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Spring 2008

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Strategic Plan Boosts Patient Care, Research, Education and Community Health

Within the next decade, new research and patient care investments will change the footprint of the University of Rochester Medical Center as it aims to become one of the top 20 academic medical centers in the nation—and it will use that scientific prowess to bring breakthrough discoveries to its patients, as well as new jobs to the regional economy.

In January, URM C CEO **Bradford C. Berk, M.D., Ph.D.**, unveiled the Medical Center's new strategic plan, a recipe for prioritization, growth

and collaboration that will continue the transformation begun in 1996. The plan calls for investing \$500 million over the next several years in new facilities, technology and strategic recruits.

“Our last strategic plan, developed under Dr. Jay Stein, effectively reversed the downward slide in National Institutes of Health (NIH) funding, and reestablished us as a national force for basic science and patient care,” Berk said.

Continued on next page



UNIVERSITY of
ROCHESTER
MEDICAL CENTER

Continued from front page . . .

“This plan builds on that success by focusing on the priorities of the NIH Roadmap—faster translation of scientific discoveries into innovative patient care by fostering collaboration among scientists and institutions, and between scientists and physicians.”

The plan is the result of a comprehensive, 18-month planning process that engaged Medical Center and University leaders, trustees and board members, faculty and staff. According to Berk, the plan has had thoughtful input and support from University President **Joel Seligman**.

“The Medical Center’s plan is a carefully reasoned plan that capitalizes on the extraordinary expertise that we have on both sides of Elmwood Avenue,” Seligman said. “It has full support from the Trustees and from me.”

Response to a Dynamic Environment

Unlike URM’s 1996 strategic plan which called for heavy investment in research buildings and scientists at a time when the NIH budget was rapidly growing, this plan provides ways to grow amid NIH’s currently flat budget and shifting priorities.

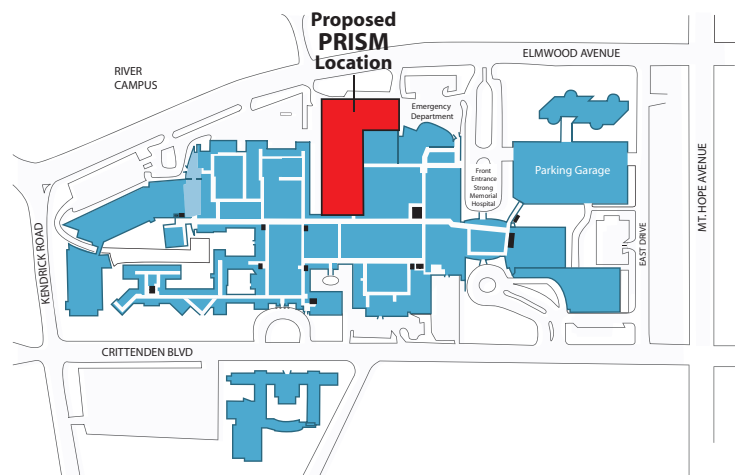
The Medical Center has a solid head start, given its selection as one of the first 12 institutions to receive a \$40 million Clinical and Translational Science Award (CTSA), grants awarded to help speed the flow of research discoveries into bedside medicine. Plus, while peers have struggled to maintain research funding levels, the most recent NIH data shows URM’s funding up a remarkable 11 percent last year, growing from \$143 million to \$159 million. URM will need to grow at a faster pace than its peers to move up the NIH ranking.

The Medical Center faces similar challenges in its patient care mission. The emergence of new, highly specialized patient care programs is creating greater regional demand for care provided at Strong Memorial Hospital. This, coupled with the closing of St. Mary’s Hospital and The Genesee Hospital, has left URM’s hospitals with occupancy rates that often force long waits for inpatient beds. Capacity constraints make it more difficult to achieve aggressive quality and safety goals, and create real challenges for renovating or updating current facilities. At the same time, URM must compete nationally for faculty physicians to replace those who are retiring or have been lured by other regions offering higher salaries and more modern facilities.

Clear Priorities Reshape Organization

To achieve the goals set forth in the 2007-2012 plan, URM has focused on nine, high priority clinical and research programs. “We are calling these priority areas our ‘signature’ programs because they represent areas in which, with strategic investments, we can stake our future reputation for innovation and excellence,” Berk said. In total, about 140 new faculty members will be recruited over the next several years to augment faculty already working in these priority areas.

The Medical Center will organize itself around five major disease areas, focusing patient care, research, and education on the conditions that plague large segments of our population. These Integrated Disease Programs (IDPs) also represent areas in which URM has already built considerable research and clinical expertise. In each of these IDPs, the emphasis will be on translating basic discoveries to patient care, and developing novel therapies that extend and improve life.



University of Rochester Medical Center
Strong Memorial Hospital



Bradford C. Berk, M.D., Ph.D.

“The goal is to break down institutional silos so that scientists from different departments whose work is relevant to these disease areas begin working together more intensely. Also this structure will foster better collaboration and feedback among scientists and doctors seeing patients with those conditions,” Berk said.

The Integrated Disease Programs include:

- Cancer
- Cardiovascular disease
- Immunology and infectious disease
- Musculoskeletal disease
- Neuromedicine

Research in each of these disease programs will be further catalyzed by investments in four new scientific programs that take advantage of emerging science. The plan calls for the creation of four Innovative Science Programs (ISPs), chosen because they are areas in which URM has a clear advantage or needs to strengthen to remain competitive. In all four ISPs, there are strong opportunities for commercialization. Three of the new centers are joint ventures between the Medical Center and the University’s College of Arts, Sciences and Engineering.

The Innovative Science Programs include:

- Stem Cell and Regenerative Medicine
- Biomedical Imaging and Biomarkers (joint with the College)
- Nanomedicine (joint with the College)
- Genomics and Systems Biology (joint with the College)

Key Investments

With the recent completion of the Aab Cardiovascular Research Institute and with the construction of the new James P. Wilmot Cancer Center proceeding on schedule, the 2007-2012 Strategic Plan takes a long-range facilities view.

The centerpiece of the plan is the proposed PRISM project, a six-story clinical expansion and renovation that would add 123 beds to Strong Memorial Hospital. The \$259 million PRISM will be the most ambitious construction project undertaken in the Medical Center’s history.

“This plan invests squarely in the clinical enterprise, recognizing that taking care of patients is the reason we exist, and that clinical revenues contribute to the financial viability of our teaching and research missions,” Berk said.

In addition, the plan calls for the creation of a 52,000-square-foot, off-campus Ambulatory Surgery Center to handle the 5,000 outpatient surgeries that can't be accommodated in Strong Memorial's current operating rooms. The New York State Department of Health approved the center's plans, and construction could begin as early as this spring.

Finally, the Medical Center continues planning for the 150,000-square-foot Clinical and Translational Sciences Building (CTSB), a facility that will house scientific disciplines, educational and training programs, critical support operations and several large clinical research programs. Organizing these support

services more efficiently will make URMC clinical science programs more effective, and make the Medical Center a stronger competitor for government and private research dollars.

Economic Impact

“Just as the previous strategic plan propelled growth and contributed to the University's ascension as the region's largest employer, the current plan will strengthen the Medical Center's role as an engine for local economic development—by growing our patient care services, research programs, and consequently, our intellectual capital,” said **Thomas S. Richards**, chair of the URMC Board. “Maintaining the status quo is not an option. We're better positioned than most other medical centers to leap forward and we have an unprecedented opportunity to establish the national prominence of our region.”

University of Rochester Medical Center Adopts New Identity

New Brand Reflects Academic Medical Center Heritage

The University of Rochester Medical Center recently unveiled a comprehensive branding strategy to establish a more cohesive identity for the institution and its affiliates, and to celebrate its rich legacy as one of the nation's first academic medical centers. The brand strategy includes a new logo, a unified name for all of the Medical Center's diverse components, and an advertising campaign to communicate the changes to the Rochester community.

According to CEO **Bradford C. Berk, M.D., Ph.D.**, the Medical Center's recently completed strategic planning process identified the need to more clearly define the Medical Center as a nationally respected magnet for research, education, patient care, and community service.

“Our strategic plan has set ambitious goals for the University of Rochester Medical Center, and part of our success hinges on our ability to build a national reputation,” Berk said. “To achieve this, we need one consistent identity that not only ties together and amplifies the diverse components that comprise our institution, but one that visibly communicates our link with the University of Rochester.”

The University of Rochester Medical Center name, which underscores its academic approach to medicine, will now serve as the unifying brand for all of the Medical Center's entities and affiliates. In particular, University of Rochester Medical Center will be adapted as the new name for its clinical enterprise, replacing Strong Health (which includes Strong Memorial Hospital, the University of Rochester Medical Faculty Group, Eastman Dental Center, Visiting Nurse Service, Highland Hospital, The Highlands at Pittsford and The Highlands at Brighton). This name change will not affect the name of the Medical Center's main teaching hospital, Strong Memorial Hospital. An advertising campaign to introduce the new brand is running in the Rochester region through June (see sidebar).

The ads also officially unveil the Medical Center's new logo, which closely follows the look and feel of the University of Rochester's logo.



“Given that our new brand emphasizes our vital link with the University of Rochester, it is only fitting that we proudly and prominently celebrate this relationship by incorporating the core components of the University's logo into our own,” Berk added.

The Medical Center will gradually incorporate the new logo into all areas of its institution, including exterior and interior signage.

The University of Rochester Medical Center's new brand is being highlighted in a multi-media campaign. The ad theme, *Medicine of the Highest Order*, pays tribute to the Medical Center's roots. As one of the first to adopt well-known educator Abraham Flexner's model of university-based medical schooling, the University of Rochester Medical Center quickly became proof that integrating scientific inquiry, learning, and patient care could dramatically improve physician education, advance research opportunities, and improve patient outcomes.

When Flexner looked to establish a medical school based on this philosophy in New York, he told then-University President Rush Rhees that the University of Rochester presented an ideal place for “a medical school of the highest order.”

Visit www.urmc.com for more information on the ad campaign.

Wilmot Named 'Blue Distinction Center' for Complex and Rare Cancers

The James P. Wilmot Cancer Center was recently named a Blue Distinction Center for Complex and Rare Cancers by Excellus BlueCross BlueShield. The designation recognizes Wilmot's expertise and multidisciplinary cancer care.

Complex and rare cancers account for about 15 percent of new cancer cases each year, making it difficult for patients to locate or research facilities with oncologists or surgical teams that are experienced in treating these specific malignancies. The designation helps people with cancer make decisions about where to seek treatment.

"It's important that people in Rochester and the Finger Lakes region have access to expert cancer care close to home even if the diagnoses are rare or unusual. We are committed to providing the highest quality multidisciplinary cancer care and are proud to hold this important designation," said **Richard I. Fisher, M.D.**, director of the center. URM is also a Blue Distinction Center for transplants.

Excellus recognizes facilities within its BlueCross BlueShield network that offer comprehensive inpatient cancer care programs for adults, delivered by multidisciplinary teams with subspecialty training and distinguished clinical expertise in treating complex

and rare cancers including acute leukemia, bladder, bone, primary brain, esophageal, and pancreatic cancers as well as medullary or anaplastic thyroid cancers.

The designation recognizes Wilmot's commitment to providing multidisciplinary treatment planning and complex, major surgical treatments. Among other selection criteria, the Wilmot Cancer Center met the following requirements:

- Has multidisciplinary team input, including sub-specialty trained teams for complex and rare cancers and demonstrated depth of expertise across cancer disciplines in medicine, surgery, radiation oncology, pathology and radiology;
- Demonstrates ongoing quality management and improvement programs for cancer care;
- Demonstrates an ongoing commitment to using clinical data registries and providing access to appropriate clinical research for complex and rare cancers; and
- Demonstrates sufficient volume of experience in treating rare and complex cancers.

Blue Distinction Centers for Complex and Rare Cancers were developed in strategic collaboration with the National Comprehensive Cancer Network (NCCN) and input from a panel of leading clinicians and professional organizations.



Construction of the new James P. Wilmot Cancer Center facility will soon be completed. It will bring all outpatient cancer care into a single location, providing people with cancer greater access to cutting-edge technology and care. The infusion center will nearly double in size and the Center will house the area's only Trilogy system, a powerful new image-guided radiation therapy system that delivers high-dose radiation to even the smallest tumors. Oncologists in Wilmot's multidisciplinary teams will begin seeing patients in the new Center in mid-May. Watch your mail for an invitation to an open house for physicians.

Liaisons Serve as Link

Between Physicians and URM



URMC physician liaisons are, from the left, Kim Cosentino, Kylie Candelaria, Rose Gilbert, Kathy DeVey, and Kerry Kehoe.

A timely plastic surgery consult was essential for a 7-year-old dog-bite victim who came to Auburn Memorial Hospital. The wound in her face was the size of a ping-pong ball, recalled A. James Ciaccio, M.D., Auburn's director of Emergency Medicine. The closest hospitals in Syracuse were unable to accommodate the child, but transfer to Strong Memorial Hospital was arranged with ease.

Though that incident happened several years ago, Ciaccio said it is typical of the process of transferring patients who need specialty or subspecialty care to the University of Rochester Medical Center.

"The system is so user friendly. The Transfer Center is great to work with and Kim and Kylie, our liaisons, keep us apprised of the services there. It's been wonderful," he said.

Kim Cosentino and **Kylie Candelaria** are two of five physician liaisons who represent URM's hospitals to providers throughout a 16-county region. They are conduits for two-way communication, working to keep providers up-to-date on the hospitals' facilities, technology and services, and smoothing the way to simplify the referral process.

"Our job is to provide customer service for referring physicians and other providers so no matter what they need, they have one place to call," Cosentino said.

Physician liaisons are responsible for fostering mutually beneficial relationships to support patient referrals and admissions to University of Rochester Medical Center facilities and services. Liaisons identify and analyze the needs of referring health care providers and recommend

changes to existing services and suggest new services to better meet client needs. They also act as troubleshooters, investigating complaints and issues and working with clinical and administrative staff to provide appropriate follow-up.

While Cosentino represents a broad range of URM services, her counterparts are dedicated to building relationships for specific departments.

URM's physician liaisons and the areas they cover are:

- **Kim Cosentino**, regional manager for Physician Relations covering all clinical areas and the Department of Cardiology (585) 784-2922, cell (585) 764-7414
- **Kylie Candelaria**, Department of Orthopaedics (585) 275-4003, cell (585) 208-3731
- **Kathy DeVey**, Department of Imaging Sciences (585) 275-4570, cell (585) 478-3832
- **Rose Gilbert**, Department of Neurosurgery (585) 273-1738, cell (585) 455-5685
- **Kerry Kehoe**, Department of Surgery (585) 275-1486, cell (585) 208-4703.

To reach the Strong Consult and Transfer Center to access specialty services at Strong Memorial or Highland hospitals, please call (585) 275-4999 or (800) 499-9298.

STRONG CONSULT AND TRANSFER CENTER



A quick, easy, around-the-clock link for physicians to specialty services at Strong Memorial and Highland hospitals. To reach the Strong Consult and Transfer Center, call (800) 499-9298 or, in the Rochester area, call (585) 275-4999.

URMC Cardiac Team Celebrates 100th



The Program in Heart Failure and Transplantation at the University of Rochester Medical Center reached a milestone, performing its 100th cardiac transplant surgery on Feb. 15.

The surgery was performed by transplant surgeon **H. Todd Massey, M.D.**, surgical director of the Program in Heart Failure and Transplantation and director of the Artificial Heart Program.

Reaching the 100th is certainly significant, said cardiologist **Leway Chen, M.D., M.P.H.**, director of the Program in Heart Failure and Transplantation, and it serves as a reminder of all the patients who have been cared for by the team since the program began in 2001.



Heart Transplant

“Yet whether it is the 10th or the 200th case, every patient is a priority,” Chen said. “We appreciate the milestone and celebrate the program’s growth, but we are honored to continue with our day-to-day mission of caring for our patients and their families.”

The Program in Heart Failure and Transplantation is the largest program in upstate New York and the region’s only comprehensive heart failure and transplant service. It is a national leader in research efforts to further the treatment of heart failure and return patients that suffer from heart failure to healthy and productive lives.

The team listed its first patient, David Beatson of Rochester, in January 2001 and performed Beatson’s transplant 12 days later, on Feb. 7, 2001. Since then, approximately 1,500 patients from across upstate New York and northern Pennsylvania have received care, including not only heart transplants, but also state-of-the-art medical therapy, heart failure surgery, and the implantation of ventricular assist devices (VAD). Within a week after the 100th transplant, the team was able to transplant two more patients who had been waiting for hearts.

The program’s one-year survival rate is 88.1 percent, according to the most recent available data from the Scientific Registry of Transplant Recipients. This rate compares favorably with some of the nation’s best transplant centers. Currently there are nearly 50 patients awaiting transplant.

The transplant team has grown steadily over the past seven years in an effort to accommodate the many patients who require care. Chen was recruited from University of Washington and Massey from Duke University Medical Center to develop a comprehensive heart failure and transplant program that would serve upstate residents. They began with a four-member core team made up of one transplant cardiologist, one surgeon, one transplant coordinator and a secretary. Today there are 17 who make up the core group: five cardiologists, four surgeons that participate in transplant cases, three transplant coordinators,

a registered nurse, three secretaries, and a program administrator. Also assisting the program are a dedicated physical therapist, social worker, nutritionist and pharmacist, as well as infectious disease and psychiatry specialists. A new heart failure and transplant fellowship also has been created. All provide pre- and post-transplant care and heart failure treatment.

The program also added the life-saving service of a unique Cardiac Critical Care Transport Team composed of cardiac critical care nurses, respiratory therapists, perfusionists and physicians. The team uses a vehicle equipped with cutting-edge technology to assist patients being rushed from outlying areas to the University of Rochester Medical Center for the region’s most comprehensive cardiac care.

The program is strengthened by both basic and clinical URMC research that addresses cardiovascular disease, including heart failure and its causes. For example, the work of **Burns Blaxall, Ph.D.**, assistant professor of Medicine in the Aab Cardiovascular Research Institute, focuses on determining which genes switch on and off during heart failure, with the long-term goal of designing a therapy that increases the heart’s pumping strength. Clinical studies considering medical and surgical therapies are offering patients the latest in treatment options at the earliest opportunity. Clinical ventricular assist device trials led to the program implanting the first HeartMate II device in upstate New York in July 2004, and the innovative Jarvik 2000, implanted in September 2007. More than 200 VADs have been implanted over the past seven years.

“The Program in Heart Failure and Transplantation is truly a signature program at the Medical Center,” said URMC CEO **Bradford C. Berk, M.D., Ph.D.** “This world-class team of specialists has successfully brought a much-needed cardiac service to upstate New York, one that has saved countless lives by providing access to some of the best heart failure care in the nation.”

For more information about the Program in Heart Failure and Transplantation, please call (585) 273-3760.

Rochester Region Launches Health Information Exchange

The University of Rochester Medical Center is a major participant in the creation and implementation of the Greater Rochester Regional Health Information Organization (GRRHIO), a secure web-based tool that gives authorized providers electronic access to and exchange of patient information including insurance eligibility, lab reports, radiology results and medication history.

How it works

A web-based query tool called the Virtual Health Record (VHR) makes the exchange available to authorized health care providers. This tool allows them to search by patient name and identifiers to obtain lab and radiology results, medication history and high-level insurance eligibility information. Other information such as allergies and hospital discharge files will be added over time.

A GRRHIO pilot is currently under way with 24 physicians in five practices. They receive test results across labs and hospital systems, as well as prescribe medications electronically. The Phase One GRRHIO is expected to roll out this spring, linking physicians, hospital systems, labs, diagnosticians, EMTs, health insurers and privacy officers in a nine-county region. Local health plans will provide and update demographic and eligibility information. By 2008, the GRRHIO's ePrescribing function will be linked to the area's most common formularies.

The public launch slated for April will include a communications campaign to educate consumers and encourage them to participate by signing a consent form at their providers' offices.

RHIOs—also called health information exchanges or HIEs—are the building blocks of a national medical information superhighway envisioned by federal and state governments to improve the safety, quality and efficiency of domestic health care. Some 300 HIEs are in various stages of formation across the country, and someday are expected to interconnect.

Patient and physician benefits include: reports; faster lab and radiology results; quicker, better informed diagnoses; faster, easier second opinions; no need for patients to carry reports by hand

between offices; improved accuracy; fewer negative drug interactions; and time savings. Doctors can spend less time hunting down test results and health information, and more time diagnosing and treating patients.

The Rochester RHIO was established through a broad collaboration involving health care providers, payers, hospitals, public health organizations, New York State, and the business community. The executive director is Ted Kremer, an information technology expert previously with Oxford Health Plan in Connecticut.

GRRHIO was initially funded 60 percent by the state with 40 percent raised locally. Phase One web-query usage will be free of charge to participants. There will be a modest monthly support fee for e-prescribing, clinical messaging and an "EMR lite" functionality.

Privacy and security issues have received paramount attention. The GRRHIO is supported and safeguarded by Axolotl, one of the nation's leading HIE software vendors. To offer maximum protection, RHIO has adopted an "opt-in" versus an "opt-out" model. Patient consents will need to be signed at providers' offices.

For providers who already have an EMR system, are considering purchasing an EMR system, or are just beginning to think about new electronic tools, Rochester RHIO offers services scaled to their needs. Additional web-based tools are available to add electronic prescribing, clinical messaging, and EMR lite functionality. This provides physicians a practical and incremental approach toward automated record-keeping.

The RHIO architecture also supports integration with third-party EMR software. The RHIO's clinical messaging routes test results automatically to ordering physicians.

For more information, visit www.grrhio.org.

ROCHESTER **RHIO**

YOUR INFO GOES WHERE YOU GO. COOL.

FROM YOUR DOCTOR. TO THE LAB. TO YOUR SPECIALIST. AND BACK AGAIN. IT'S ALWAYS RIGHT THERE. Rochester RHIO is a secure online resource giving authorized medical professionals fast access to essential patient information. With your consent, your doctor can leave old-fashioned paper records behind. Which means fewer repeated tests, easier second opinions, less time filling out forms, and better care for you.

IT'S YOUR CHOICE. AND IT'S EASY. ALL YOU HAVE TO DO IS SAY "YES" WHEN ASKED. FOR MORE INFO GO TO WWW.GRRHIO.ORG OR CALL 877-865-RHIO (7446).

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PHYSICIAN SURVEY

Physicians: Take a Survey, Earn a Chance to Win an iPhone

The University of Rochester Medical Center is seeking physicians' opinions to help us better understand how hospitals' reputations are formed. We hope you will take a moment to complete this brief survey and drop it in the mail. Entries received by May 1, 2008 will be placed in a drawing for an iPhone.

Survey Instructions

Please check the answers that best reflect your opinions. If you wish to be included in the drawing for an iPhone, complete the contact information at the end of the survey. This portion will be detached from your survey responses before they are tabulated, so your responses to the survey questions will be confidential. When complete, please fold as indicated, with the postage-free mailing panel showing, and mail. Your response must be reach us by May 1, 2008 to be included in the drawing.

1 How often do you read medical journals and other publications that relate to your specialty?

- Never
- Rarely
- Occasionally
- Usually
- Very often

2 How much of each journal do you typically read?

- None
- Very little
- Some
- Most
- All

3 To what extent do you keep up with the various news items regarding the hospital where you did your residency?

- Not at all
- Very little
- Somewhat
- As often as possible
- I am in touch with that hospital on a very regular basis





- 4 Would your opinion of a hospital's prestige change if you knew that hospital received a significant increase in funding from the National Institutes of Health (NIH)?
- My opinion would not change at all
 - I would consider that hospital to be slightly more prestigious
 - I would consider that hospital to be moderately more prestigious
 - I would consider that hospital to be significantly more prestigious
 - I consider NIH funding to be the most important determinant of a hospital's prestige

- 5 How often do you attend conferences and hear presentations by academic medical researchers and other academic physicians?

- Never
- Rarely
- Occasionally
- Usually
- Very often

- 6 How favorably do you view hospitals that handle large volumes of cases in your specialty?

- Handling large numbers of cases has no impact on my opinion of a hospital
- Somewhat favorably
- Moderately favorably
- Very favorably
- It is extremely impressive to me when a hospital handles large volumes of cases

- 7 How often do you read marketing pieces that are sent by academic medical centers to your home or office?

- Never
- Rarely
- Occasionally
- Usually
- Very often

- 8 How likely would you be to visit the Web site of a major medical center to get information about a particular service that might benefit one of your patients?

- Not at all
- Not very likely
- Somewhat likely
- Very likely
- Extremely likely

- 9 What would stimulate your interest in visiting a medical center's Web site?

- General information received by mail from that center
- Knowledge of a particular study conducted at that medical center
- Information about a service or procedure that might benefit your particular patients
- Word-of-mouth from fellow clinicians satisfied with patient outcomes

- Other: _____



10 How impressive is it when you know that a particular academic medical center is engaging in large-scale clinical trials?

- Not impressive at all
- Slightly impressive
- Moderately impressive
- Very impressive
- Extremely impressive

11 Would your opinion of a hospital improve if you saw that hospital appear in national publications such as the *New York Times*, *USA Today*, *Wall Street Journal*, etc.?

- My opinion would not change at all
- My opinion would improve slightly
- My opinion would improve moderately
- My opinion would improve significantly
- It is extremely impressive when a hospital advertises in nationally respected publications

12 Are you in private practice, or are you employed full-time by a hospital and/or academic medical center?

- I am in private practice
- I am employed full-time by a hospital and/or academic medical center

13 Please rank each of the following statements based on the degree to which each statement would influence your opinion of a hospital's reputation. Please rank the statements in order from 1 to 5, with 1 being the statement that would most influence your opinion of a hospital's reputation and 5 being the statement that would least influence your opinion of a hospital's reputation.

- _____ I visited this hospital as part of a conference/symposium and had a positive experience there
- _____ I have referred patients to this hospital and have been impressed with the care they received
- _____ I am acquainted with many of the physicians at this hospital and have great respect for them
- _____ This hospital is affiliated with an Ivy League university
- _____ This hospital is consistently ranked highly in the *U.S. News and World Report* hospital rankings

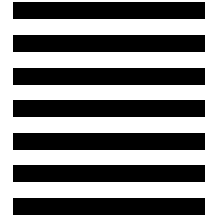


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Thank you for taking the survey.
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Complete this portion and return your survey by May 1, 2008 for a chance to win an iPhone.
(This portion will be detached and used only for the drawing, so your survey response will be confidential.)

Name _____

Address _____

City/State/Zip _____

Email address _____

Phone _____



New Library Programs Support Parents' Information Needs

Two new programs are showing parents that the University of Rochester Medical Center Edward G. Miner Library isn't just a place for medical students to study—it's also a place where they can find information they desperately need.

Ask a Medical Librarian

While the Internet has a lot of valuable information on medical conditions, it also has a lot of unreliable information that can confuse an already stressful situation, such as when children are admitted to Golisano Children's Hospital at Strong or receive a diagnosis in the outpatient clinic. For that reason, the Miner Library began the Ask a Medical Librarian (AAML) service.

The heart of the AAML service is the "information prescription." Physicians, nurses and social workers can write a "prescription" for information on behalf of the patient or their family for the Miner librarians to fill. If a child receives a diagnosis for a very rare disease, such as Steven-Johnson Syndrome (which ranges from mild skin and mucous membrane lesions to a severe systemic disorder), a physician, nurse or social worker can ask the librarians to research the disease for the family. The librarians then find reliable and consumer-level information for the parents and deliver it to the family.

This not only frees up the parents to focus on their child and family, but it also guarantees that the information they receive is accurate. In fact, the physician who writes the prescription can

also ask to preview the information before it is passed along to the family to ensure that it will meet the family's needs.

The Miner Library has opened the program up to include community pediatricians. To write a prescription for information, pediatricians can visit <https://www.urmc.rochester.edu/hslt/miner/InfoRx/>.

Scott Sturge Family Cancer Information Center

The Miner Library also worked with John and Judi Sturge whose son, Scott, died of cancer. They created a Web site (www.sturgetcancer.org) for children and teens diagnosed with cancer. This informational clearinghouse doubles as a place where patients and family members can network.

"It's not only a source of information, it's also a source of support," said **Mary Beth Klofas**, nursing and patient outreach coordinator at Miner Library and coordinator of the project.

Eric Iglewski, a pediatric social worker who works mainly with patients diagnosed with cancer, said the site is one of the first things to which he directs families.

"At the beginning when their child is faced with a life-threatening diagnosis, parents are often too emotionally overwhelmed to seek good information to make sense of their situation," Iglewski said. "Furthermore, if parents try searching online themselves, they are often overwhelmed with the sheer volume of what's out there. That's where the Sturge Family Center

Donors Endow Two Chairs; Hospital Adds Faculty

Nina F. Schor, M.D., Ph.D., chair of Pediatrics and pediatrician-in-chief of Golisano Children's Hospital at Strong, has received the William H. Eilinger Chair of Pediatrics, and **Francis Gigliotti, M.D.**, chief of the Division of Pediatric Infectious Diseases, received the Lindsey Distinguished Professorship for Pediatric Research.

Endowed chairs are given to faculty who are viewed as having demonstrated exceptional vision and services critical to the mission of their fields and institutions. They are one of the highest honors bestowed by the academic community.

"Donors endow chairs because they want to have a major role in launching a program or research initiative or funding the teaching and mentoring mission," said Schor. "They also endow chairs because it affords them an intellectual relationship with the recipient. That way, they have an inside track on new discovery and initiatives."

"I felt very honored to get this award, especially since it was made possible by Porter Anderson who was one of my mentors during my fellowship training," Gigliotti said. "For the very same reason, I also feel a deep sense of obligation to live up to the award."

In times when traditional National Institutes of Health resources are extremely tight, Gigliotti said this type of funding is extremely valuable in keeping the lab running between grants or in providing the means to investigate new ideas.

Endowed chairs often provide funding for academic missions and projects that are not funded through conventional mechanisms, like government grants. They can support teaching and research initiatives that are "outside the box" or too early in the project to obtain traditional funds. Schor said she hopes the department will be able to endow more chairs in the next few years, aiming to have one in each of the divisions.

The Department has also added new faculty members in several divisions and programs, including:

- **Kate Ackerman, M.D.**, has joined the Division of Pediatric Critical Care and also holds an appointment in Biomedical Genetics.
- **Michael Bulger, Ph.D.**, has joined the Pediatric Center for Biomedical Research and also holds an appointment in Biochemistry and Biophysics.
- **David Dean, Ph.D.**, has joined the Division of Neonatology and also holds an appointment in Biomedical Engineering.



Nina F. Schor, M.D., Ph.D.



Francis Gigliotti, M.D.

- **Rita Dadiz, D.O.**, has joined the Division of Neonatology.
- **Michael Leonard, M.D., M.S.**, is joining the Division of Pediatric Critical Care as a hospitalist in April.
- **Sara Horstmann, M.D.**, has joined the Division of Pediatric Critical Care as a hospitalist.
- **Ted Siegrist, M.D.**, has joined the Division of Pediatric Critical Care as a hospitalist.
- **Karen Wilson, M.D., M.P.H.**, has joined the Division of Pediatric Critical Care as a hospitalist.
- **Amy Blatt, M.D.**, has joined the Division of Pediatric Critical Care as a hospitalist.
- **Jan Schriefer, N.P., Dr. P.H.**, has joined the department to work on quality assurance and quality improvement.
- **Eugene Daugherty, M.D.**, is joining the Division of Pediatric Critical Care this summer.
- **Keely Dwyer-Matzky, M.D.**, has joined the Division of Pediatric Critical Care as a hospitalist.
- **Ayessa Mian, M.D.**, has joined the Division of Nephrology.
- **Soundarapandian Vijayakumar, M.D.**, has joined the Division of Nephrology.
- **James Sanders, M.D.**, has joined the Department of Orthopaedics and Rehabilitation and will be treating pediatric patients.

Continued from GCHAS Connection page 1 . . .

comes in—it helps families to focus their search and assists them in finding good diagnosis-specific information."

Iglewski said the site also helps families find information on coping, sibling issues and financial matters. The site includes lists of links to outside organizations that may have helpful services or information, and it links back to information about programs within Golisano Children's Hospital, making it very useful for local families.

Another important aspect of the site is that it doesn't treat teens like children.

"Their needs are different than a younger child and we wanted to break them out as a specific group," Klofas said.

A special section of the site is broken out to provide teens with links to organizations that specialize in helping teens live with a cancer diagnosis.

For more information about either of these programs, contact the Miner Library at (585) 275-2487 or email Klofas at marybeth_klofas@urmc.rochester.edu.

Metabolic Syndrome Affects Nearly 1 in 10 U.S. Teens

GCHAS Participates in National Effort to Define Syndrome in Children

More than nine percent of teenagers may have metabolic syndrome, a clustering of risk factors that put them on the path toward heart disease and diabetes in adulthood, according to Golisano Children's Hospital at Strong research. This shocking statistic represents some of the first concentrated efforts to define and measure metabolic syndrome in children and adolescents—a necessary starting point for combating the problem, but one that has proven even trickier in youth than it has been in adults.

With the number of obese children in the United States rising at an alarming rate, pediatricians, family practitioners and researchers are concerned about what it means to for children's future health. The U.S. cholesterol guidelines have defined the metabolic syndrome for adults who have a cluster of risk factors, including increased waist circumference, elevated blood pressure, low HDL cholesterol, elevated triglycerides and an elevated fasting glucose. Even though these same components can be found in children, they have not been developed into a universal definition or diagnosis. In fact, they have only recently gained attention with the first publication on the syndrome by **Stephen Cook, M.D., M.P.H.**, assistant professor of Pediatrics at Golisano Children's Hospital at Strong, in 2003, which was based on national data from 1988 to 1994.

In the summer of 2006, a handful of national experts, including Cook, were convened by the National Institutes of Health with a task to define the metabolic syndrome for children and adolescents. The Pediatric Metabolic Syndrome Working Group (PMSWG) chose to tackle this problem affecting overweight and obese youth, tapping Cook to participate. The National Institute of Child Health and Human Development, National Heart, Lung, and Blood Institute, National

Institute of Diabetes and Digestive and Kidney Diseases and the National Institutes of Health Office of Rare Diseases sponsored the conference.

As part of the committee, Cook performed a study, published with a collection of reports from the working group in February's *Journal of Pediatrics*, which analyzes how many teens in the U.S. could be considered to have the metabolic syndrome based on different definitions of it.

Based on the most recently available data from the National Health and Nutrition Examination Survey from 1999 to 2002, the definition Cook developed in Rochester (a waist circumference at or above the 90th percentile for age and sex; blood pressure at or above the 90th percentile; a high triglyceride level at or above 10 mg/dL; a low HDL cholesterol level at or above 40 mg/dL; and an impaired glucose metabolism at or above 100 mg/dL), reveals that 2.9 million teens—9.4 percent of teens overall, and over a third of obese teens—could have the metabolic syndrome.

The original work by Cook and colleagues published in 2003 showed only 4 percent of teens meet this definition and that the increased prevalence is driven by the rise in obesity.

“Even if there is no consensus on a pediatric-specific definition, the fact that 1 in 4 obese teens meet the adult definition for this clustering of cardiovascular disease risk factors is enough of a concern,” said Cook. “Many longitudinal studies have shown that adults with this definition are at increased risk for developing type 2 diabetes, heart disease and dying prematurely from heart disease.”

Cook said there have been advances in technology, pharmaceuticals and tremendous public health victories seen with reductions in tobacco use and exposure, so the increased rates in cardiovascular risk factors in young adults must be considered “the first wave of severe consequences of the modern obesity epidemic.”



K U D O S

Jill Halterman, M.D., M.P.H., associate professor of Pediatrics and pediatric asthma expert with Golisano Children's Hospital at Strong, was honored by the *Rochester Business Journal* as one of Rochester's Forty Under 40 in November. The award recognizes men and women, under the age of 40, who have achieved professional success and have also made significant civic contributions to our community.

Halterman was selected as an honoree by a committee of business leaders from a pool of hundreds of nominees. She is a health services researcher, with a particular passion in improving the delivery and quality of care in health outcomes for vulnerable children who have chronic disease and live in poverty. Halterman has spent the majority of her effort around the major public health area of childhood asthma.

Ruth A. Lawrence, M.D., professor of Pediatrics, and Obstetrics and Gynecology, was named the winner of the 22nd annual ATHENA Award in January.

The award, an international program introduced to Rochester in 1987 by Women's Council of The Rochester Business Alliance, Inc., celebrates women of achievement in the community, noting their professional excellence and community service, and their active and generous assistance in helping other women develop professional excellence and leadership skills.

Lawrence is a pediatrician and neonatologist at Golisano Children's Hospital at Strong and the medical director of the Ruth A. Lawrence Poison and Drug Information (formerly the Finger Lakes Regional Poison and Drug Information Center). She is renowned as a global expert on breastfeeding medicine, and helped to create Rochester's first Neonatal and Pediatric Intensive Care Units, as well as the poison and drug information center that now bears her name.

Olle Jane Sahler, M.D., professor of Pediatrics, Psychiatry, Medical Humanities, and Oncology, received the Advocate of Music Therapy Award at the American Music Therapy Association's national conference in Louisville, Ky. in November.

Sahler was recognized for her compassion in her clinical work, as well as for her scientific research endeavors. A widely-published NIH investigator, some of her most recent projects include investigating the power of music therapy to confer benefit to patients with eating disorders, Huntington's disease, as well as patients undergoing bone marrow transplantations or Botulinum toxin injections.

For more than 10 years, her fruitful collaboration with Nazareth College has produced research grant monies, Rochester's first full-time music therapy program in a general hospital setting, a thriving music therapy internship program and a medical humanities course that explores creative arts therapies.

Moira Szilagyi, M.D., Ph.D., associate professor of Pediatrics, is the second recipient of the Calvin C. J. Sia Community Pediatrics Medical Home Leadership and Advocacy Award presented by the American Academy of Pediatrics' Council on Community Pediatrics.

The award, presented last fall at the AAP's National Conference and Exhibition in San Francisco, recognizes a pediatrician who has demonstrated clinical excellence, community action and advocacy for children with unique care needs. Szilagyi was honored for her work as medical director at Starlight Pediatrics, a specialty-clinic based at the Monroe County Department of Health that is exclusively dedicated to the health of children and adolescents in foster care.

With only a shoe-string budget, Szilagyi and her staff of a dozen have transformed the fledgling clinic into a national model for foster care pediatric services.

759,000 Children with Asthma Endure Gaps in Insurance Every Year

New research from Golisano Children's Hospital at Strong shows that every year, 759,000 children with asthma may be at risk of a major asthma attack while they have no health insurance. About 30 percent of those families earn more than 200 percent of the federal poverty level, putting them above the threshold for the state children's health insurance program in most states.

"Too many children with this chronic condition are without insurance at some point during the year," said **Jill Halterman, M.D., M.P.H.**, associate professor of Pediatrics at Golisano Children's Hospital and author of this study, which appeared in a recent edition of *Ambulatory Pediatrics*. "These children need to have ongoing treatment from a primary care provider to avoid serious health complications. Without that, they are at increased risk for ongoing symptoms and even hospitalization."

About 13 percent of children with asthma were without insurance at some point during the year. That includes

2 percent—or 114,000 children—who were uninsured for the entire year. Those same children were 14 times more likely to have had an unmet need for medication than children with private insurance. Even those who gained insurance by the time of the survey were six times more likely to have missed out on needed medication.

The study, which is an analysis of data from the National Survey of Children's Health (conducted by the Center for Disease Control's National Center for Health Statistics between January 2003 and July 2004), also showed that many children with asthma were not seeing a regular physician often enough. Almost one-third of parents of uninsured children said they had no personal primary care doctor for their child. More than one-third of parents of children who had lost insurance and about half of parents of children with no insurance for a full year said their child hadn't seen a personal doctor for preventive care in the past year.



Total Ankle Replacement Gaining Foothold in Rochester



A procedure aimed at relieving pain from arthritic ankles and providing new-found mobility for patients is gaining a foothold in upstate New York. University of Rochester Medical Center orthopaedic foot and ankle specialists are the only area surgeons currently offering this alternative to ankle fusion surgery.

While often overshadowed by the body's larger joints like the hip or knee, the ankle in fact carries a larger weight and force due to its smaller size, absorbing four times the body weight with each step—more than double the weight taken on by the hip and knee, according to **Judith Baumhauer, M.D.**, professor and member of the Division of Foot and Ankle Surgery in the Medical Center's Department of Orthopaedics.

"The ankle not only has to provide stability for our body as we walk, run, jog, twist and turn, but it must do so while

bearing enormous weights," Baumhauer said. "This weight-bearing role means that when an ankle is ridden with arthritis, the pain can be particularly severe and debilitating, leading to less activity and function. It also is common for people to have back, hip or knee pain due to their painful limp."

Patients with ankle arthritis typically undergo a regimen of conservative treatments such as anti-inflammatory medications, ankle braces, and corticosteroid injections. If these treatments are unable to bring the pain under control, patients can opt for an ankle fusion, where the ankle joint cartilage is removed, and screws are inserted across the joint to allow the bones to grow together. As a result of the surgery, a patient's ankle is permanently fused into a 90-degree angle with the leg to allow walking.

"While this surgery successfully relieves patients' pain and suffering, the loss of motion that results from the permanent fixed position of the ankle places additional stress on surrounding joints, often causing other problems," Baumhauer said. "Ankle joint replacement surgery allows us to offer the best of both worlds to our patients: pain relief, and range of motion preservation that increases patients' mobility without placing additional burdens on other body joints."

During an ankle replacement surgery, the entire ankle joint is removed, and replaced with metal and plastic parts much like a hip or knee replacement. While the medical community has experimented with total ankle replacements since the 1970s, only in the past decade have physicians begun producing positive outcomes using newer equipment that can withstand the wear and tear that comes with everyday standing and walking.

Not all patients are candidates for total ankle replacement surgery. Like other joint replacements, younger patients (under 55) are rarely eligible due to equipment wear-out factors, and obese patients, who would place a heavy burden on the mechanical device, also are not the best choice for an ankle replacement.

For more information, please call (585) 275-5933.

URMC Connection is published by the
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Golisano Children's Hospital at Strong Connection

KUDOS KUDOS KUDOS KUDOS KUDOS

Judith Baumhauer, M.D., professor and chief of the Division of Foot and Ankle Surgery in the Department of Orthopaedics, was elected secretary of the American Orthopaedic Foot and Ankle Society, placing her on track to serve as the organization's first female president in 2011.

Thomas V. Caprio, M.D., a senior instructor in the Division of Geriatrics and Aging, has been named president-elect of the State Society on Aging of New York. He currently serves on the organization's board of directors and co-chairs its Social Policy Committee. SSA is a multidisciplinary organization dedicated to the promotion of knowledge about aging and the enhancement of the quality of life for older adults throughout the state.

Jack Caton, D.D.S., M.S., chair and program director of Eastman Dental Center's Periodontology Division, was elected secretary-treasurer of the American Academy of Periodontology Foundation Board of Directors, where he has served since 2002.

Richard I. Fisher, M.D., director of the James P. Wilmot Cancer Center, was elected chair of the Lymphoma Research Foundation's Scientific Advisory Board, the nation's largest voluntary health organization devoted to funding lymphoma research and providing patients and health care professionals with critical information on the disease. Fisher will work with leading lymphoma experts from throughout the country to provide strategic direction for the Foundation's scientific agenda.

John E. Gerich, M.D., professor of Medicine and program director of the General Clinical Research Center, has been awarded the Novartis Prize for Long Standing Achievement in Diabetes. The award recognizes Gerich's scientific accomplishments in the fields of regulation of glucose metabolism and the disease development of Type 2 diabetes, as well as his training of nearly 50 fellows.

Irene Hegeman Richard, M.D., associate professor of Neurology and Psychiatry, has been named senior medical advisor to the Michael J. Fox Foundation, an organization dedicated to improving the lives of people with Parkinson's disease by accelerating medical and scientific developments. She works closely with foundation officials, helping evaluate research efforts and facilitating communication among scientific and medical communities and the general public.

Ralph E. Józefowicz, M.D., associate chair for education in the Department of Neurology, has been named director for neurology of The American Board of Psychiatry and Neurology, Inc. The board sets the standards to be met by physicians seeking to earn certification in psychiatry and neurology specialties, and administers related examinations.

Paul R. Katz, M.D., professor of Medicine and chief of the Division of Geriatrics and medical director for Monroe Community Hospital, has collaborated to produce *Practice of Geriatrics, 4th Edition* (Elsevier, 2007). The new text equips providers with knowledge to provide effective care for a growing geriatric patient population. Other University of Rochester contributors to the text include: **Bilal Ahmed, M.D.**, **Thomas V. Caprio, M.D.**, **David C. Foster, M.D., M.P.H.**, **William Hall, M.D.**, **Jurgis Karuza, Ph.D.**, **Jeffrey Lyness, M.D.**, **Frederick Marshall, M.D.**, **Michael R. Privitera, M.D., MS**, **Gwen K. Sterns, M.D.**, **T. Franklin Williams, M.D.**, and former geriatric fellow **William Lyons, M.D.**

Lee D. Pollan, D.M.D, M.S., was recently installed as president of the American Association of Oral and Maxillofacial Surgeons. The Association works to advance the specialty, and to support its fellows and members through education, advocacy and research.

James Powers, M.D., professor of Pathology and Laboratory Medicine and of Neurology, received the Lifetime Achievement Award for Meritorious Contributions to Neuropathology at the annual meeting of the American Association of Neuropathologists, the largest and most prestigious neuropathology association, with members around the world.

Paul R. Romano, D.D.S., M.S., associate professor in the Periodontology Division at the Eastman Dental Center, was named Chairman of the Monroe County Dental Society's Board of Directors. The Society works to advance the health of the public by promoting the art and science of dental medicine.

KUDOS KUDOS KUDOS

Ashok N. Shah, M.D., professor of Medicine in the Gastroenterology and Hepatology Unit, has been awarded a prestigious Mastership by the American College of Gastroenterology. Mastership is rare honor conferred upon physicians who have demonstrated distinguished service to the College and to the field of clinical gastrointestinal patient care and education. Shah was one of four to be honored this year and is the only recipient from Western New York. The College has awarded only 103 Masterships in its 75-year history.

Geriatric programs at URMHC have been awarded more than \$3.2 million in five grants that are focused on helping health care providers improve the way they care for the elderly. The awards, from the U.S. Department of Health and Human Services' Health Resources and Services Administration (HRSA) division, include two large training grants and three academic career awards.

Respiratory Disorders programs at URMHC are ranked as 37th best in the nation in *U.S. News & World Report's 2007 America's Best Hospitals* listing. The ranking encompasses all of the Medical Center's pulmonary care programs — from outpatient services to inpatient treatment, including critical care.

Strong Memorial Hospital has won the National Research Corporation's (NRC) Consumer Choice Award for the twelfth consecutive year. The award identifies hospitals that health care consumers have chosen as having the highest quality and image in 190 markets throughout the U.S. through NRC's Healthcare Market Guide study.

University of Rochester Medical Center is the only university in New York on *The Scientist* magazine's annual list of the Top 40 Best Places to Work for life scientists. The University of Rochester was buoyed by tenured faculty who gave their employer high marks for positive peer relationships and sound management and policies. In addition to the Medical Center, the University of Rochester has life scientists working throughout the University, in areas such as the Department of Biology and the Department of Brain and Cognitive Sciences.

APPOINTMENTS

ANESTHESIOLOGY

Michelle Raczka, M.D.

ANESTHESIOLOGY/PAIN MANAGEMENT

Joel Kent, M.D.

EMERGENCY MEDICINE

Seema Bhatt, M.D.
Robert Deutsch, M.D.

IMAGING SCIENCES

John Deveikis, M.D.

MEDICINE/CARDIOLOGY

Darren Traub, D.O.

NEUROLOGY

Jeffrey Burdett, M.D.
Natan Khishchenko, M.D.
Mohammad Qasaymeh, M.D.

ORTHOPAEDICS

James Sanders, M.D.

PEDIATRICS

Anju Gupta, M.B.B.S.
Meenu Jindal, D.O.



FOR YOUR CME CALENDAR

All programs are held at the University of Rochester Medical Center unless otherwise noted.

Surviving Childhood Cancer: Now What?

April 12

Activity Director:
O.J. Sahler, M.D.
For Information:
Barbara Schuman
(585) 275-3882

Advanced Cardiovascular Life Support

Renewal Course
April 21

Activity Director:
Carol Diachun, M.D.

Cardiology for Clinicians

April 26

Activity Director:
Ronald G. Schwartz, M.D.

Pediatric Advanced Life Support

Provider Course
April 29 to 30

Renewal Course
May 9
Activity Director:
Elise Van Der Jagt, M.D.

Neuro-Oncology: A Multidisciplinary Approach

May 2
Casa Larga, Fairport, N.Y.
Activity Director:
Kevin Walter, M.D.

Rochester Vascular 2008: What's New in Vascular Medicine, Surgery and Interventional Care

Hyatt Regency,
Rochester, N.Y.
May 2 to 4

Activity Director:
Karl Illig, M.D.

Advances in Pain Management

Woodcliff Hotel & Spa,
Fairport, N.Y.
May 3

Activity Director:
John Markman, M.D.

21st Annual Rochester Conference in Perinatal Medicine

Rochester Riverside
Convention Center
May 8

Activity Director:
Eva Pressman, M.D.

Frontiers in Stem Cell Medicine

May 23
Activity Director:
Mark Noble, Ph.D.

Epilepsy

June 5
Activity Director:
Lynn Liu, M.D.

Scientific Conference in Stereotactic Body Radiation Therapy

**June 12 to 13 or
June 19 to 20**

Activity Director:
Walter O'Dell, Ph.D.

Advanced Cardiovascular Life Support

Provider Course
July 14 to 15

Activity Director:
Carol Diachun, M.D.

AROUND THE REGION

Courses offered by the University of Rochester School of Medicine and Dentistry are held at the following locations. For an update on specific topics and speakers, visit our website at www.urmc.rochester.edu/cpe.

BATH
Bath VA Medical Center
Call (607) 664-4770

Infection Control Update: Overview of Common Illnesses for Outpatients
May 8, 10 a.m.
Paul S. Graman, M.D.
Professor of Medicine
Infectious Disease Unit

ITHACA
Cayuga Medical Center
Call (607) 274-4225

Adult Schizophrenia
April 4, 7:30 a.m.
Robert Weisman, D.O.
Associate Professor
of Psychiatry

Respiratory Failure and Ventilator Management
May 9, 7:30 a.m.
Peter Papadakos, M.D.
Professor of Anesthesiology

For further information:
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601 Elmwood Avenue, Box 677 Rochester, NY 14642-8677
Telephone: (585) 275-4392
Fax: (585) 275-3721
Email: office@cpe.rochester.edu
Web site: www.urmc.rochester.edu/cpe

DANVILLE
Nicholas H. Noyes
Memorial Hospital
Call (585) 335-4323

Hormone Replacement Therapy
April 3, 8 a.m.
Vivian Lewis, M.D.
Professor of Obstetrics
and Gynecology

Common Sports Injuries
May 1, 8 a.m.
Robert Bronstein, M.D.
Associate Professor
of Orthopaedics

Hypertension
June 5, 8 a.m.
Jeremy Taylor, M.D.
Assistant Professor
Nephrology Unit

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