“The only reason for time is so that everything doesn’t happen at once,” Albert Einstein said.

It’s intriguing how time manifests itself in the work of the OHSU School of Medicine. Clinical faculty members have minutes, even seconds, to make decisions about a patient’s care. They see outcomes of their work in a patient’s health. They can measure success or failure in fairly short order.

Research faculty members contend with time in a different way. Bench science, in particular, is a lengthy process. The fundamental nature of biomedical discovery requires an infinite capacity to follow one’s curiosity and question the findings. Scientists achieve answers through cycles and cycles of experimentation, testing, peer review and revision. Knowledge accumulates over years.

In this era of instant-everything, we expect the right answer, right now. But good science takes time.

Take Beth Habecker, Ph.D., interim chair and professor of physiology and pharmacology. Her lab is working to understand the body’s remodeling of nerves following a heart attack in order to develop better treatments and prevention methods for those with heart disease. One of her most significant breakthroughs came after 10 years of research. Ten years.

To honor the continuum of important work that might otherwise go unnoticed, the school has a popular program called Paper of the Month. Each month, we highlight an exemplary published study and disseminate it far and wide in celebration of our scientists and their achievements. A sampling of the winners is pictured here. We also profile our scientists in short videos to broaden awareness of their essential work. Meet them at www.ohsu.edu/scientists.

Our research enterprise is strong. Last year, the school received $250 million for sponsored research projects and undertook 2,173 studies. The discovery of knowledge is vital, and the translation of that knowledge into health care is more important than ever. Let’s take time for science, and give it its due.

Mark Richardson, M.D., MBA
Dean

I invite you to learn more at www.ohsu.edu/som and contact me at somdeansoffice@ohsu.edu.
News from Campus

New international exchange across the Pacific

Thailand’s largest health care network and OHSU have created an alliance to improve health in both countries through shared knowledge and skills, and the creation of interprofessional centers of excellence.

Last October, Bangkok Dusit Medical Services and OHSU signed a five-year memorandum of understanding to establish the BDMS-OHSU International Health Alliance. The agreement calls for the creation of “Centers of Excellence,” the first of these will focus on occupational health and informatics.

To ensure a seamless, comprehensive program reaching as many people as possible, Mahidol University and its medical school, Siriraj Hospital, both in Bangkok, will also play an important role in the collaboration.

Through these efforts, BDMS, Siriraj/Mahidol and OHSU will share expertise across international boundaries based on the mutual pursuit of research breakthroughs, clinical innovations and emerging technology.

The effort will engage faculty, health professionals and students from OHSU’s schools of medicine, nursing, pharmacy, dentistry and public health.

A curricular model for the nation

Representatives from the American Medical Association visited the OHSU School of Medicine twice to get a first-hand look at the M.D. Curriculum Transformation initiative, YOUR M.D.

OHSU is one of 11 schools to receive funding through the AMA’s Accelerating Change in Medical Education initiative.

During their visits, AMA delegates met with university and school leaders, faculty representatives and M.D. students. They also toured the Collaborative Life Sciences Building.

“[OHSU has] successfully designed a transformative way to change young physician education that includes more experiences related to handling clinical information and making decisions with all the medical information that is out there now,” Susan Skochelak, M.D., MPH, told the Portland Business Journal. Dr. Skochelak is AMA’s group vice president of medical education.

As a grant recipient, the school is also part of the AMA learning consortium, which uses frequent, targeted communication and collaboration to share ideas and advice for other medical and health profession schools seeking to transform educational models.
Q&A: YOUR M.D. and admissions

By Jennifer Smith

Cultivating physician leaders for a rapidly changing system – a goal of the School of Medicine’s new YOUR M.D. curriculum – begins well before students don their first white coat. Cynthia Morris, Ph.D., MPH, assistant dean for M.D. admissions, describes OHSU’s process to identify the best and brightest.

School of Medicine: What trends have appeared, and how do applicants react to YOUR M.D.?

Cynthia Morris: We’re seeing more applications than ever. We had about 5,800 applications in 2014 – our largest number ever. We interviewed 522 applicants to select 139 for the incoming class. Applicants were excited to hear about the new curriculum. Their enthusiasm was palpable.

SoM: What about diversity?

CM: We were extremely pleased with the diversity of our 2014...
incoming class: 11 percent are from under-represented racial or ethnic groups, and 21 percent grew up in rural areas. These are important considerations that we would like to see grow. Significant scholarship funding also had a tremendous impact on our ability to recruit a diverse class.

SoM: We began using the multiple mini interview in 2011. What has that been like?

CM: The MMI has been positive and is helping us select the very best. The number of medical schools adopting this method is approaching one-quarter. OHSU was just ahead of the pack. The alumni, community physicians and others who volunteer as MMI raters deserve a big thank you. We could not accomplish our task without them and are so grateful for their help.

SoM: How are we doing in terms of recruiting Oregonians?

CM: The percentage of Oregonians in the 2014 incoming class was about 80 percent – higher than average and expected to remain constant. OHSU has a commitment to educate and graduate the types of physicians needed by Oregon.

Alumni: Are you interested in volunteering with the new M.D. curriculum? Opportunities are available. See page 19.

Follow all school news at www.ohsu.edu/som.

By the numbers

The 2016 U.S. News & World Report’s Best Graduate School rankings put OHSU School of Medicine programs in the top 10.

5 primary care education

5 family medicine education

10 rural medicine education

LEARNING IN THE COMMUNITY Leslie McCalister, M.D., resident in family medicine (below left), and Emma Cantor, second-year medical student, participate in a Rural Health Learning trip hosted by Cascades East Family Medicine Residency in Klamath Falls, Ore.

Competing demands

JUGGLING ACT “It became obvious early in my medical school career that studying and keeping my daughter entertained were incompatible tasks,” wrote second-year medical student Megan Thruston. Read about her adventures on the OHSU StudentSpeak blog at www.ohsu.edu/studentspeak.
The heart failure and palliative care programs at OHSU recently received certification from The Joint Commission. OHSU is the first in the Pacific Northwest to achieve advanced certification in heart failure, which represents consistent achievement of the highest levels of safety and quality outcomes for heart failure patients and has been attained by only 54 centers nationally.

Adventist Health, Kaiser Permanente, Legacy Health and OHSU signed a Letter of Intent to open the Portland area’s first comprehensive behavioral health care center in late 2016. Called the Unity Center for Behavioral Health, the facility will include psychiatric emergency services for people with acute psychiatric crises, as well as an inpatient facility with services for both adults and adolescents in 79 adult and 22 adolescent patient beds. These psychiatric emergency services are modeled on the successful program at the John George Psychiatric Pavilion in Alameda County, Calif., where patients receive appropriate treatment without waiting, thus producing better outcomes.

Sharon Anderson, M.D. R ’82, was appointed chair of the Department of Medicine. Dr. Anderson, a professor in the department and a member of the Division of Nephrology and Hypertension, served as interim chair for nearly two years. Home to about 260 primary faculty members, 11 divisions and more than 300 affiliate community faculty members, the department is the largest in the OHSU School of Medicine.

The OHSU Knight Cardiovascular Institute and Edwards Lifesciences, the global leader in the science of heart valves and hemodynamic monitoring, launched the Starr Educational Training Program, a technical training program that provides medical device engineers at Edwards with in-person clinical experiences, as well as a forum for cardiologists and engineers to discuss patient selection, obstacles and approaches to procedures.

Jennifer DeVoe, M.D., D.Phil., associate professor of family medicine in the OHSU School of Medicine, was elected to the Institute of Medicine. She is the first woman to be elected from both Oregon and OHSU.

Honora Englander, M.D., associate professor of medicine in the OHSU School of Medicine, is an honoree in the Portland Business Journal’s 2015 Forty under 40 class. Dr. Englander is co-founder and director of Care Transitions Innovation (C-TraIn), a program to improve patients’ care as they transition from the hospital to home.

Susan Tolle, M.D., professor of medicine in the OHSU School of Medicine, was awarded the MacLean Center Prize in Clinical Ethics in November. Dr. Tolle has pioneered efforts to improve communication between health care providers and patients regarding end-of-life care.

Credit: Kunyoo Shin
Brian O’Roak, Ph.D., assistant professor of molecular and medical genetics in the OHSU School of Medicine, was awarded a 2015 Alfred P. Sloan Research Fellowship for his research unraveling the genetic mystery of autism. The prestigious, highly sought-after award honors 126 early-career scientists.

More honors and awards at www.ohsu.edu/somfacultyhonors.

SLOAN FELLOW
Brian O’Roak, Ph.D.

OHSU School of Medicine’s Department of Cell and Developmental Biology is now the Department of Cell, Developmental and Cancer Biology.

The updated name acknowledges the growth of cancer biology investigation within the department over the last several years and reflects the composition of its faculty members. The department has welcomed five new primary faculty members focused on cancer research.

The department is chaired by Lisa Coussens, Ph.D., a renowned cancer researcher specializing in the tumor microenvironment. Dr. Coussens is also associate director of basic research at the Knight Cancer Institute.

In graduate education, the OHSU Cancer Biology Graduate Program launched in 2010. It’s among the fastest-growing graduate education programs at OHSU, with 17 students currently enrolled. The first cancer biology Ph.D. student graduated last June.

ILLUMINATION This image by Kunyoo Shin, Ph.D., a new assistant professor in the Department of Cell, Developmental and Cancer Biology who holds a joint appointment in the Department of Urology, shows a rainbow bladder for multi-color marking. Dr. Shin’s research investigates how the feedback regulatory circuit controls bladder cancer growth and how normal urothelial stem cells may contribute to tumor formation.

Research news briefs

■ A therapy currently under development for spinal cord injuries has been shown to stimulate nerve regeneration in the heart and provide resistance to arrhythmias following a heart attack, according to a *Nature Communications* study led by Beth Habecker, Ph.D., senior author and interim chair and professor of physiology and pharmacology in the OHSU School of Medicine.

■ Patty Carney, Ph.D., professor of family medicine, and Heidi Nelson, M.D., MPH, research professor of medical informatics and clinical epidemiology, were part of a team making waves in March when their study found that breast tissue biopsies don’t always yield accurate diagnoses. The *JAMA* study received national media attention.

■ An ongoing study conducted by a team of researchers at OHSU’s Vaccine and Gene Therapy Institute (VGTI) have identified a key biologic barrier to the goal of curing HIV infection in individuals on anti-retroviral therapy. The work, published in *Nature Medicine*, builds on previous research by Louis Picker, M.D., associate director of VGTI and professor of pathology in the OHSU School of Medicine. Last September, Dr. Picker and his team were awarded a $25 million grant from the Bill & Melinda Gates Foundation to spur their work on a vaccine candidate against HIV.

■ A study by a team of researchers from OCHIN, the OHSU Department of Family Medicine and the Kaiser Permanente NW Center for Health Research showed that health insurance coverage rates have increased since implementation of the Affordable Care Act Medicaid expansions. The study was the first to use electronic health record data to measure changes in community health center encounter coverage rates in the wake of Affordable Care Act Medicaid expansions.

■ FEI and OHSU have expanded their Living Lab for Cell Biology (below) agreement to include the installation of a complete correlative microscopy workflow in the Collaborative Life Sciences Building.
Why I’m Here

The road to becoming a physician assistant

By Veronika Bibikova, first-year physician assistant student

You get that phone call. You’re in! You’re excited. You’re beyond excited. You’re ecstatic! You call your mom. Then all your friends. You post on Facebook. You walk around for a few months whistling a happy tune, so grateful, vowing this gratitude will carry you through the dreary winter months when your life is an endless lecture and you dream of words such as pemphigus vulgaris. Then you get here. It’s summer.

And you’re overjoyed! You promise yourself you’ll work hard. And you do. You do your best. Perhaps you struggle a bit at first to find a place where you are comfortable. Ha! That’s a joke. You never get comfortable. In fact, you are uncomfortable pretty much all the time. Because, after all, everything is brand new and you are doing so many things for the very first time. But you are learning so much and you have so much support. You take pathophysiology, ethics, professional development, genetics, immunology, all sorts of “ologies.” Then you learn about cancer, hypertension, palliation, allergies, kidney disease and so on. You think, “Geez, I know things!” You are still excited and still so grateful. But the days get shorter and then fall turns to winter. And you study and study and study. And it gets tough. You need a nap. All the time. You start thinking, “How many more months are left?”

Then, something magical happens. In the fall, the PA students put on their white coats, rope their stethoscopes around their necks and step into the clinic to “mentor.” The Clinical Mentoring course runs the length of the didactic year and gives students the opportunity to practice their skills and acclimate to the clinic environment with a practicing PA. And there we meet our patients for the first time. Not as M.A.’s, paramedics, medical scribes, phlebotomists, EKG technicians or any of the other health professions that we were a part of before we came to OHSU, but as providers.

And we get to learn about our patients. We ask them questions. How’s it going today? How is that medication working out? How are you sleeping? Has the pain improved? What makes it worse? How long have you had that cough? What’s new? What’s bothersome? You get to talk to them. And they will tell you. About their coughs, and aches, and pains, and sprains, and rashes, and kids, and gardens, and hobbies and that thing they probably wouldn’t tell anyone else. Because you are there to help. Which you do. By listening carefully and then getting your mentor and letting them sort all of it out. Because, after all, this is only the third quarter! But, in the process, you remember exactly why it is that you are here. For this person directly in front you.

I walked into several rooms today and asked, How’s it going today? It is my job to ask and to listen. And it is absolutely the best job in the world. And then, I went home and opened a book. Because, after all, there’s a test tomorrow. And then another one next week and so forth for the foreseeable future. Fortunately, I know exactly why I am here.

Editor’s note: A longer version of this essay first appeared in the OHSU StudentSpeak blog at www.ohsu.edu/studentspeak.
Innovative program integrates medical care with behavioral therapy and case management to support at-risk pediatric patients and their families.

By Harry Lenhart

Michael Harris, Ph.D., has been a pediatric psychologist for nearly 30 years and has found himself inescapably drawn to the most challenging and difficult cases.

Take one 12-year-old female patient who was diagnosed with type 1 diabetes at age 7. At various times, she lived in the homes of her stepmother and father, her grandmother and her mother. She was exposed to violence and substance abuse in her mother’s home and her father’s home and was thought to be a victim of sexual assaults. She didn’t inject her insulin on a regular schedule. She was kept out of school for long periods because the school was fearful of her high blood sugars, and there was no school nurse. And in one two-month period, she was hospitalized 22 times with suspected stress-induced insulin resistance.

Patients like her confound the medical system, those with serious and complex medical conditions compounded...
by psychosocial and family problems – major league challenges, as Dr. Harris described it. These families frustrate providers when they don’t show up at clinic appointments or don’t follow treatment regimens.

Subsequently, they fall through the cracks, only to be forced to go back, time after time, to hospital emergency rooms for care. Many are the so-called high-utilizers, or “frequent fliers,” and their reliance on ERs has been a big factor in soaring health care costs.

Dr. Harris envisioned a better way. And so Novel Interventions in Children’s Healthcare – NICH – was born.

**Filling the cracks**

Some 46 percent of NICH families are single-parent households; 48 percent are struggling with unemployment or employment insecurity; 46 percent of the children involved are not in school; 38 percent are either homeless or cope with various forms of housing insecurity; and 76 percent suffer from a variety of psychological and behavioral problems.

NICH interventionists broker the relationship between stressed-out families, medical providers and the multiple social systems in which the child and family are embedded, helping families manage the challenges of living and coordinating health care.

Conditions NICH is addressing in its current caseload include: diabetes, cystic fibrosis, chronic pain, cancer, end-stage renal disease, liver transplants, eating disorders, spina bifida, inflammatory bowel disease and common variable immune deficiency.

But NICH will step in to help with any medically complex case that is absorbing a disproportionate amount of health care resources, said Dr. Harris.

“We know that if you aren’t meeting the challenges of day-to-day life, it really is impossible to take care of a child with a serious chronic health condition,” he said. “If you’re a single parent with four kids, and you’re working night shifts and relying on public transportation, how on earth do you meet the needs of a child with a complex medical condition appropriately?”

While there are intervention programs for adults in Oregon (several affiliated with OHSU), NICH is the first to focus on children. There are few, if any, programs like it anywhere else in the country that Dr. Harris knows of.

At four years, NICH is demonstrating success. Hospitalizations for patients are slowing. Outcomes are improving. Costs are falling. It’s all evidence of achieving health care reform’s “Triple Aim.” Other health systems are calling to emulate it.

Above all, NICH is making a world of difference for individual children. When NICH stepped in for the 12-year-old patient, it negotiated with the Oregon Department of Human
Services to transfer care to her grandmother, collaborated with an endocrinologist and social worker to get her grandmother up-to-speed on the risks of diabetes and began conducting weekly, family-based, problem-solving sessions and daily phone check-ins with 24/7 therapeutic support. Ultimately, the patient went back to school.

**Running interference**

Interventionists are the key. They are what make NICH unique. Their motto plays off the program’s acronym: Nothing I Can’t Handle.

Consider 13-year-old Arianah Gilbreath. Her mother, Amber Gilbreath, has her hands full. She’s unemployed and a single parent with four children, one of whom is in juvenile detention. Her daughter, Arianah, suffers from pulmonary arterial hypertension (PAH), a rare, life-threatening condition that requires constant vigilance. Amber tries to put a good face on her plight and her daughter’s, but she often feels overwhelmed. A winsome girl with sparkling eyes, Arianah is stoic about PAH, for which there is no cure.

Without Harpreet Bahia to run interference, things could easily spin out of control and, occasionally, they have. Bahia is an effervescent, 29-year-old family and child therapist who joined NICH two years ago as an interventionist. She’s been managing Arianah’s case since July of last year.

Arianah’s disease, PAH, causes a narrowing of the blood vessels that connect to the lungs, which makes it harder for the heart to pump blood. So Arianah carries around a canister filled with Remodulin, a vasodilator that is constantly infused intravenously into a vein in her left shoulder. The canister has to be changed every other day without fail. It’s what helps keep her alive. She also needs to be in close range of an oxygen tank during the day and be hooked up to it when she sleeps.

**Family support**

Because of her weakened immune system, the teenager is prone to infections. “If she goes to school three out of five days, that’s a good week for us,” said Bahia. “I’ve been trying to use incentives to push Amber into encouraging Arianah to go to school even if she was feeling groggy.” The latest incentive was a gift card for mother and daughter to get manicure/pedicures. Bahia, working with the school, helped engineer an individualized education plan for Arianah with a truncated school day to conserve her energy.

Bahia meets with the family weekly, is in daily phone contact and is on call 24/7. She makes sure Arianah gets to her cardiologist’s appointments at OHSU every month and to her weekly checkups in Salem, where the family lives.

NICH supplied Arianah with an iPad on the condition she send Bahia pictures of her IV site every day to make sure it’s clean and not infected. “She has ended up in the emergency room a couple of times because of an unclean medicine line, which posed the risk of infection,” said Bahia.

Bahia also got a plastic organizer for the wide array of medications Arianah takes, which had been scattered around her bedroom. For Amber, Bahia acquired a planner to keep all her obligations straight, from medical appointments to school schedules.

“I need NICH,” Amber explained. “I do. That’s all I have. Arianah has a mean, mean disease.”

**Ripe for change**

Rewind to late 2011. With health care reform on the front burner, particularly in Oregon, Dr. Harris – who joined the OHSU faculty in 2006 – decided to test the waters for an idea that had been percolating in his head.
“We are always willing to treat and care and show compassion to those who are struggling a little, but when a patient comes in with a lot of problems that we can’t treat medically, the medical community often walks away in defeat,” said Dr. Harris.

Figure out what’s going on with the lived experience of the patient and address it in the community, in the home… because, otherwise, the downstream costs, both medically and financially, could be astronomical. We’re talking about outcomes for a lifetime.”

– Dr. Labby

That bothered him and spurred him to action – both in his research and clinical practice. He poured his energy into studying the social determinants of complex chronic illnesses in children, becoming a national leader on the subject. But more was needed.

To address the challenges – at least for one segment of the pediatric patient population – the context in which families are embedded needed to be addressed in a comprehensive way, Dr. Harris believed.

So he went to David Labby, M.D., Ph.D., then medical director at CareOregon, which, at the time, was the largest managed care organization in Oregon with members mostly in the Portland metropolitan area. There, Dr. Harris found an audience receptive to his idea.

He put together a budget, CareOregon got behind it, and with the critical support of the director of the Institute on Development and Disability at OHSU, Brian Rogers, M.D.*, NICH was launched.

Rapid growth
Dr. Harris assembled an OHSU team that now consists of 10 interventionists, who are available 24/7 to the families they work with, along with two clinical supervisors and three physician consultants.

They currently manage on the order of 60 cases at any one time through contracts with Oregon’s CCOs: HealthShare of Oregon, AllCare Health Plan, Willamette Valley Community Health and Intercommunity Health Network, serving patients from Multnomah to Josephine and Coos counties.

National contacts are growing – NICH now has a consulting contract with New York Foundling, a large, child welfare agency that provides community-based services for families in all five New York City boroughs.

And NICH is getting upwards of three requests a day to add more cases. It’s expanding as fast as its resources and staff permit.

Of those, preventive cases are becoming the norm. “We have two groups of kids,” said Dr. Harris. “One group uses a lot of health care resources. Then we have kids who have all the risk factors but aren’t there yet. We’re moving away from putting out fires. CCO medical directors are saying they’d rather pay us to see these kids before they cost $100,000 to $200,000 to care for.”

Arianah is a preventive case. Because of Arianah’s fragile condition, the medical team wanted to be certain of a smooth transition.

“They were concerned that things might get worse if
NICH didn’t come in,” said interventionist Bahia. ”Arianah was not a frequent flier. She wasn’t one of those making avoidable visits to the ER – although she could have been.”

**NICH difference**

NICH’s efforts are paying off across the board. A year after intervention, the data provided to NICH by the CCOs it serves show an average 21 percent decrease in ER admissions. In its initial pilot program for 23 patients, NICH was able to generate $750,000 in cost savings after a year of services.

“We believe the savings at this point now have grown to the multiple, million-dollar range,” said Dr. Harris. “Right now, NICH is shaving the cost curve. But it will bend it for the future.”

The genius of NICH is that it reaches out to understand the social dynamics of the family, said Dr. Labby, who has since moved on to become chief medical officer of Health Share of Oregon, an umbrella organization that oversees care for the Medicaid population in Clackamas, Multnomah and Washington counties.

“More and more, as we’re doing health care transformation efforts around complex patients, we use exactly the methodology Dr. Harris has identified: Figure out what’s going on with the lived experience of the patient and address it in the community, in the home,” he said. “These are super-stressed families. And for children, family determinants of health are really significant. Addressing them is hugely important because, otherwise, the downstream costs, both medically and financially, could be astronomical. We’re talking about outcomes for a lifetime.”

**The road ahead**

Arianah is making plans for the future. She says she wants to be a nurse, something she’s known from a young age. Since her diagnosis, she has had plenty of opportunities to watch nurses in action.

Both she and her mother are determined to live as normal a life as they can. Arianah maintains lots of friends and an active social life. She has a Facebook site dedicated to PAH awareness. She babysits. She’s not exempt from household chores.

“They say she can’t hike and swim,” Amber confided, “but as long as her IV site is wrapped, and she’s got extra oxygen, we do it all. The house is always full of teenagers. I’m like, ‘Live it up, kid!’”

*For more information about NICH, contact either Dr. Harris at harrismi@ohsu.edu or Dr. Kim Spiro at spiro@ohsu.edu.*

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**Award-winning program**

NICH was recently selected as one of four recipients of the Association of American Medical Colleges 2014 Clinical Care Innovation Challenge Award. The award recognizes and rewards medical schools for innovative and transformative initiatives in care delivery to advance quality and improve patient outcomes. The other recipients of the award this year were Emory University, Duke Medicine and Children’s Hospital at Dartmouth.

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**NICH IN ACTION**

Arianah Gilbreath meets with her medical team at OHSU Doernbecher Children’s Hospital. NICH interventionists play a key role in helping patients and their families manage complex diseases.
Deborah Eisenhut, M.D. ’81, has been drawn to missionary work since she was a teenager and has served in medical missions all over the world. But it was her efforts to help contain last year’s Ebola outbreak in Liberia that caught the world’s attention.

In 2007, Dr. Eisenhut quit her job in private surgical practice in Salem, Ore., to become a medical missionary – though she’d already made some short mission visits to India, Haiti, Mexico, Nigeria and Rwanda. Accepted by WorldVenture, a missionary organization whose work includes medical aid, Dr. Eisenhut first traveled to Pakistan and stayed for a little under four years.

Now working with the missionary group SIM, Dr. Eisenhut’s newest mission was a stay in Liberia that lasted nearly two years and encompassed the worst phase of that country’s Ebola outbreak. Throughout last year, international media covered their front-line efforts. In fact, Time magazine’s 2014 Person of the Year issue named “Ebola fighters” collectively and in its coverage of their fight to contain the epidemic featured Dr. Eisenhut’s work prominently.

Dr. Eisenhut arrived in Liberia in April 2013, about a year before the most recent outbreak began. At SIM’s Eternal Love Winning Africa hospital in Monrovia, she worked to establish protocols and improvements for patient care.

It was daunting work. Fourteen years of near continuous civil war created a “brain drain,” in which many educated people fled the country. At the height of the epidemic last
Were it not for that advanced planning, Liberia’s mortality rate surely would have been higher.

fall, fewer than 170 doctors lived in Liberia, which has a population of three million people.

The need for medical care and educational resources was acute, she said. The hospital had no protocol requiring health care workers to wash hands, for example, and no place to do it. There was running water in the hospital, but most of the plumbing was broken.

Dr. Eisenhut points to the lack of basic medical infrastructure – clean water, sanitation protocols and quality instruments – as one of the reasons Liberia was particularly hard-hit when Ebola started spreading throughout West Africa last year.

While working in the Monrovia hospital, Dr. Eisenhut said she first heard about Ebola in March of 2014, when the World Health Organization reported outbreaks in nearby countries. She researched the disease to prepare herself and her colleagues for the likelihood of an outbreak, finding that while Ebola is less contagious than the common cold – it’s transmitted through bodily fluids rather than air droplets – workers would still need to isolate Ebola patients in order to give them appropriate care and protect others from the virus. Lacking an isolation ward, the team converted the hospital’s chapel into an Ebola treatment center.

Were it not for that advanced planning, Liberia’s mortality rate surely would have been higher. "As in any
Jennifer DeVoe, M.D. R ’04, MCR ’10, D.Phil., has a storied academic career that marries her interest in primary care with a drive to understand and improve health policy.

A graduate of Harvard Medical School, the associate professor of family medicine in the OHSU School of Medicine also holds an Oxford Ph.D. in economic and social history. Her thesis compared the development of health policy in the United States with that of Australia.

Medicine first caught her eye in high school. “I was interested in improving patient health and connecting with people from all walks of life,” said Dr. DeVoe.

Originally from Montana, Dr. DeVoe was drawn to residency at OHSU because of the school’s reputation for training primary care physicians. Her interest in policy grew out of what she saw in clinics – and motivated her to better understand the relationship between patient health and the community.

“As a physician in a primary care setting, I was seeing that, in some cases, lack of insurance or other life circumstances were resource-poor setting, it is very hard to care for patients who would thrive in the United States with modern medical care but who die or suffer in places like Liberia,” Dr. Eisenhut said.

The most recent Ebola outbreak has killed nearly 10,000 people to date, including 4,000 in Liberia. The virus has claimed the lives of 11 doctors.

Before returning to the U.S. last August, Dr. Eisenhut helped treat Nancy Writebol and Dr. Kent Brantly, two medical missionaries who contracted the virus but have since made a full recovery.

“Debbie, along with the rest of the team, did everything they could to treat my illness and save my life,” recalled Dr. Brantly. “I will be forever grateful.”

After her colleagues were sickened, Dr. Eisenhut monitored her temperature twice a day – fever is the first symptom of the disease – but never got sick. She and 10 colleagues were quarantined by government order when they returned to the U.S. They stayed in SIM headquarters in North Carolina, wanting to be cooperative although they disagreed with the order.

While contemplating her next steps, Dr. Eisenhut has assisted with short courses at the U.S. Centers for Disease Control and Prevention, informing others about working in Ebola units.

“She is a tremendous surgeon and a person of deep faith,” said John Fankhauser, M.D., a family physician from Ventura, Calif., who worked alongside Dr. Eisenhut in Liberia before and during the 2014 outbreak. “She is someone who lives out her faith by serving others.”

In April, Dr. Eisenhut returned to Liberia to continue her work at the Monrovia hospital.

The Lovejoy award was established in 2008 in honor of Esther Pohl Lovejoy, an 1894 graduate of the OHSU School of Medicine who helped establish several international medical organizations. It honors an OHSU School of Medicine alumnus or alumna who has demonstrated exceptional leadership and service to the medical profession on a national or international level.

Driven to improve health care

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Originally from Montana, Dr. DeVoe was drawn to residency at OHSU because of the school’s reputation for training primary care physicians. Her interest in policy grew out of what she saw in clinics – and motivated her to better understand the relationship between patient health and the community.

“As a physician in a primary care setting, I was seeing that, in some cases, lack of insurance or other life circumstances were
John McAnulty, M.D. R ’74, is credited with helping develop the field of electrophysiology. Now a subspecialty in the field of cardiology, electrophysiology came to the West Coast in the 1970s, due in part to Dr. McAnulty’s efforts. He performed some of the first cardiac ablation procedures in the Pacific Northwest in the 1990s.

Outside the clinic, he’s served in a variety of leadership positions, from cardiology division head at OHSU to leader of the Oregon Chapter of the American College of Cardiology. He’s also written numerous papers on cardiology topics and is considered an expert on heart arrhythmia.

Now a professor emeritus of medicine in the OHSU School of Medicine, Dr. McAnulty is a frequent volunteer at clinics assisting underserved populations, including the Virginia Garcia Memorial Health Center serving Washington and Yamhill counties in Oregon, as well as volunteering in the classrooms of Portland’s Chapman Elementary. He won the Oregon Medical Association’s “Doctor-Citizen of the Year” award in 2013.

Dr. McAnulty has advocated for a number of political causes over the years, including Physicians for Social Responsibility’s call for deeper investigation into the health impacts of coal trains. Recently, he collaborated with Oregon state lawmakers on legislation aiming to reduce the use of unnecessary medical tests.

He attended medical school at Tufts and completed residency at the University of Michigan, before moving to Oregon for a fellowship at the University of Oregon Medical School (OHSU’s precursor).

The Preuss Distinguished Alumnus/a Award was established in 1983 in honor of Charles A. Preuss, M.D. ’29. It honors any School of Medicine alumnus or alumna, who, in professional achievement and service to their communities, reflects the highest ideals of the OHSU School of Medicine.
ONBOARD Members of the OHSU School of Medicine Alumni Council toured multiple levels of the USS EMORY S. LAND in January. The ship’s medical facilities consist of casualty treatment areas in the forward, middle and aft sections, as well as a hyperbaric chamber for diving injuries.

Medicine on the high seas

By Rachel Shafer

When Jesse Taylor Schönau, M.D. ’11, starts his day as a family practitioner, his office might be in Hawaii, Singapore or the middle of the Indian Ocean.

Dr. Schönau is a lieutenant and the senior medical officer on the USS EMORY S. LAND, one of two physicians assigned to care for more than 400 Navy and civilian personnel stationed on the ship.

The USS EMORY S. LAND supports forward-deployed Navy ships and submarines at sea, providing repair and supply services and medical care for those personnel.

On January 24, Dr. Schönau offered a rare glimpse of this type of medical practice when he led a tour of the USS EMORY S. LAND for a group of OHSU School of Medicine Alumni Council members and their guests. The ship was undergoing routine maintenance at a Portland shipyard.

Dr. Schönau is responsible for the comprehensive health of all personnel on board, which is no small task. The tight spaces mean only the most basic diagnostic and lab resources can be onboard. As a result, a key part of health care on the ship is a robust preventive care and health promotions program, including screenings and immunizations.

One of the most valuable experiences at OHSU that prepared him for his current role, he says, was participating in the Oregon Rural Scholars Program during his third year as a medical student. Dr. Schönau spent three months in Gold Beach, Oregon, doing primary and emergency room care for the community of 2,200 people.

“I learned how much I loved being in a remote area taking care of patients and practicing medicine with limited resources,” he said.

On the USS EMORY S. LAND, Dr. Schönau oversees acute care and emergency services as well. One of his most difficult cases to date was a patient who went into diabetic ketoacidosis.

“When somebody gets really sick or hurt, we may not be able to medevac them right away so it’s our job to stabilize them until the ship is in a position to receive help,” he said. “It’s challenging but also very rewarding.”

Originally from Newport, Oregon, Dr. Schönau says he plans to continue his Navy medical career and hopes to join his wife and family in San Diego when he’s not serving at sea.

SMAA in Action

News from the School of Medicine Alumni Association

Reunion coordinators are busy planning gatherings for the M.D. classes of ’65, ’70, ’85 and ’90. If you are interested in attending and/or coordinating your own class reunion this year or in the future, please contact Alumni Relations and Educational Development at 503 552-0689 or alumni@ohsu.edu. See “Mark Your Calendar” on page 23 for additional details.
Me? Yes, you!
Volunteer today and pay it forward

Alumni and community partners enrich our educational programs and provide key support and perspective to students. The school needs additional volunteers in the following areas. Time commitments vary. In some cases, proximity to Portland is not required.

**M.D. program**

**MMI raters** Help shape the future physician workforce by participating in the selection process for M.D. students. As a rater in the multiple mini interview (MMI) that is part of the admissions process, you will conduct a series of short interviews with standardized scenarios and questions between September and March. Training is provided. Contact Lori Servin at tonerl@ohsu.edu.

**Clinical skill lab instructors/preceptors/OSCE observers and more** Share your knowledge, expertise and teaching skills with the next generation of physicians. There are several opportunities to provide clinical experiences for students today and in the future within the newly transformed M.D. curriculum, YOUR M.D. Teaching support is provided. Contact Emily Larson at larsonem@ohsu.edu and Lyndsay Dinino at dinino@ohsu.edu.

**Graduate programs**

**Mentors** Share your own career insights with graduate students as they evaluate various career paths. Volunteers can mentor students, participate in a professional interest group, join a future Career Networking Night and more. Contact the Career and Professional Development Center at pdc@ohsu.edu.

**Send us your email!**

We’re sending more news and event information electronically. Don’t be left out. Email alumni@ohsu.edu to update your contact information.

Also, you’re invited to participate in the OHSU Alumni “Email Address for Life.” This program offers alumni an OHSU email address for their personal use. Contact alumni@ohsu.edu to learn more.

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**SHARING KNOWLEDGE**

Merilee Karr, M.D. R ’89, MFA, meets with graduate students and postdoctoral fellows at an OHSU Career Networking Night.
By Rachel Shafer

At a pivotal moment in her neuroscience career, Anita Bechtholt, Ph.D. ’04, realized this: What she really loved was helping people. Sure, she liked experiments and hands-on discovery. But the best part was mentoring others.

“When someone said to me, ‘My assay isn’t working, how can I fix it?’ I liked being that go-to person,” Dr. Bechtholt said.

Now her full-time job is helping other scientists. She’s an NIH program officer in the Division of Treatment and Recovery Research at the National Institute on Alcohol Abuse and Alcoholism in Bethesda, Md.

“I get to see science fully zoomed out and help direct where it’s going.”

– Dr. Bechtholt

In that role, she administers grants submitted by investigators from around the country, helps them improve their applications and advises them on NIAAA’s submission and review process. When it comes to funding decisions, she’s their best advocate.

“There is nothing better for me than seeing someone get funded,” she said.

Like many scientists of her era, Dr. Bechtholt took a traditional path from Ph.D. program to postdoctoral training. That led to a gold-medal job: Running her own lab as an assistant professor of psychiatry at Harvard Medical School and McLean Hospital.

There, she launched a research program funded by private foundation and federal grants that focused on the role of glial cells in the causes and treatments of psychiatric disorders.

The work built on her long-time interest in psychology. At OHSU, Dr. Bechtholt’s Ph.D. thesis examined the role of opioid receptors in alcohol reward.

But her graduate years were more than just scientific training. Dr. Bechtholt, the first in her family to go to college, found a nurturing faculty invested in her personal success.

The faculty, for their part, observed a student motivated to make a place for herself in science. “In order to meet the aims of her dissertation proposal, Anita single-handedly introduced several new procedures to the lab that we continue to use today,” said her mentor, Chris Cunningham, Ph.D., professor of behavioral neuroscience.

At Harvard, personal and professional circumstances brought Dr. Bechtholt to a point of introspection. Though succeeding as an academic scientist, she wasn’t happy, she says, and sought more work-life balance.

“How, I get to see science fully zoomed out and help direct where it’s going,” she said. “It’s exciting.”

When she’s not counseling scientists or arguing for grants to be funded, Dr. Bechtholt pursues an old childhood love: Art. Her oil and acrylic paintings have been featured in several shows, and she recently launched a small business designing children’s clothing.

Art and science are not as disparate as one might think, explains Dr. Bechtholt. “Science is fundamentally a creative process, and the most successful scientists are the creative ones,” she said.
The sound of hand chimes somehow always broke through the din of a crowded lecture hall.

By that sound, we knew that Dr. Edward Keenan was preparing to lecture. Their soft subtlety also managed to cut through our dense, churning anxiety over the upcoming exam, our sleep deprivation and the existential questions that hung over the classroom.

Dr. Keenan captivated our attention. "It’s our job to expand your fund of knowledge," he told us at our orientation to medical school, "and it will be your job to go and do good."

During his three decades at OHSU, Dr. Keenan embodied his charge to us. As a professor of physiology and pharmacology and surgery, his research aimed to circumvent the scourge of breast cancer. During his 14 years as associate dean for undergraduate medical education in the OHSU School of Medicine, Dr. Keenan led the development of a new curriculum that would reshape how medical students learn the art and science of medicine. With a focus on humanity over test scores, he revolutionized the M.D. admissions process.

In 2009, he left OHSU and became president of the Foundation for Medical Excellence in order to tackle the challenges of health care inequity, while championing the importance of medical education.

On August 14, 2014, he died at age 66. Beyond his innumerable gifts to the OHSU School of Medicine, there is no greater one than the spirit of positive change that he inspired in every student who was fortunate to call him teacher. Through the countless physicians he helped train, Dr. Keenan’s legacy reverberates in hospital hallways and clinic exam rooms across the country.

As he somehow emboldened a small set of hand chimes to bring order to a crowded lecture hall, so too, did he embolden all those who had the honor to learn from him.

We go on, Dr. Keenan, to not only do good but do better.
We welcome your news and photos. Email alumni@ohsu.edu or write a note to Bridges Class Notes c/o Rachel Shafer OHSU School of Medicine, 3181 SW Sam Jackson Park Road MC L102, Portland, OR 97239. Please write a maximum of 250 words and include your name, degree/training information and graduation/completion year. We may not be able to publish all items and may edit for length and clarity.

1970s

Larry Crook, M.D. '71, FACP, of Seattle, Wash., was awarded the Oscar E. Edwards Memorial Award by the American College of Physicians for his exceptional volunteer work. Dr. Crook established the Thai-Burma Border Health Initiative, a nonprofit organization dedicated to fighting disease and improving the lives of displaced persons and villagers through health education, access to medical care and social support.

Harry Chen, M.D. '79 R '83, of Burlington, Vt., wrote, “I was appointed acting secretary of the VT Agency of Human Services by Governor Peter Shumlin, serving from August 2014 to January this year. I was appointed commissioner of the Vermont Department of Health in January 2011. I am on the clinical faculty at the University of Vermont College of Medicine and served as vice chair of the University of Vermont Board of Trustees.”

Upon his retirement last fall, Dan Crawford, M.D. ’75, of Portland, Ore., and his wife spent three months working at a hospital in Liberia. There he treated patients for malaria, diarrhea and other common ailments but did not work directly in an Ebola unit.

1980s

After 24 years in oncology, Stephen Kornfeld, M.D. R ’85, of Bend, Ore., retired from practice. He was instrumental in setting up Central Oregon’s first comprehensive cancer care center. Dr. Kornfeld isn’t sure yet what he’ll do in retirement, but he’s getting plenty of advice from fellow retired physicians. “Part of my goal is to open space for myself to see what begins to resonate,” he told The Bend-Bulletin. “We’ll see over time which direction I go.”

1990s

In January, NPR profiled Michael Fratkin, M.D. R ’96, of Arcata, Calif., and the launch of his startup, ResolutionCare (www.resolutioncare.com), which will provide mobile and telehealth palliative care services for rural patients.

Todd Taylor, Ph.D. ’99, of Kamakura, Japan, heads the Laboratory for Integrated Bioinformatics (http://metasystems.riken.jp/) at the RIKEN Center for Integrative Medical Sciences in Yokohama, Japan. His lab develops computational tools and databases for the analysis of various large-scale datasets.

2000s

Andrew Janssen, M.D. ’02, and his wife, Andrea Janssen, M.D. ’00, of John Day, Ore., are moving to Ethiopia with their children in August to teach at Addis Ababa University in its family medicine residency program. Dr. Andrea Janssen wrote, “Ethiopia has only 2,000 physicians for 94 million people. After three months of language training, we will begin teaching and caring for patients as SIM-affiliated mission physicians.” For more information, write Andrew.Janssen@sim.org.

Jennifer Franks, Ph.D. ’06, J.D., of Portland, Ore., was appointed chair of the executive committee of the Oregon State Bar’s Health Law Section. After completing a postdoctoral fellowship at OHSU, Dr. Franks earned her J.D. from Lewis & Clark Law School and works at Schwabe, Williamson & Wyatt as a lawyer on the firm’s health care team.

Norah Green Verbout, Ph.D. ’08, of Portland, Ore., spends part of her time as senior scientist/project manager at Aronora, a startup biotech company in Beaverton, Ore., focused on new antithrombotic drugs that do not cause bleeding. She is also a senior research associate in the Department of Biomedical Engineering at the OHSU School of Medicine and serves on the school’s Alumni Council.

Thomas Keck, Ph.D. ’09, of Philadelphia, Pa., is an assistant professor at Rowan University in Glassboro, N.J. With joint appointments in the Department of Chemistry and Biochemistry and the Department of Biomedical and Translational Sciences, Dr. Keck’s research focuses on the development of new medications for various neuropsychiatric disorders, including Alzheimer’s, pain and drug addiction.

2010s

Annie Powell, Ph.D. ’10, of Eugene, Ore., is a newly-minted tenure-track assistant professor of biology in the Institute for Molecular Biology at the University of Oregon. Research in her lab focuses on the stem cells of the gastrointestinal tract and is an extension of the work she did as a postdoctoral fellow at Vanderbilt University Medical Center from 2010 to 2015. Dr. Powell and her husband, Brendon, spend their free time chasing their two children: Evelyn, five years old, and Cora Jane, two-and-a-half years old.

See story about Jesse Taylor Schönau, M.D. ’11, of San Diego, Calif., on page 8.

Deanne Tibbitts, Ph.D. ’11, of Portland, Ore., is an assistant professor in the School of Research and Graduate Studies at the National College of Natural Medicine. She wrote, “I wear many hats at NCNM. Besides mentoring graduate students and teaching nutritional genetics, I also run the basic science laboratory at NCNM’s Helfgott Research Institute, serve on the Helfgott Scientific Review Committee and co-organize NCNM’s summer undergraduate research internship program.”

Sarah Hackenmueller, Ph.D. ’12, of Madison, Wis., is an assistant professor of pathology and laboratory medicine at the University of Wisconsin School of Medicine and Public Health and director of clinical chemistry. Her research interests focus on expanding the role of mass spectrometry in clinical laboratory medicine. Prior to this position, she completed a postdoctoral fellowship in clinical chemistry at the University of Utah and ARUP Laboratories in Salt Lake City, Utah.
In Memoriam

Stanley Jacob, M.D., died January 17, 2015, at age 91. Dr. Jacob was a professor of surgery in the OHSU School of Medicine.

Colin Jordan, M.D., of Portland, Ore., died April 8, 2015, at age 73. Dr. Jordan was a professor of medicine in the OHSU School of Medicine and head of the Infectious Diseases Division from 1998 until 2006.


David Frazer, M.D. ’11, of Boston, Mass., died December 22, 2014, at age 44.

William Dale Harrison, M.D. ’49, of Forest Grove, Ore., died November 4, 2014, at age 89.

Eileen B. King, M.D. ’50, of Ross, Calif., died October 25, 2014, at age 90.


William R. Roady, M.D. ’68, of Roseburg, Ore., died October 30, 2014, at age 75.

John Sinning, M.D. ’57, of Davenport, Iowa, died August 22, 2014, at age 82.

Gordon N. Smith, M.D. ’53, of Morro Lake, Calif, died January 5, 2015, at age 87.

George R. Suckow Jr., M.D. ’60, of Salem, Ore., died December 8, 2014, at age 80.

Gregg D. Wood, M.D. ’43, of Lake Oswego, Ore., died January 8, 2015, at age 96.

In Memoriam is also online at www.ohsu.edu/som/alumni.

OHSU Marquam Hill Lecture
“Declaring War on Melanoma” presented by Sancy Leachman, M.D., Ph.D.
May 21, 7 p.m.
Collaborative Life Sciences Building, Portland, Ore.
For more details, visit www.ohsu.edu/mhlectures. Each lecture is recorded and posted to the website.

OHSU Convocation Day
June 5, 11 a.m.
Oregon Convention Center, Portland, Ore.

M.D. Class of 1985 30th Reunion
June 20
Collaborative Life Sciences Building, Portland, Ore.

White Coat Ceremony
Aug. 14, 10 a.m.
Portland State University Peter W. Stott Center, Portland, Ore.

M.D. Class of 1965 50th Reunion
Aug. 14–15
Portland, Ore.

19th Annual Certification and Recertification Review for Physician Assistants
Aug. 18–21
Collaborative Life Sciences Building, Portland, Ore.
Register at www.ohsu.edu/pa/pareview; call 503 494-7439 for the latest information.

M.D. Class of 1970 45th Reunion
Aug. 22

M.D. Class of 1990 25th Reunion
Oct. 10
Oba Restaurante, Portland, Ore.

2015–2016 OHSU Marquam Hill Lectures
Thursdays, 7 p.m.
For more details, visit www.ohsu.edu/mhlectures. Each lecture is recorded and posted to the website.

For the latest information and more events, go to www.ohsu.edu/som/alumni.

Upcoming CME

Infectious Diseases for the Non-Specialist
June 4–5
The Resort at the Mountain, Welches, Ore.

Musculoskeletal Update for Primary Care
June 19–20
Skamania Lodge, Stevenson, Wash.

10th Annual Northwest Regional Hospital Medicine Conference
Sept. 24–25
Sentinel Hotel, Portland, Ore.

16th Annual Oregon Geriatrics Society Conference
Oct. 8–11
Sunriver Lodge, Sunriver, Ore.

4th Annual Orthopedics for Primary Care
Oct. 23
Sentinel Hotel, Portland, Ore.

10th Annual Pediatric Review
Oct. 29–31
Sentinel Hotel, Portland, Ore.

39th Annual Pacific Northwest Update in OB-GYN and Women’s Health
Nov. 5–6
Sentinel Hotel, Portland, Ore.

Oregon Chapter, American College of Physicians Meeting
Nov. 12–14
Salem Convention Center, Salem, Ore.

Schedules are subject to change. Please contact 503 494-8700 or cme@ohsu.edu for brochures and program updates. For the latest information on these and other CME events, visit www.ohsu.edu/som/cme.
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— Fred Brauti, M.D. ’53

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giftplanning.ohsufoundation.org