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Change Is Here

What will society need from future physicians 20 to 30 years from now, and how will we best prepare them for the tasks ahead?

In 1994, the OHSU School of Medicine answered those questions by implementing a major revision of our M.D. curriculum. The curriculum balanced the scientific basis of medicine with early clinical experience and emphasized independent, lifelong learning and problem-solving skills. Our focus on what was then a cutting-edge approach to medical education earned us a national reputation. Once again it’s time to ask (and answer) the same questions.

To that end, this year the school has embarked on an exciting initiative to transform our Undergraduate Medical Education (UME) curriculum, while retaining the best of its current design. Broadly, our goals are to prepare health care professionals for the changing health care delivery and discovery environments, and to do so in ways that continue placing emphasis on self-directed learning and lifelong and interprofessional education. We want our graduates to lead the transformation of our state and nation’s health care systems.

The self-study that we completed last year for the Liaison Committee on Medical Education’s accreditation site visit in January gave us a solid foundation on which we’re building. For example, our learning environment can – and must – evolve to embrace the abilities and preferences of contemporary students through the creative use of technology: podcasts, web- and app-based tools, distance learning, virtual reality, simulation centers and more. We need to seize the educational opportunities opened up by these technologies. A change in physical location to the OUS/OHSU Collaborative Life Sciences Building in 2014 (under construction on Portland’s South Waterfront, above) provides a natural opportunity to rethink how we educate students.

Already, the school has made strides: an organizational framework is in place, work groups have been established, and input is being gathered from faculty, students and others. In October, we conducted a successful, day-long campus retreat.

I am excited about this curriculum change for many reasons. For one, it presents an opportunity to connect with you, our alumni, and other OHSU partners to ensure multiple perspectives are included. This initiative will have a constructive effect on much of what we do in the School of Medicine. I welcome your thoughts at somdeansoffice@ohsu.edu.

We expect to implement the transformation as we enter our new facility, but our work won’t end there. We are entering an era of near-constant change in health care, and our M.D. curriculum will be evolving regularly to match the external landscape. We will keep you informed through Bridges, SoM News for Alumni, LinkedIn and other channels.

Just as we look back on 1994 as a pivotal moment in our M.D. program, 2012 will be seen as a moment when we re-focused our commitment and knowledge on the future and once again took a leadership role in education that, by extension, meets the health care needs of society.

Mark Richardson, M.D., MBA
Dean

FROM THE DEAN

Change can’t happen if we see things just one way. That’s why diversity is important to who we are. We are proud to be an equal opportunity, affirmative action employer. 1112(140)
On Sept. 17, OHSU received a transformational gift of $125 million from Nike co-founder and Chairman Phil Knight and his wife Penny to advance OHSU’s world-class programs in cardiovascular medicine and research.

The gift is the largest in OHSU history and is the Knights’ second landmark gift to OHSU, following a 2008 pledge of $100 million that advanced the OHSU Knight Cancer Institute.

“We are in a perfect position to become... the world’s premier translational cardiovascular research institute.”
– Dr. Sanjiv Kaul

The gift will establish the OHSU Cardiovascular Institute, an integrated center for translational research, clinical care, professional training and outreach in all aspects of heart and vascular disease. The institute’s mission: to accelerate new prevention, diagnostic and treatment strategies being developed in the laboratory and transition them into patient care clinics as rapidly as possible. Under the umbrella of a multidisciplinary institute, OHSU will pair researchers and clinicians together on projects while also building strategic partnerships with pharmaceutical and medical device developers who can extend OHSU’s unique expertise to more patients through the global commercial marketplace.

“Phil and Penny Knight have made a gift to all Oregonians,” said OHSU President Joe Robertson, M.D. R ’82, MBA. “They share our confidence that we can finally reduce the many, many preventable deaths each year due to cardiovascular disease by innovating, collaborating and educating.”

Oregon heart surgeon and Lasker Award winner Albert Starr, M.D., distinguished professor of cardiovascular medicine, will co-direct the OHSU Cardiovascular Institute with cardiovascular imaging pioneer Sanjiv Kaul, M.D., professor of medicine and diagnostic radiology and head of OHSU’s Division of Cardiovascular Medicine. The gift will give Drs. Starr and Kaul immediate leverage in recruiting and retaining additional national/international-caliber faculty in high-impact areas. It will also assist them in acquiring new scientific capabilities that will drive discovery in cardiovascular health as well as stroke, cancer, neurological disorders, immunodeficiency, diabetes and other diseases.

“Penny and I are pleased to help upgrade cardiovascular health in Oregon and around the world. Drs. Starr and Kaul have built a great program in research, care and outreach, and we are excited about what it can contribute to the fight against these deadly diseases,” said Phil Knight.

As a high-level collaboration between a heart surgeon and a cardiologist, the leadership duo of Drs. Starr and Kaul is emblematic of the institute’s mandate to break down barriers to success. “We don’t aspire to be the largest cardiovascular institute in the nation,” said Dr. Kaul. “We are in a perfect position to become what we do want to be: the world’s premier translational cardiovascular research institute.”

Dr. Starr said such an institute would help to close what he calls the “translational gap” in cardiovascular innovation. “We know from personal experience that the most meaningful innovations happen when clinicians and researchers work together across disciplines to solve big problems. That idea will be hard-wired into the culture of this institute.”

“This historic pledge from the Knights is an acknowledgment of OHSU’s foundational strength: our ability to generate new, important knowledge and move it nimbly into teaching and healing where it can be a catalyst for change,” said Dean Mark Richardson.
School leadership team expands

After a national search, the School of Medicine has recruited top clinician and educational leader George Mejicano, M.D., M.S., of the University of Wisconsin to join its new senior leadership team.

As senior associate dean for education, a new position within the school’s administration, Dr. Mejicano oversees all School of Medicine educational programs and works closely with Dean Mark Richardson and other senior associate deans (clinical, research and finance/administration) to integrate and coordinate the school’s missions.

Before arriving at OHSU, Dr. Mejicano was associate dean for continuing professional development at the University of Wisconsin. Under his leadership, the University of Wisconsin was recognized for its creation and leadership of groundbreaking initiatives that have set the standard for multi-institution collaboration in continuing medical education.

Transforming the M.D. curriculum

Earlier this year, the School of Medicine embarked on an exciting initiative to transform the Undergraduate Medical Education (UME) curriculum. (See “Change is Here,” p. 2.) The initiative will help prepare future physicians for the changing health care delivery and discovery environments in ways that continue to emphasize self-directed education and lifelong and interprofessional education.

“Academic medicine is at a crossroads,” said Dean Mark Richardson. “While there are many challenges before us, there are an equal number of new opportunities. One of those opportunities is a reconsideration of our M.D. curriculum to ensure it matches the external evolution and is structured to produce graduates who will lead the transformation of our state and nation’s health care systems.”

Leslie Kahl, M.D., associate dean for strategic initiatives and professor of medicine, is leading the initial planning process, which includes a steering committee and six working groups. In October, the school hosted a day-long campus retreat to gather input. School officials will regularly share updates as the new curriculum begins to take shape.
Giving Update
Ten Swindells Family Scholars demonstrate the power of student scholarship support

When he was a graduate student in behavioral neuroscience at OHSU, Ethan Beckley, Ph.D. '09, worked on research that sought to increase knowledge of how steroid sex hormones might contribute to mental illnesses such as postpartum depression. His project brought him into contact with patients and the medical environment. Though he’d always planned to be a researcher, he realized that, for him, “The real thrill is making a direct difference in someone’s life.”

Dr. Beckley is now in his second year of medical school at OHSU. “Growing up in a small farm town, I knew families caught in the cycle of poverty and low educational achievement,” he said. “Seeing how these conditions can lead to poor health shaped my priorities as a future physician. In every part of Oregon, there are still people who are facing these challenges, and my goal is to serve rural Oregonians as one step in improving the health of this state.”

“Growing up in a small farm town, I knew families caught in the cycle of poverty and low educational achievement. Seeing how these conditions can lead to poor health shaped my priorities as a future physician.”
– Dr. Ethan Beckley

In August, Dr. Beckley was selected to become one of 10 Swindells Family Scholars. He joins Katy Schousen, MS2, Danielle Babbel, MS2, Brian Garvey, MS4, Rachel Pilliod, M.D. ’12, Benjamin Larson, MS3, Andy Dworkin, MS3, Katherine Watson, MS1, Heidi Schroeder, MS1 and Karl Tjerandsen, MS1. Each scholarship provides $20,000 in support per year.

In 2010, the School of Medicine received the largest single scholarship gift ever in its history. Made by an anonymous donor, the $10 million gift to establish an endowed M.D. scholarship program establishes a perpetual source of financial assistance for exceptional and distinctive students who have a high probability of positively contributing to Oregon’s future. Scholars have distinctive histories and strong connections to Oregon, reflecting the goals of the fund. The first scholarships were given in 2011.

The anonymous donor named the fund “The Swindells Family Scholars Program” in honor of the long history of support OHSU has received over multiple generations from the Swindells family.

“The real-world impact of these scholarships is likely to be both enormous and far-reaching,” said Dean Mark Richardson. “We are very grateful for this support for medical education and for the extraordinary vision of the generous donor.”

These scholars will be joined by new recipients of this prestigious award each year, thus multiplying its impact throughout the state over time.

Learn more about each of these outstanding individuals at www.ohsu.edu/swindells.

Faculty Honors

AWARDED The President’s Council on Fitness, Sports and Nutrition awarded Linn Goldberg, M.D. R ’78, one of its 2012 Lifetime Achievement Awards. Dr. Goldberg, professor of medicine and head of the Division of Health Promotion & Sports Medicine, co-created groundbreaking health promotion and drug abuse prevention programs for teen athletes.

ELECTED Brian Druker, M.D., director of the OHSU Knight Cancer Institute and associate dean for oncology, has been named a member of the American Academy of Arts and Sciences. Dr. Druker was elected for groundbreaking research that dramatically improved survival rates for leukemia patients.

SELECTED James Reuler, M.D. R ’76, was awarded the 2012 Dean’s Award, which recognizes exceptional service to the school through an individual’s volunteerism, teaching and/or philanthropic support.

Dr. Reuler, who retired this year, was a staff physician, Section of General Medicine, at the Portland Veterans Affairs Medical Center with a dual appointment in the school, where he served on the faculty for 36 years. Among his many accomplishments, he founded The Wallace Medical Concern, which provides free health care to underserved populations in Portland and Gresham.

More faculty honors and awards at www.ohsu.edu/somfacultyhonors.
A celebration of all things research at OHSU
Data presented. Results revealed. Possibilities uncovered. For four days in May, more than 300 investigators from all corners of campus, from all ranks and positions including students, shared their latest projects. The goal? Stimulate new questions and lines of thinking and connect with others during OHSU’s inaugural Research Week.

OHSU Moore Institute for Nutrition & Wellness selects research projects

In May, the OHSU Moore Institute for Nutrition & Wellness (announced in the Spring 2012 edition of Bridges) reached a milestone when it announced awards for three foundational research projects.

The projects were selected for their efforts to address the institute’s central commitment: to reduce the prevalence of chronic diseases in current and future generations by promoting healthy, nutrient-rich diets based on whole-foods in early life.

The “OHSU Pregnancy Exercise & Nutrition (PEN) Program,” led by Linn Goldberg, M.D. R ’78, professor of medicine and head of the Division of Health Promotion & Sports Medicine (see Faculty Honors, previous page), will develop, implement and study a team-based, behavior intervention to prevent gestational diabetes.

Jackilen Shannon, Ph.D., Center for Research on Occupational and Environmental Toxicology scientist, associate professor of public health and preventive medicine, will launch an important education outreach program that will introduce Oregon middle school students to the concept of epigenetics, with the goal of teaching them how behaviors – specifically dietary intake – can impact their health and the health of future generations.

An innovative study conducted by Joel Nigg, Ph.D., professor of psychiatry, called “Nutrient-Rich, Whole-Food Dietary Intervention in Pregnant Women with ADHD” will target a population of pregnant women who are at an elevated risk of poor nutrition and of having offspring with serious mental and behavioral health problems, mediated by delayed brain development. Intervention could result in widespread application of nutritional prevention programs for mental and behavioral conditions and brain development.

“These projects are emblematic of the potential to shift the way we think about food and its long-term impact on our health,” said Kent Thornburg, Ph.D., professor of medicine and the institute’s interim director.
Katy Van Hook, a Ph.D. candidate in the Cell & Developmental Biology graduate program, is an alumna of the ARCS (Achievement Rewards for College Scientists) scholars program. This profile of her work ran in May's edition of the School of Medicine News. Van Hook says she’ll be searching for a post-doctoral position “that will allow her to expand her understanding of cancer development, progression and treatment and to mentor and teach younger scientists.”

Katy Van Hook likes to characterize cancer as a battle of good versus evil. “For me, that's what it really boils down to,” she said, “with good tumor suppressors trying to keep cells in line and bad oncogene genes trying to break the rules and cause uncontrolled cell division.”

Van Hook works in the Charles Lopez lab, which focuses on a gene called p53, and how it functions to protect the cell. Known as a “tumor suppressor” gene, p53 plays a critical role in cellular stress response and is responsible for proteins that can either repair damaged cells or cause damaged cells to die. Defects in the p53 pathway can lead to tumor formation, as well as resistance to therapy, which impacts the body's struggle to stave off cancer.

Van Hook’s work centers on the molecular mechanisms that promote p53-mediated tumor suppression. Specifically, she focuses on ASPP2 – a p53-binding protein that promotes a type of protective cellular process known as apoptosis.

The mechanisms of how ASPP2 protects cells from becoming cancerous, however, remain far from clear. Van Hook’s job is to investigate its function and determine if it might be relevant in human cancer.

During her research, she made the important discovery of a novel ASPP2 isoform (deltaN-ASPP2), which is structurally very similar to ASPP2 but truncated and thus smaller. Despite their structural similarity, ASPP2 and deltaN-ASPP2 appear to have opposite functions, with ASPP2 promoting the elimination of “bad” cells and deltaN-ASPP2 promoting their survival.

Van Hook found that this isoform is overexpressed in breast tumors – suggesting that it may be an oncogene that plays a central role in promoting breast cancer as well as poor therapy response. “Katy’s perseverance and tenacity have resulted in her generating some provocative findings – and I am pleased to see her hard work begin to open up completely new areas for exploration in this field,” said Charles Lopez, M.D., Ph.D., associate professor of medicine.

Van Hook presented her findings at the 2011 American Association of Cancer Research annual meeting and is in the process of writing her work up for publication.
HELLO HOUSE OFFICERS In July, OHSU welcomed 294 residents and fellows to its 76 Graduate Medical Education programs – including new trainees as well as residents who have moved into programs as fellows.

New emergency medicine residents (left to right): Hale Season, M.D., Justin Meunier, M.D., Aaron Case, M.D., Anna Nelson, M.D., Ph.D., George Apostolopoulos, M.D., Anna Cedar, M.D., Colby Austin, M.D., Miranda Devine, M.D., Daniel Stein, M.D., MPH, Matt Noble, M.D., MPH, and Tom Johnson, M.D., Ph.D.

MATCH MADE IN HEAVEN Terry Lee, M.D. ’12, and Donna Kang, M.D. ’12, celebrated their couples match on Match Day in March. They are now at the University of Michigan, training in internal medicine. The couple met at OHSU and started dating during their second year.

“Dating another med student worked out great for us,” said Dr. Kang. “The long hours of studying, the crazy board exams and end of the day exhaustion were demanding. But we really understood each other, which helped make medical school easier.”

MBAs, WELCOME TO THE ALUMNI FAMILY Beverly Ford, MBA ’11 (Healthcare Management) is one of 48 graduates so far to complete the school’s joint MBA program with Portland State University. The three-year program – launched in 2009 – is designed to train managers who will lead health care organizations in meeting future health care industry developments. Ford’s family and friends celebrated with her after the school’s June Hooding and Commencement ceremony held at the Arlene Schnitzer Concert Hall.

This year, the school awarded a record 533 degrees to 517 graduates: 40 Ph.D. degrees, two M.D./Ph.D. degrees, 121 M.D. degrees, nine M.D./MPH degrees, 172 master’s degrees, 126 graduate certificates, 35 bachelor’s degrees and 28 associate’s degrees.
50 YEARS  On July 21, 20 members of the M.D. Class of 1962 and their guests celebrated their 50th reunion with cocktails and dinner at the Benson Hotel in Portland. Molly Osborne, M.D. R ‘83, Ph.D., associate dean for student affairs and interim associate dean for undergraduate medical education, gave the school update. Alumni also took advantage of the “open podium” portion of the program to share news. Earlier that day, some participants toured campus. The smell of the Old Library stacks peeled back the years, and suddenly these veteran physicians were transported back to the worn carrels by the rear windows, studying for another exam.

IT’S OFFICIAL  The M.D. Class of 2016 donned its first white coats on Aug. 17, beginning the exciting journey to becoming physicians. New students marked the moment with Donald Girard, M.D. R ‘73, (center) president-elect of the School of Medicine Alumni Association. The 132 students, comprising the school’s 125th class, include military veterans, a journalist, an animator, teachers, nurses and EMTs, a scientist, policymakers, a former sheriff, a drummer, ranchers and world-class athletes. Thanks to more than 45 alumni, close to $8,000 was raised to sponsor white coats for each student.

READY TO RIDE  Bike-commuting faculty from the school’s Division of Hospital Medicine modeled the new OHSU bike jersey, unveiled in August. From left to right: Scott Sallay, M.D. R ‘98, Christopher March, M.D., Peter Sullivan, M.D. R ‘98, Alan Hunter, M.D. R ‘95, Sima Desai, M.D. R ‘98, and Honora Englander, M.D. R ‘06. More than 2,000 riders bike commute to OHSU each year.
When the U.S. Preventive Services Task Force (USPSTF) issued a controversial recommendation to end most PSA-based screening for prostate cancer, it kicked off a fiery national debate. At OHSU, key faculty physicians staked out polar positions. Now, OHSU finds itself squarely in the middle of a debate with far-reaching implications, even on health care reform itself.

Roger Chou, M.D. R ’98, has learned to take the heated debate in stride. In addition to seeing patients in his primary care practice, Dr. Chou is director of the Pacific Northwest Evidence-based Practice Center at OHSU. The center is one of 11 nationwide funded by the U.S. Agency for Healthcare Research and Quality. Dr. Chou and his colleagues have gained a national reputation for excellence in evidence reviews. With more than 200 reports to date, the team evaluates topics ranging from acute head injury treatments to screening for adult hearing loss. The vast majority of these evidence reviews are routine and non-controversial. But a few have pushed the center’s research onto the national stage, such as the 2008 evidence review on which the USPSTF recommendation to reduce the frequency of mammography was based, igniting a national media frenzy in the midst of the already tense health care reform debate.

“Sometimes you do need thick skin,” Dr. Chou said.
Dr. Chou needs that now. His most recent study lit the fuse on an old skirmish in medicine, pitting specialists against primary care providers. Published in the *Annals of Internal Medicine*, his evidence review concluded that the prostate-specific antigen (PSA) blood test as a screen for cancer results in significant harms but limited benefits.

When the USPSTF, whose members are primary care physicians with expertise in screening, used Dr. Chou’s study results as a basis for its recommendation that asymptomatic men no longer have a PSA test at all – in effect eliminating the use of the PSA test as a screen for prostate cancer – the reactions were swift and heated across the nation’s medical community.

Factions formed along familiar fault lines; many specialists such as urologists and oncologists soundly rejected the recommendation while primary care providers heralded it as long overdue.

At OHSU, these same factions quickly coalesced representing a unique microcosm of the national response. The evidence reviews were conducted at OHSU, the institution is nationally recognized for excellence in primary care, and the OHSU Knight Cancer Institute includes a renowned program in research, education and clinical care for prostate cancer.

What’s at stake in this disagreement, nationally and at OHSU? Much more than whether or not to continue ordering the PSA test it turns out.

The review team then compiles and analyzes the accepted evidence to measure both harms and benefits. Lastly, it describes the degree of certainty in its findings. The evidence review undergoes peer-review before it is finalized and an independent journal peer-review if it’s submitted for publication.

On the face of it, the controversy flaring up around the PSA test is specifically about how the USPSTF interpreted Dr. Chou’s evidence review when it recommended the elimination of the PSA test from the physician’s toolkit. More broadly, the debate is about the underlying review methodology: how are the judgment calls made about which data to reject and how much weight to place on the accepted data, and who makes those calls? In the case of the PSA evidence review, the OHSU team was comprised of primary care providers.

Thus, the PSA debate is, in effect, one proxy for thorny conversations now getting underway, as health care reform gains momentum: how exactly to integrate science and evidence into the practice of medicine and how this might influence government and commercial insurance decisions about what tests and procedures are covered.

That’s a lot of baggage for the PSA test to carry.

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**Health Care Reform**

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The PSA test: divergent views

Approved in 1994 as a screening aid, the PSA test rapidly became standard practice due largely to the absence of any better test to ferret out a cancer that is the second leading cause of cancer death in American men. Each year, approximately 30 million men undergo testing in the U.S. alone.

While the correlation between the presence of the antigen and cancer cells is considered scientifically sound, the test is known for false positives and does not distinguish between deadly cancers and those unlikely to – because they are so slow-growing – threaten life. The subsequent treatments, thus, save some men but are unnecessary in many others and cause significant harms, including impotence and incontinence.
Like other screening tests, and even much of medicine itself, the PSA test was widely adopted before it was studied at a population-scale. Now, as more and more men have undergone annual screening, evidence has accumulated to measure its effectiveness at saving or prolonging life. The same fresh look at many medical procedures is occurring across medicine, and this type of evaluation is expected to increase in frequency as one part of the national drive to eliminate inefficiency, reduce costs and improve health care. In short, for the first time in our nation’s history, medicine is being asked to routinely prove what works and to discard what does not.

Christopher Amling, M.D. ’85, professor and chair of the OHSU Department of Urology and a leader in the OHSU Knight Cancer Institute, has published extensively on research related to the PSA test and cares for men with prostate cancer. Dr. Amling – along with others at the Knight – considers the USPSTF recommendation against PSA testing to be unnecessarily draconian, removing an important, albeit imperfect, diagnostic tool for patients. He questions the underlying methodology.

Dr. Amling concludes that the recommendation is based on flawed evidence – the very evidence included in the review undertaken at OHSU. Dr. Amling says urologists and many cancer specialists would have excluded some of the data that Dr. Chou’s team kept, weighted the studies differently according to their quality and considered the epidemiologic evidence in support of PSA testing. Those critical judgment calls would have been made differently.

But the real question Dr. Amling says is “How do we take potentially flawed and uncertain evidence and apply it to our practices?”

Equally important, Dr. Amling contends that creating a more cost-effective, evidence-based health care system requires better coordination between primary care and specialist providers, as they both help patients navigate a growing array of complex health information that will soon include personalized genetics testing. Why not embrace a collaborative paradigm in all aspects of health care, he asks, including evidence reviews related to screening?

“Evidence reviews need to rely on the judgment of multiple experts, including, in this case, urologists and oncologists, and not just one. The evidence is imperfect. We need to acknowledge the weakness of some of the evidence and consider that one-size-fits-all recommendations discount the importance of individualized decision-making.”

– Dr. Christopher Amling

“Evidence reviews need to rely on the judgment of multiple experts, including, in this case, urologists and oncologists, as well as take into consideration the perspective of patients, too.”

– Dr. Christopher Amling

“It is science. Evidence-based reviews, by design, remove opinion from the process and focus on an analytical framework and systematic process,” countered Dr. Chou. In fact, he adds, the rigor of scientific review depends on ensuring the objectivity of researchers who must also be free of vested economic interest.

The “interest” Dr. Chou means is the subsequent treatments – and reimbursements – that result when a PSA test indicates the presence of cancerous cells and a patient is referred to a urologist for treatment. This is where the harms of screening occur. Dr. Amling understands the criticism, but does not agree with it.

“Perceived conflicts of interest can be handled as they are elsewhere in medicine and research, through full disclosure and helping patients weigh the risks and benefits,” said Dr. Amling.

RECOMMENDATION REJECTED
Christopher Amling, M.D. ’85, professor and chair of the OHSU Department of Urology and a leader in the OHSU Knight Cancer Institute, has published extensively on research related to the PSA test.
First, agree to disagree
“The fact is there is always more than one way to interpret evidence, and it is a human tendency to do so in ways that support what you already believe,” said Mike Bonazzola, M.D. ’78, chief medical officer of the OHSU Faculty Practice Plan and an internist. "We are all naturally somewhat biased." So how does an institution of OHSU’s size move down the path toward an evidence-based practice when faculty physicians disagree on the evidence?

Bring together specialist physicians, primary care providers and informatics experts and talk about it through its Clinical Decisions Support Committee. Some recommendations, like those related to high blood pressure for example, are straightforward. Others, like the PSA test, are not. OHSU’s process involves charging the faculty committee with reviewing the evidence and federal recommendations – along with related topics such as conflict of interest – openly, fairly and civilly. The goal is to seek consensus on how to guide patients.

“It is science. Evidence-based reviews, by design, remove opinion from the process and focus on an analytical framework and systematic process.”
– Dr. Roger Chou

OHSU renewed as one of nation’s 11 Evidence-based Practice Centers

In August, the federal Agency for Healthcare Research and Quality awarded OHSU and two collaborators a five-year contract to serve as one of the nation’s 11 Evidence-based Practice Centers. The Evidence-based Practice Centers review and synthesize scientific literature to support evidence-based decision-making by clinicians and consumers to improve health care in the United States.

This is the fourth time OHSU has been awarded an EPC contract. The Oregon EPC has operated at OHSU since 1997, bringing more than $58 million to Oregon to study effectiveness of medications, devices and health care services. It has produced more than 200 reports.

This latest contract comes with a new name for the center, as OHSU has added two new partners. The new Pacific Northwest EPC at OHSU will include the University of Washington Centers for Comparative and Health Systems Effectiveness Alliance (CHASE Alliance) and Spectrum Research, Inc., of Tacoma, Wash., as partners.

“The EPC award attests to the quality of the work conducted at our EPC over the last 15 years,” said Roger Chou, M.D. R ’98, who has been the scientific director of the Oregon EPC at OHSU since 2007 and is now the new center’s director. Dr. Chou is an associate professor in the departments of medical informatics and clinical epidemiology and medicine in the OHSU School of Medicine.

The nation’s EPCs are designated and overseen by the AHRQ, an agency of the U.S. Department of Health and Human Services. The EPCs review all relevant scientific literature on clinical, behavioral and organizational topics to produce evidence reports and technology assessments. These reports and assessments are then used by federal and state agencies, private sector professional societies, health care providers and others to make health care decisions based on the evidence.

The 10 other EPCs named in August, with contracts through the summer of 2017, are:

- BlueCross BlueShield Association, Chicago, Ill.
- Brown University, Providence, R.I.
- ECRI Institute, Plymouth Meeting, Pa.
- The Johns Hopkins University, Baltimore, Md.
- Kaiser Foundation Research Institute, Oakland, Calif.
- University of Minnesota, Minneapolis, Minn.
- RAND Corporation, Santa Monica, Calif.
- RTI International, Research Triangle Park, N.C.
- Vanderbilt University Medical Center, Nashville, Tenn.
- University of Alberta, Edmonton, Alberta, Canada
On a warm summer evening, Mike Munly, M.D., and Libby Windell, D.O., sit outside on their porch enjoying precious moments of free time, listening to music and cataloging what they like about being here.

"Here" is Grants Pass, Ore., population 34,533. The fourth-year residents of OHSU’s general surgery graduate medical education program are living in Grants Pass – weeks into an optional, year-long rotation that has them training in this rural Southern Oregon town. The program embeds two residents each year into the medical community and Asante Three Rivers Medical Center where they become competent in the broad surgical and clinical skills necessary to practice in a rural setting, if they so choose. Equally important, they sample the life of a small town physician.

In turn, Grants Pass benefits with cost-effective surgical help, a recruitment edge and a pipeline into the newest techniques and knowledge circulating at OHSU. As Grants Pass surgeon Mark Deatherage, M.D. ’74, said, “It’s fun. It takes a bunch of old surgeons and makes them young again.”

General surgeons are highly valued in small communities because they provide backup to other physicians and power medical services. Skill-wise, they’re surgical Swiss Army knives, often serving as the crucial operating lead on cases ranging from obstetrics to otolaryngology. These surgeons master a breadth of skills and develop the judgment to know when a patient’s needs have outstripped local expertise.

“It’s interesting to see the attendings go through the algorithm, ‘Can I get this patient safely through an operation? Do I have the support staff? ’” said Dr. Windell. “It’s a mindset that rural general surgeons need that you don’t always get by training in an academic health center because you’re the main referral center and you always have the staff and expertise.”

Meet the demand
Nationally, across all geographic areas, the number of new general surgeons has essentially remained flat. According to a 2010 report*, the number of general surgery residents increased by less than 1 percent between 2004 and 2008, while population grew 9 percent.

Professor of Surgery Karen Deveney, M.D., vice chair of education and residency director in the Department of Surgery, hears about Oregon’s rural need all the time. “I frequently get calls from physicians around the state asking to send patients to [OHSU],” she said. “We’re happy to take them, but many patients could have been treated locally if those sites had an adequate surgical workforce.”

It’s not for lack of trying in these communities, she adds. "I get a lot of calls from middle-aged or older surgeons asking, ‘Gee, are you graduating somebody who could come join me in practice?’”

– Dr. Karen Deveney

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Meet the demand
Nationally, across all geographic areas, the number of new general surgeons has essentially remained flat. According to a 2010 report*, the number of general surgery residents increased by less than 1 percent between 2004 and 2008, while population grew 9 percent.

Professor of Surgery Karen Deveney, M.D., vice chair of education and residency director in the Department of Surgery, hears about Oregon’s rural need all the time. “I frequently get calls from physicians around the state asking to send patients to [OHSU],” she said. “We’re happy to take them, but many patients could have been treated locally if those sites had an adequate surgical workforce.”

It’s not for lack of trying in these communities, she adds. “I get a lot of calls from middle-aged or older surgeons asking, ‘Gee, are you graduating somebody who could come join me in practice?’ It’s hard to find people.”

In response, 10 years ago Dr. Deveney and OHSU launched this first-in-the-nation program to meet the demand, partnering with Dr. Deatherage in Grants Pass.

In the early years, residents didn’t receive credit for their year. They came nonetheless. Then, as now, most love it. They apprentice under small town veteran surgeons and subspecialists, developing relationships and building trust.
They practice their skill sets endlessly and lead operations by year’s end. When they leave, they’ve logged about 500 cases, more than twice the caseload of a typical residency year and enter their chief year “independently capable,” according to Dr. Deveney.

When they leave, they’ve logged about 500 cases, more than twice the caseload of a typical residency year.

“There’s not a lot of structure, just a whole lot of patients who need to be taken care of and operations that need to be done,” explained Dr. Deatherage.

Until a few years ago, Grants Pass was thirsty for general surgeons, according to long-time practitioners there. But now, the workforce benefits of this unique partnership with OHSU are beginning to bear fruit. Of the 15 graduates of the Grants Pass rotation, seven are now practicing in a rural area, and two stayed put in Grants Pass: Alexis Alexandridis, M.D. R ’11, and Mark Jones, M.D. R ’08. (For comparison, of those OHSU general surgery residents who didn’t rotate through Grants Pass in the same time period, just 6 percent practice in rural areas.)

Now, due to the program’s success, other medical schools – University of Utah and University of New Mexico, for example – have used OHSU as a resource for making their own inroads into rural workforce shortages.

And OHSU is also taking the lead in closing the knowledge gap. While anecdotal evidence demonstrates a surgical shortage in rural Oregon, there’s a lack of hard data. This fall, Dr. Deveney is conducting a needs assessment among the state’s rural surgeons in partnership with the American College of Surgeons. When completed, these data from Oregon will be extrapolated to identify national trends, which will inform next steps in other states.

“OHSU has a very unique program”

Dr. Windell offers a visitor some homemade blackberry cobbler. She picked the berries in a pasture just across from where the residents live, a house that is 45 seconds from the hospital. (Not that anyone has timed it.)

Dr. Windell is from Newport, Ore., population 9,989. Dr. Munly grew up in Tillamook, Ore., population 4,935. Both say they want to return to smaller communities to practice. Dr. Windell likes the feel of a small town and enjoys running into patients in the grocery store. Dr. Munly appreciates the friendliness of surgical staff and the relationships he’s developing with local physicians. They both like the case volume and mix.

“We get exposure to a whole spectrum, from the standard bread-and-butter surgery such as gall bladders and hernias to the more complex procedures,” said Dr. Munly. “For example, I’ve done a repair on an abdominal aortic aneurism and a difficult resection for recurrent rectal cancer. This gives me confidence about practicing in a rural setting.”

Both say they applied to OHSU’s residency program in large part because of its dedicated year of rural surgery. “Other programs didn’t have that breadth,” said Dr. Munly. “They didn’t rotate at community hospitals. They didn’t have that rural catchment area. OHSU has a very unique program.”

Studies suggest that medical students from rural communities are more likely to practice in those places than suburban or urban students. Dr. Alexandridis, who has just completed her first year in practice in Grants Pass, stands out. She’s from suburban Detroit and went to New York Medical College, just outside New York City.

“There is a decided lack of restaurants and night life in Grants Pass,” said Dr. Alexandridis, smiling. “But all the glitz and glam of a city is replaced by an amazing working environment and an amazing community. This is a great place to practice. And it’s because of the residency program that I am here.”
“What I love about medicine is the incredible opportunity to be and connect with other human beings at moments of real truth and clarity. In many ways, I see the field of palliative care as rekindling the originating impulses of the healing professions,” said Diane E. Meier, M.D. R ’81 F ’83, palliative care pioneer.

Early in her internal medicine internship at OHSU, Diane Meier, M.D. R ’81 F ’83, was thrust into the middle of a scene in which heroic measures were under way to save the life of an elderly man with end-stage heart failure.

The newly minted Dr. Meier was paged to the coronary care unit where she found the patient surrounded by nurses and residents pumping on his chest to get his heart rate back. Efforts to resuscitate him with a defibrillator went on for almost an hour. Finally, the senior resident “called the code,” noted the time of death, and, Dr. Meier recalls, everybody shuffled, downcast, out of the room. The patient lay naked, the bed covered with blood, the room littered with IV bottles and tubes. No one spoke to or made eye contact with the patient’s wife outside because none of them knew the patient or his family. A nurse was left to break the news, “Oh, he died,” she said apologetically. “Didn’t they tell you?”

“Almost without discussion, the primary moral principle... became the obligation to prolong life regardless of the toll in suffering, poor quality of life, or cost.”
– Dr. Diane Meier

The experience is seared in Dr. Meier’s memory. The patient died more than three decades ago, but “I have been carrying him with me ever since.” The doctors, she knew, were doing exactly what they had been taught to do. The rule was to err on the side of life and ask questions later.

Dr. Meier is now vice chair for public policy at the Brookdale Department of Geriatrics and Palliative Medicine at Mount Sinai Medical Center in New York and director of the Center to Advance Palliative Care (CAPC). That experience at OHSU helped propel her into a pioneering role that would create a new medical subspecialty and begin to transform treatment for seriously ill patients.

“Diane is passionately committed to care for people in the most vulnerable times of their lives,” said her close friend and early mentor Christine K. Cassel, M.D., president of the American Board of Internal Medicine and former dean of the OHSU School of Medicine from 2002 to 2003. “Having recognized the need for palliative care... she has done an amazing job of building a field to meet this need.”

Mid-career struggles
It was Dr. Cassel who encouraged Dr. Meier to go into geriatrics. Both would later be invited by Robert N. Butler, M.D., the first director of the National Institute on Aging, to join him at Mount Sinai in the country’s first department of geriatrics – and the two women would share a moving van for the trip back East.

Despite that inauspicious early experience as a trainee physician, Dr. Meier credits OHSU and her subsequent geriatrics fellowship at the Portland Veterans Affairs Medical Center with giving her the skills so crucial to her successful career. By 1994, at mid-career, however, Dr. Meier was deeply dispirited. She gave serious thought to quitting medicine. “I was struggling with this sense of not being in the right place, not doing what I thought I had gone to medical school to do.”

“The fundamental principles that had guided the practice of medicine – relieve suffering, do no harm – were upended by the seemingly limitless ability of modern medical technology to prolong life,” she asserted in her book, Palliative Care: Transforming
The Power of the Care of Serious Illness. “Almost without discussion, the primary moral principle… became the obligation to prolong life regardless of the toll in suffering, poor quality of life, or cost.”

At that point, Dr. Butler encouraged her to join the Open Society Institute’s Project on Death in America Faculty Scholars Program, which aimed at schooling leaders who could transform the culture of dying in America.

**Transforming American medicine**

The Scholars Program opened a path for Dr. Meier that reflected her beliefs about what constitutes good medical care for seriously ill and dying patients. It unleashed her. She went on to establish the CAPC, which is dedicated to, as she put it, “embedding palliative care into the genome of American medicine.”

Palliative care as an alternative to the robotic application of every possible technology – regardless of the prognosis – began to win converts. Palliative care education and training programs now are offered in virtually all academic health centers across the country, including OHSU (see sidebar). Nearly 90 percent of U.S. hospitals with more than 300 beds offer them. The American Board of Medical Specialties approved palliative medicine as a subspecialty in 2006.

Dr. Meier today is an internationally recognized geriatrician. She has published extensively in major peer-reviewed medical journals, edited the first textbook on geriatric palliative care and figured prominently in the 2002 Bill Moyers four-part documentary series, “On Our Own Terms: Dying in America.” In 2008, she was awarded a MacArthur Foundation “genius” grant.

She has also helped shape health care policy as a U.S. Senate adviser and fellow at the Department of Health and Human Services. Dr. Meier said she was deeply angered by the political flap over the “death panels” provision in the Affordable Care Act (ACA), which, if it had survived, would have reimbursed doctors for talking to their patients about goals for care and helping patients get their questions answered. “It was twisted and surrounded by lies in an attempt to defeat health reform,” she said.

Whatever happens with the ACA, she said, “There is a very strong business case for palliative care because there are good data that it prolongs life, improves quality of life and markedly reduces the need for hospitalizations and therefore saves lots of money.”

Much has changed since Dr. Meier’s intern days, and palliative care no longer struggles for a place at medicine’s table. The long-ago senior resident who tried to revive the elderly patient was “an excellent and caring physician,” Dr. Meier remembered. But he had never been taught how to have that vital end-of-life conversation. “The violence of his patient’s death was the consequence,” she said.

It needn’t have been so and, increasingly – thanks to people like Dr. Meier – health care providers have new methods of care at life’s end.

Palliative care is specialized medical care for people with serious illness. It focuses on providing patients with relief from the symptoms, pain and stress of the illness, whatever the diagnosis. The goal is to improve quality of life for both the patient and family… It also enables patients to have more control over their care by improving their understanding of treatment options.

– Center to Advance Palliative Care

**Palliative Care at OHSU**

OHSU has provided in-patient palliative care services since 1995. It was among the first hospital systems in the country to do so, and it was the first in Oregon to establish an outpatient palliative care clinic.

About half the in-patient consultations are for a ‘clarification of prognosis and the goals of care,’ as Erik Fromme, M.D. ’97, MCR, FAAHPM, put it – the kind of vital conversations Dr. Meier regards as critical. Dr. Fromme is medical director of palliative care services and associate professor of medicine, radiation medicine and nursing.

Palliative care is integrated throughout the medical student curriculum with required components in Principles of Clinical Medicine, Transition to Residency and several of the clinical clerkships. There are elective rotations for medical students and residents and also a palliative care fellowship program at the Portland Veterans Affairs Medical Center, which trains physicians, nurses, chaplains, social workers and psychologists. A separate, dedicated pediatric team led by Kathleen Perko, R.N., and Greg Thomas, M.D.’81, serves the OHSU Doernbecher Children’s Hospital.
What is the School of Medicine Alumni Association?

Eligibility The OHSU School of Medicine Alumni Association comprises more than 17,000 individuals. Membership is free and automatic to all School of Medicine graduates who have received a degree from the School of Medicine (formerly the University of Oregon Medical School), Oregon Health & Science University. This includes graduates of the M.D., Ph.D., master’s, Allied Health, certificate and residency, fellowship and postdoctoral training programs. Current students and residents/fellows are also members.

Leadership The Alumni Association Council leads association activities and has recently completed the initial phases of a strategic planning process to help guide future activities. As part of this process, the council adopted a new mission and vision statement.

Mission The School of Medicine Alumni Association exists to build and foster a community of support for lifelong learning, service and connection to benefit the OHSU School of Medicine, its students and its alumni.

Vision Enriching the lives of students, trainees and graduates of the OHSU School of Medicine:

- **Education**: connecting alumni with lifelong learning through career and continuing education opportunities
- **Engagement**: understanding how our alumni relate to the school and continually seeking to transform that knowledge into action
- **Information**: expanding awareness of the school through print, electronic and social media
- **Philanthropy**: advocating for alumni support of the needs of the School of Medicine
- **Service**: utilizing the career experiences of alumni to enrich the curriculum and training programs
- **Social**: promoting opportunities for alumni to reconnect with the school and with each other

Volunteer The school needs you. We’re looking for:

- Mentors for our students
- Judges for research forums
- Hosts for students traveling to your area
- Leaders to join the Alumni Council
- Coordinators of reunions
- Supporters of scholarships and other philanthropic giving
- Advocates to share the excitement of what’s happening at OHSU

Contact

www.ohsu.edu/som/alumni
sm-alum@ohsu.edu

Message from the Alumni Association President

This past summer I was honored to act as the coordinator for the 20th reunion of the Class of 1992. We had a wonderful weekend in and around Oregon’s wine country, catching up on what has happened in our lives since graduation.

Not surprisingly, we used the word “changes” frequently: changes in our appearances, changes in clinical practice and changes in health care. But the greatest change of all in medical education was the amount our class paid in tuition compared to today’s graduates.

Many of our class left medical school with what we would now consider relatively small loan amounts. Across the nation, public funding for medical education has changed drastically; unfortunately, OHSU has not escaped that trend. The average debt of an OHSU M.D. graduate today is close to $182,000. This change has encouraged our class to launch a class scholarship to help defray some of the expenses being shouldered by the next generation of physicians. Our goal: to have it fully endowed by the time we reassemble for our 25th reunion.

We are not alone. The Class of 1971 launched its own endowed scholarship last year, and the Class of 1967 launched a scholarship this year to commemorate its next milestone reunion in five years. This is a great start, but imagine the impact 20 or 30 endowed scholarships could have on future physicians.

I hope you will consider either leading a class gift campaign or responding generously when your classmates ask for your support. I have made those calls and am proud of the responses.

The School of Medicine Office of Development is available to offer guidance and help you and your class make a difference for tomorrow’s health care professionals. Please contact Christine Tye, senior director of development, at 503 494-0104.

Nels Carlson, M.D. ’92
President
School of Medicine Alumni Association
HOST program needs you
Ease the anxiety and burden of fourth-year M.D. students who travel to residency interviews; participate in the Help Our Students Travel (HOST) program. Alumni hosts have given workplace tours, provided local insights, and even kindly hosted students overnight. Currently 80 alumni are standing by to host. Contact us at sm-alum@ohsu.edu if you would like to join them!

Special Portland Art Museum offer

Fifteen percent off memberships at any level. (Offer valid on new memberships only; not applicable on previously purchased memberships or renewals.) http://bit.ly/OHSU-PAM15

Congratulations!
The Alumni Association’s Annual Awards Banquet in May honored these individuals:

Volunteer Faculty Recognition Awards Jonathan Alexander, M.D., Donald Austin, M.D. ‘65, Henry Casson, M.D., Thomas Hoggard, M.D. ‘72, Michael Knowler, M.D. ‘85
Resident Paper Winner Katie Sharff, M.D. R ’11
Postdoctoral Paper Winner Joseph Aslan, Ph.D. ‘09
Dean’s Award James Reuler, M.D. R ’76, MACP
Richard T. Jones, M.D., Ph.D., Distinguished Alumni Scientist Award R. Bradley Sack, M.D. ‘60, M.S. ’60, Sc.D.
Esther Pohl Lovejoy, M.D., Leadership Award David Sack, M.D. ’68
Charles A. Preuss, M.D., Distinguished Alumni Award Richard Drake, M.D. ’59
Nominate a classmate or colleague now for the 2013 awards. Information about the awards is at www.ohsu.edu/som/alumni or contact us at sm-alum@ohsu.edu.

Take our survey – Win an iPad
The School of Medicine and the School of Medicine Alumni Association invite all alumni to share their opinions about this magazine and other alumni communications during the month of November and December. Access the survey, which should take no more than 10 minutes to complete, at www.ohsu.edu/som/alumni.

Your identity and information are confidential, and the information you share will be used to evaluate our communications program to better serve you. All participants will be entered into a drawing for an iPad.

Reunions, reunions
Members of the M.D. Classes of 1962, 1967, 1982, 1992 and 2002 celebrated their reunions in various Oregon locales this summer. Thank you to the reunion coordinators and committees who made this year’s gatherings possible.

Two classes took their appreciation a step further and initiated class giving programs to begin the process of endowing scholarships. The Class of 1992 began a scholarship fund in memory of deceased classmates and is hoping to fully endow it in time for its 25th anniversary in 2017. The Class of 1967 also launched a scholarship in anticipation of its 50th reunion in five years. For more information about these or other scholarships, please contact Christine Tye at 503 494-0104.

We’re already looking ahead to next year’s reunions, years ending in 3s and 8s. Contact us at sm-alum@ohsu.edu if you would like more information or would like to coordinate a reunion for your class.

1992 REMEMBERED
Former classmates gathered for the Class of 1992 reunion held August 3 at the Hotel Oregon in McMinnville. Front row, left to right: Danna Jennings, M.D., Eric Kim, M.D., Astier Ahem, M.D., Lisa Guenther, M.D., Todd Waldmann, M.D., and Marie Grohman, M.D.
Back Row, left to right: Howard Barrar, M.D., Eric Jauhiainen, M.D., Nels Carlson, M.D., Hamish Rickett, M.D., Hans Carlson, M.D., Galina Hornyik, M.D., and Tim Phelan, M.D.

Photo credit: Mark Kemball
Tips for international medical work

Thomas Hoggard, M.D. ’72, affiliate associate professor of medicine, and his wife, Mary, have traveled on more than 20 medical missions worldwide. Dr. Hoggard teaches OHSU’s Professionals’ Training in Global Health CME course.

Questions? Contact Dr. Hoggard at tomhoggard@yahoo.com.

BEFORE
• Visit a travel clinic at least six weeks in advance to get your immunizations, etc.
• Do a little homework on the place you’re going. www.cdc.gov details the diseases you’ll find. www.state.gov provides an overview of a particular country.
• Bring the proper clothing and equipment, which may include your own food, water and medical supplies. Iodine tablets or a water filter, headlamps with bendable lights, a mosquito net with plastic flooring and gifts for local leaders, such as a multiuse tool, are also useful.

DURING
• Be alert. Pay attention to your own safety.
• Be careful what you eat and drink.
• Keep yourself and team in good spirits.

AFTER
• Get together with your team and discuss your experiences.
• Be ready to counsel one another and provide support.

MacGyvering in Haiti

A week-long medical mission offers lessons in international medicine

By Rachel Shafer

Outside Hospital Bernard Mevs in Port-au-Prince, it was 90 degrees with 75 percent humidity. Inside, the ER’s air conditioner didn’t work. Supplies, diagnostics and labs were limited, and with intermittent electricity, the CT scanner operated just part of the day. Families did their own nursing: bringing the sick food, helping them to the bathroom.

Hospital Bernard Mevs is the only trauma and critical care hospital in Haiti, a country of 10 million people and among the poorest in the Western Hemisphere.

“We made do with what we had. For restraints, we MacGyvered with stretchy gauze.”
– Tiffany Reinke

Because of limited supplies and diagnostics, the team was pressed into finding innovative solutions. “We called it MacGyvering,” said Tiffany Reinke, R.N., who worked in the ER, though she’s an ICU nurse. “We made do with what we had. For restraints, we MacGyvered with stretchy gauze. Sometimes for foleys, we’d hook up a foley bag to a garbage bag. For the little babies, we sometimes used a specimen cup for a urine container. All these little tricks made it work. What little we could do made such a big difference.”

For Dr. Harrison, associate professor of medicine, the trip was her first medical mission abroad. “Haitians view death as very much a part of life,” said Dr. Harrison. “There is acceptance of the limits of medical intervention. It was so different from the U.S., where we use all these health care dollars to desperately hold onto life. That was a big lesson.”

The challenging environment pulled the group together. “We became a team of people who consulted one another to figure out a problem,” said Dr. Harrison. “We came together in a powerful way.”

For Dr. Mayberry, who tries to volunteer on medical missions at least once a year, he relished his second trip to Haiti. “You are the one at that moment,” he said. “You just dive in. And you can give good care without all this fancy equipment. It gives you perspective on what is good care.”

“The experience and the people there taught me a lot,” said Dr. Harrison. “I got a global picture of health care that is very different from our own. I’ll be back!”
Born in Mexico and raised in rural Washington amid a tightly knit Latino community, Manny Mendoza, M.D. ‘10, understands the uphill battle many young Latinos face in launching professional careers, especially careers in medicine.

"In rural areas, in particular where I grew up, access to resources such as advising, mentors and role models is almost nonexistent," he said. "As a result, many friends in my community – Latino students who had the potential to become doctors and nurses – never really considered health care as a career choice."

As a first-year medical student, Dr. Mendoza was introduced to the Latino Medical Student Association (LMSA). "I knew right away that this was not only a group I wanted to be very closely involved with, but an organization that would be beneficial to help feed the pipeline as well as assist current Latino students at OHSU."

During the next three years, Dr. Mendoza, in conjunction with OHSU’s Center for Diversity & Inclusion, developed a LMSA chapter at OHSU. Since then, chapter members have participated in student interviews, organized blood donations and sat on panels, most recently at the Latino Health Equity Conference. Members also support the annual OHSU Hills for Humanity run and Cover the Uninsured week.

"Manny’s efforts have helped lay the groundwork to ensure that all sectors of society receive quality access to health care," said Leslie Garcia, assistant chief diversity officer and vice provost.

Dr. Mendoza, now a resident physician in family medicine at UCLA Medical Center, Santa Monica, points to lessons of leadership, outreach and workforce diversity as key components of his growth as a student at OHSU.

Today, he's building on that growth, serving as the West Coast representative for the National Hispanic Medical Association Committee of Residents. "Diversity enhancement in medicine is a work in progress, and I want to continue to take part in this important effort."

In March, the Department of Molecular & Medical Genetics honored the accomplishments of clinical cytogenetics and medical genetics pioneer R. Ellen Magenis, M.D. R ’69, ’71, professor emeritus of molecular and medical genetics and pediatrics. The celebration, which Dr. Magenis attended, was capped by a portrait unveiling. The portrait will hang in Richard Jones Hall.

Dr. Magenis was the long-time director of the OHSU Clinical Cytogenetics Laboratory, which specializes in high-resolution chromosome analysis.

In the 1980s, Dr. Magenis helped to identify and describe what would become known as Smith-Magenis Syndrome. Dr. Magenis also pursued research in gene mapping, chromosomal abnormalities and problems in sex determination. She has authored or co-authored almost 300 publications.
Mark Your Calendar

Upcoming Events

**SMAA Holiday Reception**
Dec. 2; 11 a.m. to 2 p.m.
Waverley Country Club
For more information and to RSVP, please call 503 552-0745.

**School of Medicine 125th Anniversary Lectures**
Imagine the future of academic medicine with us! Visit www.ohsu.edu/125/lectures for a complete list of speakers, dates and times.

**SMAA Awards Banquet**
May 10; 6 to 9 p.m.
Governor Hotel, Portland
Invitations will be mailed in April 2013.

**OHSU Research Week**
May 20–24
Marquam Hill campus
For more events, go to www.ohsu.edu/som/alumni.

Upcoming CME

**44th Annual Primary Care Review**
Feb. 11–15
Governor Hotel, Portland

**20th Annual Internal Medicine Review**
March 7–8
Governor Hotel, Portland

**72nd Annual Sommer Memorial Lectures & 98th Annual OHSU School of Medicine Alumni Scientific Meeting**
May 9–10
Multnomah Athletic Club, Portland. Pre-registration is required; watch for information in early 2013.

**8th Annual Pediatric Review & Update**
May 16–18
Governor Hotel, Portland
For more information on these and other continuing medical education activities, please visit www.ohsu.edu/som/cme.

Keep in Touch

**E-mail** us at sm-alum@ohsu.edu

**Write to Bridges Editor** c/o Rachel Shafer, 3181 S.W. Sam Jackson Park Road MC L102, Portland, OR 97239

**Join** our LinkedIn group, www.ohsu.edu/som/alumni and click on the LinkedIn icon

**Web** resources and information at www.ohsu.edu/som/alumni

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**ALUMNI UPDATE**

Legendary:
**Professor Joseph D. Matarazzo**

By Maija Anderson, OHSU Historical Collections & Archives

A familiar face at OHSU for 55 years now, Joseph D. Matarazzo, Ph.D., professor emeritus of behavioral neuroscience, can still be spotted on campus, one of those larger-than-life professors who taught generations of School of Medicine students.

In 1952, Dr. Matarazzo completed a doctorate in clinical psychology at Northwestern University, becoming interested in the relationship between medicine and psychology, then an emerging research area. He turned down an offer from Harvard Medical School and established the first American medical psychology department at University of Oregon Medical School (precursor to OHSU School of Medicine) in 1961.

“Within days, literally, of our moving here we found the people so friendly, so warm, so accommodating in the stores and at the medical school, that we fell in love with this place,” said Dr. Matarazzo.

Dr. Matarazzo served as chair of medical psychology until 1996 when he became professor of behavioral neuroscience, the departmental successor to medical psychology. In 2007, he was awarded emeritus status.

Among his many accomplishments, Dr. Matarazzo taught Introduction to Medical Psychology for decades, and students in his Principles of Clinical Medicine course noted his talent for facilitating a challenging discussion. Remarked one student, “He had not only a desire to teach us, but also a deep personal respect and interest in us as unique human beings.”
Class Notes

Share your news and photos with us! Email us at sm-alum@ohsu.edu or send a note to Bridges Class Notes c/o Rachel Shafer, 3181 SW Sam Jackson Park Road MC L102, Portland, OR 97239. Please write a maximum of 250 words and include your name, degree information and class year. We may not be able to publish all items and may edit for length and clarity.

1970s
The American Medical Association Medical News featured Douglas Myers, M.D. ’78 R ’85, of Vancouver, Wash., in a story about board certification requirements. “We don’t want [doctors] to lose their license because they don’t have maintenance of certification,” Dr. Myers was quoted as saying. Dr. Myers is president of the Washington State Medical Association.

Arthur “Art” Cooper, M.D. ’78 R ’82, of Tualatin, Ore., was featured in an Oregonian article, “Oregon City baby doctor retires after 30 years, 3,000 deliveries.” He co-founded the Women’s Health Center of Oregon in 1987, the first clinic to offer midwifery services in Clackamas County. “I’ve had a wonderful career,” he told the paper. “I plan to enjoy my retirement by taking long hikes, relaxing with my wife and traveling.”

1980s
Heidi D. Nelson, M.D. R ’88, MPH, of Lake Oswego, Ore., was featured in an Oregonian article, “Oregon City baby doctor retires after 30 years, 3,000 deliveries.” He co-founded the Women’s Health Center of Oregon in 1987, the first clinic to offer midwifery services in Clackamas County. “I’ve had a wonderful career,” he told the paper. “I plan to enjoy my retirement by taking long hikes, relaxing with my wife and traveling.”

1990s
Holly Jo L. Hodges, M.D. ’93, of Eugene, Ore., writes, “After 13 years in solo private practice in Prineville doing full-spectrum family medicine including C-sections, OB, ER and ICU, I moved to Eugene in 2009. Worked at Eugene Urgent Care doing crazy, 12-hour shifts. Now, as of June 25, I am a medical director for Trillium Community Health Plan. We are transforming health care with CCOs and other health system projects. Love living in Eugene.”

Kevin Johnston, M.D. ’99 R ’02, of Burns, Ore., published an essay in University of Oregon’s Oregon Quarterly magazine. “Practice in Burns was everything I expected and more,” he wrote. “I became a professor teaching medical students in the same [rural] rotation that had changed my life.” Dr. Johnston is an OHSU affiliated assistant professor of family medicine.

2010s
Larry Bannister, MBI ’11 of Chicago, Ill. (pictured left), and Mark A. Johnson, M.D., Allied Health Certificate in Biomedical Informatics ’11, of Urbana, Ill., joined health care policy leaders and IT professionals in an invitation-only meeting with senior Obama Administration officials to discuss the state of health information technology (HIT). “Adoption of HIT has provided for numerous efficiencies when compared with paper,” said Dr. Johnson afterward. “I’m hoping that it will continue to progress and be more responsive to users.”

Split Science
(continued from p. 13)

This committee will decide together how to integrate guidelines into OHSU clinical practice and, ultimately, to embed decision trees in the OHSU electronic medical record used by its physicians, residents and other clinicians. This collaborative approach, Dr. Bonazzola says, is a way to judiciously manage the uncertainties as evidence-based medicine takes root.

So far, the one thing that everyone agrees on is that the process will not be easy.

“With our respected Pacific Northwest Evidence-based Practice Center at OHSU and prostate cancer program, along with our expertise in primary care, there may be nowhere else in the nation where this controversy is better addressed,” said Dr. Amling. “This gives OHSU an opportunity and a responsibility to be a role model for the PSA test and to apply these lessons to other relevant discussions as well.”

“Guidelines are necessary because most clinicians don’t have the time or training to routinely review the scientific literature about everything they order, which would be hundreds of articles to sift through every month,” said Dr. Chou. “But for day-to-day practice, guidelines can’t be cookie cutter either.”

“We’ll start with what we agree on,” said Dr. Bonazzola. “And eventually we can – we will – get to a place where we are informing patients in consistent ways about evidence-based guidelines. And hopefully, in the process, OHSU is demonstrating for others a replicable method to balance what is inevitably going to be multiple interests in this new era of health care reform and evidence-based medicine.”
Student support is a priority.

Join this effort by creating an Annual Award of Excellence Scholarship.

The Annual Awards of Excellence Scholarships are an opportunity to give a yearly gift to support students in the OHSU School of Medicine. The impact is immediate, meaning the funds are disbursed to the scholarship recipient in the fiscal year they are received and provide direct financial support.

A commitment of $8,200 over four years ($2,050 annually) is all that is needed to participate in this endeavor.

You will become a catalyst for critical student support by creating a named current-use scholarship with this contribution. To find out how you can start a named scholarship or to learn more about this program, please contact Sadie Williams at the OHSU Foundation.

Sadie Williams
Associate Director of Development, OHSU Foundation
503 494-9989 or willisad@ohsu.edu