

ROSALIND FRANKLIN UNIVERSITY *of* MEDICINE AND SCIENCE

# HELIX

MAGAZINE

SPRING 2019

8 HIGH-TOUCH, HIGH-TECH  
*Expanding the role and impact of primary care*

12 THE ART OF CARING  
*Caring for a community in need*

16 STOPPING THE  
LEADING CAUSE OF  
PREVENTABLE DEATH  
*Designing and developing digital tools  
to help people quit smoking*



# EXERCISE YOUR INFLUENCE



**YOU CAN PERSONALLY AFFECT  
THE FUTURE OF HEALTH.**

Buoyed by your support, we're:

- **Incubating innovation in healthcare education** and practice among our five colleges and schools
- **Engaging new and existing clinical and community partners** in our ongoing effort to build world-class resources for lifelong learners
- **Fueling the entrepreneurial spirit essential to the creation of new therapeutics** while simultaneously addressing the critical healthcare needs of our community

**Together, we can strengthen our healthcare workforce and advance the discovery of knowledge** dedicated to improving the wellness of our people.

ROSALIND FRANKLIN  
UNIVERSITY  
*of* MEDICINE AND SCIENCE

**IMPACT**

**DISCOVER MANY WAYS TO IMPACT RFU at  
[rosalindfranklin.edu/impact](https://rosalindfranklin.edu/impact)**

Please consider a recurring gift, which empowers our students and faculty and funds our top priorities.

# HELIIX

*Rosalind Franklin University of Medicine and Science is working with its many community and clinical partners to educate professionals who can lead and achieve significant improvement in healthcare outcomes through the national Triple Aim: better care for individuals, better health for populations and lower per capita costs. A fourth aim, finding joy in our work, sustains our efforts in pursuit of the overarching goal of our namesake, Dr. Rosalind Franklin, who 79 years ago declared that "success in our aims (the improvement of the lot of mankind, present and future) is worth attaining."*



Cover photo:  
Amanda L. Graham, PhD '99,  
MS '95



*Helix is the official triannual magazine of Rosalind Franklin University of Medicine and Science.*

*Produced by the Office of Marketing and Communications*

3333 Green Bay Road  
North Chicago, IL  
60064-3095  
phone: 847-578-8313  
www.rosalindfranklin.edu

## FROM THE INTERIM PRESIDENT

- 2 **LEADERSHIP MESSAGE**
- 3 **MATCH DAY**
- 4 **WELCOME NEW TRUSTEES**
- 6 **INNOVATION AND RESEARCH PARK UPDATE**

## FEATURES

### ENHANCING THE EXPERIENCE OF CARE

- 8 **HIGH-TOUCH, HIGH-TECH**  
*Clive Fields, MD '88 | Expanding the role and impact of primary care*
- 11 **PRACTICING MEDICATION THERAPY MANAGEMENT**  
*Paul Gaura, PharmD '15 | Helping patients understand their prescriptions*

### IMPROVING THE HEALTH OF POPULATIONS

- 12 **THE ART OF CARING**  
*Lisa Charles Fields, MS '00, PA-C, PhD | Caring for a community in need*
- 15 **LEARNING TO HEAL THE DIABETIC FOOT**  
*Students learn the art of healing through early clinical exposures*

### REDUCING THE PER CAPITA COST OF CARE

- 16 **COVER STORY: STOPPING THE LEADING CAUSE OF PREVENTABLE DEATH**  
*Amanda L. Graham, PhD '99, MS '95 | Designing and developing digital tools to help people quit smoking*
- 20 **WORKING TO IMPROVE DIAGNOSTIC ACCURACY**  
*Baldwin Institute researchers gain national funding to develop and test a new framework for diagnostic reasoning and accuracy*

### IMPROVING PRACTITIONER SATISFACTION

- 21 **FINDING JOY IN OUR WORK**  
*A conversation with Lucy Hammerberg, MD '82*
- 23 **ENGAGING WITH OUR COMMUNITY**  
*RFU students find community engagement feeds the soul*

## ALUMNI ENGAGEMENT

- 24 **FROM THE ARCHIVES**  
*Honoring Dr. John J. Sheinin*
- 26 **ALUMNI ENGAGEMENT**  
*Visits, events and opportunities*
- 28 **DR. WENDY RHEAULT**  
*A conversation with the interim president and CEO*



**ROSALIND FRANKLIN UNIVERSITY IS TRANSFORMING THE FUTURE OF HEALTH CARE BY EDUCATING PROFESSIONALS WHO ARE COMMITTED TO THE NATIONAL GOALS OF THE TRIPLE AIM, A STRATEGY FOR THE SIMULTANEOUS IMPROVEMENT OF THE PATIENT EXPERIENCE OF CARE, IMPROVEMENT OF THE HEALTH OF POPULATIONS AND REDUCTION IN THE PER CAPITA COST OF CARE.**

We championed Triple Aim thinking before it became a national campaign. In 2004, we began training future health professionals to collaborate in interprofessional teams and fostered an urgency in understanding and improving the science of healthcare delivery.

As you will read in this issue, our faculty, scientists, students and alumni are deeply invested in improving patient outcomes and the well-being of populations, as well as making care more affordable. They are working to shift the culture of healthcare settings and systems toward high-functioning teams that share responsibility, drive innovations around health promotion and disease prevention, and communicate with empathy and respect.



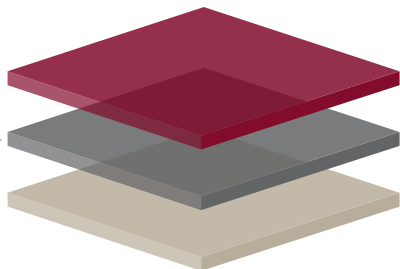
## TRIPLE AIM OF HEALTH CARE

### SATISFACTION

*Improved Patient Experience*

### OUTCOMES

*Improved Health of the Population*



### AFFORDABILITY

*Reduced Cost*

Their excellent clinical and research skills and willingness to take risks are rooted in RFU's mission of service. Our innovative curriculum and experiential learning opportunities encourage a population health mindset, community-engaged research and a determination to build partnerships that address the social determinants of health.

Our educational excellence was recognized by the Higher Learning Commission (HLC), which reaffirmed our accreditation in December 2018. The HLC review team remarked on how our mission inspires our efforts in education, research and service. In its comprehensive evaluation report, the HLC also highlighted our commitment to student achievement, our model of interprofessional education and our institution-wide commitment to continuous assessment and improvement.

Our core metrics — academic quality, student achievement, affordability, educational environment — correlate with the Triple Aim and with our chosen fourth aim: helping our students find joy and satisfaction in learning and future practice.

Guided by the needs of the communities we serve, we are leading the transformation of education by better preparing health and biomedical professionals who will help solve our biggest health and scientific challenges.

Our work and our joy lie ahead. 

**WENDY RHEAULT**, PT, PhD, FSAHP, FNAP  
INTERIM PRESIDENT AND CEO

# MATCH DAY 2019

**RFU TAKES PRIDE IN ITS STRONG RECORD OF RESIDENCY MATCH SUCCESS FOR GRADUATING STUDENTS IN MEDICINE, PODIATRY, CLINICAL PSYCHOLOGY AND PHARMACY.** Allopathic medical and podiatric medical students achieved 98 and 100 percent placement, respectively, and celebrated Match Day with friends, family, faculty and staff on March 15. One hundred percent of clinical psychology PhD students also matched. While residency in pharmacy is not required, 16 pharmacy graduates matched in Phase 1, comparable to the national average.



The seal of Rosalind Franklin University of Medicine and Science is a circular emblem. It features a central figure, likely a classical representation of a person, surrounded by a wreath. The text "ROSALIND FRANKLIN UNIVERSITY" is arched across the top, and "of MEDICINE AND SCIENCE" is arched across the bottom.

# WELCOME NEW TRUSTEES

---

THE UNIVERSITY IS PLEASED  
TO ANNOUNCE THE ELECTION OF

**SEEMA BHATIA, MD**

**SYLVIA MANNING, PhD**

AND

**LEE B. SACKS, MD**

TO THE BOARD OF TRUSTEES

---

“It’s my privilege to welcome three exceptional professionals and innovative leaders who bring deep expertise in their respective fields and a demonstrated commitment to Rosalind Franklin University and our mission to improve health and well-being.”

**FRANK MYNARD, CHAIR, BOARD OF TRUSTEES**






## SEEMA BHATIA, MD

A philanthropist and retired internist, Dr. Bhatia is working to improve health care both locally and globally.

A member since 2012 of the Rosalind Franklin University Health Clinics Board of Directors, she also serves on the board of Arogya World, a nonprofit that works to prevent noncommunicable diseases, and as a trustee for the American India Foundation, a network of leaders in business, arts, culture and philanthropy dedicated to improving the lives and health of underprivileged people in India.

Dr. Bhatia was a longtime volunteer, executive board member and medical committee chair for HealthReach Clinic,

which served medically uninsured, low-income residents of Lake County through free, community-based clinics. As a member of the Blue Ribbon Health Care Committee, she worked to improve the health of people across the state of Illinois. She is also a former trustee of the Lake Forest Country Day School.

Dr. Bhatia completed her medical education at Lady Hardinge Medical College at the University of Delhi in New Delhi, India, before immigrating to the Chicago area, where she completed a residency in internal medicine at Grant Hospital, affiliated with Rush-Presbyterian-St. Luke's Medical Center. 




## SYLVIA MANNING, PhD

Dr. Manning has extensive expertise in the leadership, management and operations of institutions of higher education. Her more than 40-year career includes a broad range of academic and administrative roles, with specialization in academic quality, accreditation and governance.

She became the first woman to lead the University of Illinois at Chicago (UIC) campus, serving as interim chancellor and then chancellor from 1999 through 2007. At UIC she oversaw a rapidly expanding research portfolio, a full-spectrum healthcare enterprise and a 50-acre campus expansion.

A past president of the Higher Learning Commission, Dr. Manning has held faculty

and administrative posts at the University of Southern California and California State University and has testified before the U.S. House Committee on Education and Labor and the U.S. Senate Committee on Health, Education, Labor and Pensions.

Dr. Manning has also served on the board of the American Association of Colleges and Universities. She is the author of numerous publications and presentations on higher education, in addition to scholarly works and essays. Awarded an honorary doctorate of humane letters by RFU in 2014, she earned an MA and PhD in English language and literature from Yale University. 




## LEE B. SACKS, MD

Nationally recognized physician executive Dr. Lee Sacks recently retired as executive vice president and chief medical officer of Advocate Aurora Health and as founding CEO of Advocate Physician Partners, one of the nation's largest accountable care organizations.

Dr. Sacks was an early proponent and leading voice on population health management, value-based care and patient safety. He began his career with Lutheran General Hospital in Park Ridge, IL, where he completed his residency in family practice after earning his MD from the University of Illinois College of Medicine. He held executive positions at Lutheran General HealthSystem and played a key role when it merged with

Evangelical Health Systems Corp. to become Advocate Health Care in 1995.

Named executive vice president and chief medical officer of Advocate Health Care in 1997, he was responsible for areas including health outcomes, safety, risk management, research and medical education. Advocate and Wisconsin-based Aurora Health Care, both RFU clinical partners, merged in spring 2018 and now offer more care sites than any other health system in the Midwest.

Dr. Sacks has held numerous academic appointments, including senior associate dean of the Chicago Medical School. He is a past president of both the Illinois Academy of Family Physicians and its foundation. 



SUCCESS IN OUR AIMS

# INNOVATION AND RESEARCH PARK CONSTRUCTION UPDATE







**THE UNIVERSITY RECENTLY WELCOMED BLR BIO LLC, THE FIRST OCCUPANT OF ITS INNOVATION AND RESEARCH PARK (IRP) NOW UNDER CONSTRUCTION AND EXPECTED TO OPEN IN FALL 2019.** The faculty startup, headed by founder and CEO Bruce Riser, PhD, has moved into the new Helix 51 incubator in newly renovated space adjacent to the IRP. Dr. Riser is an adjunct professor of physiology and biophysics and investigator in the Center for Cancer Cell Biology, Immunology and Infection.

BLR Bio is an early-stage biotech company working on National Institutes of Health- and internationally-funded research in fibrotic-based disease, with potential impact for liver, kidney, skin and solid-tumor cancers. The company is developing a patented peptide-based technology targeting matricellular signaling proteins to both prevent and reverse fibrosis development. In the case of cancer, the peptides break up the fibrotic-like supporting tumor stroma, paving the way for improving the efficacy of current immunotherapeutic and chemotherapeutic drugs.

Located on the lower level of the Basic Sciences Building, the incubator, which will move into a 5,000-square-foot space in the IRP upon its completion, offers a collaborative environment with the goal of accelerating RFU's nationally recognized research on the treatment and prevention of disease.

The IRP will consist of 100,000 square feet of state-of-the-art research, office and meeting space that will ultimately house 175 scientists, including investigators in industries collaborating with the university. RFU will inhabit approximately two-thirds of the building. The remaining space will be offered for occupancy to life science companies.

"RFU's commitment to research has never been stronger," said Ronald Kaplan, PhD, executive vice president for research. "We're determined to offer a supportive and collaborative environment for our talented and dedicated researchers who continue to secure major research grants from the NIH, despite a competitive funding environment." ®

*Above: RFU alumni enjoy a bird's-eye view of construction during a presentation on the IRP by Executive Vice President for Research Ronald Kaplan, PhD. Aerial view looking south, taken March 21.*

*Left: Aerial view looking southwest, taken March 21.*



ENHANCING THE EXPERIENCE OF CARE

# HIGH-TOUCH, HIGH-TECH





**A FAMILY DOCTOR HELPS PRIMARY CARE PHYSICIANS EXCEL AT VALUE-BASED CARE AND, IN THE PROCESS, DRIVES THE TRIPLE AIM FOR POPULATIONS AND IMPROVES PRACTITIONER SATISFACTION.**

When Clive Fields, MD '88, prepared to enter a physician workforce that inherently favored specialization, he often heard: "You're too smart to go into family medicine."

Dr. Fields ignored that admonition, and 30 years later he is a leader in the national movement for healthcare reform, working to "broaden the role and impact of primary care" as urged by the Institute for Healthcare Improvement. He is co-founder and chief medical officer of VillageMD, which provides primary care practice services for more than 2,500 physician partners across eight states. The company runs on a value-based, primary care-led model that rewards improvement in health outcomes. It uses data analytics and the power of teams to optimize physician-patient encounters.

"Value-based care is just another name for quality care," Dr. Fields said. "We're delivering the tools, teams and strategies for primary care physicians to deliver the highest-quality care. We're supporting them in the best of the old and best of the new. We want doctors and patients to form a relationship that lasts a lifetime."

VillageMD helps its practices thrive in the pursuit of national Triple Aim goals: better care for individuals, improved health of populations and lower per capita costs. Its partners are consistently recognized by the Centers for Medicare and Medicaid Services for successes that include rates of hospital admissions and readmissions 20 to 45 percent lower than market averages, a 92 percent patient satisfaction rate for high-risk care management and Medicare costs that are 20 to 45 percent below the market average.

The company helps its physician partners reclaim the joy in patient care through collaboration with interprofessional healthcare teams that include health coaches, diabetes educators, pharmacists, advanced practice providers, dietitians and others. It also maximizes physician-patient time through collection and analytics of electronic medical records and claims data before and after each visit.

"All information is available at the point of care," Dr. Fields said. "As a result, our physicians see more patients, see them more often and are able to impact a greater population. We're managing our population proactively, as a team. We're successful because we're responsive, determined to improve care, and we generate economic efficiencies."

Dr. Fields explored many specialties before pursuing family medicine.

"I had to discover what I really wanted, which was a continuous relationship with patients," he said. "I like people better than diseases. Family medicine allows you to practice across gender, age and disease, to know people both inside and outside the exam room and across the community. It's a decision I've never regretted."

---

*"We're managing our population proactively, as a team."*

**CLIVE FIELDS, MD '88**

---

He credits the Chicago Medical School with exposing him to both public and private sectors of care, which helped him recognize the injustice of the disparities he witnessed.

"I saw how a physician in a primary care specialty had the opportunity to affect those inequities at both the individual and macro level," he said.

After completing his residency at Baylor College of Medicine in Houston, Dr. Fields joined his father, Harold J. Fields, MD, at his small, independent practice in the same city.



**IN NAMING CLIVE FIELDS, MD '88, ITS 2018 PHYSICIAN EXECUTIVE OF THE YEAR,**

the American Academy of Family Physicians cited his early adoption of data-driven, risk-stratified care management. These strategies are now employed across the nation to improve clinical quality, the patient and provider experience, and lower the total cost of care. Dr. Fields is chairman of the Accountable Care Coalition of Texas Board of Directors, medical director and board member of Select Care of Texas, and a member of the founding board of the new University of Houston College of Medicine, set to open in 2020, which aims for 50 percent of each graduating class to take up practice in primary care.

*Left: Clive Fields, MD '88, at VillageMD headquarters in Chicago's Loop.*



**“In looking at macro trends, we realized we had an opportunity, and that opportunity was to lead.”**

**CLIVE FIELDS, MD '88**

“Dad brought the patient-centered philosophy from national healthcare systems in his native Scotland and from Canada, where house calls and personal calls after discharge are the norm,” said Dr. Fields, who worked to grow the practice by taking on Medicare risk contracts and developing efficiencies in workflow and clinical protocols. The resulting increase in quality of care, cost containment and improved patient outcomes increased physician compensation under the value-based model of care.

“We saw an opportunity to take our integrated, coordinated clinical model and expand it not just throughout the Houston marketplace, but the national marketplace,” Dr. Fields said. “We wanted to use a high-tech approach to augment and scale the old-fashioned, personal, high-touch approach, which was so successful for generations of physicians before us. The data and the literature supported the fact that primary care was the best positioned to impact care. In looking at macro trends, we realized we had an opportunity, and that opportunity was to lead.”

Dr. Fields is undeterred by the nation’s shortage of primary care physicians, which the Association of American Medical Colleges warns could reach nearly 50,000 by 2030.

“It’s a disparity in numbers, specialties and location of physicians,” he said. “We believe primary care serves the greatest purpose by offering continuous, coordinated care over a long period of time and over the evolution of diseases. That’s where the solution lies in both access and treatment. Ultimately, that will drive an increase in income for primary care and interest in primary care by medical students.” <sup>®</sup>

*Above: Dr. Fields chats with, from left, Tina Ciesielski, executive assistant, and Marissa Lee, senior manager in business development, at VillageMD headquarters in Chicago’s Loop.*

**THE IMPACT YOU MAKE ON TOMORROW’S HEALTHCARE PRACTITIONERS STARTS WITH HOW YOU SUPPORT THEM TODAY. GIVE TO THE IMPACT FUND TODAY. VISIT [WWW.ROSALINDFRANKLIN.EDU/IMPACT](http://WWW.ROSALINDFRANKLIN.EDU/IMPACT).**



# PRACTICING MEDICATION THERAPY MANAGEMENT

**PAUL GAURA, PharmD '15, A JEWEL-OSCO PHARMACY MANAGER IN CHICAGO'S ANDERSONVILLE NEIGHBORHOOD, IS MAKING A POWERFUL AND IMMEDIATE DIFFERENCE IN THE LIVES OF HIS PATIENTS THROUGH MEDICATION THERAPY MANAGEMENT (MTM).**

A cost-effective strategy for ensuring medication adherence through patient education, MTM is delivered in one-on-one counseling sessions by pharmacists who routinely reach out to patients flagged for the intervention, often by their insurance providers.

"We're helping our patients, many with chronic illnesses like diabetes and hypertension and some with more complex conditions, stay on their medication regimen," Dr. Gaura said. "One of the most important issues in pharmacy is helping patients understand their regimen and the consequences if they don't take their medications as prescribed."

Dr. Gaura has helped patients whose misunderstanding of their prescribed medications posed a serious threat. He recalls a native Spanish speaker who interpreted dosage instructions written as "once a day" as 11 times per day, because "once" in Spanish means the number 11. In another comprehensive medication review, a patient complained of severe stomach pains. Through careful questioning, Dr. Gaura discovered the man was taking up to 20 aspirin a day.

"I explained how that medicine works and how damaging it can be to take more than the recommended dose," he said. "We agreed on a different over-the-counter medication. I reinforced the correct dosing and encouraged him to see his doctor."

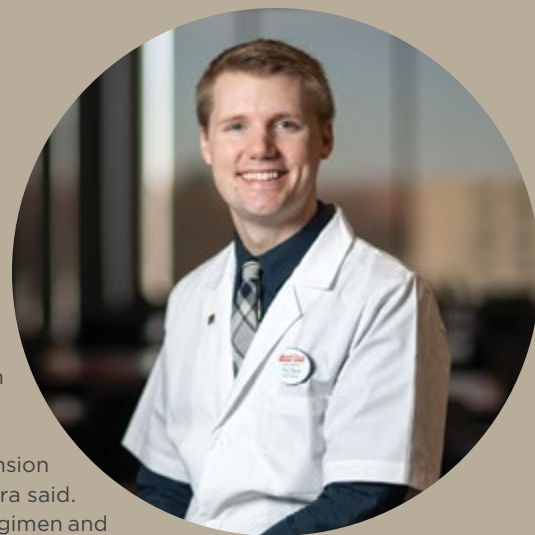
Studies have shown MTM to be effective in lowering blood pressure, LDL cholesterol and blood glucose (A1c) levels. The comprehensive review process helps pharmacists prevent therapeutic duplication — the prescribing of medication that is the same or similar to what the patient is already taking — and spot and remedy other problems for patients treated by multiple providers.

"We reach out to providers when we see a gap in care, like a patient with diabetes whose regimen doesn't meet the latest therapeutic guidelines, which call for protection against kidney and cardiovascular disease," Dr. Gaura said. "Or maybe it's an elderly patient at a high risk for falls, who's on a medication that causes dizziness or disorientation. That presents an opportunity to find an appropriate substitute. In every case, we reach out to the provider and to the patient to make sure they're both on board."

As a preceptor for RFU, Dr. Gaura provides hands-on experience in MTM to College of Pharmacy students.

"The interaction with patients, providers and insurers is a great opportunity for students to learn how community pharmacy is evolving into more individualized care," Dr. Gaura said. "We're helping to reduce disease complications and hospitalizations. It's rewarding to apply our knowledge to improve patient care." ®

*Right: Paul Gaura, PharmD '15, discusses proper inhaler technique with, from left: Marshall Lee and Afwaj Binhussein, both COP '19; Vanessa Knox-Harris, senior administrative assistant in the Department of Pharmacy Practice; and campus visitor Marcus Dolton.*



---

"One of the most important issues in pharmacy is helping patients understand their regimen and the consequences if they don't take their medications as prescribed."

---

PAUL GAURA, PharmD '15



IMPROVING THE HEALTH OF POPULATIONS

# THE ART OF CARING





## A PHYSICIAN ASSISTANT TREATS PATIENTS FOR WHOM CERTAIN SOCIAL DETERMINANTS POSE A SERIOUS CHALLENGE TO HEALTH AND WELL-BEING.

When RFU Assistant Professor Lisa Charles Fields, MS '00, PA-C, PhD, founded her North Chicago clinic in 2008, she was determined to provide primary care for patients and families who lack access.

"I chose this place strategically," said Dr. Fields from her office inside Intervention Arms Medical Center, which stands in the city's old downtown, close to a population of largely African-American and Latino residents, 30 percent of whom, according to census data, live below the poverty line.

"There was only one physician in the city, and he was leaving," Dr. Fields said. "This was an area that needed care and that still needs care."

Dr. Fields and her staff, including collaborating physicians, care for an ever-expanding population of patients who struggle to stay healthy. Those who seek care include adults with a high school diploma or less, who work minimum wage jobs and head families who qualify for food stamps, housing and cash assistance under various government programs. Dr. Fields cares for all ages, including newborns. Her oldest patient is 102.

Patients hear about Dr. Fields and Intervention Arms through word-of-mouth recommendations equivalent to a four-star review: "Go to her, she'll listen." That's how one man, who suffered two heart attacks within a year, found his way to her. He was under the care of a cardiologist and very confused about the many medications he had been prescribed.

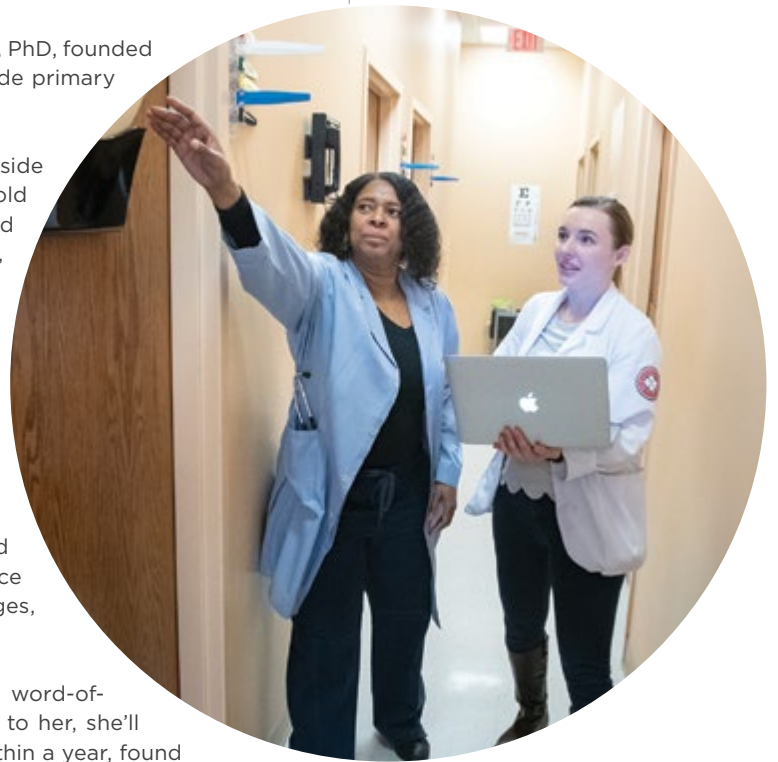
"I sat down with him and we discussed each pill."

LISA CHARLES FIELDS, MS '00, PA-C, PhD

"I'm sure that the doctor explained what the meds were for, but maybe not in a way this gentleman could understand," Dr. Fields said. "So he came to me. I sat down with him and we discussed each pill. I said, 'Look, you're the one taking these medicines. If you don't understand what they're for and what they do, it's your responsibility to ask the doctor to explain it to you. You should know what you're putting in your body.'"

"That was six years ago, and he has not had another attack," Dr. Fields said. "So many of our patients don't know how to take care of themselves. They don't know how to eat. They don't understand the importance of exercise."

The center is deeply engaged in secondary prevention, helping many of its patients manage chronic conditions, including diabetes, asthma, hypertension and staving off complications of those illnesses. Open six days a week, it reserves Wednesdays for procedures and education. Patients newly diagnosed with diabetes arrive with workbooks to learn self-management.



*Inset: Dr. Fields and Nicole Greenhill, CHP '19, a physician assistant student, prepare to see a patient at Intervention Arms Medical Center, founded by Dr. Fields in 2008.*

*Opposite page: Lisa Charles Fields, MS '00, PA-C, PhD*

## INTERVENTION ARMS

50

PATIENTS  
SEEN PER DAY

5,000

PATIENT  
ROSTER

70%

OF PATIENTS  
ON MEDICAID

35-50%

OF PATIENTS  
UNDER AGE 18



*Above: Lisa Charles Fields, MS '00, PA-C, PhD, chats with Maria Palomino, holding Andres Espinoza, while physician assistant student Nicole Greenhill, CHP '19, examines Josue Serrano.*

"We do very close follow-up," Dr. Fields said. "We teach about symptoms, medications, nutrition. And no! Ramen noodles are not a healthy food. If we have the luxury, we make referrals to a dietitian."

About 70 percent of Intervention Arms patients are covered by Medicaid or the Children's Health Insurance Program. When Illinois expanded Medicaid in 2014 under the Affordable Care Act (ACA), more adults flooded in. Many had gone a long time without care.

While access has improved, it is still limited, notes Dr. Fields. Many specialists chose not to contract with new insurance programs under the ACA or Medicaid expansion. Reimbursements remain low. Intervention Arms is a for-profit clinic, but its margins are razor thin, "enough to pay our staff and keep the lights on," she said.

The clinic draws patients from federally designated medically underserved and health professional shortage areas. Dr. Fields is helping to address the shortage in numerous ways. She is a member of and promotes the National Health Service Corps, which offers scholarships and student loan repayment to qualified healthcare providers dedicated to working in areas with limited access to care.

Named a 2018 RFU Preceptor of the Year, she provides clinical training for physician assistant (PA) students and has hired more than 10 new RFU PA graduates.

Dr. Fields, a native of Arkansas, left a career as a registered dental hygienist at Great Lakes Naval Training Center in North Chicago to attend RFU's physician assistant program, a decision she calls a "smart investment" and one that has yielded improved health and well-being for the local community.

"I've been doing this for nearly 20 years," Dr. Fields said. "I love taking care of people." ®

**YOU CAN HELP OUR STUDENTS MAKE AN IMPACT IN THE COMMUNITY AND  
PROVIDE CRITICAL CARE TO THE UNDERSERVED. MAKE A GIFT AT  
[WWW.ROSALINDFRANKLIN.EDU/IMPACT](http://WWW.ROSALINDFRANKLIN.EDU/IMPACT).**



# LEARNING TO HEAL THE DIABETIC FOOT

**PODIATRIC MEDICAL STUDENTS ARE LEARNING BY THE SIDE OF STEPHANIE WU, DPM, MSc, FACFAS, NATIONALLY RECOGNIZED FOR HER RESEARCH IN LIMB PRESERVATION AND THE TREATMENT OF DIABETIC WOUNDS.**

"It's an experience words can't describe," said Jessica Hoffstatter, SCPM '21. "Everyone knows that when Dr. Wu is in clinic we see wounds that we don't see with anybody else. From day one we've learned about diabetes. But with diabetic wounds, you can't fully understand the impact on the patient until you see them in person."

Foot ulcers develop in an estimated 9 million to 26 million people with diabetes worldwide. The lower extremity accounts for \$58 billion in diabetes care per year, said Dr. Wu, professor in the Department of Podiatric Surgery and Applied Biomechanics. "That doesn't include indirect costs — loss of employment and productivity, decreased quality of life, or pain and suffering."

"They're putting their trust in us to help. They're putting their lives in our hands. Our first priority is letting them know we care."

JESSICA HOFFSTATTER, SCPM '21

The early clinical exposure through the Scholl Foot & Ankle Center at Rosalind Franklin University Health Clinics enhances students' clinical skills, fosters interprofessionalism and helps develop empathy.

"Students learn in didactic classes how and why these wounds develop, but interactions in the clinic allow them to learn the patient perspective on the disease, how they're suffering, and that enhances their ability to be better doctors going forward," Dr. Wu said.

"I appreciate the opportunity to sit down with patients," Jessica said. "I want to understand their outlook. They're putting their trust in us to help. They're putting their lives in our hands. Our first priority is letting them know we care." ®



*Right: Professor Stephanie Wu, DPM, MSc, FACFAS, gives a lesson in patient care to podiatry students, from left: Monte Schmalhaus, SCPM '20, Christen Canada, SCPM '21, and Jessica Hoffstatter, SCPM '21.*

REDUCING THE PER CAPITA COST OF CARE

RUTH  
AND  
INSPIRING  
-FREE LIVES  
DEDICATED TO  
G A CULTURE  
ALL YOUTH  
NG ADULTS  
OBACCO, AN  
ATION FOR  
OBACCO IS  
OF THE PAST

STOPPING THE  
LEADING CAUSE OF  
PREVENTABLE DEATH

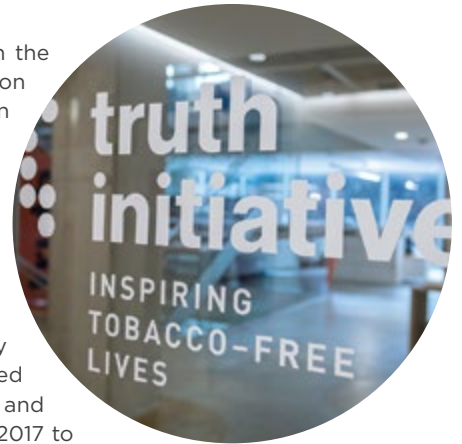




**A HEALTH PSYCHOLOGIST OVERSEES THE DESIGN AND DEVELOPMENT OF DIGITAL TOOLS TO HELP PEOPLE QUIT SMOKING, A HABIT THAT COSTS THE U.S. ECONOMY MORE THAN \$332 BILLION PER YEAR IN DIRECT HEALTHCARE COSTS AND LOST PRODUCTIVITY.**

Amanda L. Graham, PhD '99, MS '95, is in the vanguard of researchers who are taking on the e-cigarette epidemic, the latest front in the battle for tobacco control.

While smoking, or combusted tobacco use, is no longer the norm — down from nearly 50 percent among adults in the 1960s to about 14 percent today — youth e-cigarette use, also called vaping or Juuling, has been declared an epidemic by the surgeon general. E-cigarette use increased by 78 percent among high school students and 50 percent among middle schoolers from 2017 to 2018, according to the 2018 National Youth Tobacco Survey. Battery-operated e-cigarettes or vape pens are now used by 3.6 million young people to inhale nicotine and non-nicotine solutions, including cannabis.



"The tragedy is that 20 percent of high school kids are now using e-cigarettes — exposing themselves to nicotine at a very young age, which we know is harmful for a developing brain," Dr. Graham said. "Kids who start with an e-cigarette are four times more likely to become cigarette smokers."

Dr. Graham is senior vice president of the Innovations Center at Truth Initiative in Washington, DC, the largest nonprofit public health organization in the United States dedicated to tobacco control. In early 2019, Dr. Graham and her team launched This is Quitting, a text message program for young people who want to quit vaping. Created with input from teens and young adults, the program delivers proactive prompts tailored by age group, including customized support and information on quitting. It also serves as a resource for parents, more than 3,000 of whom enrolled after the platform was featured by NBC's "Today" show on Jan. 18.

---

"Although e-cigarettes are safer than combusted cigarettes, they are not safe, and it's important for kids to know that."

**AMANDA L. GRAHAM, PhD '99, MS '95**

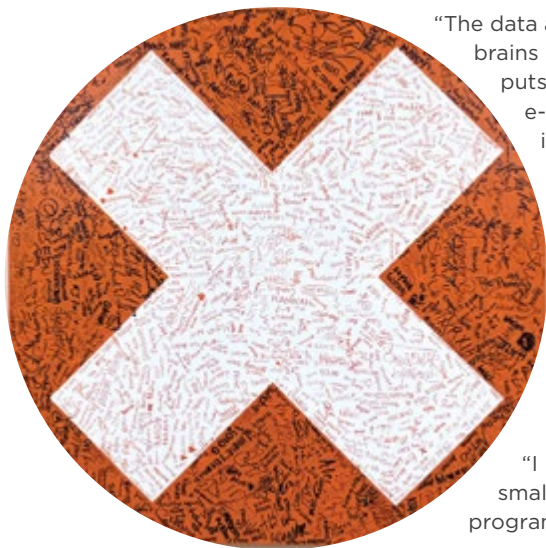
---

More than 30,000 young people between the ages of 13 and 24 enrolled within 24 hours after the program was highlighted by Mashable on its Snapchat channel. More than two-thirds of those enrolled have set a quit date, and the most common quit date is the day they enroll. Early outcome data — both quit rates and qualitative feedback from users — show the program's potential impact.

"We were stunned at the response," said Dr. Graham. "We knew that digital platforms and social networks are how young people get information and connect with peers. But the volume of young people that enrolled that first day is likely the tip of the iceberg of kids who are addicted and desperate to find something to help them quit."

Young people confront a confusing message about vaping, which is marketed as both an alternative to smoking and a cessation tool. Is it safe?

*Left: Amanda L. Graham, PhD '99, MS '95, at nonprofit Truth Initiative's offices in Washington, DC.*



"The data are clear: Young people should not use nicotine," Dr. Graham said. "Their brains are still growing — up until about age 25 — and early use of nicotine puts them at risk for addiction, both to nicotine and other drugs. Although e-cigarettes are safer than combusted cigarettes, they are not safe, and it's important for kids to know that. As for e-cigarettes as a way for adults to quit smoking, there is research emerging every day. The most important thing is to quit smoking entirely — there's no health benefit to vaping and smoking. If adults can't quit smoking with a combination of behavioral support and medication, e-cigarettes may be helpful and are a safer alternative."

Dr. Graham faced a tough decision in choosing her graduate school path: A large university had offered a full ride, but she chose RFU, where she earned a master's degree and PhD in clinical health psychology.

"I was drawn by the smaller class size, by the Chicago Medical School's smaller labs, the individual attention and ability to create and shape my own program of research," she said.

**"We know that social connections and social media content are sticky — the reason people keep coming back to online interventions."**

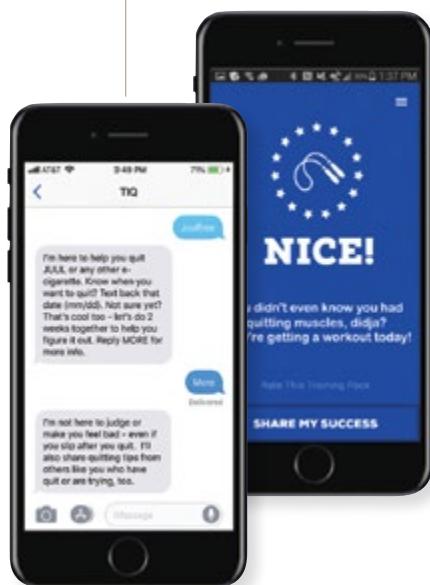
AMANDA L. GRAHAM, PhD '99, MS '95

*Above: On display at the Truth Initiative: The "Finish It" X, signed by college students from around the country in support of tobacco-free campuses.*

*Below: Digital smoking cessation interventions run by Amanda L. Graham, PhD '99, MS '95, and her team include the text message program This is Quitting, and the enterprise EX Program, a resource designed for employers and health plans.*

After a postdoctoral fellowship and seven years in the Department of Psychiatry at Brown University's medical school in Providence, RI, Dr. Graham relocated to Washington, DC, in 2006. In 2008, she faced another tough career decision: stay in a tenure-track position at Georgetown University Medical Center or help build a new research institute at the American Legacy Foundation, now the Truth Initiative. She took on the new challenge. The Schroeder Institute for Tobacco Research and Policy Studies at Truth Initiative grew over the next five years under her leadership, and Dr. Graham's program of research on digital smoking cessation interventions flourished with NIH funding. In addition to This is Quitting, Dr. Graham and her team run BecomeAnEX, a free, digital quit-smoking program developed in collaboration with Mayo Clinic, which has helped more than 800,000 individuals on their quitting journey. Based on the success of BecomeAnEX, they launched the enterprise EX Program, designed specifically for health plans and employers, for whom one smoking employee poses an additional annual cost of \$6,000.

Truth Initiative's quit-smoking suite of resources is centered around mobile platforms, social community and personalization.







**TRUTH INITIATIVE AND THE MAYO CLINIC LUNG SCREENING PROGRAM ARE FUNDED BY THE NATIONAL CANCER INSTITUTE**

to evaluate the effectiveness of an integrated digital and clinical quit-smoking program for people undergoing lung cancer screening under an NIH grant. Researchers are investigating the efficacy of clinicians connecting patients to a digital cessation program by checking a box in the electronic health record that then generates an outbound message or text.

“Quitting is the most important thing smokers can do for their health,” said Amanda L. Graham, PhD ‘99, MS ‘95. “Clinicians often feel that they are not qualified to address smoking, or that there are too many other priorities and not enough time. Integrating digital smoking cessation interventions into the healthcare setting allows clinicians to be proactive in getting smokers connected with a program that can literally save their lives.”

**VISIT [TRUTHINITIATIVE.ORG](https://truthinitiative.org)**

“We know that social connections and social media content are sticky — the reason people keep coming back to online interventions,” Dr. Graham said. “We’ve designed our programs around those powerful human connections — whether they are one to one through digital coaching or with a group of people in an online community — and deliver them in a way that is convenient and accessible through a digital platform. We see every day in the EX Community the real impact that these connections have in helping people to quit smoking, and our research confirms these observations.”

Dr. Graham, who is an adjunct professor of oncology at Georgetown University Medical Center and a member of the university’s Lombardi Comprehensive Cancer Center, is investigating digital smoking cessation interventions through a variety of NIH-funded grants.

“What we learn from our federally funded research and ongoing program evaluations is folded back into our products for the benefit of our users, whether they arrive at our programs via a Google ad or the encouragement of their employer,” Dr. Graham said. “That’s the R&D cycle that makes this work truly exciting and gratifying to me: build, measure and learn, all while helping people free themselves from a really tenacious addiction.” ®

*Above: Dr. Graham participates in a planning meeting led by Michael Biagetti, technical project manager.*

# WORKING TO IMPROVE DIAGNOSTIC ACCURACY

**RFU RESEARCHERS ARE AT THE FOREFRONT OF A NATIONAL EFFORT TO IMPROVE MEDICAL DIAGNOSIS, WORKING TO DEVELOP AND TEST A NEW FRAMEWORK TO IMPROVE DIAGNOSTIC REASONING AND ACCURACY AMONG MEDICAL AND HEALTH PROFESSIONALS.**

Researchers James Carlson, PhD '12, MS '01, vice president for interprofessional education and simulation, and Tamzin Batteson, BSc, are working to improve diagnostic accuracy as part of a \$3 million initiative by the Coverys Community Healthcare Foundation, which is seeking solutions to the leading cause of paid liability claims among medical providers. Both Dr. Carlson and Ms. Batteson, whose proposal earned a two-year, \$225,000 grant, work in the university's DeWitt C. Baldwin Institute for Interprofessional Education.

“It’s our intent to provide novel training that facilitates diagnostic reasoning skills, while simultaneously mapping out possible causes of error.”

TAMZIN BATESON, BSc



*Above: James Carlson, PhD, '12, MS '01, and Tamzin Batteson, BSc, demonstrate the Isabel diagnosis checklist system in the Simulation Lab.*

RFU's focus on improving diagnostic competencies via health professions education and training aligns with National Academy of Medicine (formerly Institute of Medicine) goals to reduce diagnostic error and improve diagnosis. Scientific literature on the subject suggests that a high percentage of reported diagnostic errors are caused by cognitive errors, Dr. Carlson said. Those errors include faulty knowledge, faulty data gathering and faulty synthesis, leading to overconfidence, anchoring (reliance on one trait or piece of information) and/or premature closure.

“We’re concentrating on enhancements to clinical judgments and processes,” Dr. Carlson said. “We’re combining both cognitive approaches — practice through simulation-based clinical cases to increase reasoning skills — and system approaches — the use of a diagnostic reminder system (DRS) to help with the synthesis of clinical information.”

DRSs can also capture learners’ or practitioners’ patterns of bias, including anchoring, confirmation and overconfidence, Dr. Carlson said.

An estimated 5 percent of U.S. adults who seek outpatient care experience a diagnostic error, according to a 2015 Institute of Medicine report, “Improving Diagnosis in Health Care.” The report cites decades of postmortem examination research revealing diagnostic errors as a factor in approximately 10 percent of patient deaths. It also cites a review of medical records that suggests such errors account for 6 to 17 percent of adverse events in hospitals.

Dr. Carlson and Ms. Batteson aim to develop an “easy-to-deploy intervention of a DRS when teaching the diagnostic decision-making process,” transferable to other institutions for training in foundational reasoning skills.

“We’re hopeful that the findings from our study will help to shape a new method of teaching clinical reasoning to medical and health professions students,” Ms. Batteson said. “It’s our intent to provide novel training that facilitates diagnostic reasoning skills, while simultaneously mapping out possible causes of error.”

“If supported by the evidence,” Dr. Carlson said, “this educational model offers a possible new paradigm that could help developing healthcare teams improve the culture of safety around diagnosis and patient care.” ®

Learn more about the Coverys Community Healthcare Foundation at  
**[WWW.COVERYS.COM/ABOUT-US/FOUNDATION](http://WWW.COVERYS.COM/ABOUT-US/FOUNDATION).**



# FINDING JOY IN OUR WORK:

A CONVERSATION WITH  
LUCY HAMMERBERG, MD '82



**CHICAGO MEDICAL SCHOOL ASSISTANT PROFESSOR AND DIRECTOR OF SPECIALTY ADVISING LUCY HAMMERBERG, MD '82, CPE, FACEP, IS A LONGTIME EMERGENCY PHYSICIAN WHOSE LEADERSHIP POSITIONS AT CHICAGO AREA HOSPITALS HAVE INCLUDED CHIEF QUALITY OFFICER, EMERGENCY DEPARTMENT CHAIR, MEDICAL DIRECTOR AND EMERGENCY MEDICINE ROTATION DIRECTOR.** She is also a physician coach, a consultant and president of her local school board. Married to orthopedic surgeon Dr. Kim Hammerberg, she's the mother of three grown children.

**RFU is doing a lot to foster resilience among its students. Its model of interprofessional education encourages shared learning and responsibility, and various initiatives aim to improve student wellness. CMS, in particular, is putting more emphasis on humanistic values, social interactions and provider self-care. How are you helping medical students find joy?**

I like to think of specialty advising as career development. In the first years of medical school you're so focused on learning the basic sciences and then gaining the clinical skills — that's the foundation. But I encourage medical students and all health professions students to spend just an hour or two a week looking at the big picture, to step back and think about what they want to be in a larger sense. What's your bigger mission? There's a lot of ways to fulfill that mission. Emergency medicine is an exciting field. Every day was different. But on the flip side I saw thousands of people with ankle sprains and sore throats and kids with colds. The thing that keeps you going is not the variety or the mental challenge of practice. That will charge you up, but for the most part that's not where you find the joy. The joy is in personal connection and bringing your authentic self to work and making sure that you're having that relationship with your patients.

“The joy is in personal connection and bringing your authentic self to work and making sure that you're having that relationship with your patients.”

**LUCY HAMMERBERG, MD '82, CPE, FACEP**

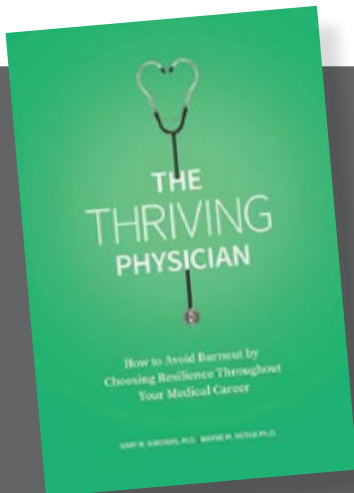
*Above: Dr. Lucy Hammerberg, a certified physician executive, speaks to pharmacy students on leadership.*

**Burnout threatens the health and happiness of health professionals and poses a threat to the health and safety of patients. What's to be done?**

Between 30 and 50 percent of our physician workforce is feeling burned out. That's a system problem. Systemwide, we haven't done a lot to support doctors. I work with physician leaders to help them develop skills to avoid burnout and at the same time support the physicians who report to them. We have to do a better job of helping our people manage external pressures so they can practice for a lifetime, not just long enough to pay off their loans. I recently surveyed our students to learn what they want in terms of their future work life. Far and away, what they most want is some control over their work situation and control over their hours. They want flexible scheduling and some control of their workflow. It's important to note that burnout isn't just an issue in health care. It's endemic across many jobs and professions. There's a culture of work-work-work, of pressures so intense you can't just go home and turn off.

**“Our students learn how to focus on the patient first, how to really listen to them, to understand the social contract between patient and physician and the physician's role in addressing their patient's needs.”**

**LUCY HAMMERBERG, MD '82, CPE, FACEP**



**DR. HAMMERBERG RECOMMENDS**

“The Thriving Physician: How to Avoid Burnout by Choosing Resilience Throughout Your Medical Career,” by Gary R. Simonds, MD, and Wayne M. Sotile, PhD, as a resource for medical students and physicians.


“There's no magic bullet for burnout,” Dr. Hammerberg said. “But there are strategies you can take to deal with the internal and external pressures that eat away at us.”

**What have you learned as a physician coach?**

I want to keep our students from falling into the same traps I see physicians caught in and that often go to poor patient communications. Doctors are graded today on what in the old days we called bedside manner but now call patient experience. Some doctors are not doing as well as they think they are because patients do not give their doctors feedback. Practitioners may think they're connecting with patients, but they're not. Somewhere they're kind of feeling that, and they're losing the joy because they're not bringing their authentic selves and they're not discovering that authentic patient. It's a downward spiral. They're feeling pressure to do all this work — and it's just not happening for them. The Chicago Medical School recognizes that clinical care is all

about communication. Its emphasis on the humanities throughout the new curriculum helps students learn the art of care, which is connecting with the human. Our students learn how to focus on the patient first, how to really listen to them, to understand the social contract between patient and physician and the physician's role in addressing their patient's needs.

**Medicine is a demanding profession, but you've made it fit into your life on your terms. How do you talk to your students about the big picture?**

I try to share that you can have everything but not all at once. I was probably not the best resident because I had two little kids. I didn't spend a lot of time doing extra stuff. I've always known I was in medicine for the long haul. That's why it's important to think about your mission and what you really want out of your life. For me, emergency medicine was one way to get there, but if I had gone into family medicine that would have been good too. You need to recognize your life is not over if you want to be a neurosurgeon but don't get into a neurosurgery program. Neurosurgery is one tactic, but there's a lot of different ways to meet your goal. You have to be guided by a larger vision. If that's improving women's health and you have a bad day or month in an obstetrics rotation, can you say to yourself, “Yes, it's been a horrible day, but I'm okay with that. This is still the path to getting where I want to go.” If you don't have that larger goal, all the frustrations and failures are no longer worth it, and that's how you get burnout. Health professionals want to help people. That's a great way to find joy, and we want to help them do that. 





## ENGAGING WITH OUR COMMUNITY

**RFU STUDENTS FIND JOY AND MEANING IN CONTRIBUTING TO THE WELL-BEING OF THEIR COMMUNITY THROUGH STUDENT ORGANIZATIONS LIKE SOL (SALUD OFRECIDA A LATINOS), WHICH PROVIDES EDUCATION AND SCREENINGS WITH A SPECIAL FOCUS ON THE PRIMARY HEALTHCARE NEEDS OF UNINSURED LATINOS.**

---

“When I meet people who don’t have health insurance, I think of my parents, my uncles, my aunts.”

**JOSE MARTINEZ-PEREZ, MS '18, CMS '22**

---

“When I meet people who don’t have health insurance, I think of my parents, my uncles, my aunts,” said SOL’s president, Jose Martinez-Perez, MS '18, CMS '22, who grew up in California, where more than half of the uninsured population is Latino.

Jose lived with undiagnosed psoriasis from age 14 to 22, when he obtained insurance after enrolling in the University of California, Davis. “I was finally able to get treatment and get rid of the rashes,” he said. “That’s the power of access. That’s the power of medicine. I want to make that difference in people’s lives.”

Often accompanied by members of the Latino Medical Student Association, students in SOL work with community partners, including three local schools and the Waukegan Park District, to offer screenings for diabetes, hypertension, hypercholesterolemia and obesity. They provide referrals to RFU’s Interprofessional Community Clinic for those in need of a medical home.

“It’s easy to develop tunnel vision in medical school,” Jose said. “Screening someone whose blood sugar level is way out of whack and getting them the care they need gives you a boost, helps you push through the long hours of study for exams. It helps you see the big picture.”

“Getting out in the community strengthens your motivation. It feeds your soul.” ®

*Above: Jose Martinez-Perez, MS '18, CMS '22, speaks with a visitor during a Health Resource Fair sponsored by RFU community partner Waukegan Park District.*

**YOUR SUPPORT OF RFU COMMUNITY OUTREACH INITIATIVES LIKE THE COMMUNITY CARE CONNECTION MOBILE HEALTH COACH AND THE INTERPROFESSIONAL COMMUNITY CLINIC HELPS US CARE FOR THE UNDERSERVED. MAKE A DONATION AT [WWW.ROSALINDFRANKLIN.EDU/IMPACT](http://WWW.ROSALINDFRANKLIN.EDU/IMPACT).**

# FROM THE ARCHIVES



Insets, from above: James Sheinin, MD, and his wife, Rita Sheinin (center), attended the RFU lobby dedication in honor of legendary Chicago Medical School Dean and President Dr. John J. Sheinin. Dean Sheinin reads a proclamation announcing CMS' full accreditation, granted by the AMA on Nov. 9, 1948, as his young son, James Sheinin, looks on. Archival materials housed at RFU as part of the Dr. John J. Sheinin Collection, include an original clipping of first lady Eleanor Roosevelt's syndicated "My Day" column, in which she extols Dr. Sheinin and CMS' nondiscriminatory admissions policy.



**ROSALIND FRANKLIN UNIVERSITY IS THE PROUD REPOSITORY OF THE DR. JOHN J. SHEININ COLLECTION, ARCHIVAL MATERIAL CONNECTED TO THE LATE CHICAGO MEDICAL SCHOOL PRESIDENT'S LEADERSHIP AND SCHOLARSHIP.**

The materials were donated in August 2018 by Dr. Sheinin's son, James Sheinin, MD, and his wife, Rita Sheinin. Two months later, on Oct. 19, the university dedicated its lobby to Dr. Sheinin in celebration of a \$1 million donation by Burton "Burt" Roth, MD '63, and the late Natalie Roth, to the John J. Sheinin, MD, PhD, DSc, Memorial Endowed Scholarship.


Dr. Sheinin served as chairman of the Anatomy Department and dean and president of CMS, where his career spanned more than three decades, from 1932 to 1966. He championed the school's hard-won accreditation, granted by the American Medical Association's Council on Medical Education in 1948. A Russian refugee, he inspired a deep love for medicine and gratitude for the equality of opportunity that CMS extended to students and faculty, regardless of race, religion or ethnicity.

*"Dr. Sheinin's efforts provided the foundation for all that CMS has become."*

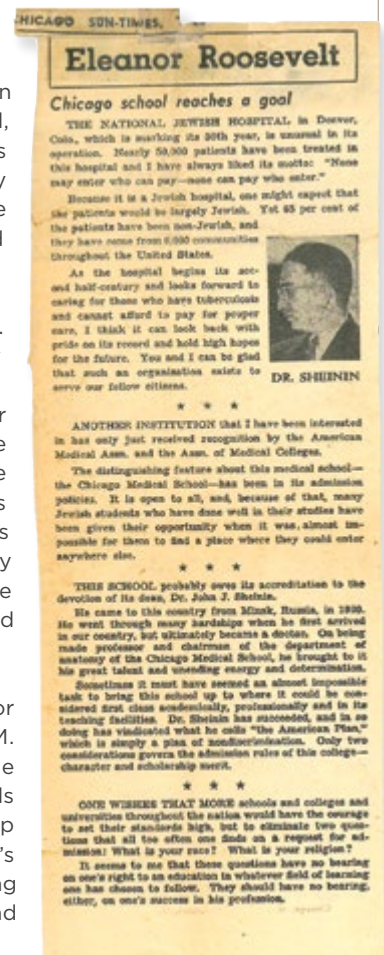
JAMES M. RECORD, MD, JD, FACP

A gifted anatomist, optimistic and energetic, Dr. Sheinin paid for his education through factory work and jobs as a sign painter and itinerant salesman. He embodied the ideals of the founders of CMS, who were determined to diversify the medical profession by rejecting the ethnic and racial quotas of the day and granting admission based solely on character and scholarship merit. He highlighted the school's founding principle of nondiscrimination to garner philanthropic support and declared, "The Chicago Medical School is as American as the very Constitution of this country." First lady Eleanor Roosevelt praised Dr. Sheinin and the CMS admission policy in her nationally syndicated "My Day" column in 1949.

The school made numerous advances under Dr. Sheinin's leadership, including excellence in faculty recruitment, student academic achievement and investments in science including the Institute for Research, constructed in 1961. His vision for the development of an independent university where future health professionals from varied disciplines would train together and learn to work in teams gave impetus to the establishment of the University of Health Sciences in 1967 and helped inspire RFU's model of interprofessional education and collaborative practice.

"Dr. Sheinin's efforts provided the foundation for all that CMS has become," said CMS Dean James M. Record, MD, JD, FACP. "We gratefully acknowledge both the Sheinin family's donation of archival materials and the Roth family's donation for scholarship support. Both gifts are a testament to Dr. Sheinin's legacy and to the Chicago Medical School's enduring dedication to educating physician leaders who lead the transformation of care." 

MAKE A GIFT TO THE DR. JOHN J. SHEININ MEMORIAL SCHOLARSHIP AT  
[WWW.ROSALINDFRANKLIN.EDU/IMPACT](http://WWW.ROSALINDFRANKLIN.EDU/IMPACT).



# ALUMNI ENGAGEMENT

## VISITS AND EVENTS



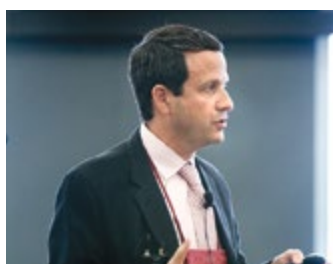
**Capt. Romeo C. Ignacio, USN, MD '97**, with Professor **Aron D. Mosnaim, PharmD, PhD**, and Chicago Medical School Dean **James M. Record, MD, JD, FACP**, following Capt. Ignacio's talks, on Oct. 4, 2018, with student interest groups, including Military Healthcare Professions, Surgery, and Global Health. Capt. Ignacio, who spoke to students about military humanitarian missions and global pediatric surgery, recently retired from the Navy after 24 years of service and now serves as the pediatric trauma medical director for Rady Children's Hospital-San Diego.

Dr. William M. Scholl College of Podiatric Medicine Distinguished Lecturer **Naomi D. Schmid, DPM '10**, pictured with RFU Acting Provost and SCPM Dean **Nancy L. Parsley, DPM '93, MHPE**, motivated podiatry students on Sept. 26, 2018, with a frank conversation about managing personal finances as students, residents and practicing physicians.



**Roberta Dume, PharmD '17**, returned to the College of Pharmacy on Oct. 23, 2018, during American Pharmacists Month to share her experience in a pharmacist-led substance use disorder clinic within a federal healthcare center.

Chicago Medical School 2018 Distinguished Alumnus **Evelyn Lewis, MD '83**, and 21 other alumni physician mentors networked with CMS students at the 11th Annual Operation M.E.D.S. (Medical Students Exploring Different Specialties) on Jan. 5.



**Richard Silverstein, DPM '99**, offered an in-depth look at podiatric applications of low-level laser therapy at the 41st Annual Illinois Podiatric Medical Students' Association Midwinter Seminar, held Jan. 25-26 at RFU.





The Chicago Medical School's new disease-focused research centers and re-designed curriculum were the topic of discussion at a Feb. 17 gathering of alumni at the South Florida home of CMS Distinguished Alumnus **Malcolm Dorman, MD '67**. RFU Interim President and CEO **Dr. Wendy Rheault**, CMS Dean **Dr. James M. Record**, and Executive Vice President for Research **Dr. Ronald Kaplan** provided news of those and other important initiatives underway at RFU.

### The 14th Annual American Medical Women's Association Woman-to-Woman Soirée

brought together CMS alumnae and current students for an evening of networking and thoughtful advice for successful work-life management on March 3 at Café Ba-Ba-Reeba! in Chicago.



## ENHANCE STUDENTS' PROFESSIONAL AND CAREER DEVELOPMENT

Speak from experience and share your expertise. You can make a difference by mentoring current students and connecting with student clubs and organizations. Find out more at [rosalindfranklin.edu/alumni/volunteer](http://rosalindfranklin.edu/alumni/volunteer).

## MAKE PLANS TO ATTEND ALUMNI EVENTS

### RFU Physical Therapy Reunion

Friday, June 14, 2019  
6:30-9:00 PM

College of Health Professions Dean **John E. Vitale, PhD '13, MHS, PA(ASCP)**, and Vice Dean **Jeffrey A. Damaschke, MS '03, DPT '04, PhD**, invite PT alumni, faculty and students to mix and mingle at a networking reception following the APTA conference hosted at Entropy Physiotherapy and Wellness, the Chicago clinic of **Sarah Haag, DPT '07, MS '08**.

### Chicago Medical School Alumni Weekend

Friday-Saturday, October 4-5, 2019

Honoring the CMS Classes of 1959, 1964, 1969, 1974, 1979, 1984, 1989, 1994, 1999, 2004 and 2009.



2019

# A CONVERSATION

with Interim President and CEO Dr. Wendy Rheault

**WENDY RHEAULT, PT, PhD, FASAHP, FNAP, WHO HAS SERVED THE UNIVERSITY IN NUMEROUS FACULTY AND ADMINISTRATIVE CAPACITIES FOR NEARLY 40 YEARS, BRINGS A DEEP WELL OF KNOWLEDGE AND A DRIVE TO LEARN MORE TO HER LATEST LEADERSHIP ROLE AS INTERIM PRESIDENT AND CEO.**

## **What's your approach as interim president?**

I am committed to providing leadership that will help strengthen all areas of the university. Even though I know a lot about RFU, I don't know everything. One of the very first things I did was reach out to our basic scientists to learn about their research and how the university can continue to support them. So many of our faculty members are thought leaders in their fields, which is a great reflection of the priority we give to recruitment and retention. I'm working to deepen my understanding of all aspects of our institution so we can keep moving forward.

## **What areas are you working to strengthen?**

Increasing philanthropic support is key. We're looking to potential and existing benefactors who believe in our mission, support our spirit of innovation and want to make a difference through targeted gifts that will strengthen our resources around teaching, research and academic- and need-based scholarships. I also want to fuel interprofessionalism and communication across our colleges, programs and curriculum, and also across our excellent administrative and support services.

---

“RFU must continue to focus on the future of health care and the many forces that are transforming care.”

WENDY RHEAULT, PT, PhD, FASAHP, FNAP

---


## **RFU is known for its curricular innovations, many led by you. Thoughts?**

All of our innovations are aimed at producing professionals trained to practice in highly collaborative, interprofessional teams. It's been rewarding to lead institutional teams that have dramatically expanded our use of simulation training and created community service models that are tied to our excellent learning outcomes. RFU must continue to focus on the future of health care and the many forces that are transforming care. Aligning our curriculum and other educational offerings with the Institute for Healthcare Improvement's Triple Aim framework is helping our graduates lead changes in healthcare delivery that will improve the health of their patients and communities.

## **Why is the university working so hard to improve the well-being of its surrounding communities?**

Serving our community says a lot about who we are as an institution. By working through partnerships to improve the health and wellness of a sizable underserved and uninsured population, we're modeling the future of care, which is population- and outcome-based. Our communities help us as much as we help them. They provide valuable experiential learning opportunities for our students. They help teach the power of partnerships to affect the social determinants of health that are so often the source of unequal burdens of disease.

## **What do you do during your time off?**

My long runs on weekends are sacrosanct, and I'm a doting, long-distance grandmother of two girls. I hope I'm leading by example — particularly for our students — on the need to take care of ourselves, to take time off and plug into the love and support of our family and friends. We all need to recharge. 







# HOW DID ONE DOCTOR TAKE ON THE CHALLENGE TO MAKE PRO FOOTBALL SAFER?

## HE TACKLED IT.



In 2008, Michael Kordecki, DPT '03, physical therapist and former pro football athletic trainer, took part in a panel on spinal injuries. After hearing horrifying accounts of on-the-field injuries, participants were left with one thought, "Somebody has to design better equipment."

As an expert in emergency care of cervical spine injuries, Dr. Kordecki took this as a personal challenge and designed a game-changing shoulder pad technology used today by many professional teams that allows fast, life-saving, on-field access to chest and airways.

We're not surprised. Like our namesake, whose discovery led to the single most important advance of modern biology, Rosalind Franklin University is leading the way through our pioneering model of interprofessional healthcare education and the study of population health management.

Our researchers, educators, students and graduates take on the challenges of the future every day.

LIFE *in* DISCOVERY



ROSALIND FRANKLIN  
UNIVERSITY  
*of* MEDICINE AND SCIENCE

SEE HOW WE'RE CHANGING THE GAME IN HEALTHCARE EDUCATION AT [ROSALINDFRANKLIN.EDU](http://ROSALINDFRANKLIN.EDU)



ROSALIND FRANKLIN  
UNIVERSITY  
*of* MEDICINE AND SCIENCE

NON-PROFIT ORG.  
U.S. POSTAGE  
PAID  
OAK BROOK, IL  
PERMIT NO. 100

3333 Green Bay Road  
North Chicago, IL 60064-3095

# STAY CONNECTED.



FIND

us on Facebook at [www.facebook.com/rfums](http://www.facebook.com/rfums)



SEE

us at [youtube.com/RosalindFranklinU](http://youtube.com/RosalindFranklinU)



FOLLOW

us on Instagram @[@RFUMSlife](https://www.instagram.com/RFUMSlife)  
and on Twitter @[@RFUniversity](https://twitter.com/RFUniversity)



STAY CONNECTED WITH RFU COLLEGES AND SCHOOLS AND OUR 18,000 ALUMNI, a powerful resource that spans the nation and the globe. Update your profile by emailing us at [alumni@rosalindfranklin.edu](mailto:alumni@rosalindfranklin.edu) or calling the Office of Alumni Relations at 847-578-3200.