committee overseeing a new program designed to empower Society of Teachers of Family Medicine members to create change through leadership. The Emerging Leaders program will nurture the development of competence and confidence in leadership skills in young leaders so they can work to improve communities, organizations, and academic family medicine.

Family Medicine resident Aaron Davis, DO, has been featured several times on various TV and radio stations in Wichita. He was featured on “The Doctor is In” on KWCH’s morning news call-in segment on January 17 and February 7. He discussed his trip to Haiti on B98 FM and on KWCH’s morning show.

Robert Wittler, MD, professor of Pediatrics, was appointed program director for Pediatrics effective July 1. His major role will be providing leadership for the pediatric residency program. Dr. Wittler has served in several leadership roles for Pediatrics during the past 15 years: associate program director, pediatric clerkship director, and on the United States Medical Licensing Examination Step 2 Exam Test Material Development Pediatrics Committee, among others.

The KU School of Medicine-Wichita is seeking candidates for Chair of the Department of Preventive Medicine and Public Health. For more information, visit wichita.kumc.edu/hr/employment.html.

Six 4th-year students received scholarships from Family & Community Medicine. Matt Kaiser and Stacey Dimitt received the E.P. Donatelle, MD, Scholarship, which recognizes students who excel academically. Recipients ranked highly in the third-year Family Medicine Clerkship and rank in the upper half of their class. Megan Brown and Hannah Haack received the Harry Horn Family Scholarship. This is awarded to students who demonstrated service to their communities, fellow students, or health care organizations. Daniel Kuhlman and Erin Hemphill received the Monte D. Maska, MD, Scholarship, which is given to students who have interests in family medicine.

Several volunteer faculty members received awards from Via Christi Health in the fall of 2010. Andrew Massey, MD, Via Christi St. Luke Physician Recognition Award: Dr. Massey, a neurologist and associate professor in Internal Medicine, recently won the award for his contributions to Via Christi Neurology through excellent care, communications with patients and their families, consultations with fellow physicians and staff, and generosity in educating nurses and medical students. The award honors physicians who live the Via Christi Core Values in their daily lives. Maurice Duggins, MD, Human Dignity category: Dr. Duggins, clinical assistant professor in Family & Community Medicine, was nominated for his kindness and patience, taking time to truly listen, and for his respect for and appreciation of others.

Ronnie Moussa, MD, Resident category; Dr. Moussa, an Internal Medicine resident, exemplifies Via Christi’s Core Values with his willingness to get to know others and seek out their opinions. Recently, after seeking staff input and feedback, he developed a tool for nurses to better communicate with doctors about patients.

The KU Master of Public Health program implemented two new concentrations – Epidemiology and Social and Behavioral Health – at both the Wichita and Kansas City campuses in the fall of 2010.

The Department of Pediatrics secured $10,000 in January from the Children’s Miracle Network Advisory Board – money that will be used to reimburse families paying for medical-related expenses not covered by insurance. Natalie Sollo, MD, submitted the application on behalf of the department. The money is available to children being cared for by KU Wichita Pediatrics physicians.
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