

Rochester

MEDICAL



Brad Berk The next big adventure



On the cover

Bradford C. Berk, MD, PhD, CEO and senior vice president for Health Sciences, makes time for a weekly ride.

Photo by Antonino Barbagallo –
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THIS ISSUE OF *ROCHESTER MEDICINE* IS ABOUT EVOLUTION. AS THE UNIVERSITY OF ROCHESTER MEDICAL CENTER BRINGS ITS LATEST STRATEGIC PLAN TO LIFE AND ADAPTS TO THE NEW ENVIRONMENT IN ACADEMIC MEDICINE, CHANGE IS EVIDENT EVERYWHERE YOU LOOK. THESE CHANGES ARE SIGNS OF THE INCREDIBLE VITALITY PULSING THROUGH OUR CLASSROOMS, RESEARCH LABORATORIES, AND PATIENT ROOMS. IT CAN BE FELT IN OUR ADMINISTRATIVE OFFICES AND AROUND OUR CONFERENCE TABLES. IT HAS FOUND ITS WAY INTO OUR COMMUNITY, SPREADING EXCITEMENT AND PASSION BEYOND OUR MAIN CAMPUS.



Brad Berk

Bradford C. Berk, MD, PhD,
CEO, University of Rochester Medical
Center, and UR Medicine,
Senior Vice President for Health Sciences

Building Blocks of Change highlights many of the physical changes under way that will help us successfully practice twenty-first-century medicine and meet the needs and expectations of today's patients, families, learners, faculty, staff, and neighbors. *Breaking Down the Health Care Hierarchy* and *Trading Places* demonstrate the enthusiasm of our physicians, nurses, other providers, staff, and students as we find new and better ways of working together for the good of patients, families, and the institution. The four researchers featured in *Getting a Good Look* also show a wonderful spirit of collaboration, which undoubtedly helped them secure a \$9 million grant from the National Institutes of Health. *Making iContact*, which recognizes Dr. Sarah Peyre's distinctive leadership in the realm of electronic health records, is one example of our innovative response to new technology.

As you might have surmised by looking at the cover, however, this issue is not only about the evolution of an institution. It also touches on my own personal evolution. In 2006, when I was appointed CEO, I had a very clear vision of where I wanted to lead the URM. I had a strong sense of who I was, and what I was capable of doing with our leadership team. Less than three years later, all of that was instantaneously shattered when I flew over the handlebars of my bike and heard my vertebra snap loudly against the pavement. After determining that I was probably going to live, I immediately started thinking about what kind of life my family and I would have. Being a physician, I was largely aware of the incredible difficulties that lay ahead of us. I had no way of knowing, however, that this accident would lead to my proudest accomplishment as CEO, as well as new and unique opportunity to improve the lives of patients with chronic conditions like mine.

But today, as I prepare to transition out of the CEO's office at the end of December, it is clear that my original vision for the Medical Center, as well as my sense of self and the capabilities I possessed in 2006, could expand. As I began looking at the URM through the lens of a patient who has lost significant neurological function — something very few administrators,

physicians, or scientists are ever called upon to do — I found a missing component to our aspirations. We knew the way we cared for patients, families, and each other was paramount to our success — not just at the bedside, but on the phone, in the corridors, through the mail, across a desk, in the parking garage, and at every other point of interaction. By expanding our vision to focus *intently* on this element, we achieved an amazing cultural transformation that is at the core of every exciting change you will read about in this magazine.

I am told that I have been an inspiration to some, but I too have been inspired and energized by the many people who joined me on this quest. This experience has led me to consider, five years after my accident, how I can continue to channel my expertise, insight, personal story, and passion in ways that make a life-changing difference to others. I am stepping out of the role of CEO to take on a very meaningful new role, which you will read about in this and future issues of *Rochester Medicine*. I will be leading the establishment of a world-class neurorestorative institute at the URM. The institute will capture the incredible potential of biomechanical engineering, new pharmaceuticals, and stem-cell research. We will find novel ways to bring back health, functionality, and hope for patients with neurological damage. Over the next decade, this endeavor will become a significant part of the Medical Center's evolution, as well as my own.

So it is with great excitement that I turn the leadership of the URM over to Mark Taubman on January one. We have been colleagues and friends for more than three decades, and I have a great deal of admiration for his visionary thinking, ability to move plans forward, and honesty and integrity. As dean of the School of Medicine and Dentistry, he has taken on many responsibilities above and beyond those typical for someone in his position. He has played key roles in steering us through turbulent financial times, creating a strategic plan for research, and recruiting new leadership to the University of Rochester Medical Faculty Group. Mark will undoubtedly take us boldly into the future.

YOU MIGHT WANT TO CONSIDER READING THIS ISSUE OF *ROCHESTER MEDICINE* BACKWARD. THE LAST ARTICLE, *TRADITION: FOR MEN AND STONE*, TAKES US BACK TO THE BEGINNING OF THE SCHOOL OF MEDICINE AND DENTISTRY AND STRONG MEMORIAL HOSPITAL. I DON'T MEAN THE DAY WE OPENED OUR DOORS TO STUDENTS OR ADMITTED OUR FIRST PATIENT. I MEAN THE *VERY* BEGINNING, WHEN THIS PLACE WAS STILL A FIELD OF GRASS AND WILDFLOWERS. "A FIELD OF DREAMS," SO TO SPEAK.



A handwritten signature in white ink that reads "Mark B. Taubman". The signature is fluid and cursive.

Mark B. Taubman, MD
Dean of the School of Medicine
and Dentistry, Vice President
for Health Sciences

For Men and Stone pays tribute to William Kaelber, the architect whose blueprints formed the plan for our original building, constructed between 1923 and 1925. Kaelber was one of the leading architects of his day. That was in no small part due to his ability to understand and connect with the people who would use his buildings. He felt the cleverest configuration of brick and stone would fail if it did not resonate with the human beings inside.

Here we are, nearly a century later, and I find myself in a somewhat comparable position. On January 1, I will become CEO of the University of Rochester Medical Center, while maintaining my role as dean of the SMD. I will become responsible for operationalizing the Medical Center's strategic plan, a bold new blueprint for our success in the rapidly transitioning world of health care. I will be tasked with making sure the plan continually resonates with the URMC community, including you, as well as the patients, families, and neighborhoods we serve — now and in the coming years.

As you begin flipping from the back toward the front of this magazine, you'll find we're already off to a great start — it's filled with stories about people who are improving the patient experience, enhancing our reputation in the region and beyond, finding the next discoveries and cures, and keeping us on the forefront of health professions education. All of their

accomplishments can be traced directly to broad initiatives in our strategic plan.

The closer you get to the front of the magazine, the more you will realize how far the URMC has advanced since the first cornerstone was laid on that grassy plot. Many of these advancements have occurred within the last few years. With Brad at the helm, we have forged critical new relationships with providers throughout the region, broken ground on the spectacular Golisano Children's Hospital, expanded the Wilmot Cancer Institute, opened the Saunders Research Building, begun establishing new delivery and payment methods, and made patient- and family-centered care part of the fabric of this institution. Despite a troubled economy, Brad's governance helped keep us financially stable throughout his tenure.

Finally, as you arrive at the cover story, you will see this place remains a "field of dreams" for my colleague, Brad Berk. After all that Brad has achieved, he still sees the potential to build something big here. In the next issue of *Rochester Medicine*, I will share my own vision and plans for the Medical Center. Today, let us reflect on the extraordinary life of this leader who, while taking a different position, is still very much in the game.

What do you think?

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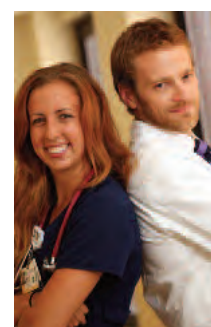
Write to us! *Rochester Medicine* welcomes letters from readers. The editor reserves the right to select letters for publication and to edit for style and space. Brief letters are encouraged.

Rochester

MEDICINE

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Maquat receives prestigious NIH MERIT Award

Lynne E. Maquat, PhD, the J. Lowell Orbison Endowed Chair and Professor in the Department of Biochemistry and Biophysics, has received a MERIT award from the National Institutes of Health to continue her research in RNA biology.

Maquat is an internationally recognized expert in the field of RNA biology, in which she works to discover new cellular pathways and clues to the molecular basis of human disease. She is the founding director of the University's Center for RNA Biology and in 2011 was elected to the National Academy of Sciences, one of three faculty members from the SMD who have been appointed to the academy and the only woman.

The MERIT award (the acronym stands for Method for Extending Research In Time) was established by the NIH in 1986 to provide stable, long-term grant support to help top scientists pursue

ambitious projects that require more time to develop — with the idea that higher risk research can lead to higher impact findings. The award also lifts scientists from the burden of applying for new grants to fund their research. MERIT recipients receive five years of funding and are afforded a simplified renewal for a second five-year period, cutting out the complex reapplication process—as long as scientists meet certain criteria showing that their research has yielded results.

Scientists cannot apply for the award; they are nominated by the funding NIH institute. Less than five percent of NIH-funded investigators are selected.

Five other SMD faculty have received NIH MERIT awards over the past five years: Steven Goldman, MD, PhD, Neurology; Barbara Iglewski, PhD, Microbiology and Immunology; James Melvin, DDS, PhD, Oral Biology; and Marc Schieber, MD, PhD, Neurology.



From the Blog: Research @ URMC

- **The National Institutes of Health (NIH)** has awarded a \$4 million grant to a team led by Arthur J. Moss, MD, to conduct a five-year study into how the genetic condition called Long QT Syndrome, type 3, might overlap with common heart rhythm disorders that can cause heart attacks. The research team includes scientists from the U of R and Columbia University New York Presbyterian Hospital.
- **With a new \$3 million award**, the NIH is supporting the continuation of research at the New York Influenza Center of Excellence (NYICE). The center established at the SMD in 2007 with the help of a \$26 million NIH award, has contributed greatly to overall understanding of how the immune response to flu is regulated, leading to more effective vaccination strategies. The NYICE is directed by David J. Topham, PhD, and John J. Treanor, MD.
- **Aspirin has been called a wonder drug**, but a new study shows a majority of people eligible to take it as a preventive therapy don't recall their doctors ever telling them to do so. Led by author Kevin A. Fiscella, MD, MPH, professor of Family Medicine at the U of R, the study's findings illustrate a disconnect between public health guidelines and what occurs in clinical practice. The full study is published in the *Journal of General Internal Medicine*.
- **The New England Journal of Medicine** published findings of a clinical investigation, led by U of R scientist Lisa Beck, MD, for a new drug to treat atopic dermatitis. The *NEJM* publication included data from several Phase 1 and Phase 2 placebo-controlled studies of a new, injectable drug, dupilumab, showing it gave patients rapid and marked improvement.

To read more, visit:
urmc.rochester.edu/research/blog

Linehan takes over as new chair of Surgery

The URM has recruited Washington University surgeon David C. Linehan, MD, to serve as chair of Surgery.

“Dr. Linehan quickly rose to the top of a short list of highly skilled individuals considered by the search committee,” said SMD dean Mark B. Taubman, MD. “His training is outstanding, he brings a portfolio of seminal research on pancreatic cancer, and he has a reputation for collegiality that’s an ideal fit.”

A Boston native, Linehan graduated from the University of Massachusetts Medical School before serving his internship and residency at Deaconess-Harvard Surgical Service. He was chief resident in Surgery at Beth Israel

Deaconess Medical Center and completed a research fellowship at Brigham and Women’s Hospital. He was also the Kristin Ann Carr Fellow in Surgical Oncology at New York’s Memorial Sloan-Kettering Cancer Center.

Over the past fifteen years, Linehan rose through the academic ranks at Washington University to become chief of Hepatobiliary, Pancreatic and Gastrointestinal Surgery and direct the section’s fellowship training program.

Known for his surgical skill in treating patients with cancers of the liver, pancreas, gastric, and biliary tract, Linehan is a member of numerous major surgical societies including the American Association of Cancer Research, the Association of Academic Surgeons, and the American Surgical Association.



Wilmot Cancer Institute to serve as NCORP hub

The Wilmot Cancer Institute’s Cancer Control and Survivorship program is receiving an \$18.6 million, five-year grant from the National Cancer Institute (NCI). The NCI has chosen Wilmot as one of only two cancer centers in the nation to serve as a research hub for the NCI Community Oncology Research Program (NCORP). Gary R. Morrow, PhD, MS, is principal investigator.

“This award helps keep Rochester in the forefront of patient-directed cancer care,” says Morrow, Dean’s Professor of Oncology and professor of Surgery and Psychiatry.

NCORP is designed to bring clinical trials to a network of communities across the

nation, creating a more broadly applicable evidence base to help improve overall care and reduce disparities. Clinical trials will enroll between 600 and 1,000 patients from multiple locations. The research will focus on helping patients who are coping with side effects from cancer treatment.

The funding will also support cancer care delivery research, examining the impact of socioeconomic factors and health technology. For example, the U of R is collaborating with investigators at Duke University to determine the best way to compile patient data stored in different electronic health records systems.

The NCI award is among the largest grants received by a URM researcher in the past ten years. The Cancer Control and Survivorship Program has previously received funding through NCI’s Community Clinical Oncology Program (CCOP).



Smoller named chair of Pathology and Laboratory Medicine

Bruce R. Smoller, MD, an international leader in the study of skin diseases, has been named chair of the Department of Pathology and Laboratory Medicine at the URM.

“Dr. Smoller is an accomplished clinician, investigator, and educator, and a true titan in the field,” said Mark Taubman, MD, dean of the SMD. “He brings a deep sense of the opportunities and challenges facing today’s pathologists and the medical centers that train them, here in the U.S. and around the globe.”

Smoller recently served as executive vice president and secretary-treasurer for the 10,000-member United States and Canadian Academy of Pathology — a position he held while serving faculty

posts at both Georgia Regents University (formerly Georgia Health Sciences University) and the Emory University School of Medicine. Prior to that, he built his career at medical schools affiliated with Harvard, Stanford, Cornell, and the University of Arkansas

Smoller finished undergraduate studies at Dartmouth, earning his medical degree from the University of Cincinnati before completing an internship and anatomic and clinical pathology residency (including a turn as chief resident) at Boston’s Beth Israel Hospital/Harvard Medical School. In 1987, he went on to a fellowship in dermatopathology downstate at New York Hospital/Cornell University Medical Center. He belongs to a number of professional societies, including the American Society of Dermatopathology, American Society of Clinical Pathologists, and College of American Pathologists.





A person is riding a blue bicycle on a dirt path. The path is surrounded by tall, green grass. The background is slightly blurred, suggesting motion. The overall scene is bright and natural.

THE WHEELS ARE TURNING

On December 31, CEO Brad Berk will turn leadership of the URMC over to Mark Taubman, current dean of the School of Medicine and Dentistry. Berk is stepping down to start the wheels rolling on a new project at the URMC, one that could make Rochester *the* place to go for neurorestoration.

PERHAPS, BRAD BERK THOUGHT, A SUBTLETY IN MEANING HAD BEEN LOST IN TRANSLATION.

He was on a business trip to South Korea, and was being interviewed by two Korean newspaper reporters. Their final question caught him by surprise. Berk turned to the young physician who was serving as an interpreter and asked if he had made a mistake.

“No, that is very important to people in this country. It is a common question here,” the physician assured him, before bluntly repeating it. “What will people say about you when you are dead?”

Berk, who is generally very accommodating during media interviews, did not have a ready answer. He appealed to his personal assistant, Harley Bowman, for help. Bowman has been a fixture at Berk’s side since 2010. Though naturally gregarious, he possesses the loyalty and discretion of an old-fashioned English butler, and he takes pride in rarely speaking while on duty. This time, he made an exception.

“I told the journalists that people will remember the miracle that takes place in a hospital room, when a patient is *this* close to giving up,” Bowman says, his voice trembling ever-so-slightly with emotion. “The doctors have done all they can do. Technology and medicines aren’t going to help any more. All that is left is that last bit of the patient’s will.”

Then, Bowman continues, Dr. Berk comes into the room.

“And Dr. Berk says, ‘Don’t... give... up.’”

Time and again, these patients, who have been afflicted with devastating physical disabilities, say they will vividly remember this moment for the rest of their lives. Months later, they often return to thank Berk for using those three words to pull them away from the abyss. But the words would be far less potent if they were not spoken by a man who has been there himself, and adamantly refused to stay.

To Bradford C. Berk (MD ’81, PhD ’81), life is a grand series of adventures. Every experience is an opportunity for discovery. And yes, that includes the 2009 bicycle accident that paralyzed his body and left a lifetime of pain as its calling card. His only real relief comes through self-hypnosis, which he takes time to practice every night.

“That has helped me develop patience with myself and others,” Berk says. “And it has reaffirmed the control we can have over ourselves in all kinds of difficult situations.”

Those closest to Berk say the past five years have not changed him so much as they have epitomized his true nature. The qualities that earned him the position of CEO and senior vice president for Health Sciences at the University of Rochester Medical Center in 2006 are the same qualities that have led to his remarkable and ongoing recovery.

“I think others see him as softer now,” Mark B. Taubman, MD, dean of the School of Medicine and Dentistry and incoming CEO, says, “but he’s the same person. His optimism, enthusiasm, perseverance, intelligence, strategic ability, outgoing personality, and astonishingly broad array of interests — none of that has changed.”

THE CEO, BEFORE AND AFTER

When Berk first took leadership of the URMC, there was little to indicate the challenges he would soon face, both personally and professionally. Propelled into the CEO’s office after successfully chairing the Department of Medicine, serving as chief of Cardiology, and founding and directing the Aab Cardiovascular Research Institute, Berk seemed to be living a charmed life. A Rochester native, he spent much of his idyllic youth exploring the woods, fields, and waterways at the edge of his family’s suburban neighborhood. He shied away from Vietnam-era unrest on large campuses, choosing the rural serenity of Amherst College instead. He began his cardiovascular research career in the early 1980s, catching an exhilarating

wave of new devices and drugs that transformed the field and dramatically reduced the mortality rate for heart attack patients. His research success was matched by his clinical prowess, and he excelled on the faculties of Harvard Medical School, Emory University, and the University of Washington before returning to Rochester. Sandy-haired, athletic, and perpetually tan, he frequently spent his spare time at professional meetings climbing the closest mountain.

“He had an unvarnished enthusiasm and energy, and a proven ability to get things done,” says University of Rochester President Joel Seligman, who chaired the nationwide search that resulted in Berk’s appointment as CEO. “What really made him stand out from the other applicants, though, was his mind.”

Berk’s mind is, well, sort of mind-boggling. An incessant reader and well-traveled, he retains a vast store of expertise on countless subjects. Beyond that, however, his colleagues consider him to be a habitual “big thinker.” Twisting and turning ideas or problems around in his head like Rubik’s Cubes, he looks for all possible short- and long-term influences and outcomes before settling on a course of action. He typically does this with uncanny speed, and then he conveys his thoughts in a verbal outline, concisely stating his position along with a list of major discussion points. He often sums it up with a well-known idiom or familiar quote, benignly making sure everyone in the room is keeping up with him.

“He can see a whole entity and its separate parts better than anyone I know,” Seligman says, “and he has an impressive understanding of the critical balance between clinical care and research at an academic medical center. Tilt the scale too much one way or the other, and the whole thing can falter.”

As Berk was beginning to establish himself as CEO, however, a storm was brewing. On the leading edge was that fateful bike ride, but it was soon followed by a downpour of other pressures: the lingering effects of a recession; the snowballing impact of lower, inflation-adjusted research funding from the National Institutes of Health; federal and state pressure to bend the health care cost curve; and the Affordable Care Act.

“This is one of the most tumultuous and challenging times for academic medicine,” Philip A. Pizzo (MD ’70), a member of the University’s board of trustees, says.

“Just as Dr. Berk was starting to recover,” Seligman agrees, “his job was simultaneously becoming more challenging.”

There were people who questioned whether it was good for the URMC — or Berk — for him to return as CEO nine months after he had been airlifted here with a fractured third vertebra. The risks of infection and other very common side effects of paralysis could hinder his ability to get things done; the chronic pain would undoubtedly put limits on his energy. But Berk’s mind was fully functioning, and the general consensus was, *If anyone can make this work, Brad can.*

And Berk has proven them right.

“It’s about vision, you have to have a compelling vision that resonates with everyone,” Berk says. “After that, you only need two things to be a good CEO. One, you need to have the right people around you. Two, you need to know the right way to spend your time.”

With that in mind, he charged forward. Under his leadership, the Medical Center has undergone a prodigious expansion through regional affiliations, acquisitions, and partnerships, as well as on-campus construction. The Medical Center’s largest construction project ever, the \$145 million Golisano Children’s Hospital, will open in the spring. The \$65 million Wilmot Cancer Center opened



Berk is handing the CEO spot over to Taubman, whom he's worked with for thirty-four years. (Photo taken 2006)

at Strong Memorial Hospital in 2008. In addition, Berk has overseen the development of a number of initiatives, including the Clinical and Translational Science Institute, the Eastman Institute for Oral Health, and the Center for Experiential Learning, as well as nearly \$1 billion in capital and information technology upgrades. When Berk and his top strategists get together, there is an almost war room-like intensity in the air.

But along with buildings, programs, and beds, the URMC has been steadily adding people; the University, primarily because of the Medical Center's nineteen thousand hires, remains the top employer in Rochester after bumping Eastman Kodak Company just before Berk became CEO. This is where the softer side of Berk has become more palpable since his injury. Suddenly thrust into a place where he had to rely on everyone, to do nearly everything, the glare from his hard-core independent spirit mellowed enough for him to see his fellow human beings in a way most of us never will. With this new perspective, he returned to the Medical Center determined to change the culture within.

"Everybody here is compassionate, that is why they are in this business," he says, "but we had service issues."

As he publicly shared his personal experiences with the "healing power of human touch," the Medical Center began collecting data, organizing employee committees to gather their input, and empowering more people to make positive changes. The URMC laid out its "ICARE" values (Integrity, Compassion, Accountability, Respect, and Excellence) and provided training and recognition to help employees incorporate these values into their daily activities. A polished, tug-at-the-heartstrings, external marketing campaign, "Medicine of the Highest Order," served the dual purpose of instilling pride in the people who work here. Under Berk's watch, patient- and family-centered care became central to all other initiatives.

"This is my proudest accomplishment as CEO," Berk says.

THE ROCHESTER NEURORESTORATIVE INSTITUTE

Berk is a fast driver. It's common to see him whizzing down the halls of the hospital in his motorized wheelchair, his personal assistant, Harley Bowman, struggling to catch up.

"We've become a kind of symbol," Berk laughs. "We make a point of getting out and talking to people, seeing patients and families, being attentive. It's leading by example."

What most people don't see, however, are the times Bowman quietly glides into the board room to stretch Berk's arms and apply heat packs to ease his painful muscle contractions. They don't see Bowman helping Berk into the standing frame in his office, which is

intended to help keep his bones from becoming weak and brittle. They don't see the numerous medications that keep an ominous batch of side effects at bay, and they don't hear the pain-induced exhaustion in his voice when there's a rare quiet moment to his day. They don't see his frustration, which sometimes leads to brief bursts of anger and depression.

"It's common for people to say this is the 'new' normal," Berk says. "But we shouldn't be getting used to a new normal. We should be working toward normal."

That, in a nutshell, is why Berk is leaving his post to begin the Rochester Neurorestorative Institute (RNI).

"Rehab has been stuck for a long time now, with little innovation, but that's changing," Berk says. "We're on the cusp of dramatic change in the field, similar to the one that occurred in cardiology twenty years ago. There are new devices and drugs emerging, and advances in stem cell research are promising."

He envisions a place that provides state-of-the-art therapies to restore nervous system function to people who have suffered a stroke, traumatic brain injury, spinal cord injury, or peripheral nerve damage. Building on existing strengths of the Medical Center's Del Monte Neuromedicine Institute and resources on River Campus, the RNI will conduct basic research in neurorestoration and facilitate a translational pipeline to clinical settings. In addition, there will be clinical trials, educational programs, and community outreach.

"He was talking about the RNI two months after his accident. He understood this was a way we could be unique," says Taubman. "As CEO, you have to think about what makes the Medical Center, the University, and the City of Rochester special. Which of our programs can be regional or national destinations? What can we build that not everybody can build?"

Taubman says the RNI could answer those questions and, if anyone can make it happen, "Brad can."

"If we are going to do this in a way that, in five or ten years, people are going to think of Rochester as *the* place to go for neurorestoration, we need somebody who has his skills, level of involvement, enthusiasm, and passion."

BACK IN THE SADDLE

"Not too long ago, I couldn't have passed her," Berk says with a smile.

He has just pedaled by an elderly woman who is taking a leisurely bike ride along the Erie Canal Trailway. Berk is half joking; there's an unmistakable note of achievement as well. It is a sublime September morning, colorful leaves crunching under the wheels of his recumbent bicycle, the dewy smell of autumn carried on a cool breeze. The wind mitigates the hot sun on his face. Berk points out the fields he used to play in as a boy, and the bridge he and his friends would leap off on sultry, summer days. He is undeniably happy.

Though he cannot feel his legs, his mind has roused the muscle memory that once carried him for long rides through the hills of the Finger Lakes. Every weekend, Berk is out here, flanked by a dedicated group of friends who offer up an occasional Powerade or help navigating busy street crossings. It is highly probable that passersby have no idea he cannot walk. At the end of the ride, he's met by Coral L. Surgeon, MD, the woman he will marry at the end of October.

"I don't think he feels handicapped," she says, as if trying to remember the last time Berk used the word to describe himself. "Who knows what his limits are? He never gives up."

Surgeon and Berk are combining households; her small frame is towered by stacks of boxes throughout their newly renovated home. There's space here for visitors – including his three children and four lively grandsons or any one of her seven siblings or twenty-three nieces and nephews. Berk is eager to move his potted herbs out to the deck so Surgeon can make one of her spice rubs, his favorite.

"Whenever we can, we spend our evenings together. A glass of wine, some jazz on the Sonos, dinner," Surgeon says, in a warm voice that reveals her Jamaican roots. Sometimes, if there's a full moon, Bowman will alert Berk with a text, knowing he'll want to go outside to see it. At times like these, it is easy to believe "normal" could be just around the bend.

BUILDING BLOC

The nation's academic medical centers are facing enormous challenges related to health care reform, the economy and other factors. Some of these challenges call for brick-and-mortar solutions. Take a look at several URMC construction, renovation, and expansion projects.



KS OF CHANGE

Ron Paprocki, CFO of the University of Rochester, has been overseeing the College Town construction project, a vast improvement to the URMC neighborhood.



Golisano Children's Hospital

Elizabeth Lattimore's office is crammed with rolls of blueprints, dog-eared project design books, and suitcases full of fabric swatches, industrial-strength paint chips, and floor-tile samples. She often wears a hard hat, and can readily hold her own in work-related conversations with her husband, who is employed by a hotel construction company.

"I never thought I would know this much about design and construction," says Lattimore, who has an MBA and serves as chief administrative officer and COO/program administrator for the Department of Pediatrics.

Her responsibilities now include program management for construction of the Golisano Children's Hospital, an eight-story pediatric hospital taking shape on Crittenden Boulevard between the Wilmot Cancer Institute and the Flaum Eye Institute. The hospital is large enough to handle an influx of critically ill children, brought about by lifesaving advancements in treatment, more premature births resulting from assisted conception, and the closing of smaller pediatric units throughout the twenty-one-county region. Lattimore has traveled across the country for ideas, and visualized nearly every inch of the 245,000-square-foot building.

"My role is to facilitate a design based on the needs of Pediatrics — to know what we are building, and why we are building it," Lattimore explains, slowly turning the pages of a design book and pointing out key elements on each floor.

The overall theme is "Western New York" environments. The Lake floor houses a dedicated pediatric imaging unit; the formidable PET/MR scanner is disguised to look like a ship. The Neonatal Intensive Care Unit (NICU) is the Meadow floor, running the length of a football field. Its muted wall colors — carefully applied to avoid tinting newborn skin with pink, blue, or yellow — shift at regular intervals to help families and staff find the right room. The pediatric operating area is prudently sandwiched between the NICU floor below and the Pediatric Intensive Care Unit above. In patient rooms on the Parks and City floor, gas and power outlets fade into the warmth of wood-colored headwalls.

There is space for parents to comfortably remain overnight and shower. Families can bring in home-cooked meals and sit in front of the fireplace in the Ronald McDonald House family lounge. They can toss in a load of laundry, or let siblings play in the daycare center. The two-story hospital lobby, full of nooks and crannies to spark the imagination, holds the allure of a children's museum.

Every patient room, even in the NICU, is a private room — making it markedly easier to control the spread of infection, particularly during flu season. But Nina F. Schor, MD, PhD, chair of Pediatrics, places equal value on the emotional and social benefits.

"In double-bedded rooms, we pull a curtain between two sets of patients and families, and we pretend that the family on the other side can't hear us," Schor says. "It's a distraction and it can be extraordinarily demoralizing or embarrassing if you have to share very intimate, personal information."

The building might be constructed of inorganic materials, but Schor says the new hospital speaks loudly and clearly. It tells patients and families that their needs are everyone's top priority. And it reminds faculty and employees crossing the threshold from Strong Memorial Hospital into Golisano that they are entering a child's space and should act accordingly.

"When they are simply going from one floor to another in the same hospital, it is harder to think about the fact that they ought to do some things differently when dealing with children and families instead of adult patients," says Schor, who spent her entire career at stand-alone pediatric hospitals (Boston Children's Hospital and Children's Hospital of Pittsburgh) before coming to Strong. "There has to be a different culture in pediatric settings."

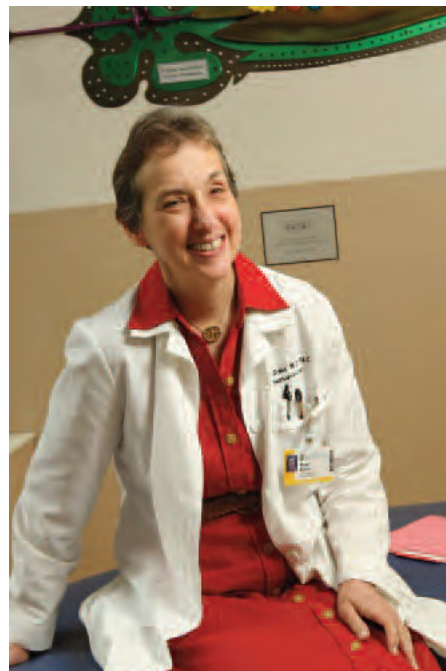
Schor offers a number of examples to illustrate her point, including the case of a two-year-old whose tracheal tube needs minor adjustment.

"If it were an adult patient, the surgeon might do that at the bedside with the patient alert," Schor explains. "When doing the exact same procedure on a toddler, the patient is frightened and cannot understand what is happening. You can't count on the patient to remain still, but asking a parent to hold the child makes the parent appear complicit. So it might make sense to move the patient to a treatment room and briefly sedate the child for this procedure."

That kind of change in thought process should become routine as the surgeon enters Golisano and kicks up a pile of bright leaves — projected on to the floor — while walking down the corridor to the toddler's room.

"This place is full of surprises," Lattimore says.

The Children's Hospital is expected to open in 2015. Find out more at: urmc.rochester.edu/childrens-hospital.



Far left: Lattimore holds up a sample of wall imagery that will brighten the Hospital's interior.

Left: Nina Schor, MD, PhD, chair of Pediatrics

The \$145 million Golisano Children's Hospital is expected to open next summer.





Below: A panoramic view shows the extent of the College Town construction.

Above: Artist's rendering of the corner of Mt. Hope and Elmwood Avenues.



College Town

Daniel Hurley admits he didn't see it coming. A resident of Rochester's Mt. Hope neighborhood for the past sixteen years, Hurley had been watching it crumble. Suffering from a classic case of urban decay, the neighborhood seemed to have little left to offer beyond its inexpensive homes. Then, the mechanical engineer says, something good happened.

"I bought my house for \$65,000. Today it is valued at \$135,000," notes Hurley, who is president of the Upper Mt. Hope Neighborhood Association. "I equate it to buying Microsoft stock when the company first went public in the early eighties. There is so much interest in the neighborhood now."

Hurley is sitting inside a bustling new Starbucks near the southeast corner of Mt. Hope and Elmwood Avenues. A burger bar, a frozen yogurt shop, and Chipotle are among the other new businesses lining up along this side of Mt. Hope, their customers spilling out front doorways to gather around sidewalk tables. But the real *pièce de résistance* lies directly across the street.



The project is creating hundreds of jobs.



Rising up on fourteen acres of University-owned property on Mt. Hope, College Town nearly fills the entire block between Elmwood and Crittenden Boulevard. Everything but the Goler House and the Eastman Institute for Oral Health was torn down to make way for College Town, which includes restaurants, retail shops, a yoga studio, a grocery store, offices, apartments, a hotel, and a parking garage. The project, a public-private partnership, was launched in 2010 when the University solicited proposals from nearly one hundred developers across the nation. It has garnered significant support from federal, state, and local governments, and invigorated community groups.

“Across the country, universities are playing an increasing role in economic development,” Ron Paprocki, senior vice president for Administration and Finance, CFO, and treasurer of the University, says. “We were in a position to do something with this property, and our first objective was to help create a vibrant neighborhood.”



Construction worker putting finishing touches on a part of the project that opened in October.



Like any such undertaking, this one came with enormous strategic and logistical challenges. Paprocki leads the team managing all of the moving parts, a role he good-naturedly describes as ringmaster of a three-ring circus. It's a task unlike any other he has tackled during his forty-five years at the University, where his responsibilities now include facilities management. His success was noted by U of R president Joel Seligman, who dubbed a small triangle park at the front of College Town "Paprocki Plaza."

The University has taken on its amplified role as an economic engine with equal flair. This stretch of Mt. Hope is shining like a brand-new car. Down the road, new commercial development is under way, and work continues on a major overhaul of Interstate 390 that will make it easier for motorists to get in and out of the URM. Area towns have received state funding to build multi-use trails to campus and a bicycle track, separated from traffic, along Elmwood.

"We were apprehensive at first," Hurley says, reflecting on the changes to his neighborhood. "But we're just blown away by all of this."



Bright new signs add color along the sidewalks.



Wilmot Cancer Institute

While Golisano Children's Hospital is bringing the outdoors *in*, Strong Memorial Hospital's Wilmot Cancer Institute is busily expanding *out* into the Western New York region. The map-like cover of a recent institute newsletter looks as if it had been borrowed from a travel brochure; icons of blue lakes, hillside wineries, and an Erie Canal packet boat mingle with markers identifying more than a half-dozen Wilmot clinical locations. The simplicity of this friendly graphic mutes the mushrooming complexity of cancer care.

"If you had cancer fifteen years ago, you had one doctor. Today, the average patient has five to ten physicians—surgeons, radiation, medical, and geriatric oncologists, and palliative care experts. You have physicians you don't even see, like the pathologist who interprets your lab tests," Jonathan W. Friedberg, MD, MMSc, director of Wilmot, says. "It's hard to put together this critical mass of clinicians in a small town."

It's also hard to make a two-hour trek from that small town to the URMC for chemotherapy. So Wilmot is opening a new building in Geneva, a small city in the heart of wine country, forty-five miles

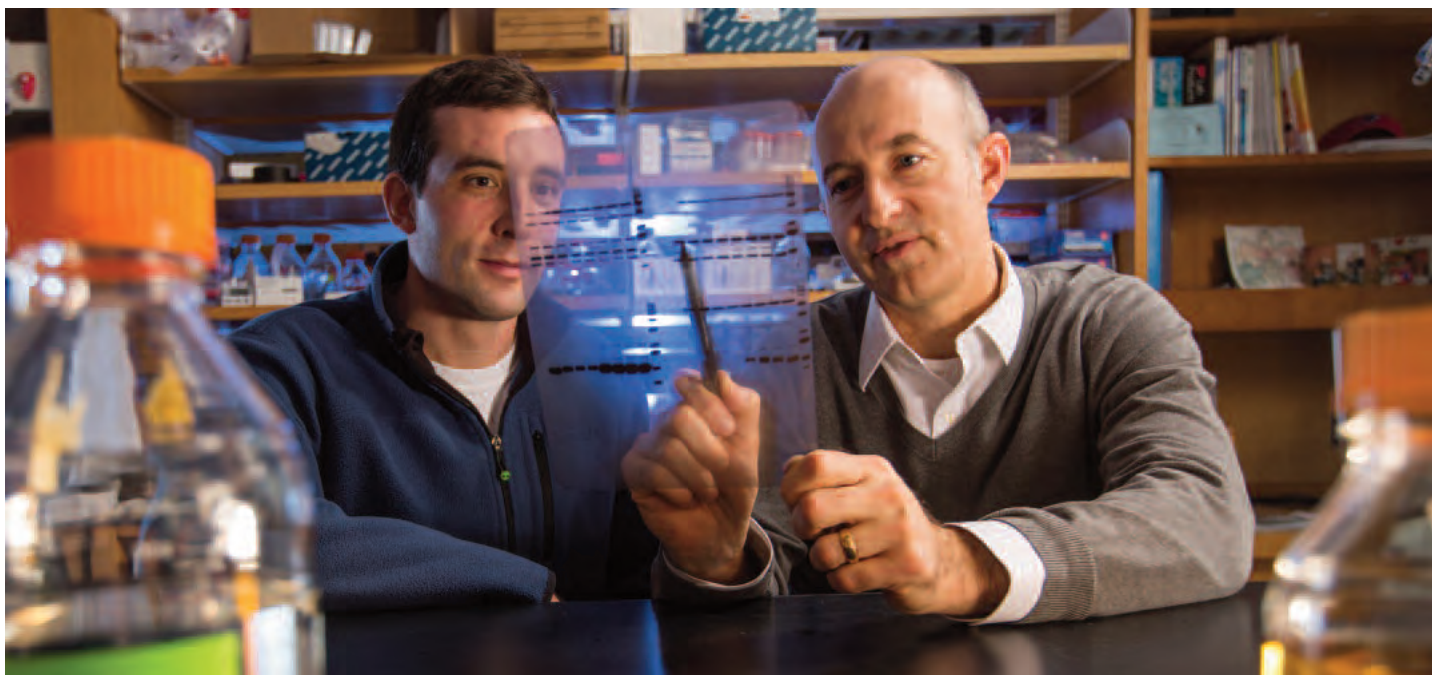
east of Rochester. Twenty miles to the west, Wilmot is renovating the second floor of a hospital in Brockport, a canalside village with a one-hundred-year-old movie theater and a thriving, independent bookstore among its Main Street tenants. Wilmot has moved its comprehensive breast cancer center off campus to a more serene location in a Rochester suburb. The list of outposts like these continues to grow.

"We are developing an integrative model to ensure the patient in Geneva is getting the same quality of care we're providing under this roof," Friedberg says from his office on Crittenden Boulevard. "Population health management requires a new approach, and we're the only center in the area that can make it happen. We feel a responsibility for the region."

Patients will still come to the Medical Center for highly specialized care such as bone-marrow transplants and complex surgeries. The opening of a new floor in the Cancer Center earlier this year brings the number of inpatient beds to seventy-two, making it the same size as entire hospitals in the region's small towns. And the URMC, with the launch of a \$30 million campaign, continues to support a vigorous research program to attract top clinicians and researchers to the area.

"That's what brought me here," says Friedberg, who runs a national clinical research group in lymphoma and still makes the time to care for his own patients every Tuesday. "That brings it home, reminding me why we're doing all of this."

The Wilmot Cancer Institute is expanding its facilities, programs, and research.



UR Medicine: Strong West

“Yep, the Daggs boy married a Grade girl,” recounts Bill Andrews, deputy mayor of Brockport.

He’s sitting at a table outside Java Junction on Main Street, trying to explain why the community was “bereft” when Lakeside Memorial Hospital was shuttered in April last year. Turns out, the wedded couple first met the moment they entered the world, about a half century ago, on the same day in Lakeside’s once bustling maternity ward. As Andrews is telling this story, nearly every passerby calls out his first name and says hello. He responds in kind.

“They closed the birthing unit several years ago — hi, Monica! — because there weren’t enough babies being born there anymore. Hi, Russ!”

This is a familiar tale, being repeated in small towns across America. Though rural hospitals have struggled to keep up with emerging technology and treatments, as well as the high cost of providing care to a dwindling patient base, tight-knit communities like Brockport still consider these facilities to be indispensable. It’s not just the peace of mind that comes with having an emergency department right around the corner. Lakeside is where families began, and loved ones’ lives ended, where the Lion’s Club met on Wednesdays, and retirees found meaningful volunteer work. It was one of the area’s largest employers. People held fundraisers and a petition drive in hopes of saving it. When Lakeside emptied out,

the loss was palpable.

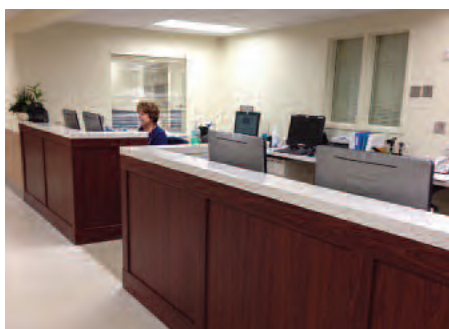
A few months later, the URMC took over the building — and its eminent standing.

“When we bought this property, we became the cornerstone of the community,” says Bryan J. O’Donovan, MPA, MS, administrator of UR Medicine’s Strong West, who has overseen the renovation and modernization of the structure.

Strong West is part of the Medical Center’s regional expansion strategy, designed to create a competitive cost advantage and assist with population health management. It is fulfilling a more fundamental mission, however, by providing patients with access to high-quality care in a place where they have few other options. O’Donovan met with hundreds of local residents, organizations, and businesses to help determine their most pressing health needs. Strong West brought back twenty-four-hour emergency care and opened an ambulatory surgery center. Other services include imaging, laboratory, occupational medicine, primary care, and a half-dozen medical specialties.

“I’m sure we’re better off now than if we’d been able to save Lakeside the way it was,” Deputy Mayor Andrews said after attending an open house at Strong West. “That was quite a show.”

But underneath all of the newfangled equipment and gleaming floors, an unmistakable hometown vibe endures. Local service clubs and support groups meet over coffee in the cozy conference room. Volunteers check in every morning at a small brown desk in the lobby. Clinical directors pitch in and help scrub floors before state officials visit. And when patients walk through the front door or down the hall, there is usually a staff member calling out their first name and saying hello.



The small town of Brockport eagerly awaited the opening of Strong West this summer.





Breaking down the health care hierarchy



HEALTH CARE REFORM AND OTHER FACTORS ARE PUTTING INTENSE PRESSURE ON HEALTH CARE PROFESSIONALS TO WORK BETTER TOGETHER. EXAMPLES OF INTERPROFESSIONAL TEAM BUILDING ARE POPPING UP ALL OVER THE URMC CAMPUS.

Typically, rounding at academic medical centers vaguely resembles a small flock of white geese discreetly meandering in and out of patient rooms. But in a hallway on the fourth floor of Strong Memorial Hospital, the gaggle is a bit bigger and more eclectic. Today, a nurse's smock adds a burst of fuchsia to the circle of white coats, and a young mother is among those listening intently to the attending pediatrician.

"The care team rounds as a group, and sometimes this means that social workers, pharmacists, therapists, or other professionals are here to discuss an issue," Nina F. Schor, MD, PhD, chair of Pediatrics,

explains. "We also make it clear to family members that we welcome them and want their input."

This is one of many signs that the long-established pecking order between various health care professionals, as well as patients and families, is rapidly going south. It's being replaced by something that's described nationwide in lofty, all-encompassing terms: inter-professional teams, care coordination, patient- and family-centered care, patient-centered medical home. The real nitty-gritty definitions, however, are still being written at ground level.

A Tipping Point for Team Play

"In reality, everything here is a team activity," Robert J. Panzer, MD, chief quality officer and associate vice president of Strong, says.

That fact was not broadly acknowledged in 2001, when the University's self-insured malpractice group started working to reduce its losses. The group, which also includes Columbia, Johns Hopkins, New York Presbyterian, Weill Cornell, and Yale, initially set its sights on obstetrics,



which accounted for about a third of claims. The institutions brought in national patient safety experts G. Eric Knox, MD, and Kathleen Rice Simpson, PhD, RNC, FAAN, for guidance.

“They told us we had very good nurses and we had very good doctors,” Panzer says. “But the nurses and doctors didn’t speak the same language.”

After nurses and doctors participated in dual training on team communication and infant monitoring, the obstetrics claim payments dropped from thirty-one percent to twenty percent of the insurance group’s premiums.

“This made it easier for everyone to see that working as a team is better for patients,” Panzer says.

Not everyone at the U of R needed this reinforcement, in a handful of areas, teams comprising of different health care professionals were already well-established. For instance, during the 1970s, the late Margaret D. Sovie, PhD, RN, CRNP, FAAN, chief nursing officer at Strong, was working diligently to integrate nurse

practitioners into acute care teams when other hospitals across the country were just beginning to mull the possibility. But the hard evidence related to obstetrics claims marked the start of a more cognizant effort to break down silos.

This commitment eventually led to last year’s opening of the University’s Institute for Innovative Education, which supports and promotes interprofessional learning for students and faculty. Its inception coincided with dramatic national reform measures and several other factors that have put intense pressure, either directly or indirectly, on health care practitioners to work better together. The year 2013 became a tipping point for team play.

Perhaps the most telling evidence is found in the SMD — where one can take a peek at the nation’s next generation of doctors and get a sense of where the future lies. Accelerated nursing program students have started crossing the street from the School of Nursing to join medical students, side by side, in the SMD’s problem-based learning classrooms. The students are presented cases and examine



Accelerated nursing program students have started crossing the street from the School of Nursing to join medical students, side by side, in SMD’s problem-based learning classrooms. The students are presented cases and examine “patients” in front of faculty from both schools.

“patients” in front of faculty from both schools. Feedback from the observing professors includes an evaluation of how the students performed as a team during the simulations.

“It’s harder to recreate this relationship later on, when they are in the workplace,” Panzer notes.

But that doesn’t mean it can’t be done. Examples of increased interprofessional teamwork exist on nearly every floor, in every building, of the Medical Center. On the fifth floor of Strong, Neurology residents and nurses are shadowing each other (*see page 20*). Researchers in the Kornberg Medical Research Building are combining forces and consulting with clinicians to push their investigations forward (*see page 22*). When the new Golisano Children’s Hospital opens, dedicated, child-friendly dietary staff could be added to the pediatric care teams. Even in the Strong Internal Medicine practice, one of the Medical Center’s early converts to a team model, the teams continue to build on a prototype.

Team-Based Care Not a Passing Trend

“Yes, I’m the team-based guy,” Marc N. Berliant, MD, chief of the Department of Medicine and division chief of General Medicine, lightly acknowledges his reputation with an easy smile.

Berliant, who arrived from the private world six years ago to direct Strong Internal Medicine, was implementing interprofessional, team-based care long before it was “fashionable.” He and his colleagues at the office each worked with a team – usually comprising a registered nurse, a resident, an advanced practitioner, and an outpatient access specialist (OAS) — that was dedicated to a specific group of patients. He says, however, they were not trying to be trendsetters.

“We didn’t name this model or call it anything or study ourselves, it was just an efficient way to get through the day,” Berliant says.

“When patients called in, they could always talk to a familiar person who knew about their care. Different team members fully understood how his or her own responsibilities combined with the others’ for the good of the patient. They learned from each other and grew professionally. Everyone derived a lot of job satisfaction from that.”

Berliant says Internal Medicine residents assigned to his private practice clearly recognized the difference. Over the years, he noticed the residents were more impressed with the culture of his practice than they were with his modern office, patient demographics, or working hours. Upon arrival at Strong, Berliant and then Nurse Manager Patricia M. Feola, MS, RN-BC, restructured the general medicine clinic to resemble his former practice. It was, at times, a struggle.

“Like anything, it’s easy to say you are team-based. To actually live it and breathe it requires a cultural transformation,” he says.

While there are certain principles that belong in every playbook (e.g., shared vision, good communication, respect for the abilities of others), Berliant says, there are endless ways to put an interprofessional team into action. Berliant notes teams are not permanent entities; he has regularly revised his team as players, personalities, ideas, evidence, and constraints are added or removed from the playing field. Even though he’s leading the way, the “team-based guy” is still striving to improve — suggesting there may come a day when he, the physician, doesn’t always have the final say in team decisions. Instead, Berliant says, it should be left to the team member who has the best set of skills to address the specific problem.

“We’re still evolving, I don’t pretend everything is perfect,” Berliant says, shortly after leaving a meeting with his OAS, nurse, and nurse practitioner. “But team-based care is the best source of patient and provider satisfaction. This is the future of clinical care.”

Photos show physicians, residents, nurses, social workers, pharmacists, therapists, and even family members take part in pediatric rounds.

Innovative educator Sarah Peyre takes on electronic health records use

Making iContact

WHAT IS THE BEST WAY TO KEEP COMPUTERS FROM COMING BETWEEN PROVIDERS AND THEIR PATIENTS? EDUCATIONAL PSYCHOLOGIST AND INNOVATIVE EDUCATOR SARAH E. PEYRE IS ABOUT TO FIND OUT.

When Sarah E. Peyre, EdD, assistant dean for Interprofessional Education, found out she was being named a 2014 Macy Faculty Scholar by the Josiah Macy Jr. Foundation, she was elated. She had spent more than three months preparing her application. The fifty-one-page document included exuberant letters of support from the CEO, two deans, a senior associate dean, a department chair, and a professor emerita. Upon learning she was one of thirteen finalists out of nearly one hundred applicants, Peyre was so excited about the possibilities that lay ahead, she started to lose sleep.

But when the call came, saying Peyre was one of six awardees nationwide, she was backstage at her nine-year-old daughter's dance recital. Peyre was surrounded by preteens in tutus, and none of the young divas was overly impressed by her singular accomplishment. Even Peyre's own child, preoccupied with bobby pins and hair spray, seemed underwhelmed. Rather than open a bottle of champagne, Peyre helped her daughter get into costume and proudly watched her take the spotlight. While Peyre is on the cusp of becoming one of the nation's first experts in the use of electronic health records, potentially improving patient care across the country, she's also one heck of a dance mom.

That is how Peyre operates. She embraces the task at hand — and the people in the room — with tremendous skill, an open mind, and an unwavering *joie de vivre*. Her deliberate, professional demeanor is fused with a breeziness that could be traceable to her California roots. She usually talks fast, as if she's trying to fit the depth of her knowledge into the same space as a much less informative conversation. But even her most analytical discourse is easy to follow, and she often ends on a self-effacing, personal note (“So, I’m feeling a little anxious about it all.”) that makes her ever so approachable. Somehow, even when she's not center stage, Peyre is leading the way.

“Over the many years that I’ve held various teaching and leadership roles at the URM, I cannot say I have come across another individual who encompasses Dr. Peyre’s particular combination of training, ability to speak knowledgeably across fields and disciplines, personal charisma, and style of thoughtful leadership,” Peyre’s mentor, David R. Lambert, MD, senior associate dean of Medical Student Education, wrote to the foundation.

An educational psychologist with experience as a faculty member and director of numerous medical education and research programs, Peyre is confronting one of the biggest concerns uniting physicians, nurses, and just about every other twenty-first-century clinician: How can we use electronic health records to preserve and enhance, rather than harm, our relationships with patients and families?

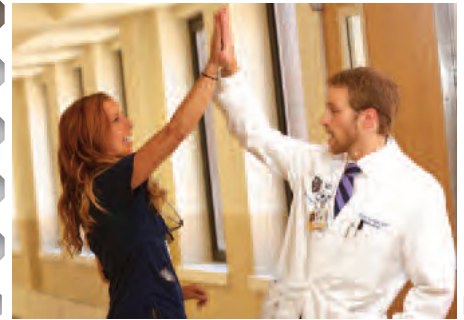
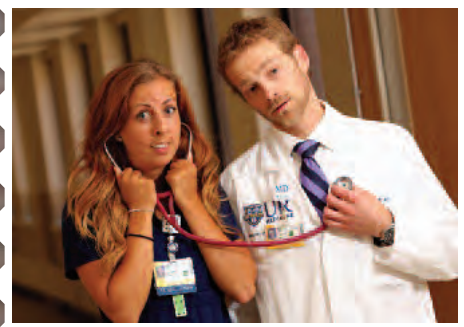
“Most institutions rapidly transitioned to electronic health records because of governmental regulations. People weren’t thinking about the human factor — integrating technology in a way that maintains that human connection between provider and patient,” Peyre says. “We’re starting that work now, distinguishing the University as one of the most forward-thinking institutions on this topic.”

The foundation is providing salary support, allowing Peyre to devote half of her time to this issue over the next two years. Peyre is identifying and developing best practices for the integration of electronic records into patient- and family-centered care. She’ll also create and pilot a curriculum, ultimately leading to the systematic implementation of her findings across the Medical Center. This work was already in progress when she was named a Macy Faculty Scholar, but now it’s moving at a much faster pace. In addition, the award also gives the University a national platform to share information and collaborate with other institutions.

“My goal is to hold Rochester as the exemplar,” Peyre says. “If we do this right, it is going to involve every microsystem, every interaction, between provider and patient. This is big.”

Then, as the *Rochester Medicine* interview concludes, she pulls out her phone and holds up a photograph of her daughter on stage, gracefully suspended in a *grand jeté*.





Places Trading

Last fall, leaders in the Department of Neurology began asking residents to shadow a nurse for a day. Soon after, nurses in Strong Memorial Hospital's Neurology unit started spending a full day with a resident. Natalie DiCesare, RN, and third-year resident Peter Creigh, MD, talked with each other about their experience.

Natalie DiCesare I wanted to know what you actually do. I see doctors on the computers, but I'm not standing behind them looking at the screen. I'm not on the phone with them, listening to what they are dealing with. I'm usually off doing my work, and you're off doing yours. I really had no idea what your day is like.

Peter Creigh And I didn't realize how little I knew about *your* job until I spent a day doing it. I'm not usually there when you're caring for patients and families, so I didn't know how much time that takes.

ND We tried to give you the most difficult assignments.

PC You did?!

ND Secretly, yes. We wanted you to understand how busy we can get. We're not just filling the orders you put in. We can spend a half hour taking a patient to the bathroom or calming a family member, while you're wondering why we haven't given another patient his medication yet.

PC Yeah, that was a big eye-opener. It would be great if everything were done immediately with the push of a button, but physicians need to recognize it doesn't work that way. Some patients, either because they were very sick or had a lot going on, really demanded your time and you couldn't abandon them. And when I ordered meds before, I never thought about what that means or how it works. Those medications don't just magically

A resident and a registered nurse learn what it takes to do the other's job.

appear. You have to go through a process and it takes time.

ND The same goes for you. When you don't respond to a page asking you do to something small, I used to wonder why and get annoyed. It never occurred to me you were responding to a stroke or attending morning report. And you have such a long day, getting up at four in the morning!

PC Not that early, but pretty early.

ND You look at your patients' records before you leave home, get here at six and visit all of your patients, and then the head of Neurology quizzes you. I was nervous for you, sitting at that conference table while he's asking all these questions. And it keeps going — you don't even get to sit down and have a lunch like we do. You're listening to a lecture while you eat. It amazed me how much you do on top of your patient load.

PC Hey, you guys do a lot of more, too.

ND Yeah, but we don't have to go to school full time on top of taking care of patients.

PC We wouldn't have the time or capability to oversee so many patients if we didn't have good nurses who deal with the moment-by-moment issues. You take care of some really important things, without even contacting us. And you do really good exams. I definitely have a level of respect and trust that was not there before.

ND I told a lot of my colleagues, you know, sometimes we get frustrated with the doctors, but these guys are brilliant. I have a lot more respect for you. I'm trying to get all of my requests in while you're on the floor so I'm not paging you for one little thing after another. I'm prioritizing what I need.

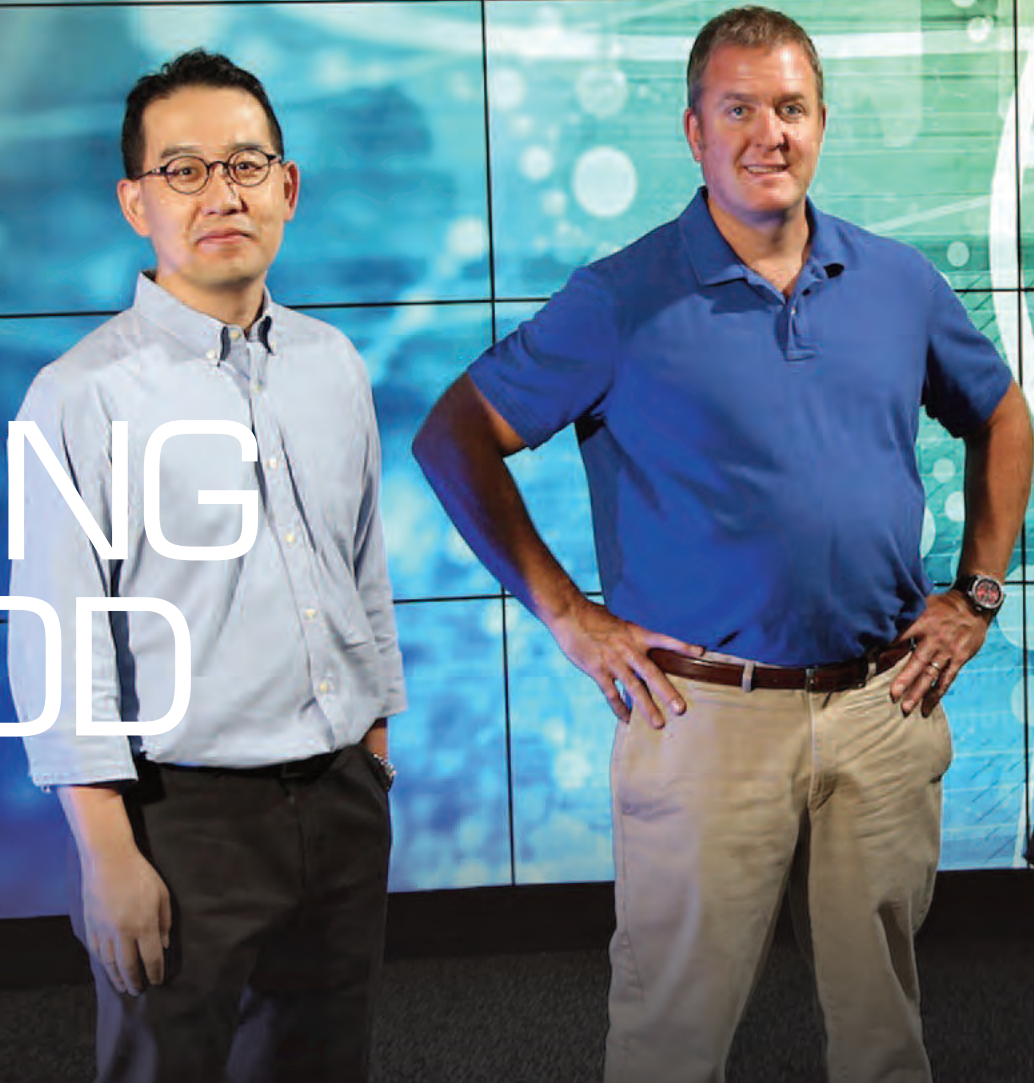
Continued on page 39



World-renowned metal sculptor **Albert Paley's *Portal***, an eight-foot-tall, weathered steel sculpture, is on long-term loan to the Department of Psychiatry. Placed in the atrium garden, the piece inspires contemplation and adds dignity and warmth to the department's clinical entrance. *Portal* is part of a nine-piece series of sculptures that explores the synergy between geometric and organic form. In a description of the work, Paley says, "This dependence/co-dependence, balance, and equilibrium reflect the dialogue between the logical and emotional spheres of perception and understanding." Before being installed here, *Portal* was exhibited throughout Europe and the United States.

STA COLLABORATORY
 HEALTH SCIENCES CENTER FOR
 COMPUTATIONAL INNOVATION
 BRINGING DATA TO LIFE

GETTING A GOOD LOOK



FOUR INDIVIDUALLY ACCOMPLISHED INVESTIGATORS, IN FOUR LABS, ARE WORKING TOWARD ONE GOAL. THE URMC IS INCREASING COLLABORATION AMONG ITS SCIENTISTS IN ORDER TO MOVE BIOMEDICAL RESEARCH FURTHER, FASTER. IN THE PROCESS, IT'S WINNING SUPPORT FROM THE NATIONAL INSTITUTES OF HEALTH.

Deborah J. Fowell, PhD, is very familiar with *Leishmania major*, a particularly nasty parasite that infects the skin of twelve million people around the world, including more than seven hundred US soldiers who returned from Iraq with “Baghdad boil.” David J. Topham, PhD, is well known for all things-influenza. MinSoo Kim, PhD, is pretty handy at turning living T-cells different colors with beams of light. And James F. Miller, PhD, likes to sit in on cross-talk between T-cells and the molecules that help push them into action.

While all of these U of R researchers have conducted diverse, groundbreaking immune system studies of their own, they were brought together several years ago by a microscope — it’s not just any microscope. It’s housed in the University’s state-of-the-art Multiphoton Core Facility, and it allows investigators to watch the immune

system in vivo, while it is fighting infection or causing disease. The four scientists’ areas of concentration are varied, but they are all interested in getting the best view.

“Usually we take snapshots of an inflamed tissue and look at how the immune system is functioning in that tissue at that particular time,” says Principal Investigator Fowell, who is also Dean’s Associate Professor in Microbiology and Immunology at the SMD’s David H. Smith Center for Vaccine Biology and Immunology. “Immune cells rapidly respond and relocate to damaged tissues, but you don’t know if the cells involved in immune response have been there for a second, a day, or a week. You don’t know if they are going to stay there or move. Having a dynamic view of the immune response in inflamed or infected tissues in real time might help us to support or block the body’s immune response.”

The U of R investigators began comparing notes and working together on new in vivo imaging tools and techniques, and the National Institutes of Health (NIH) has taken notice of this potentially powerful collaboration. This year, the NIH awarded the researchers a five-year, \$9 million Research Program Project Grant (PO1) to advance their work.

“We’re going to push the imaging technology,” Fowell says. “We’re challenging what we know now, and using innovative, optogenetic approaches to gain new insight.”



Increased understanding of how immune cells are regulated in tissues could lead to novel approaches to manipulating the immune system. This could improve treatment of infectious diseases such as influenza and HIV, or help clinicians stop chronic inflammation that causes pancreatitis, Crohn's disease, certain cancers, rheumatoid arthritis, vascular disease, dermatitis, allergies, and other conditions. The U of R scientists are collaborating with clinicians throughout the project to relate their innovative laboratory techniques and discoveries to human conditions.

"The capabilities we develop in the laboratory could be of benefit to patients, and we don't want to miss those opportunities," Fowell says.

The project is organized into three, interrelated components:

- Kim, associate professor of Microbiology and Immunology, is developing tools and techniques to mark and guide immune system cells into tissues.
- Fowell is working with Miller, professor of Microbiology and Immunology, to explore the movement of immune system cells through inflamed skin tissue.
- Topham, professor of Microbiology and Immunology, is looking at the how the immune system responds to influenza infection in the trachea.

While the use of in vivo imaging is becoming common in neurology, few immunologists are doing this kind of investigation.

Researchers Kim, Topham, Fowell, and Miller are standing inside the University's new VISTA Collaboratory at the Carlson Science & Engineering Library on River Campus. The one thousand-square-foot visualization lab is connected by high-speed fiber optic cable to the U of R's Research Data Center and its IBM Blue Gene/O supercomputer. VISTA features a display wall that is twenty feet wide and eight feet tall, with a resolution approaching that of IMAX theaters. This gives researchers ability to view, compare, and manipulate big data, as well as extreme closeups of digital images. To find out more, go to RochesterMedicine.urmc.edu

Beginning in the spring, the University will host an annual symposium on in vivo research related to the immune system. Not only will this allow Fowell and her colleagues to showcase their work, it could help drive new discovery around the globe.

the human being in room 4



WHILE PERSONALIZED MEDICINE HOLDS GREAT PROMISE, THERE IS ALSO CONCERN THAT THE HUMAN TOUCH WILL BE LOST IN THE MILIEU OF SCIENCE AND TECHNOLOGY. THE SMD'S MEDICAL HUMANITIES AND BIOETHICS DIVISION IS OFFERING A NEW MASTER'S PROGRAM TO HELP A BROAD RANGE OF PROFESSIONALS STRIKE A BALANCE BETWEEN THE SCIENCE AND THE ART OF PATIENT CARE.

As a teacher, I have two basic aims: first, to give people the courage to depend upon their own eyes, brains, and emotional responses to "read" a work of art; second, to provide them with a technique that makes it possible for them to concentrate on an object for a long time — long enough to be able to memorize its essential elements and the relationship between them.

These are the words of the late Jane P. Norman, a highly regarded art educator and longtime consultant to the Metropolitan Museum of Art in New York City. But substitute "work of art" and "object" with the word "patient," and these become the words Stephanie Brown Clark, MD, PhD, and her division colleagues live by.

Brown Clark is director of the SMD's division of Medical Humanities and Bioethics, which will soon be accepting students into a new Master's degree program in Medical Humanities. While the one-year program is already attracting interest from young physicians, it is not for MDs only. The department is designing courses that are relevant to nurses, advanced practitioners, therapists, pastoral caregivers, dentists, social workers, and any other professional who contributes to the health care of another human being. A participant's degree or years of professional experience will likely have no bearing on the electives he or she takes; everyone will be required to go deeper into one humanities topic, which will undoubtedly send students over to River Campus or even the Eastman School of Music.

Through their coursework, students will begin to discover how to bring the humanities — ethics and values, literature, history of science and medicine, and the visual arts — to the bedside to foster patient-centered care.

For example, Susan Daiss, MDiv, senior associate of Medical

Humanities and Bioethics, will take students enrolled in her course, *Framing the Field: Medicine Through the Visual Arts*, to area galleries. Daiss, who previously served as director of Art Education at the University's Memorial Art Gallery, will help students learn the art and practice of what art educators commonly call "close looking."

They will be taught to see art in unexpected ways, going beyond the obvious to draw out details that are vital to understanding the pieces, but easily missed by an untrained eye. They will also consider the time and place a piece was made, how it was viewed and treated, and what its current condition is. Applying this research, students will determine how an object's past adds profound meaning to its present.

"The process is, in many ways, analogous with the work clinicians do with their patients. It is like taking a history and conducting a physical," Brown Clark says. "We hope to help students develop a way of critical thinking that will lead them to look differently at their patients. They will be thinking about the background, the foreground, the history, and the small details that add up to the whole person."

The program will also encourage self-reflection, inducing students to recognize how their unique values, beliefs, experiences, feelings, and limitations affect how they perceive patients and their illnesses.

"One of the strengths of medical humanities is it emphasizes subjectivity and the personal aspect of medicine. Objectivity and professionalism are important in the scientific practice of health care, but we also want our providers to be compassionate, empathetic, and insightful," Brown Clark notes.

That's not to say there is no science involved in this program. Students will receive instruction on research methodology and study design before launching their own research projects. Each project will explore a contemporary health issue through a humanities lens. Students will be challenged to collect data and draw conclusions, not always an easy task in this field. The goal is for students to uncover ways their coursework can be used to improve health, and to publish their findings.

"We're not teaching humanities for humanities' sake," Brown Clark explains. "I think of it as applied humanities. We're teaching it for the sake of the patient, the provider, and the practice of health care."

“Objectivity and professionalism are important in the scientific practice of health care, but we also want our providers to be compassionate, empathetic, and insightful.”



Painting attributed to Hendrick Heerschop, *The Doctor's Visit* (ca. 1660), from the Collection of the Memorial Art Gallery

Big things from a small-town doc

VERMONT MIGHT BE SMALL,
BUT IT'S NOT IMMUNE FROM
SOME VERY BIG CHALLENGES.

THIS IS WHERE THE URMIC ALUM
WILLIAM "BILL" ROBERTS IS
MAKING HIS MARK.

The state of Vermont can be boiled down to a stereotype or two in a fraction of the time it takes to bubble maple sap into syrup. Vermont is where the simple life dwells, and time passes slowly to the rhythm of a rocking chair on the front porch. People here are rugged individuals who wrap their independent streaks in flannel shirts and steel-shanked work boots. Bucolic pastures, pristine country inns, and frosty mountains fill the landscape. And now, perhaps because the contrast is as sharp as well-aged cheddar, Vermont has become a picture postcard of the nation's dire struggle with heroin addiction, grabbing headlines in *The New York Times*, *USA Today*, and *Rolling Stone*.

"The *Rolling Stone* article with the photo of syrup can, showing a guy sitting on a tree stump injecting heroin, is provocative," William "Bill" Roberts, MD, PhD (Res '92), bristles a bit — even though Vermont's governor devoted his entire 2014

State of the State speech to this so-called "crisis" and, per capita, Vermont has the second highest opioid treatment rate in the country. "It's more about our response than the prevalence of the disease. We don't have a worse heroin problem here than anywhere else. We have a more thoughtful and engaging approach to addressing it."

He should know. As medical director of the fastest-growing narcotics management practice in the state, Roberts is working with Vermont State Police and others to come up with a public safety-slash-public health solution that mixes hard-nosed law enforcement with addiction treatment programs, which are only slightly more forgiving.

"You have to have some skin in the game. If you can't comply with the long-term treatment plan, then it will be unceremoniously discontinued," the former URMIC intern, resident, and faculty member says. "You can come back later when you want to be a patient."

He says most do come back.

It's easy to label Roberts as primarily a tough-minded addictions expert who possesses the logic and objectivity of a *Fortune* 500 CEO. He describes treatment in business-like terms: inventory management, risk reduction, contingencies. He compares drug cartel strategies with those of the Fuller Brush Company, and draws Gaussian curves to demonstrate value-risk ratios. He attributes today's

heroin epidemic to a series of events with unintended consequences: the 5th Vital Sign initiative launched in 1999, the creation and widespread marketing of crushable Oxycontin, and the gradual legalization of marijuana in the United States. To Roberts, it's a matter of microeconomics.

"You have to think about how the pool balls are all going to hit one another, and how that could result in the eight ball going in the wrong pocket."

But like his home state, Roberts is much more than a ready stereotype. Though his approach to addiction might seem unsentimental, he's an anesthesiologist who gave up the operating room when a young coworker became hooked while dating a heroin user and then, after losing her professional license, home, and custody of her child, committed suicide.

"I went to the funeral and I told her mother I wasn't going to buy flowers. I couldn't just buy flowers. I told her I was going to *do something* about this," Roberts says.

Uncertain what that should be, he took a look around St. Albans, a small town on the northern end of Lake Champlain, and found a dearth of services for drug addicts. Working with his employer, Northwestern Medical Center, Roberts started the center's Comprehensive Pain Management program, which includes substance abuse treatment. He helped develop a Naloxone training program for all Vermont State troopers,



and has provided drug addiction and treatment expertise to organizations and communities across the region.

When he entered the Franklin County district race for the Vermont State Senate earlier this year, a lot of people assumed it was another step in his crusade. They were wrong. Roberts, who was born at Northwestern Medical fifty-eight years ago and has owned a house in nearby Fairfield for three decades, senses a bigger danger than heroin looming in the Green Mountain State. Its residents are turning gray.

The US Census Bureau estimates nearly a third of the state's population will be over sixty years old by 2030, an increase of forty percent from 2012.

"When you ask what that means for our employers, it is critical that we recruit new families to live and work in our community. It's not about agriculture or maple syrup. It's about a diverse palette of economic sectors that includes light industry. If there is no workforce, our employers will leave," Roberts says, even though the state's unemployment rate currently hovers around three and a half percent. "We have to get on the stick because once these things start to happen, you can't reverse them."

Throughout the summer, Roberts' days began in the clinic at seven a.m., and ended on the campaign trail late in the evening. Weekends were spent at parades, barbecues, field days, board meetings, and fundraisers (including cow plop bingo). His main source of moral support has been Amy Burkhart Roberts, MD (Res '94), the Rochester-area native he married twenty-six years ago. Leslie, the youngest of their three children, is now a freshman at the University of Massachusetts Amherst. Will is a junior at the SUNY Geneseo; Clayton is a sophomore at the University of St. Andrews in Scotland. With an empty nest, the timing was right to take on a new role — politics. Roberts says the Senate campaign caused him to think a lot about his life.

"It was a period of self-discovery. You are forced to interact with people who ask difficult questions about how you think or feel. You start to reflect on who you are, and why you are here," he says, pondering the big questions we all ask at some point or other, no matter where we live.

But Roberts is standing on the front porch of his farmhouse, situated on more than two-hundred scenic acres. Nearby, the family taps thousands of maple trees every spring. And there's probably more than one flannel shirt in his closet. After all, this is Vermont.

It's easy to label Roberts as primarily a tough-minded addictions expert ... but he's an anesthesiologist who gave up the operating room when a young coworker became hooked while dating a heroin user.





Dr. C. McCollister Evarts Professorship in Orthopaedics

Thanks to a lead gift from C. McCollister “Mac” Evarts (MD ‘57, R ‘64), and support from the Department of Orthopaedics and Rehabilitation, the Dr. C. McCollister Evarts Professorship in Orthopaedics has been established. Evarts is one of the most beloved and admired individuals in the history of the School of Medicine and Dentistry. Among the words people use when describing Evarts are compassionate, loyal, kind, and hardworking.

After completing his residency, and serving as Orthopaedic chief resident in 1964, Evarts joined the Cleveland Clinic Foundation. He spent the next decade heading the institution’s orthopaedic residency program, ultimately serving as chair of its Orthopaedics department. During this time, Evarts helped introduce total hip replacement surgery in the United States.

In 1974, Evarts returned to the U of R to serve as professor and first chair of the Department of Orthopaedics. He is credited with developing the department into a nationally ranked center for orthopaedic research and clinical care. As an educator, Evarts touched the lives of all of his students in a unique way, influencing their careers, and positively influencing their personal and professional lives.

Evarts left the U of R in 1987 to become CEO, senior vice president for Health Affairs, and dean of the College of Medicine at Pennsylvania State University and the Milton S. Hershey Medical Center. In 2003, Evarts returned to serve as senior advisor to the URMCEO. The following September, he was appointed to the post of senior vice president and vice provost for Health Affairs, and CEO of the URMCEO and Strong Health. This ushered in a period of remarkable growth for all aspects of the Medical Center—from clinical care, to research, to education, to community outreach.

Evarts is internationally recognized for his role in the development of total joint reconstructive surgery for the hip and knee, completely transforming the field of orthopaedics and improving the lives of hundreds of thousands of patients. He has also been recognized for his work in helping to research, develop, and document proven methods for treating blood clots,

Evarts is internationally recognized for his role in the development of total joint reconstructive surgery for the hip and knee, completely transforming the field of orthopaedics, and improving the lives of hundreds of thousands of patients.

a potentially fatal complication that can arise after orthopaedic surgery. In 1997, Evarts was appointed to the Institute of the National Academy of Sciences.

In 2006, Evarts was named Distinguished University Professor and professor of Orthopaedics. His influence and impact on the University include the C. McCollister Evarts Merit Scholarship, the Evarts Joint Center at Highland Hospital, the Evarts Lounge in the SMD, and most recently the Evarts Orthopaedic Conference Room, as well as his support of many other important initiatives. In 2009, he received the School of Medicine and Dentistry’s highest honor—the Distinguished Alumnus Award.

Efforts are now under way to raise additional funds to make the Dr. C. McCollister Evarts Professorship in Orthopaedics a Distinguished Professorship, and further honor Evarts’ legacy as a leader and teacher, and his remarkable career in medicine. Gifts will help ensure that the SMD continues to lead the nation in orthopaedic education, research, and care.

If you wish to support the effort to elevate the Dr. C. McCollister Evarts Professorship in Orthopaedics to a Distinguished level, please contact Peggy Martin, (585) 273-5946 or peggy.martin@rochester.edu.

The Dr. Richard “Rip” and Mary F. Collins Fund for Medical Student Scholarship

The family of Richard “Rip” (MD ’47, R ’49) and Mary F. Collins, on the occasion of their ninetieth birthdays, has established an endowed fund to honor their service to family, community, the medical profession, and the University of Rochester. The Dr. Richard “Rip” and Mary F. Collins Fund for Medical Student Scholarship will provide support to students who wouldn’t be able to attend the SMD without financial assistance, and help educate the next generation of physicians.

Collins attended the SMD during World War II, while serving in the US Army. His medical school class was one of several that completed their medical training at an accelerated pace, in an effort to turn out doctors as quickly as possible during wartime. After graduating in 1947 and completing his residency in Medicine in 1949, Collins joined his father, George R. Collins, MD, in practice in Avon, NY. He rejoined the Army in 1951 during the Korean War and served overseas in Korea from 1952 to 1953 in the US Army Medical Corps. Collins resumed his medical practice with his father until his father’s death in 1955. After several years of solo practice, he forged a close partnership with colleague and brother-in-law, Robert B. Hayes (BS ’54, MD ’58). Together, the family served the medical needs of the Avon community for all but one decade of the twentieth century. Collins retired from practice in 1994.

Collins is a life member of the University Board of Trustees, and actively serves on the boards of the University of Rochester Medical Center and the Strong Partners Health System. His energies and talents have been directed to many issues, including medical and nursing education, quality assurance, and helping to secure the mission and extend the vision of the University into the future. In 2006, Collins was the recipient of the SMD Alumni Service Award.

Mary Finnigan Collins was born and raised in Buffalo and graduated from D’Youville College in 1946. She and Richard were married in 1948 and went on to raise five children. Finnigan Collins has been very active in the Avon community. She was a founding board director of the Livingston County Homemakers, a precursor to today’s regional and county health and social service agencies. She served on the Avon Village Planning Board and the Livingston County Planning Board, the latter for which she served as chair before retiring in 1997 after more than twenty years of service. Finnigan Collins is well known for her beautiful soprano voice and performed frequently with the York Opera Company.



Long-time supporters of the URM, the Collinses have been generous donors to the SMD, the School of Nursing, and Strong Memorial Hospital. They are members of the George Hoyt Whipple Society, which recognizes donors who support the SMD with an annual gift of \$1,500 or more. As society members who make a five-year pledge at this level or higher, they are also recognized as members of the George Eastman Circle, the University’s leadership annual giving society.

The Collins family spans three generations of SMD graduates: Rip, sons Timothy (MD ’75) and Michael (MD ’79), and granddaughter Sarah Collins-McGowan (R ’11). Other family members who are alumni of the University include: Hilda Lam Collins (N ’78), who is Michael’s wife, and Alison Mary Antony (BA ’04), who is Timothy’s daughter.

If you wish to contribute to the Dr. Richard “Rip” and Mary F. Collins Fund for Medical Student Scholarship, please contact Dianne Moll, (585) 273-5506, or dianne.moll@rochester.edu.

Collins family members who are Rochester alumni (back row): Sarah Collins-McGowan, Hilda Collins, Michael Collins, Alison Mary Antony, Timothy Collins; (front row): Richard “Rip” and Mary Collins.



Looney Inaugural Rosenfeld Distinguished Professor

Pictured from left: R. John Looney (MD ’76, R ’79, FLW ’81, ’84), Stephen I. Rosenfeld (BS ’59, MD ’63), and Elise A. Rosenfeld (’60W). Looney was selected as the first holder of the Dr. Stephen I. Rosenfeld and Elise A. Rosenfeld Distinguished Professorship in Allergy and Clinical Immunology. The Rosenfelds created the distinguished professorship to enhance patient care, teaching, and research in allergy and clinical immunology. Stephen Rosenfeld, professor emeritus, has had a distinguished career as a physician, researcher, teacher, administrator, and author, which includes serving as director of the Allergy and Immunology training program for eighteen years and as the director of the Allergy and Immunology Clinic. Looney’s work is one of the reasons the URM is a leader in research on treatments for autoimmune disease. His career at the University has spanned three decades; his primary interest is in new agents for the treatment of rheumatologic diseases.

\$2 million gift from Fine family to support Alzheimer's care, research

The Fine family, supporters of the URMIC for decades, has endowed its third professorship. Thanks to a \$2 million gift from the Robert Fine Trust, the Julius, Helen, and Robert Fine Professorship has been established to support Alzheimer's disease care and research in memory of Julius, Helen, and Robert Fine. The extended Fine family has battled with numerous neurological conditions; they want to help others who have struggled with these diseases, as well as to express their gratitude for the care they received at the University of Rochester.

In 1995, Joseph Aresty gave \$2 million to the URMIC to create the Helen Aresty Fine and Irving Fine Professorship in Neurology in memory of his sister, who struggled with Lou Gehrig's disease, and in honor of his brother-in-law. The professorship is currently held by neurologist Richard Moxley, MD, director of the Neuromuscular Disease Center.

In 2000, a generous gift from the Chester F. and Dorris Carlson Charitable Trust established the Paul H. Fine Professorship in Medicine, which is held by William Hall, MD, a gerontologist at Highland Hospital and director of the UR Medicine Center for Healthy Aging. This gift, which



was given to the University at the direction of Catherine Carlson, was made in recognition of Fine's exemplary skills and distinguished career as a physician.

"As the first member of my family to go to college, I have always thought fondly of my time at the University of Rochester," says Paul Fine, MD (BA '57, MD '61, R '66), clinical professor emeritus with the Department of Medicine. "I am pleased to have been able to find ways to give back to this

"I am pleased to have been able to find ways to give back to this institution that means so much to me, my family, and this community."

— Paul Fine, MD

institution that means so much to me, my family, and this community." Fine, and his wife Rochelle, also support the Fine Family Merit Scholarship for medical students.

"This gift, in addition to the family's twenty years of support, will enable us to build the programs necessary to develop new scientific insights and provide the highest level of care for patients with neurological disorders," said Dean Mark Taubman, MD.



The George Hoyt Whipple Society recognizes donors who support the School of Medicine and Dentistry with an annual gift of \$1,500 or more. Gifts like these ensure the School of Medicine and Dentistry can continue to rigorously prepare physicians and scientists in the traditions that are the hallmark of a Rochester education. The University of Rochester School of Medicine and Dentistry is deeply grateful to its leadership donors for their generosity and dedication to educating future medical professionals in the Rochester tradition.

Members of the Whipple Society are recognized annually at the School of Medicine and Dentistry's signature event, the Whipple Society Dinner, which will be held this year on Thursday, October 16, 2014 at Monroe Golf Club in Pittsford, NY.



Whipple Society Dinner 2013



For information on joining the Whipple Society, contact the School of Medicine and Dentistry Office of Alumni Relations and Advancement at 1-800-333-4428.



Alumni Awards Call for Nominations



The University of Rochester School of Medicine and Dentistry Alumni Council recognizes the achievements of School of Medicine and Dentistry alumni through the alumni awards program. All are encouraged to nominate alumni for these prestigious awards.

The **Distinguished Alumnus(a) Award** recognizes achievement that has had an impact on a national and global scale by individuals whose lives and work exemplify the standards and objectives of the School.

The **Alumni Service Award** recognizes outstanding support, commitment, and service which have furthered the interests of the School.

The **Humanitarian Award** recognizes an alumnus of the school who has provided unique, compassionate care to patients who have special needs because of specific afflictions, poverty, or living conditions that lack resources.

The **Alumni Achievement Award** recognizes an outstanding alumnus who has excelled in teaching, community service, research, clinical and/or health policy in furtherance of the ideals of the University of Rochester School of Medicine and Dentistry. Alumni who completed their training at SMD within the last 25 years are eligible for this award.

For a complete description of award criteria and nomination instructions, please visit: www.urmc.rochester.edu/smd/alumni/alumniawards.cfm



**Alumni are defined as M.D., Ph.D. and masters degree recipients who graduated from the School of Medicine & Dentistry. Physicians who completed their residency training at the University of Rochester Medical Center are also considered alumni.*



The \$145-million Golisano Children's Hospital is expected to begin welcoming patients and families in late summer 2015.

There is still much to be done, and we are hoping for the support of alumni and friends as we raise the final \$14 million.

To find out how you can help support the new hospital, please contact Scott Rasmussen at (585) 273-5932 or srasmussen@admin.rochester.edu.

If you see any alumni whom you would like to contact, use the Online Directory at www.alumniconnections.com/URMC to find address information.

Submit class notes to your class agent or to RochesterMedicineMagazine@urmc.rochester.edu.

Note: MD alumni are listed alphabetically by class, resident and fellow alumni follow in alphabetical order, and graduate alumni are listed separately in alphabetical order.

MD Alumni

1961

John Nicolson (BA '57) writes, "Retired, but busy attending weekly Stanford plastic surgery conferences, exercising (cardio plus weights), taking bridge lessons, golfing, and keeping up with current events." He frequently walks three miles to the library to read the newspapers, and then heads back up the hill toward home. His three grandchildren, ages 9, 11, and 13, live close, and he stays involved with their many athletic activities. He is also a principal with a Houston-based software company, but still finds time to travel. He attended the Australian Open Tennis Championships three years ago, and is planning to return in January as well as attend another tournament in France, England, or the US. Nicolson quotes from a song in *My Fair Lady*: "A few more hours — that's all, all the time you got." But, he says, for him, it's more like "a few more years with lots of activity!"

Sheldon Simon writes:

"I am spending my retirement researching preventive medicine and teaching people how to stay healthy. I speak to community groups as community service."

1962

The Japanese government recently awarded **Robert Newman** the highly prestigious Order of the Rising Sun, Gold Rays with Neck Ribbon award. The honor recognizes his outstanding contributions in promoting academic exchange between Japan and the US in the field of health, and to the protection of health care for Japanese citizens within the US.

After becoming president of Beth Israel Medical Center in 1978, Newman and the Tokyo Marine Insurance Company established a medical facility

in New York City specifically designed for Japanese. In 1991, Newman started an extensive program to provide physicians from Japan with clinical training at Beth Israel. In 1997, when Beth Israel and three other New York City-area hospitals formed Continuum Health Partners, Newman was named president and expanded the training program to include these other facilities. American medicine is now being taught widely throughout Japan by the one hundred and fifty program graduates to date, many of whom hold leading positions at academic institutions and major teaching hospitals.

Newman, an internationally renowned expert in drug addiction treatment, helped advocate for a humane, evidence-based drug policy in Japan. He has visited medical schools in Japan many times to give lectures on public health issues such as disaster medicine, drug addiction, HIV, and medical economics. He has had a significant impact on Japanese investigators, researchers, and specialists.

Newman is now president emeritus, Continuum Health Partners.

1976

As a result of outstanding passion for and commitment to quality in all aspects of patient care, **Beverly Ray Love** has been selected to receive publication in the *Leading Physicians of the World (LPW)*. LPW is a subsidiary of the International Association of HealthCare Professionals, comprised of more than one hundred different medical societies. The honor recognizes Love's performance as an obstetrician and gynecologist.

Love, whose career spans more than thirty-two years, serves patients at Natchez Medical Foundation, a multi-specialty group practice established in 2009 in Natchez, MS. In addition to his affiliation with the Natchez Regional Medical Center, he is also an attending physician at the Baptist Memorial Hospital.

After earning his medical degree at the U of R, Love trained at the University of North Carolina.

1991

James Tacci has rejoined as Of Counsel with the Rochester legal firm Hiscock & Barclay. Tacci, a licensed and practicing physician as well as an attorney, works in the firm's Health Care and Humans Services practice area. He also serves as medical director, Department of Occupational Medicine, at Rochester General Health System.

After receiving a BS from Cornell University, Tacci earned an MD with Distinction from the U of R, a Master's of Public Health from the SUNY Albany, and a JD from Syracuse University. He completed residencies at Harvard

University and the New York State Department of Health. Tacci previously served as Of Counsel at Hiscock & Barclay from 2004 to 2007.

1995

Melissa DelBello has been selected to serve as the Dr. Stanley and Micky Kaplan Professor and chair of the Department of Psychiatry and Behavioral Neuroscience at the University of Cincinnati College of Medicine. A nationally recognized expert on child and adolescent mood disorders, DelBello has lectured and published extensively on bipolar disorder and served as principal or co-investigator of several NIH grants. She has been a member of the Neural Basis of Psychopathology, Addictions and Sleep Disorders Study Section of the Center for Scientific Review at the National Institutes of Health since 2009, most recently serving as chair for a term running from July 2012 through June 2014.

Since 2012, she has chaired the Research Committee of the American Academy of Child and Adolescent Psychiatry. At the UC Medical Center, she has served as medical director of the Resident Mood Medication Clinic since its launch in September 2013. She is co-director of the Mood Disorders Program at Cincinnati Children's Hospital Medical Center.

DelBello is a fellow of the American Academy of Child and Adolescent Psychiatry and also holds membership in the American Psychiatric Association, the International Society for Bipolar Disorders, and the American College of Neuropsychopharmacology.

A native of New York City, DelBello received a BS with honors from Cornell University. She completed residencies in psychiatry at Cornell Medical Center and the UC. In addition, she holds a Master's in Epidemiology and Biostatistics from the UC.





1996

Garrett Lam writes: "I experienced a major shift in my career course when selected as permanent chair of the Department of Obstetrics and Gynecology at the University of Tennessee College of Medicine in Chattanooga last November. I miss the daily interactions with patients and the business of clinical work, but it is rewarding to help guide a program and assist the careers of many young professionals. I reconnected with fellow classmates **Lynn Stasior**, **Charlie Shih**, and **Wayne Chu** in January in the San Francisco area. Would love to hear from anyone who ventures out to the South."

2008

Boston Health Care for the Homeless Program (BHCHP) recently honored **Summer Bartholomew** with its Unique Contribution Award. Bartholomew and her care team were recognized for their work with homeless families at Crittenton Women's Union, a Boston-based nonprofit that helps women break the cycle of poverty. Bartholomew's interdisciplinary team provides comprehensive primary care services to women and children who live at Crittenton's family shelters. Founded in 1985, BHCHP has evolved into the largest and most comprehensive health care for the homeless program in the country, delivering services to more than 12,000 homeless men, women, and children a year in two major teaching hospitals and more than eighty shelters and other sites.

2010

Lindsey Brodell Dolohanty (Res '11), completing her dermatology residency at Washington University in St. Louis and has returned to the U of R as an assistant professor in the Department of Dermatology. Brodell Dolohanty married Kevin Dolohanty in March. Guests included other 2010 U of R graduates (photo above).

Resident & Fellow Alumni

Lindsey Brodell Dolohanty
(MD '10, Res '11) – See MD Class of 2010

Paul Frank Vanek (Res '94) has a new title as chief of surgery at Lake Health in Mentor, OH.

FOR MEN & STONE

The architect who led the design of Strong Memorial Hospital and the School of Medicine and Dentistry in the 1920s knew the strength of a building lies in the depth of human stories told within.



Because you dream dreams for men as well as stones... we delight to honor a fellow citizen whose character and modesty warm the heart while his accomplishments win esteem.

Alan Valentine, the fifth president of the University of Rochester, spoke these words as he conferred an honorary degree on William G. Kaelber in May 1943. Twenty years earlier, the Rochester architect had led the design of the Eastman Theatre, where he now stood with 220 students. Kaelber, a partner in the firm Gordon & Kaelber, had also prepared plans and specifications for many more of the city's most prominent buildings, including the original River Campus





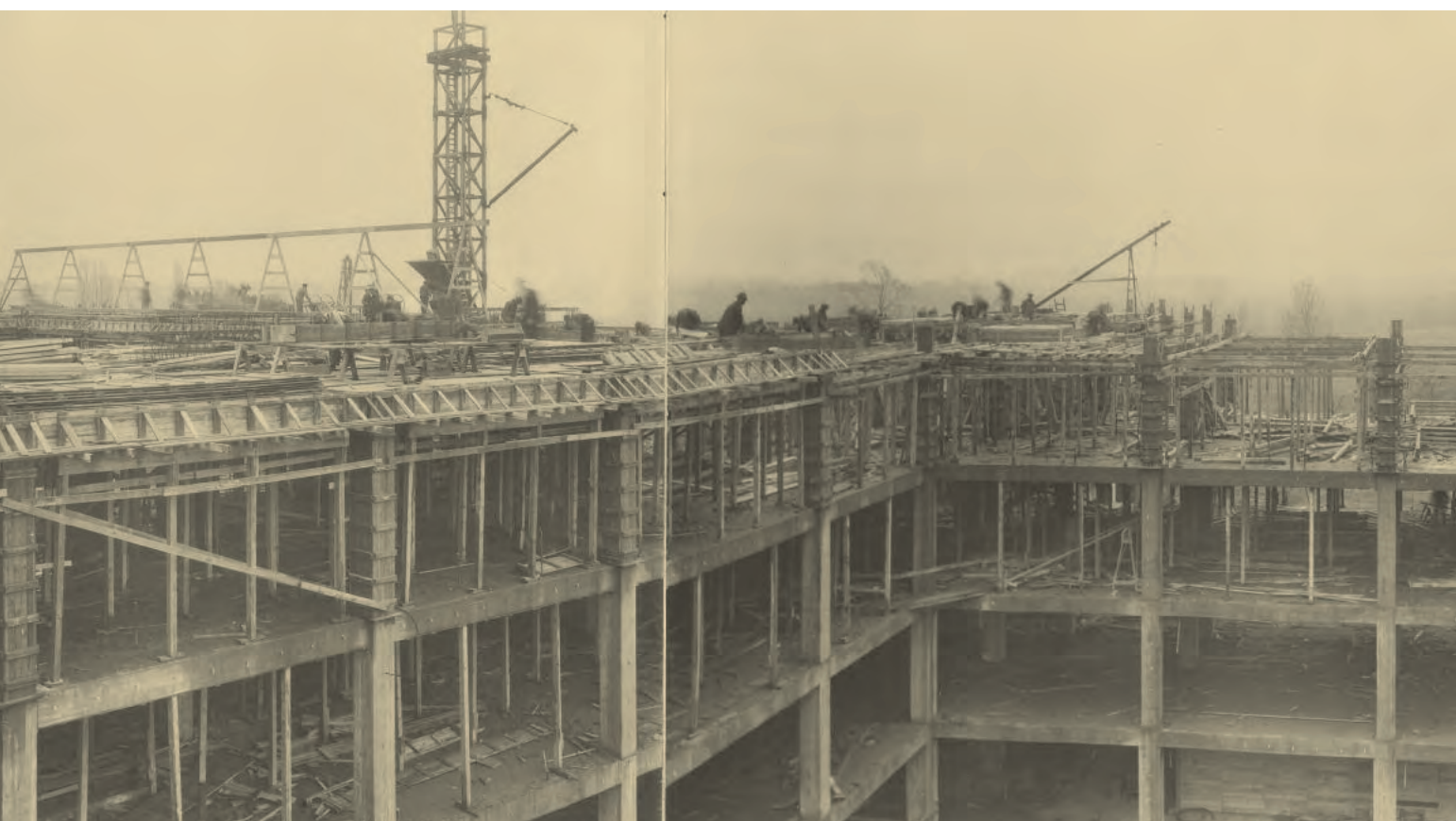
(1927), the Henry A. Strong Memorial Hospital (1922), and the School of Medicine and Dentistry (1922).

But on this day, as Kaelber looked at the graduating seniors, several already in uniform, and considered the future some faced in foxholes or bombers halfway around the world, his mind might have wandered to another project. It was one for which he and his firm had received no compensation, and was designed for soldiers of the previous world war.

The first Red Cross Soldiers Bath in the country was an idea conceived in 1919 by the founder of the University's Biology department, Charles Wright Dodge. Troop trains, each filled with four hundred soldiers, were passing through Rochester every day.

According to news reports, Kaelber's firm devised the plans for a community-funded structure near the tracks. It contained two long rows of showers, regulated from a central location. One hundred men could easily enter at once, grab soap and a towel, stand under a shower head, and wait for the water to be turned on for a prescribed time. The hot showers would gradually be made cold. That prompted the soldiers to make way for the next hundred men to enjoy this small luxury as a salute to their much bigger sacrifice.

Kaelber placed newspaper clippings about the project in a scrapbook, alongside articles written about the professional associations he led, his role in developing and enforcing early zoning laws and





building codes, and the numerous other structures he designed. In an article published in 1923, as construction of Strong Memorial Hospital and the School of Medicine and Dentistry began, a writer for the *Rochester Sunday American* marveled at the project's magnitude.

Its size will give it dignity, while the experience of the associated architects gives assurance that the treatment of its large wall spaces, the groupings of windows, etc., will add charm ...

That is one of several historical references to Kaelber's trusted ability to instill humanity into brick and stone. At the 1943 commencement, University Trustee Edward G. Miner noted Kaelber was being honored as a "citizen-architect," rather than "simply an architect."

He has devoted the better part of his life to the city of his birth; how well he has succeeded is evidenced not alone by the architectural monuments of his genius...but also by the steady, earnest, and constant devotion displayed in a lifetime effort to make this a city in which life is worth living.





Kaelber's connection with the people who used his firm's buildings was evident. Shortly before Kaelber's son was to be married, in 1944, the mother of the bride was admitted to Strong Memorial with pneumonia. The young couple considered postponing their nuptials. Instead, Director Basil C. MacLean, MD, offered the hospital solarium to Kaelber. The local gossip columnist reported nurses decorated the room with handpicked bouquets, and MacLean used Oriental rugs to improvise an aisle for the wedding party to walk down. The bride's mother was rolled in on her bed and, as the couple exchanged vows, hospital staff crowded in the doorway and down the hall.

In 1948, Kaelber suffered a sudden heart attack and passed away. He left behind a legacy of venerable buildings, on campus and off, where a wealth of human stories will unfold for generations to come.

Photos courtesy of the Archives of the University of Rochester, at the Rush Rhees Library.



Chloe Alexson, MD



Chloe Alexson, MD (MD '54, Res '57, Flw '59), a former pediatric cardiologist at the University of Rochester Medical Center and one of the most decorated faculty members in the School of Medicine and Dentistry's history, passed away in August at the age of eighty-five.

Alexson worked at the Medical Center for forty-five years, and was known for the extraordinary rapport she established with her patients. For several decades, Alexson, James A. Manning, MD, and J. Peter Harris, MD (Res '74, Res '75, Flw '77), made up the core of Strong Memorial Hospital's division of Pediatric Cardiology. In addition to her tremendous clinical skill, colleagues remember the way Alexson connected with patients, staying after hours to watch over them.

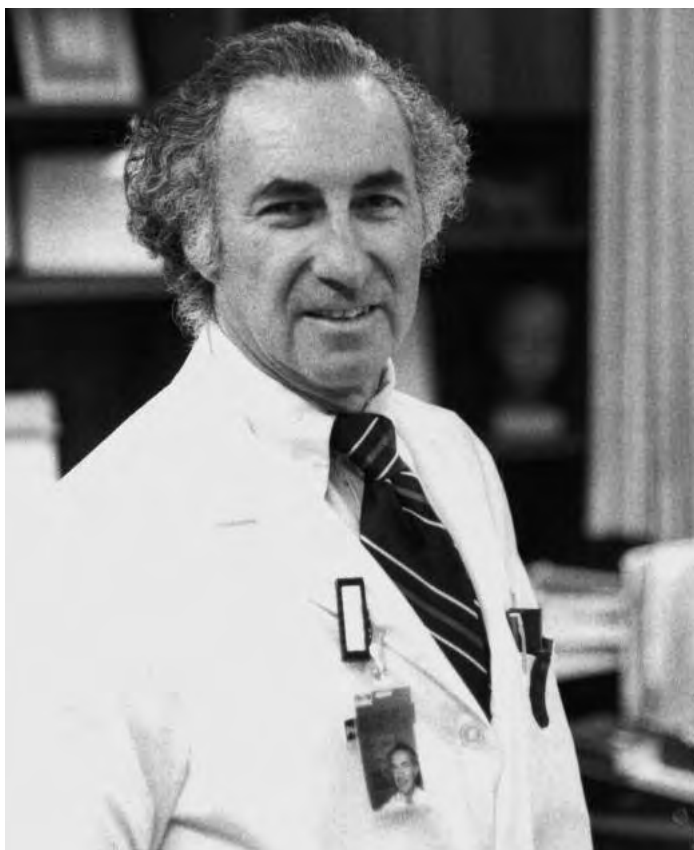
"She taught me that each child was a mystery that needed to be solved, and she showed how to do that in a caring manner," Harris, now professor emeritus of Pediatrics, says. "That's why many of her patients kept in touch with her long after she retired."

When lecturing, Alexson famously eschewed PowerPoint slides and spoke directly from memory. Among residents and medical students, she gained a reputation for being tough, but fair.

"There's no question in my mind that she was the best teacher I ever had in medical school," said Elise van der Jagt, MD, MPH (BA '70, MPH '87, Res '80, Flw '82), professor of Pediatrics and Critical Care. "Year after year, she got either the medical school teaching award or the resident teaching award — it must have been close to ten or twelve years in a row."

After retiring in 2001, Alexson continued to volunteer in the SMD alumni office. She is predeceased by her husband, William Vincent Alexson, and survived by her three sons, Timothy (Alison) Alexson, Andrew (Gayle) Alexson, and Peter (Heather) Alexson, and grandson William Alexson.

Philip Rubin, MD



Philip Rubin, MD, professor and chair emeritus of Radiation Oncology, died in September at the age of eighty-seven. Among the founding members of what is now the Wilmot Cancer Institute, Rubin was a leader in establishing the field of radiation oncology and a pioneer in research on the late effects of radiation exposure and cancer survivorship. He was also a committed clinician, mentor and teacher.

Early in his career, Rubin led the radiation therapy services program at the National Cancer Institute. He then joined the University of Rochester Medical Center faculty in 1957. He created the Department of Radiation Oncology and served as its chair until 1996.

From his analysis of once-classified data from World War II and the Manhattan Project, Rubin published extensively on radiation tolerance and became an international expert on the impact that radiation can have on normal tissue long after exposure. This work led him to study the use of radiation therapeutically and helped lay the foundation for contemporary research in cancer survivorship.

"Philip Rubin was visionary in many ways in terms of applying radiation to the treatment of cancers," says Louis "Sandy" Constine, MD, who was recruited to the URMC by Rubin 33 years ago and is now the Philip Rubin Professor of Radiation Oncology and Pediatrics. "He also understood that people cured of cancer had long-term side effects that needed attention."

Rubin was among the founders of the Radiation Therapy Oncology Group, a national clinical cooperative group funded by the National Cancer Institute. He founded the *International Journal of Radiation Oncology, Biology and Physics*, and served as president of what is now the American Society for Therapeutic Radiology and Oncology. Rubin contributed to and authored more than thirty-five books.

Rubin is survived by three children, five grandchildren and two great-grandchildren.

In Memoriam

William J. Adelman (PhD '55)
Patrick L. Anders (MD '53)
Gertrude Bales (MD '52, Res '54)
William F. Boucher (MD '43)
James R. Dineen (MD '45)
Eldon Eugene Ellis (BA '46, MD '49)
Philip Joseph Fay (PhD '82)
John R. Fitzgerald (Res '52)
James Leslie Forsberg (MD '83)
Kenneth G. Goss (MD '52)
Donald D. Hutchings (MD '52)
David E. Livingston (MD '55)
Alexander Maitland (Res '57)
J. Denis McCarthy (MD '55)
George J. Miller (MD '67)
George A. Nankervis (PhD '59, MD '62)
Edward P. O'Hanlon (BA '53, MD '57)
Eric J. Ostrom (MD '51)
Frederic A. Stone (MD '52)
Williams A. Sybers (Res '65)
Charles B. Travis (Res '76)
David R. Wekstein (PhD '63)



Trading places

Continued from page 20

- PC** Me too. I try to plan the night before, so I'm not ordering lab work after you've already drawn all of your labs at six in the morning.
- ND** That is the most chaotic time, with everybody waking up, going to the bathroom, showering, family members coming in. It's hard to draw more labs too.
- PC** It's nice to understand your schedule, so I can see where it doesn't mesh with mine. I'm approaching things differently than I did before. If I need a nurse to do something, I might gently suggested — but I'm certainly not going to pester you or ask you to leave a bedside if you are clearly dealing with a situation.
- ND** And now, whenever a doctor comes on the floor, I try to give up my seat.
- PC** *Really?* Thanks.
- ND** My legs were so *tired* that day. All you do is walk and stand. You should sit down when you can.



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