Bright Future

Pediatric Section of Gastroenterology and Nutrition Thriving and Growing
Dean’s Message

Dear Alumni and Friends,

The past six months seem to have flown by with a whirlwind of activities and developments at the College of Medicine and the Health Sciences Center.

The new Stephenson Cancer Center continues to create tremendous excitement and hope. It is a marvelous facility, reflecting careful thought and design focused on patients and their families. We greatly appreciate the special involvement of OU President David Boren and his wife, Molly Shi Boren, to ensure that a healing environment with beautiful surroundings exists in this cancer center. We are actively recruiting new faculty who are focused on cancer and will feature some of the outstanding physicians and scientists joining us in future issues of OU Medicine. And, we are amazed at how rapidly our phase I clinical trials program is growing, reflecting the outstanding work of our physician leaders in this critically important area.

In November 2011, the Oklahoma Tobacco Settlement Endowment Trust awarded a $30 million grant to the Cancer Center to be distributed over five years that will help us recruit additional outstanding scientists and build the research teams and infrastructure required in our pursuit to obtain “designation” by the National Cancer Institute. We are deeply grateful to the TSET board for its confidence and commitment.

We are in the midst of national searches for new department chairs in Dermatology and Urology. Our School of Community Medicine branch campus in Tulsa continues its growth and development, and we have recently appointed new department chairs for Pediatrics and Surgery at our Tulsa campus.

Our Second Century Campaign to raise additional funds for scholarships for College of Medicine students launched in March 2011 and has been well received, demonstrated by the fact that we have reached the $5 million mark of the $10 million campaign. I am deeply grateful to those who have contributed to this campaign.

In late January, the College of Medicine Alumni Association hosted its 26th annual Evening of Excellence, which has become a much-anticipated and celebrated event of the winter scene for the College of Medicine. More than 800 persons were in attendance at the black-tie event whose purpose is to raise funds for seed grant awards for young and promising investigators. This year the Dean’s Award for Distinguished Medical Service went to Terrence Stull, M.D., professor and chairman of the Department of Pediatrics since 1994. The Dean’s Award for Distinguished Community Service went to Terrence Stull, M.D., professor and chairman of the Department of Pediatrics since 1994. The innovative Summer Institute at the OU School of Community Medicine in Tulsa is “course of discovery” for medical students and faculty.

I hope you enjoy the stories and updates in this issue of our magazine — we certainly enjoy telling you about these developments and the progress in various aspects of the College of Medicine and look forward to your continuing interest and support. Best wishes!

Sincerely,

M. Dewayne Andrews, M.D., MACP

Senior Vice President and Provost, OUHSC
Executive Dean, College of Medicine

M. Dewayne Andrews, M.D., MACP
The Dean McGee Eye Institute, home of the Department of Ophthalmology, celebrated the completion of a $46 million expansion project, the installation of a landmark sculpture and receipt of a $3 million grant from the National Eye Institute during dedication ceremonies last fall.

This spring, the DMEI observed the official end of the campaign with a $2 million closing gift from Devon Energy.

The five-story, 78,000-square-foot project doubled available research space and increased clinical capacity by nearly 40 percent.

Paul Sieving, M.D., Ph.D., director of the NEI, called the resulting building “remarkable” and described DMEI as a “national resource . . . a premier medical institution where people receive the best of eye care to maintain and restore vision. It is also nationally prominent as a vision research organization in the fundamental discovery of how cells of the eye function and what happens when they fail.”

Sieving noted the progress made in the fight against blindness in recent decades and applauded DMEI’s “highly collaborative scientists and clinicians who work together in an environment where that (progress) can happen. The expansion of DMEI will consolidate patient care, research and education under one roof and ensure successes by this institution for decades to come. This is a national treasure,” Sieving concluded.

Skuta’s predecessor, David L. Parke II, M.D., called the dedication “a momentous event for the profession of ophthalmology and the patients we see throughout the world. It seems like an overstatement, but we Oklahomans have something very, very special here.”

Parke, who now is executive vice president of the American Academy of Ophthalmology, added: “It’s not just a new building for the Dean McGee Eye Institute; it’s transformational. It’s not just allowing people more of the same thing; it’s a strong signal to Boston and Baltimore and Chicago and Los Angeles that Oklahoma City is really where it’s at.”

M. Dewayne Andrews, M.D., senior vice president and provost of the OU Health Sciences Center and executive dean of the College of Medicine, described the “breathtaking Inasmuch Atrium” as symbolizing “the vision of a long lineage of very dedicated people. As it soars, it reflects our aspirations for excellence, for greatness.”

James R. Tolbert III, chair of the DMEI board of trustees, praised the efforts of longtime chair of the DMEI Foundation board Stanton L. Young, and added, simply, “Today, I’m about as proud as I’ve ever been.”

A large glass sculpture titled “New Horizon” was dedicated later in the day. The work, located outdoors and visible to passersby on Lincoln Boulevard, was created by artist Shan Shan Sheng, who has completed large-scale pieces for installations from Italy to Hong Kong and from Florida to Texas. The Shanghai native also created the 32 high-flying butterflies suspended from the ceiling of the new six-story atrium at Children’s Hospital at OU Medical Center.

DMEI’s share of its sculpture’s cost was donated by Parke’s father, David Parke Sr., M.D. The balance came from proceeds of Treasures for Tomorrow banquets sponsored by the Oklahoma Health Center Foundation.
VITAL SIGNS

Stephenson Cancer Center Receives $30 Million Grant

The Peggy and Charles Stephenson Cancer Center at the University of Oklahoma Health Sciences Center in November received a $30 million grant, the largest in its history. The five-year grant came from the Oklahoma Tobacco Settlement Endowment Trust, the agency created in 2000 with settlement funds from the state's lawsuit against the tobacco industry.

The funding creates the TSET Cancer Research Program. One of its efforts is to recruit nationally noted scientists to Oklahoma to build programs of excellence in cancer research. The grant also will support scientists at OU, Oklahoma State University, the Oklahoma Medical Research Foundation and others who are conducting innovative biomedical research in cancer.

Part of the TSET grant will support the Phase 1 Clinical Trials Center at the Stephenson Cancer Center, the only center of its kind in the state. Cancer patients, especially those who have not responded to standard therapy, can access promising experimental drugs by participating in Phase 1 clinical trials. The TSET grant also will support a statewide clinical trials network designed to bring clinical trials and new therapies to cancer patients throughout the state.

The grant is a boost for the Stephenson Cancer Center as it moves toward its goal of achieving National Cancer Institute designation.

"With this grant, the Oklahoma Tobacco Settlement Endowment Trust has significantly enhanced our ability to conduct world-class cancer research and has moved us a big step toward our goal of having an NCI-designated cancer center in Oklahoma," said director Robert Mannel, M.D. "Every cancer center in the top 25 U.S. News and World Report rankings is NCI-designated. By achieving this status, the Stephenson Cancer Center will join the top cancer centers in the country as a leader in groundbreaking research and state-of-the-art treatment and care."

The grant also helps Oklahomans who are lighting cancer, said OU President David Boren.

"I am deeply grateful to the members of the Trust, which will increase the ability of the Stephenson Cancer Center to conduct research to benefit Oklahomans who suffer from cancer," Boren said. "The grant will bring the latest benefits in research and improved treatment to patients to help save lives while Oklahomans stay close to home and to family and loved ones."

College Earns Highest Accreditation Level for Continuing Medical Education Program

For the first time, the College of Medicine has achieved the highest distinction from the Accreditation Council for Continuing Medical Education — Accreditation with Commendation.

Only 25 percent of accredited programs achieve that level of accreditation, ACCME officials said. The College of Medicine has been accredited by the ACCME since 1987, but the latest honor is particularly meaningful, said C.A. Sivaram, M.D., associate dean for continuing professional development.

"This is a tremendously significant achievement for the university and speaks very highly of the work of the Office of Continuing Professional Development, our advisory committee and program staff are doing to assure that the medical education activities that carry the University of Oklahoma name are of the highest quality," Sivaram said.

Accreditation with Commendation is awarded to continuing medical education providers who demonstrate compliance with accreditation policies and 22 criteria. Additionally, the program must demonstrate that it is a learning organization and a change agent for physicians.

Lane Named to Dean's Office Position

Pascale Hammond Lane, M.D., has been named associate dean for faculty development, a position she will hold while continuing her work as a pediatric nephrologist and professor. In her dean’s office position, Lane will work with people across the College of Medicine to identify areas for faculty development not met by current programs. For many institutions, this includes teaching and writing skills, as well as emerging issues.

"For example, when public access to NIH-funded research became mandated, conferences or other programs were needed to help faculty comply," Lane said.

The presence of a formal faculty development program has been shown to improve satisfaction and retention, Lane said. While most programs address gaps in faculty skills, others may enrich the professional lives of faculty.

Lane said another goal is to identify factors that make development programs successful.

"Outcome measurements primarily examine attendance and how faculty liked the program," she said. "Linking these efforts to changes in faculty practice requires effort, but makes this a fruitful area for scholarship as well."

Barnes Promoted to New Dean’s Office Position

Anne Barnes, CPA, “an outstanding member of our executive team,” has been promoted to the position of senior associate dean for administration and finance by OU College of Medicine Executive Dean M. Dewayne Andrews, M.D.

Barnes became associate dean in 2008.

"In addition to her current duties, Anne will take on additional duties and responsibilities to assist us in continuing to manage College of Medicine affairs efficiently and effectively," said Andrews, who also is senior vice president and provost of the OU Health Sciences Center. Andrews noted that the rest of the college’s executive team would continue as is, with Robert Roswell, M.D., as senior associate dean.

Barnes graduated from Oklahoma Baptist University with a bachelor of business administration degree in accounting. She received her certified public accountant designation in 1996. She graduated from the Meinders School of Business at Oklahoma City University with a master’s degree in business administration with high honors.

She began working at OU Health Sciences Center in 1994 and moved to the College of Medicine dean’s office in 1996. She has held several different positions as she has progressively assumed a greater role and taken on additional responsibilities.

Barnes is a member of Delta Mu Delta International Honor Society in Business. She also is a member of the Phi Kappa Phi Honor Society, which recognizes the top 10 percent of the graduate student class.
New Education Center to Accommodate Variety of Meeting Needs

In February, the OU Health Sciences Center welcomed a new addition to campus: the Samis Family Education Center, a three-story, 40,000-square-foot facility developed by the University Hospitals Authority and Trust.

The center is adjacent to the Children’s Hospital Atrium, which will serve as its entrance. The facility is named for Mike Samis, chairman of the University Hospitals Authority and Trust. In 1993, the governor appointed Samis as a member of the group, and in June 2000, he became its chairman.

“Mike Samis has been a tireless champion of the mission to advance excellence in medical education, research and care in our state,” said Gov. Mary Fallin, who last year reappointed Samis to the board of the University Hospitals Authority and Trust. “His commitment to both community and state is one that has been handed down for generations in his family and in his wife’s family, too. This magnificent facility stands as a tribute to the tremendous generosity of and in his family’s family.”

The Samis Family Education Center features multi-purpose rooms, board rooms and an auditorium to accommodate a multitude of meeting needs for the campus.

The second-floor auditorium, which features both conference-style and theater-style seating, accommodates 278 people. The first floor features two board rooms. Other conference rooms and multi-purpose rooms are available on all floors, as well as a kitchen.

Integrated technology also was a priority for the facility. It includes video and video-conferencing capabilities for more than 350 people and custom digital signs throughout the facility. The center also is home to an advanced support team, providing both technical and logistical assistance for a variety of events.

The OU Physicians executive team and support staff will inhabit new office space on the third floor.

Toby Keith to Build OK Kids Korral

Motivated by the experiences of a friend and former bandmate who lost a child to cancer, country music singer Toby Keith created a philanthropic foundation in 2006 to ease the plight of children with cancer and their families.

That effort is taking physical form with construction of the $8.5 million OK Kids Korral, a homelike setting for pediatric cancer patients and their families while the children are receiving treatment at The Children’s Hospital at OU Medical Center, the Peggy and Charles Stephenson Cancer Center and other nearby facilities.

“Mike Samis has been a tireless champion of our family and in his family’s family. The OU Physicians executive team and support staff will inhabit new office space on the third floor. This is a great honor for our family.”

“Toby Keith Foundation’s website as saying.

Foundation director Juliet Nees-Bright said construction of the two-story, 25,000-square-foot building should be complete in late 2013. The facility is being built on land owned by the Oklahoma City Urban Renewal Authority at N.E. 8th Street and Laird Avenue. Plans were approved by the authority in early December.

“It’s been in the board’s mind to do this for several years,” Nees-Bright said. “We want to create a home away from home. Over the past few years, all these state-of-the-art cancer facilities have been coming to Oklahoma City. More kids are coming for treatment than ever before. We realized we needed to create a place, one that specializes in helping kids. They have special needs — they have immune systems that are very weak.

The OK Kids Korral will have 12 overnight suites, each large enough to host five people. Four additional suites are designed for families who come to the city in the morning but have to wait for an afternoon appointment.

“Instead of having to stay at the hospital during that time, the families can come back where they can use the library, play area — where parents can get on a computer and check email — or they can simply relax,” Nees-Bright said.

The Korral’s western lodge look will set it apart from other buildings in the immediate area. Wood siding and stone that matches the Cancer Center’s stone facade and exterior walls will be used, said Pamela Deatherage, vice president of the architectural and engineering firm Crafton Tull.

OK Kids Korral will function similarly to the Ronald McDonald House, which also caters to families with children undergoing medical treatment. The project’s site is adjacent to one designated for development of a hotel and conference center.

OK Kids Korral’s location will be ideal for families with children traveling to Oklahoma City for cancer treatment. Nees-Bright said. “It’s central to everything, near doctors, and near the energy and vibe of downtown. Oklahoma is still a very rural state, and 80 percent of these kids are coming from outside our county. We have people traveling here for treatment every day. So this will be a very uplifting setting.”

In addition to the 16 suites, the facility will have a movie theater, game room for all ages, a gourmet kitchen, indoor and outdoor dining areas, education room, business center and laundry room in addition to “spaces where children can let loose and parents can simply relax,” according to the Toby Keith Foundation website.
VITAL SIGNS

Choctaw Nation Honored for $1 Million Gift to Stephenson Cancer Center

A hallmark of the new Peggy and Charles Stephenson Cancer Center is its Patient and Family Services, a program that provides support beyond medical care for those who are battling a disease.

The program received a significant boost from the Choctaw Nation, which gave $1 million to the Stephenson Cancer Center. It will be used to increase staff and enhance supportive care services, which address the financial, emotional and psychological needs of patients and their families. Carrying out those services are patient navigators, nurse navigators, social workers, registered dietitians, financial counselors and a patient resource coordinator.

Robert Mannel, M.D., director of the Stephenson Cancer Center, said his work with American Indian patients over the past 20 years transformed him as he learned about their rich culture as well as the challenges they face in accessing medical care.

“It has made me a passionate patient advocate,” Mannel said during a dedication ceremony in December. “I am still interested in the science of medicine and still fight to get the newest therapies here, but I’ve also become somebody who is an advocate for all those other parts of medicine that we sometimes don’t think about as physicians. Can the patient get here? Do they have enough gas money? Do they have a place to stay? Are we culturally sensitive? Do we understand the barriers that exist for our populations who seek care?”

To honor the Choctaw Nation for its gift, the fifth floor of the Stephenson Cancer Center was named in honor of the tribe. The fifth-floor seminar room, site of many meetings and educational events, will bear the name of Charlotte Jackson, a former Choctaw Nation Council member who lost her battle with cancer in 2011. Her family members and others from the Choctaw Nation attended the dedication.

The gift also establishes the Choctaw Nation as a member of the Seed Sower Society, the gathering for groups or individuals who have donated $1 million or more to the University of Oklahoma. President David Boren said the Choctaw Nation is an “incredible force” for the development of its own tribe and all of Oklahoma, making it a role model for the state.

Gary Batton, assistant chief of the Choctaw Nation, said the gift is indicative of the tribe’s long history of helping others, dating to the Trail of Tears. Thousands of tribal members were lost during that time, he said, but the Choctaw Nation still pulled together enough money to send to the Irish during the potato famine.

The gift also is a tribute to Charlotte Jackson and many others within the Choctaw Nation who are battling cancer.

“We have such a disease burden in Oklahoma,” Batton said. “It’s great that the Stephenson Cancer Center is blazing a trail to bring the best and brightest to Oklahoma so we don’t have to go anywhere else for care. We can keep it right here in Oklahoma.”

OCAST Funds Vision Research

Vision researcher Muna Naash, Ph.D., professor of cell biology, received a grant of $90,000 for two years from the Oklahoma Center for the Advancement of Science and Technology to fund her research into the delivery of therapeutic genes for eye disease.

Naash’s project involves using nanotechnology as the delivery system.

In addition, OCAST awarded $299,823 for three years to the pharmaceutical company Charlesson LLC, founded to commercialize vision research by Jian-Xing “Jay” Ma, M.D., Ph.D., chair of the Department of Physiology.

The funded project is to establish the efficacy and safety profiles of a selected drug therapy for diabetic retinopathy that will support an investigational new drug application.

Recipients of OCAST grants have attracted $16.50 in outside investment for each dollar made available by the state since the program’s inception in 1987, according to a news release.

DeAngelis, Heparinex Receive EDGE Grant

Paul DeAngelis, Ph.D., professor of biochemistry and molecular biology, is principal investigator for a $1.6 million grant awarded by Oklahoma’s EDGE board to Heparinex LLC, a firm based on DeAngelis’s research.

DeAngelis has discovered a drug delivery technology that uses sugar-polymers to more safely and effectively deliver drugs to treat cancer and genetic disorders. The EDGE funding will allow Heparinex to produce the key material in large-scale manufacturing.

The grant was part of $6.2 million awarded to four state-based, health-related research projects by the policy board of EDGE, Economic Development Generating Excellence. The four were among 13 recommended for funding after a review of 63 applications.

Projects funded in the first two full years by the EDGE policy board created and retained 266 jobs in Oklahoma and have attracted federal grants and commercial contracts of more than $23.3 million, fund officials said.

The EDGE Endowment Fund is managed by a legislatively mandated board of investors, which certifies the amount of funds available annually to the EDGE policy board for allocation.

OU President David Boren presents a “Seed Sower” statue to Gary Batton, assistant chief of the Choctaw Nation.
Providers in the Section of Pediatric Gastroenterology and Nutrition have a passion for helping their young patients live better lives. Now they are pursuing that mission in new and bigger ways, thanks to a turnaround that keeps them grateful every day.

The robust and still-growing pediatric gastroenterology section that John Grunow, M.D., oversees today wasn’t the same picture he saw five years ago.

At that time, the Section of Gastroenterology and Nutrition in the Department of Pediatrics had dwindled to three providers, and the research and fellowship programs were on hold so physicians could keep up with clinical care.

Today, that picture couldn’t be more different, nor could the future look better.

Pediatric gastroenterology staff members now have tremendous momentum toward the vision that they never really lost. The section has 18 providers, a new focus on liver transplant, a growing, five-member fellowship program and a second endowed chair on the way. The clinic patient load has grown by 20 percent each of the past three years, and the section is a leading part of a national collaborative network.

Grunow said the growth has been gratifying to providers, who are driven to make life better for young patients and their families.

“It’s such a neat story how we’ve changed from a small clinical practice to a group that has several good things taking place. We have really been blessed,” Grunow said. “It takes someone who is adventure-some to become a part of a ‘diamond in the rough,’ but now that our potential is being tapped, people are more willing to be a part of it.”

Momentum continued on page 13
Evolution of Care

Not long ago, Judith O’Connor, M.D., biopsied the liver of a 18-year-old child with fatty liver disease.

The organ that usually improves with diet and exercise wasn’t responding, and the scarring from poor nutrition was so severe that a new level of treatment was necessary.

As an expert in hepatology, O’Connor brings a new level of expertise to the Section of Gastroenterology and Nutrition in the Department of Pediatrics. Fatty liver disease makes up at least one-third of her patient diagnoses, and the facts of childhood obesity are sobering. But O’Connor’s skill also extends to patients with a range of liver diseases that require transplantation and those with hepatitis C.

O’Connor, who came to OU in January 2011, represents a dedication to pediatric hepatology that previously has not been available at the university. Even many large centers across the nation are just starting to separate their hepatology patients from gastroenterology.

O’Connor is relishing her role, and she sees it as a growing part of pediatric medicine’s future.

“Liver has always been my primary interest and field of study,” she said. “Here, I was offered the opportunity to develop a unique and focused center for children with liver disease. Every one of the other gastroenterologists at OU Children’s is perfectly capable of doing most of what I do. The difference is that these patients require a lot of attention and care, and if you put them in with the general GI population, it becomes stressful – you feel like you’re missing something, or they’re not getting all the attention they require.

“So we’re giving a service to the patient that is multidisciplinary care with attention to the diseases that they have,” O’Connor added. “I think because the field is growing and complexity of medications is increasing, hepatology clinics are evolving. And they’re really unique for our state.”

O’Connor’s hepatology clinics can be compared to the evolution of care for patients with Inflammatory Bowel Disease. Pediatric gastroenterologists always treated IBD patients in the course of a regular clinic schedule, she said, but as medications have increased and physicians have learned more about treatment, it’s clear that a multidisciplinary approach improves care.

Hepatology clinics are held in Oklahoma City two half-days a month and in Tulsa one full day a month. Joining O’Connor on the multidisciplinary team are Laurie Todd, physician assistant; Rebecca Suddock, registered dietitian; and Noel Jacobs, clinical psychologist. Their approach is for the gamut of liver disease.

For the transplant clinic – offered weekly through the Oklahoma Transplant Center on campus – the multidisciplinary team grows to include transplant coordinators, social workers, pharmacists, another dietitian and, of course, the surgeon. As a newly approved Pediatric Liver Transplant Center, the team has performed a transplant on a 18-month-old infant, and three children are actively listed for a new liver. She follows an additional seven patients who underwent transplants elsewhere but have transferred to OU for continuing care now that it is available.

When families have to go out of state to ensure their children receive care, the toll is significant.

“It’s a terrible social burden, as well as a financial burden, because families have to disrupt their lives for three to six months for the transplant,” O’Connor said. “Post-transplant, the centers need to follow them every month, so they have to travel again. That’s why the majority of them are transferring in to our center now that it is available, so they don’t have to travel out of state.”

O’Connor’s team also has established an active pediatric hepatitis clinic. She foresees a continued battle against hepatitis C. The condition is underdiagnosed in Oklahoma adults, she said, which means children at risk also are underdiagnosed.

Underscoring much of her team’s work is retraining a family to eat better, a formidable task, even when a child’s health is at stake. For low-income families, affordable food is bad food. That adds another hurdle to nutritional habits that are already difficult to overcome.

“In the clinic, I always say, ‘One at a time.’ And hopefully one family will tell another family,” she said. “This is an epidemic of our culture that has to be changed.”

O’Connor sees a significant purpose for her role beyond patient care. She has been speaking at grand rounds across the state and is eager to do more – not just for her fellow pediatricians, but to a broader scope of physicians.

“Oklahoma is a rural state, so the majority of children underwent transplants elsewhere but have transferred to OU for continuing care now that it is available.
are being followed by family practice physicians," she said. "So it’s not just about educating the pediatricians, but educating the family practitioners about these rare — or becoming more common, like fatty liver disease — conditions. What needs to be done, what do they need to follow and check, and how can they help from a primary care point of view?"

O’Connor’s charge also includes continuing to develop the fellowship program. Her goal is to recruit fellows who are interested in staying in Oklahoma, where such sub-specialists are too few but the need is great.

She is driven to do the work and to help build a section that is reaching the critical mass necessary to increase the ways it does outreach and be proactive in its services.

Her dedication to the field can be traced to a day when she was a third-year medical student doing a rotation in the neonatal nursery at Walter Reed Army Medical Center. She had just arrived when the staff was removing life support from a baby with a complex disease. O’Connor was no stranger to adult deaths, but the care and emotion surrounding the baby’s loss filled her, and she never let it go.

“Everyone was sad and crying. Even the cleaning lady was crying as she emptied trash cans,” O’Connor said. “For me, it was such a profound moment. I thought, ‘If I’m going to do this, it better matter.’ And in pediatrics, it matters the most to me.”

Since then, O’Connor has been rewarded by the reality of children to bounce back from disease. In return, she’s able to give them a brighter future and coping skills.

She fondly remembers the 17-year-old young man who sent her a Christmas card thanking them for their help in his battle against hepatitis C, a condition that makes adolescence even tougher than it is.

That human element, along with the remarkable function of the liver, provides more than enough career satisfaction.

“The liver is an amazingly cool organ; it can really take a beating and keep on going,” she said. “But you can’t go on a mechanical pump. You can’t go on bypass.”

Kids are so resilient, and it’s usually not their fault that they have liver disease,” O’Connor said. “They’re just innocent. If we can treat them, prevent disease or disease progression and give them a better lifestyle. Wow.”

Mobile technology is perhaps the best way to communicate with and connect to youth. Apply that to the clinical setting, and a new door opens.

The Section of Pediatric Gastroenterology and Nutrition in the Department of Pediatrics recently teamed with OU students on the Norman campus to harness technology in a way that benefits both patient and physician. The result is EMMA — Educational Meal Management Application — an iPad application that helps youth better understand how to manage their conditions.

Section Chief John Grunow, M.D., said his team had been looking for an existing online tool to use in the clinic, but they couldn’t find one that suited their needs. Their search then led them to a place much closer to home: The Center for the Creation of Economic Wealth, a program on the Norman campus that pairs students with such projects, with the goal of developing it into a real business.

Robert Free and Barry Conrad, two members of the eight-person team, said knowing their app would be used in a pediatric clinical setting was a major motivation.

“Going to the hospital is a constant reminder of their disease,” said Conrad, who graduates in May with a degree in finance. “EMMA distracts them, but it also provides the doctor a quick snapshot into what their lives have been like recently.”

EMMA comes into play as soon as a young patient arrives for an appointment. A medical assistant inputs information geared toward that patient’s condition, and hands it off to the child. He or she then begins playing the game, set against a backdrop of colourful, comic book-style illustrations. He launches rockets in “Angry Bird” fashion, using “boosts” in the air to send the ship farther. When the ship lands, the character “Emma” prompts the patient to answer questions specific to his disease, such as foods that trigger adverse reactions, types of medications he’s taking, what his emotional state is like and how energetic he feels that day.

When it’s time to see the doctor, the app generates a report that allows the physician to see how well the patient answered questions and whether any require more discussion.

The goal was to build a tool that diverts a young person’s mind from a worrisome medical appointment, while gathering information at the same time.

No one approach works for every young patient, Grunow said, but a computer game stands a good chance of drawing them out. And if technology can help a child better control his symptoms or help a physician catch a problem early, then it has served its purpose.

“Adolescents particularly downplay their illness and their symptoms,” Grunow said. “They think, ‘I don’t really have that.’ But part of the idea behind this is that if we can identify a problem sooner, there may be ways to intervene.”

As for CCEW, the app named EMMA appears to have potential in clinic settings. Free said the team researched the market but found no major competitor in this area. There are plenty of apps for personal use, but few that link doctor and patient. The premise behind CCEW is that students not only create a product, but establish a business model that may catch an investor’s eye or lead to other success.

“The app is built on a scalable platform to where we can work with other physicians to develop content in their fields,” said Free, who graduated in December with a degree in engineering physics. “Our end goal is to have a subscription-based model — physicians could subscribe to use EMMA and we would update the application with the questions they need.”
searching for new information. It’s really contagious and helps the atmosphere.”

The progression of the pediatric gastroenterology and nutrition section is crucial because the patient need is greater now than ever. Grunow said that when he was in training in the late 1970s, providers treated perhaps three children with Inflammatory Bowel Disease. Today, Grunow takes care of more than 60 IBD patients himself, and the section actively follows 130 patients with the condition. Its prevalence parallels the increase in juvenile diabetes and other autoimmune diseases. Oklahoma’s battles with obesity and poor nutrition also contribute to the rise.

A national voice

Adding to pediatric gastroenterology’s advancement is its participation in a national collaborative network called ImproveCareNow. OU’s section was one of nine groups that started with the initiative, which aims to reduce the variation in how youth with IBD are managed. A pilot study showed that even though treatment guidelines existed, they weren’t necessarily being followed.

“We thought that if we could agree upon a set of approaches and everybody do things the same way, we could actually improve the quality of care that kids receive,” Grunow said.

The initiative established some simple practices, such as what is necessary for making a complete diagnosis, documenting the extent of a disease so that different phenotypes are known, and using medication within an established dose range.

It also reinforced a seemingly intuitive step: Documenting the height, weight and body mass index of patients at each clinic visit. Grunow said that consistency, although it takes a little more time, shines a light onto children’s growth and risk factors.

“Within a fairly short period of time, we almost doubled our remission rate.”

- John Grunow, M.D.

All of the changes set forth through ImproveCareNow effected significant changes.

“The remission rate for kids with IBD when we started was around 47 percent, which means that less than half of the kids were in remission at any given visit,” Grunow said. “Currently, our remission rate is around 80 percent. It’s an enormous change. The thing about it is that it didn’t require new drugs, didn’t require a special approach other than a quality improvement effort to monitor specific things. Within a fairly short period of time, we almost doubled our remission rate.”

OU’s pediatric gastroenterology section has played a role in a related national effort — the Collaborative Chronic Care Network (C3N), an outgrowth of ImproveCareNow and funded by a grant from the National Institutes of Health.

The C3N looks at ways to join families, patients and physicians in dialogue to improve children’s care. One prototype being tested is a mentoring program that pairs college-age young people who have IBD with newly diagnosed adolescents.

“Pairing them up means the older kids can encourage the younger kids to accept the fact that they have the condition, but that there are ways to go through it,” he said.

Another prototype is the N of 1 Trial, which pairs one patient with one physician so they can best figure out which approaches would help and how the child can be more aware of symptoms and changes.

“We are trying all these different prototypes because no one thing fits every kid,” Grunow said. “There must be multiple approaches to helping them manage their diseases.”

Bright future

With a second endowed chair established for his section, Grunow sees good things ahead. Momentum begets more progress, and Grunow and his section are ready to meet the challenges. However, the future wouldn’t be possible without the efforts of physicians like Candaca Marshall, M.D., and Marilyn Steele, M.D., who stuck with the program during its lean years.

“They laid the foundation that makes it work,” Grunow said. “We have new problems now — trying to figure out how to coordinate so many different people into a group that is really functional and pulling in the same direction. It’s a wonderful problem to have.”

Patient need is greater now than ever.
Jian-Xing “Jay” Ma, M.D., Ph.D., visits with Elizabeth Moran, a Ph.D. student in cell biology, in the lab.

When scientist Jian-Xing Ma first began looking into the mechanism of diabetic retinopathy in the 1990s, long was the list of promoters or “bad factors” that can lead to blindness for people with diabetes. Topping the list were molecular promoters of abnormal blood vessel growth, inflammation and vascular leakage, all resulting in some degree of vision problems for as many as 90 percent of diabetics. Nowhere could Ma find a list of the “good factors” that protect the eye. Surely they existed too, as not every long-term diabetic went blind. What were these anti-pathogenic factors and what was happening to them during the development of eye disease?

These were natural questions for Ma to ask. It was the mid-1990s, not long after Ma’s 1987 arrival in the United States from China, where the concept of balance in nature is a central philosophy.

“I believe in a balanced system, yin and yang, and that there had to be some protective factors as well,” Ma recalled.

He would find these factors and jumpstart a distinguished scientific career that would lead him in 2003 to the OU Health Sciences Center to help endocrinologist and former colleague Timothy J. Lyons, M.D., found the world-class Harold Hamm Diabetes Center for clinical care and research. Lyons is HHDC director of research and scientific affairs.

Today, many discoveries and potential therapies inspired by the Asian concept of yin yang, the balance of complementary opposites, OU Medicine scientist Jian-Xing “Jay” Ma has found answers that may lead to sight-saving treatments for the 90 percent of diabetics who will develop mild to severe eye diseases.
Yin Yang continued from page 19

Later, Ma chairs the Department of Physiology. His career focus on diabetic retinopathy began at the Medical University of South Carolina, where he received a doctorate in biochemistry and molecular biology in 1993. The following year, Ma joined the faculty at the Storm Eye Institute at MUSC. There, using animal models, Ma was able to identify a number of anti-pathogenic, or “good,” factors in the eye and show that, in diabetes, “for some reason we still don’t know, protective factors are down and bad factors are up.”

In normal tissues, there is a balance between angiogenic stimulators, such as vascular endothelial growth factor (VEGF), and angiogenic inhibitors, such as pigment epithelium-derived factor (PEDF) — the complementary opposites of yin and yang that Ma suspected.

He hypothesized that under such pathological conditions as diabetes, regions of the retina become hypoxic. In response, the retina increases production of blood vessel stimulators, reduces the production of angiogenic inhibitors, and creates a pathological imbalance.

The new, fragile blood vessels that are produced in the absence of “good factors” can bleed, cloud vision and, without treatment, destroy the retina.

Ma’s paper identifying anti-pathogenic factors was submitted to FEBS Letters, the journal for rapid publication of short reports in molecular biosciences, and was accepted on the spot with no revisions. It was published in February 2001. Ma became the first to report the importance of angiogenic inhibitors for diabetic retinopathy and their potential as therapeutic targets in treating ocular neovascular disorders. This was just the start.

In Lyons’ words, “Dr. Ma is making pioneering discoveries which are likely to lead to new treatments to prevent blindness caused by diabetes and to understand fundamental mechanisms about how we’re able to see.”

For example, Ma’s lab has recently demonstrated that the Wnt signaling pathway, a network of proteins familiar to many for its role in cancer, also plays a role in diabetic retinopathy.

This discovery grew out of Ma’s determination to turn off not just individual pathogenic factors in the development of retinopathy but to find the main switch that would affect them all. He found it in the Wnt pathway, which he described as the “main switch” for oxidation, inflammation and angiogenesis and a dozen other “bad factors” that result in diabetic retinopathy and age-related macular degeneration, or AMD, as well.

“Turning off one of 20 faucets is not enough, but if you turn off the main switch, the leaking stops,” he said. “Plugging multiple pathogenic factors is better than blocking a single one.”

In human patients and in mouse models, Ma’s lab found high retinal expression and activation of Wnt signaling molecules in patients with diabetic retinopathy. Blocking Wnt signaling decreased the severity of diabetic retinopathy in mouse models, demonstrating that this pathway is a potential target for new therapies.

Meanwhile, Ma continues to investigate and describe the mechanisms by which oxidative stress and inflammation play a known role in both diabetic retinopathy and AMD.

The retina, weighing only 0.1 gram and less than a millimeter thick, consumes oxygen at a higher rate than any other tissue, making it particularly susceptible to oxidative stress stimulated by high glucose levels.

The second-leading consumer of oxygen is the kidney, another prime target for diabetic vascular damage. In 2006, Ma showed for the first time a possible link between a decrease in the “good factor” PEDF in the kidneys of diabetic rats and the development of diabetic nephropathy, a leading cause of renal failure.

As a young graduate of China’s Jiangxi Medical College in 1984, Ma saw many children who didn’t see well at night because their meat-poor diets were deficient in the vitamin A required for vision.

To help patients ward off debilitating eye disease, Ma is “taking the vitamin A research field forward significantly,” Lyons said.

One of Ma’s first steps involved a mystery he was challenged by his MUSC mentor to explain: the identity of the enzyme essential to vitamin A metabolism in the visual cycle, and, therefore, to sight itself.

It has been known since 1986 that this unidentified enzyme worked in the retinal pigment epithelium, a single layer of cells that line the back of the eye. It is here in the RPE that light changes a form of vitamin A into another molecule and triggers a series of chemical reactions that create electrical signals resulting in sight — but only for an instant. It was Ma’s mystery enzyme that transformed the second molecule back into vitamin A, allowing the cycle to continue.

But without that enzyme, there’s no regeneration process and no sight — as found in many inherited blindnesses.

In 1998, Ma decided to try to find out what this vital enzyme was. In the kidneys of diabetic rats and the development of diabetic vascular damage. Ma’s paper identifying anti-pathogenic factors was submitted to FEBS Letters, the journal for rapid publication of short reports in molecular biosciences, and was accepted on the spot with no revisions. It was published in February 2001. Ma became the first to report the importance of angiogenic inhibitors for diabetic retinopathy and their potential as therapeutic targets in treating ocular neovascular disorders. This was just the start.

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“Turning off one of 20 faucets is not enough, but if you
As the OU College of Medicine has evolved, so has the organization that supports its educational mission.

The Office of Educational Development and Support underwent a merger and name change in September. It is now called the Office of Medical Education, and it includes the Clinical Skills Education and Testing Center.

The OME is a division of the Office of Academic Affairs, led by Associate Dean Chris Candler, M.D. The changes that created the OME make it more consistent with similar offices in medical schools across the country, he said.

“The OME will help us with a variety of new initiatives designed to refine and enhance the M.D. program,” Candler said. “This development is emblematic of the college’s and the dean’s commitment to education.”

The OEDS and CSETC have both shared the College of Medicine’s educational mission— one through programs and support, the other through a realistic medical environment featuring both human and computer-simulated experiences. The newly formed OME will continue those core functions, but will broaden its focus as it prepares tomorrow’s physicians for the workforce.

“From didactic lectures to team-based learning activities to low- and high-fidelity simulation, we support the spectrum of educational activities,” said Britta Thompson, Ph.D., director of the OME and assistant dean for medical education. “This merger allows us to build a synergy between the two programs. It allows us to look at how we most effectively meet the educational goals of the College of Medicine, especially medical student education. We can efficiently
The union is especially important given the College of Medicine’s adoption of the new pre-clinical curriculum in 2010. The new curriculum marks a shift from a traditional discipline-based structure to an organ systems-based approach designed to integrate basic science and clinical concepts. The OME will continue to coordinate courses for the curriculum under the guidance of the curriculum committees. Thompson said her office coordinates nearly all of the pre-clinical courses, helping faculty set up their curriculum and objectives. Central coordination provides the opportunity to achieve consistency between courses, Thompson said.

“Students don’t learn and understand information in a vacuum,” she said. “They really need to know the whole body and how all the systems integrate. If they’re learning about gastroenterology in the morning course, they’re learning how to do the exam in the afternoon course. They see the bigger picture.”

As for the CSETC, it has seen incredible growth since it was established in 2007. During the 2010-11 academic year, the CSETC had nearly 13,000 learner visits; about 9,500 of those visits were by medical students. CSETC faculty and staff hosted 1,110 educational sessions for the year, logging 4,683 instruction hours alone. The CSETC has been used for a wide variety of programs and projects, ranging from airway training to surgery boot camp to residency training.

The CSETC also received two prestigious national validations in 2011. In January, the center was named an Accredited Educational Institute by the American College of Surgeons. In July, the center was accepted into the American Congress of Obstetricians and Gynecologists Simulations Consortium.

Rhonda Sparks, M.D., medical director of the center, said the CSETC plays a crucial role in students’ educational journey. The simulated medical environment provides a place to practice the many clinical skills that students of medicine must master, including basic patient interviewing, comprehensive physical exams and procedural and surgical skills. The students begin this education in the CSETC during their first week of medical school, and they continue to build skills throughout their four years of training. Many also return as residents to sharpen higher-level expertise, including teamwork and advanced procedural skills.

The union of CSETC and OME will enhance those opportunities, Sparks said.

“It will help to facilitate educational research and scholarly activities,” she said. “This joining of the resources of the CSETC and OME also facilitates more seamless support for curricular activities in the College of Medicine.”

The past year has been a busy one for OME in several other ways, as the program increasingly embraces technology and new opportunities to bolster the educational mission.

Other activities include:

• OME is working with the College of Medicine to create the Academy of Teaching Scholars, a means of recognizing and networking educators. Thompson said the effort is a national trend with the goal of rewarding and developing educators, a group that traditionally hasn’t received the recognition that clinicians and basic scientists have enjoyed.

“We have the opportunity to reward faculty for clinical excellence, but we have very little support and award mechanisms for educators,” Thompson said. “This is our attempt to create an academy that brings together those people who are excellent educators and to recognize and reward them on campus.”

• Another major goal of the OME is to increase educational scholarship publications. OME staff and faculty have been involved in 10 peer-reviewed publications, 20 peer-reviewed presentations and three invited presentations. The office has submitted three grants and has had one funded.

• For the new pre-clinical curriculum, OME implemented Desire-2-Learn, an online learning management system, in 2011. This system provides faculty, medical students and administration a “one-stop shop” for curriculum resources, course information and notifications and grades. The system also allows OME to administer online exams to students.

• At the same time, OME rolled out MedHub, an online medical education administrative management system. This system helps manage medical student evaluations and educational requirements for third- and fourth-year students. MedHub also is a place to collect evaluations and to post student grades and comments from their required courses.

“One of the outcomes of implementing MedHub was that we were able to consolidate disparate databases containing...
### ANESTHESIOLOGY

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<td>Internal Medicine</td>
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<td>James Paulsgrove</td>
<td>Internal Medicine</td>
<td>University of New Mexico Medical School</td>
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<td>James Porterfield</td>
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<td>Jamie Ramon</td>
<td>Internal Medicine</td>
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Left: Graduating medical students Elizabeth Nelson, left, and Callan Mann share their excitement over their matches. Right: Steven Brandon Gerler and his wife, Emily, react to the news of his internal medicine match with the University of Utah in Salt Lake City.
The College of Medicine’s Office of Graduate Medical Education awarded its approval last summer. It is the longest accreditation cycle length granted by the ACGME. John Zubialde, M.D., associate dean for Graduate Medical Education, said the five-year accreditation is gratifying because it signals the institution’s high standards are officially recognized by the national accrediting body.

Two newly accredited fellowships – vascular neurology and maternal fetal medicine – also bolster OU’s GME offerings and demonstrate the college’s commitment to expanding training and research in areas important for Oklahoma.

“It’s not only good for us, but it’s really good for the state because it brings new technology, new expertise and new medical solutions to problems that we were not able to address before,” Zubialde said.

Oklahoma is a national leader – 11th in the United States – in retaining physicians from its GME programs. That’s good news in light of the state’s physician shortage. According to the Association of American Medical Colleges, Oklahoma is in the lowest tier of active physicians per 100,000 people, as well as primary care physicians per 100,000. Oklahoma also is in the top tier of physicians over age 60.

“That suggests that we’re going to be losing a lot of doctors in the not-too-distant future,” Zubialde said. “We also have an aging population, so our GME efforts are critical to the well-being of Oklahomans.”

OU, and its affiliated partner OU Medical Center, have continued to invest in GME programs at a time when federal and state budgets for residency training have remained stagnant. Zubialde said 12 percent of GME positions are funded through OU’s clinical departments, up from just 3 percent several years ago. That points to the college’s dedication to GME, he said, but such a funding mechanism for growth isn’t sustainable over the long term.

“The College of Medicine sponsored 48 GME programs accredited by the ACGME. The college also sponsors four subspecialty programs with other oversight bodies, as well as nine GME programs that do not have formal external accreditation but are overseen by the college’s GME committee.

The total number of funded resident positions in Oklahoma City for this time period was 561. ACGME accreditation continues to be a rigorous undertaking, Zubialde said. Maintaining full accreditation requires work on behalf of many people in addition to the Office of the GME staff. These include program directors and coordinators, as well as faculty and residents who serve on the GME committee that sets policy and oversees accreditation.

Program directors and coordinators undergo in-depth

New Accreditations Add Depth to Residency Programs

The College of Medicine’s latest fellowship programs – maternal fetal medicine and vascular neurology – not only bolster a competitive graduate medical education program, but prepare physicians to help patients with particularly vexing problems.

Two fellows started last summer in the vascular neurology program, which was granted approval by the Accreditation Council for Graduate Medical Education on July 1. Akram Shhadeh, M.D., director of the fellowship and assistant professor in the Department of Neurology, said the program is a significant step toward preventing and treating acute strokes.

“We need more stroke specialists who are fellowship trained to deal with these kinds of patients,” Shhadeh said. “There is so much to learn about it, and you really need to be focused on that aspect of neurology to be able to handle and treat a stroke patient well.”

Stroke treatment has evolved rapidly over the past 10 to 15 years. Options such as IV–pA and interventional treatments were not available 15 years ago, when neurologists primarily dealt with stroke with a prescription for rehabilitation, Shhadeh said.

“Now, it takes attention because we recognize stroke as a treatable disease, even acutely,” he said. “There is a lot of research to be done in this field. Accreditation is a must. It is how we get people to do more research and write papers about stroke and stroke treatment.”

Shhadeh said another fellowship will follow this summer in the newer subspecialty of endovascular surgical neuroradiology. The maternal fetal medicine fellowship fills a growing need for more such specialists, said Eric Knudtson, M.D., director of the program, as well as section chief and associate professor. Knudtson, who underwent the same fellowship at Ohio State, said it is an invaluable part of academic medicine.

“Maternal fetal medicine is a relatively small specialty – there are probably only 50 to 60 fellows who graduate nationwide each year,” he said. “But there’s a rapidly growing need for more, and the vast majority of programs are located on the coasts at bigger institutions. There is an acknowledged need to expand the number of programs, particularly in the central part of the country.”

Like all fields of medicine, obstetrics–gynecology is seeing patients with more serious conditions, Knudtson said. As the experts in complicated pregnancies, maternal fetal medicine specialists are encountering the difficulties that come with women delaying child-bearing and the rise in obesity.

The three-year maternal fetal medicine program, accredited by the American Board of Obstetrics and Gynecology in July 2010, is seeing tremendous progress from its initial fellow, Knudtson said. The program also is well-structured. The first half of the program is intentionally devoted to research, and fellows must have identified a mentor and emphasis projects before they arrive.

Their work is then monitored so they are on track to be published and defend their thesis. During that time, fellows also have to choose between completing a master’s of public health or the new master of science in clinical and translational science.

The second half of the program is clinical, when fellows cover inpatient and outpatient services, ICU and fetal procedures, as well as externships on other rotations like neonatology and pathology.

“You really have to prove to the reviewers that you are training future academic clinicians,” Knudtson said. “My fellowship did so much for me in terms of maturity and professional development and clinical skills, and I wanted to be in an institution where such a program was offered. We are preparing fellows to further the specialty in an academic setting by being able to independently perform and fund research and have the necessary clinical skills to care for patients.”
EDUCATION

OMe continued from page 24

redundant information into a central location,” Thompson said.

Yet another online advancement was the creation of a web-based student catalog with 63 pages of course information. The web catalog is more accessible than its previous print-only version, she said. The OME also has a growing collection of custom online applications that let users evaluate posters and presentations via a smartphone, access the online catalog, update policies and procedures yearly, and more.

• OME’s focus on curriculum evaluation is growing substantially, Thompson said. When the new curriculum was implemented, the College of Medicine also launched a new comprehensive evaluation to ensure courses remain relevant. The OME takes each course through a quality improvement process every three years, Thompson said.

• OME will continue to oversee the Willed Body Program, but the merger with CSETC should enhance that effort as well, Thompson said. CSETC is increasingly using cadaveric specimens for training and assessment, and OME’s coordination of such a valuable resource is important, she said.

• The OME helped publish the first paper on the Anatomical Donor Luncheon, an annual event that draws together medical students and families of the donor for a meaningful exchange about the donor’s life and insight into medical student education. The paper was published in the journal Teaching and Learning in Medicine. Thompson said feedback indicates the event is a time of closure and healing for families and a learning tool for students.

“Our research shows this activity helps to set the stage for the professional behaviors expected of physicians,” Thompson said.

Yin Yang continued from page 21

enzyme was, “I was naive and thought it was a quite easy project.” He was wrong.

“It took us a long, hair-pulling kind of process—oh my goodness! We tried a lot of different things. It didn’t work, it didn’t work, it didn’t work many times,” Ma said. “Eventually, it worked.”

What Ma’s lab finally found in 2003 was that the enzyme was RPE65, a protein produced by the RPE65 gene. A mutation of this gene means a lack of the vital enzyme, and the result is such inherited forms of blindness as retinitis pigmentosa. Lyons summed up the importance of Ma’s findings this way: “Without RPE65, you see once and then go blind, so we have to regenerate this chemical all of the time in the retina in order to see. Dr. Ma’s lab was the leading, key lab for determining the function of this protein.”

The discovery made it possible to restore vision to people with a defective RPE65 gene by delivering a normal version via an adeno-associated virus harmless to humans. Within two to three weeks, “they start to see,” Ma said.

A spin-off pharmaceutical firm called Charlesson is developing new therapies based on Ma’s scientific breakthroughs. He is the founder and scientific director of this firm, some- thing he never thought possible before moving to Oklahoma. He also wasn’t sure a move to Oklahoma was in the cards, either.

When Lyons called Ma in South Carolina a decade ago and asked him to consider moving to Oklahoma, “my wife was highly against this,” Ma said. “When I told her I had a job offer, she said, ‘Where?’ I said, ‘Oklahoma,’ and she said, ‘You are not out of a job here. Are you crazy?’”

Laughing, Ma said he had to listen to his wife when she called him crazy to consider the move. “After all, she’s a psychiatrist.”

Nonetheless, the two made the trip from Charleston and liked what they found in Oklahoma and in the Department of Medicine, where Ma would later hold the Laureate Endowed Chair of Research.

Ma also liked what he heard from Joseph Waner, Ph.D., who at the time was helping scientists patent their discoveries and spin off their research into biomedical firms. Waner became vice president for research before retiring.

“I had two patents and no idea how to commercial- ize them, but Joe Waner said, ‘It’s best if you start up a company to do that. We can help you.’”

“In South Carolina they’d say, ‘No, you can’t form a company. You’re a state employee and you’d have to quit. Who wants to quit?’

“Here, Joe said, ‘Sure, no problem.’ It was a completely different attitude about potentially translating (research) into something useful,’” Ma said.

Ma credits the Oklahoma Center for the Advance- ment of Science and Technology, a state agency, and the non-profit i2E for giving him the assistance he needed to found Charlesson in 2004. The firm has 15 employees and is located in Presbyterian Health Foundation Research Park.

Some of Charlesson’s fund- ing comes from the National Eye Institute of the National Institutes of Health, the funder of much of Ma’s own research at OU.

Ma is the principal investiga- tor on four active NIH grants totaling about $15.3 million—three from the National Eye Institute and one from the National Center for Research Resources.

A strong believer in collabo- rations, Ma has identified two fields within his Department of Physiology—neuroscience and vascular biology/angiogenesis—and encour- ages the synergy that faculty can develop by working together.

“Sometimes one plus one can equal three,” he said.

“If you’re looking for some model, maybe you can find it next door and save you several months.”

He applauds Lyons for the diabetes research retreat that has grown from only 20 participants in 2004 to more than 115 this year from institutions around the state: “We spend one Saturday and have lunch together, casu- ally talking about what I’m doing, what you’re doing and making a connection, maybe a collaboration.”

“That’s why in my department, we want to have a re- search retreat so the left hand and the right hand can work together. People must come together to talk to each other.”

Like yin and yang.

PHYSIOLOGY

It’s not only good for us, but it’s really good for the state because it brings new technology, new expertise and new medical solutions to problems that we were not able to address before.”

- John Zubialde, M.D.

“Yin Yang” Ma, M.D., Ph.D., is chair of the Department of Physiology and noted vision scientist.
The poverty simulation exercise lasted only one day, to get spending money by selling drugs. Teenagers who were quickly discovering how easy it was to make a living became quite real when Matt short-changed them or tended to be desperate parents, parents whose anxiety claimed they hadn’t paid for bus passes when they had. His make-believe customers were other students pretending to be bored at that. Kindness was optional. 

Duffy described the Summer Institute as “a course of discovery” that begins with an understanding of how the Tulsa community grew over the years, with streets and highways creating social barriers and isolation. A tragic consequence of this isolation is a lack of access to health care in north, northeast and west Tulsa, where the average lifespan is 14 years shorter than it is in wealthier south and southwest Tulsa, where all of the city’s hospitals and all but a few medical clinics are located.

To see what health-related resources are available to the city’s underserved, the institute’s 100 participants load into 20 cars and fan out across Tulsa for visits and interviews with patients and caregivers at social service agencies. Lastly, the groups visit such community services as fire and police stations and the courts.

In 45 minutes, you ask, “What do you do? What’s working well and how do we build on it?” Duffy said. Each group reports back to the larger body. “I definitely matured a lot more” from the experience, Le said. “We had time every day where we got to talk about what we saw in community and got other people’s perspectives on what they thought, serious discussions I’ve never had before, and they were very beneficial in helping me grasp what I was seeing.”

For the poverty simulation, participants are divided into family groups or are given roles like Le’s as a payday loan clerk or as a drug dealer.

This exercise is “really powerful” for the students, many of whom grew up in Tulsa without seeing the type of poverty in the scenarios, Duffy said. Lack of transportation is the biggest barrier they identify, he added. “Another is that it was easy to resort to crime, to selling drugs and robbery. Those playing teens realize they’re bored out of their skulls, and all it takes is one drug dealer walking in.”

Grace Kirkpatrick, another Class of 2015 member, played an employee at an agency that gave out food stamps and helped pay for bills. “During the simulation, it was difficult for me not to give away more money to each person than was allowed because they all needed help and needed more money.”
Gomez to Fill Pediatrics Chair in Tulsa

Michael R. Gomez, M.D., M.S.-H.C.A., has been named the Daniel C. Plunket Chair in Pediatrics for the OU School of Community Medicine.

Gomez earned his medical degree from the University of Texas Health Science Center in San Antonio. He completed his pediatric residency at Columbia Presbyterian Medical Center in New York, followed by a neonatology fellowship at Baylor College of Medicine in Houston. He also holds a master of science degree in health care administration from Trinity University in San Antonio, and is board-certified in medical student training.

Prior to joining the University of Oklahoma, Tulsa, Gomez served as medical director in the Harry Zarrow Neonatal Intensive Care Unit at The Children’s Hospital at Saint Francis Hospital, and was a partner in Newborn Specialists of Tulsa. He continues in his role as chairman of the Department of Pediatrics at Saint Francis Hospital.

Before coming to Oklahoma, Gomez held several leadership positions in neonatology in Texas, including practice chief of clinical services, and board-certified by numerous medical organizations and professional health care administrative organizations.

Gomez is an NIH-funded researcher and clinical investigator whose work has resulted in 99 published scientific manuscripts/book chapters, one book and 62 published abstracts and commentaries. He has given more than 400 oral presentations, invited lectures and poster presentations at professional meetings.

He holds leadership positions in several national vascular surgical societies as well as being a reviewer and editorial board member of scientific journals.

Beyond his academic accomplishments, he has maintained an active clinical practice performing a broad array of open vascular surgical procedures, minimally invasive arterial and venous endovascular interventions, Duffly said.

“We are fortunate to have John join SCM.”

New Surgery Chair Named at School of Community Medicine

Vascular surgeon John Blebea, M.D., MBA, is the new Shepard Thompson Clingan Chair of the Department of Surgery in Tulsa. Blebea previously was professor of surgery, director of the vascular surgery fellowship program and chief of the division of vascular surgery at Case Western Reserve University School of Medicine in Cleveland, Ohio.

Born in Romania, Blebea immigrated with his family to the United States as a youth and grew up near Cleveland. He graduated magna cum laude with honors in biochemistry from Brown University in Providence, R.I., then returned to Cleveland and received his medical degree in 1982 from Case Western as a James R. Collins Scholar. He trained in general surgery at Georgetown University School of Medicine in Washington, D.C., and at the New Jersey Medical School in Newark, and completed a year of research in vascular physiology while in New Jersey.

Blebea completed his vascular surgery fellowship at the University of Rochester, N.Y. Subsequent studies have included a fellowship in endovascular interventions at the University of Pittsburgh School of Medicine and, most recently, a master of business administration degree from Lake Erie College in Painesville, Ohio. He has been active throughout his career in the education of medical students, surgical residents and vascular fellows along with allied health students, said F. Daniel Duffy, M.D., dean of the OU School of Community Medicine.

Prior to joining the faculty at Case Western in 2008, he was professor and chief of the section of vascular surgery at Temple University College of Medicine, where he also directed the Vascular Diagnostic Laboratory and the vascular surgery fellowship program. He was a member of the faculty at Penn State University College of Medicine between 1997 and 2003, achieving the position of professor of surgery and radiology. Earlier, he directed the vascular surgery fellowship and vascular noninvasive laboratory at the University of Cincinnati Medical Center.

His research has involved skeletal muscle ischemia and reperfusion, angiogenesis, hemodynamics and blood flow, and most recently, implantable blood flow and pressure sensors. Blebea is an NIH-funded researcher and clinical investigator.
Ferrettis, Stull
Honored with Dean’s Awards

Three people who have taken the OU Health Sciences Center to a new level of distinction were honored during the 28th annual Evening of Excellence in January.

Scientist Joseph J. Ferretti, Ph.D., former senior vice president and provost, and his wife, Martha Ferretti, chair of the Department of Rehabilitation Sciences in the College of Allied Health, were honored with the Dean’s Award for Distinguished Community Service. Terrence L. Stull, M.D., chair of the Department of Pediatrics, received the Dean’s Award for Distinguished Medical Service.

The annual event, which raises money for seed grants to junior investigators, is sponsored by the OU College of Medicine Alumni Association. Since the Evening of Excellence began in 1985, $2.3 million has been awarded to biomedical researchers. Many of them have used those funds as a springboard to grow their research projects and attract state and federal dollars.

“I hope that each of these Evenings of Excellence demonstrate over and over what a vibrant medical school environment can contribute to the city and the state, bringing great talent, bringing advances in care, and bringing high-quality medical education,” said M. Dewayne Andrews, M.D., senior vice president and provost for OU Health Sciences Center, and executive dean of the College of Medicine. “You are demonstrating your support through this event, and I want you to know how deeply grateful we are.”

The honorees were each noted for their significant contributions to the cause of academic medicine and the community. During Joseph Ferretti’s 16 years as provost, he led the transformation of the campus in numerous ways, from 35 construction projects launched or completed to a tremendous growth in research funding. In introducing Ferretti, Gene Rainbolt, OU graduate and former recipient of the same award, said he exceeded all expectations in his role as provost.

Ferretti called his time at OUHSC a wonderful yet “un-expected journey” that still continues. He and his wife came to campus in 1969 thinking of it as a five-year commitment. More than four decades later, their dedication continues. Since retiring as senior vice president and provost, Ferretti has returned to the lab. He is internationally noted for his work with streptococcal infections.

“This has become a world-class academic health center with new faculties, new faculty and great physicians and scientists who arrived with new credentials, new expertise and new ideas,” Ferretti said. “I wish I could tell you we had the vision from the beginning, but it was a step-by-step approach with continuity of purpose, and with the assistance of many people. Our faculty, staff and the community all made this happen.”

Ferretti was particularly honored to share the recognition with his wife, whose work on campus and in the community centers on improving the health and quality of life of others. She has long been an advocate for services to people with disabilities, not only in Oklahoma but across the nation. Her department’s Lee Mitchener Tolbert Center for Developmental Disabilities has a wide reach and many partnerships, and she buoyed the next generation of allied health professionals with her advocacy for quality education and innovation.

She is involved in many community activities as well, from a reading-mentoring program for youth to co-directing the Central Oklahoma Turning Point program.

She cited a strong spirit of collaboration at OUHSC, spurred by the dean’s office at the College of Medicine, that leads to projects and advances that might not otherwise be possible.

“Maya Angelou once said, ‘When you learn, teach. When you get, give.’ This exceptional honor carries with it many responsibilities,” Martha Ferretti said. “For me, they are to continue promoting and collaborating about health and rehabilitation by meeting the needs of individuals with developmental disabilities and our larger Oklahoma City community.”

Terrence Stull, M.D., who came to OUHSC in 1994 from Philadelphia, has led the turnaround of the Department of Pediatrics since his arrival. Christy Everest, who introduced him, said Stull never misses a chance to advocate for children, whether he is in the lab, classroom, clinic or speaking to the community. Stull is beloved by all, she said, and people are drawn to the fact that “his glass is always more than half full.”

“His leadership, his contagious enthusiasm and his unfailing positive attitude have drawn his colleagues and the community to share his vision of health care for Oklahoma children,” Everest said. “Terry is always quick to credit others, but what he has accomplished is truly amazing. And Terry makes it look easy.”

Since his arrival, a spectacular new pediatric clinic has been built, new faculty with much-needed specialties have arrived, endowments have grown to more than $80 million, and families across the state and region rely on Stull and his staff for the care they are seeking.

“I feel especially blessed in my daily life to spend so much energy in the academic enterprise helping children, thus living two of my very deepest values,” Stull said. “There has been a transformation in academic children’s health care in Oklahoma that has improved the well-being of all children, especially the sickest.

“While I am honored by this award, I am also cognizant that this transformation was not done by me, but as a result of the efforts of many people who committed themselves to the well-being of Oklahoma’s children,” Stull said.

M. Dewayne Andrews, M.D., senior vice president and provost for the OU Health Sciences Center and executive dean of the College of Medicine (left), is shown with the 2012 Dean’s Award recipients: Terrence Stull, M.D., chair of the Department of Pediatrics; Martha Ferretti, chair of the Department of Rehabilitation Sciences in the College of Allied Health; and her husband, Joseph Ferretti, Ph.D., former senior vice president and provost.
A physician who has advocated for his profession in Congress since 1994, a professor and expert in cardiovascular disease and hypertension, and a cardiothoracic surgeon turned lymphoma patient and advocate will be honored May 4 at the 2012 Alumni Day reunion dinner.

William D. Hawley, M.D., will receive the Physician of the Year-Private Practice Award. Hawley, a passionate and nationally recognized advocate for lymphoma patients and research, receives the 2012 Physician of the Year – Private Practice Award.

The cardiothoracic surgeon gained a new perspective on the battle against lymphoma. When he returned from the New York City award ceremony, he told the Oklahoma Nursing Times that it was “quite an experience to be in a room with 600 people who have the same disease as you do.” Hawley’s passion for patient advocacy has become a full-time endeavor over the past 15 years. He helps patients and caregivers to make the best possible decisions in cases where none of the choices is ideal and a cure may not be possible. His contacts and patients are not just in Oklahoma, but across the United States and the world. His work has expanded into end-of-life counseling, a still-relevant service as many of these diseases remain incurable.

At OU, Hawley was a member of Alpha Omegna Alpha honor medical society. After graduating from medical school in 1984, he completed residency and fellowship training at OU in both general surgery and cardiothoracic/surgical surgery and is board-certified in both. He was chief resident of cardiothoracic surgery in 1970-71. In 1970, he entered the private practice of medicine, joining Allen Greer, M.D., to develop a group practice in Oklahoma City. Hawley also serves on the board of directors for the Oklahoma Medical Research Foundation, and he is chair of its Technology Transfer Committee. He is immediate past president of the board of directors for Integris Health’s James L. Hall Jr. Center for Mind, Body and Spirit.

William D. Hawley, M.D. 
John M. Flack, M.D., M.P.H. 
Sen. Tom Coburn, M.D.
Faculty Achievements Noted

Not one but two National Institutes of Health grants to Ming-Hui Zou, M.D., Ph.D., as principal investigator were renewed in November in the amount of $5.8 million. Zou is one of six scientists in the country who concurrently hold six or more NIH RO1 grants. He is professor and chief of the section of molecular medicine and vice chair for research in the Department of Medicine and professor of biochemistry and molecular biology. Zou holds the Warren Chair in Diabetes Research.

Jordan Metcalf, M.D., professor of medicine, is vice president of the Central Society for Clinical Research, one of the oldest and largest academic medical societies in the Midwest. CSCS has about 1,000 active members throughout the Midwest United States and Canada and publishes the monthly Translational Research: The Journal of Laboratory and Clinical Medicine.

Donald Kastens, M.D., associate professor of medicine-gastroenterology, has been elected American College of Gastroenterology Governor for Oklahoma.

Robert Hurst, Ph.D., professor and researcher in the Department of Urology, received a $2 million grant in October to further the work of his startup company, DormaTarg. The funding comes from the Small Business Innovative Research program and is DormaTarg’s second SBIR grant. DormaTarg’s mission is to prevent cancer recurrence by killing suppressed cancer cells before they reactivate. Hurst collaborates with Michael Ihnat, Ph.D., from the College of Pharmacy.

Anne G. Wlodaver, M.D., a neonatologist with OU Children’s Physicians, received the 2011 Outstanding Woman in Pediatric Medicine Award in December. The Women in Pediatric Academic Medicine Committee at the OU College of Medicine presents the annual award. Wlodaver also is a clinical associate professor in the Department of Pediatrics. Also receiving the 2011 award was Marta DelBivoria-Papadopoulos, M.D., of Drexel University College of Medicine in Philadelphia. She became Wlodaver’s mentor after Wlodaver earned her medical degree in 1977.

Amanda Bogie, M.D., associate professor of pediatrics, has been named chief of the pediatric emergency medicine section in the Department of Pediatrics. She also serves as director of the pediatric emergency medicine fellowship program and interim medical director of pediatric emergency medicine.

Tauseef Ali, M.D., assistant professor of medicine-gastroenterology, is a charter member of the American Gastroenterology Association of GI and Liver Educators and is an editor of the peer-reviewed journal Gastrointestinal and Digestive System Journal.

Amr Sawalha, M.D., associate professor of medicine-rheumatology-immunology-allergies, has been appointed to the medical scientific advisory council for the Lupus Foundation of America.

Michael H. Elliott, Ph.D., assistant professor of ophthalmology and a vision researcher at the Dean McGee Eye Institute, has been elected to the membership committee for North America in the International Society for Eye Research. Elliott also is adjunct assistant professor in the Department of Physiology. His research focuses on regulation of blood-retinal barrier permeability and novel modulators of ocular inflammatory responses.

Marilyn Escobedo, M.D., professor of pediatrics and chief of the neonatal-perinatal section, serves as an external examiner for United Arab Emirates University, reviewing medical examination materials, offering suggestions and participating in certain aspects of the final examination taken by students completing a six-year curriculum. She also spoke in Stockholm, Sweden, at a conference targeting physicians and nurses working in neonatal intensive care units around the world.

Bonnie McBride, Ph.D., assistant professor of pediatrics, has received a four-year, $3 million grant from the Institute of Educational Sciences to conduct a control trial of an intensive behavioral intervention for toddlers with autism. This multi-site trial also is being conducted at the University of Washington, where McBride co-developed the program. Co-investigators are Mark Chaitlin, Ph.D., professor of pediatrics, and David Bard, Ph.D., assistant professor of pediatrics.

Emeritus professor status has been awarded to three College of Medicine faculty members: Robert W. Block, M.D., former chair of the Department of Pediatrics, OU School of Community Medicine; K. Michael Parker, M.D., Department of Pathology; and Daniel Woznica, M.D., Department of Family and Preventive Medicine.

Anna Casizar, M.D., Ph.D., associate professor of geniatrics, has been awarded a Donald W. Reynolds Chair in Aging Research. Phoebe M. Tucker, M.D., professor of psychiatry and behavioral sciences and vice chair of education, has been awarded the Arnold and Bess Unger Chair in Psychiatry.

Mark Wolraich, M.D., professor and chief of the section of developmental and behavioral pediatrics, received the 2011 C. Anderson Aldrich Award in Child Development by the American Academy of Pediatrics for outstanding contributions in the field of child development. The award was presented in October in Boston. Wolraich holds the CMRI/Shaun Walters endowed chair and is director of the Child Study Center.

Deaths

Richard A. Clay, ’43 M.D., Oklahoma City
Martha J. Strickland, ’43 M.D., Houston
Joseph Salamy, ’44 M.D., Tulsa
Charles R. Mathews, ’45 M.D., Tallahassee, Fla.
Robert J. Duran, ’47 M.D., Columbus, Ohio.
William A. Miller, ’47 M.D., Gainesville, Fla.
Eugene C. Bond, ’48 M.D., Everett, Wash.
Ivan W. Hull, ’50 M.D., Waco, Texas

Laurence O. Short, ’51 M.D., Cyril
William L. Savage, ’52 M.D., Oklahoma City
William J. Forest, ’54 M.D., Oklahoma City
Paul R. O’Bar, ’54 M.D., Charlotte, N.C.
John R. Betson Jr., ’55 M.D., Newport Beach, Calif.
John R. Smith, ’57 M.D., Oklahoma City
Thomas H. Fraley Jr., ’59 M.D., Oklahoma City
George N. Barry Jr., ’60 M.D., Norman

Robert M. Richard, ’61 M.D., Laguna Beach, Calif.
Gloria D. Hoggard, ’61 M.D., Norman
Luverne A. Husen, ’63 M.D., Mead
Robert P. Metcalf, ’64 M.D., Hobart
James F. Todd, ’65 M.D., Broken Bow
William C. Nobler, ’56 M.D., Ada
William C. Slick, ’69 M.D., Spokane Valley, Wash.
Ruth M. Carr, ’77 M.D., Los Angeles

Corrections

• The fall 2011 issue of OU Medicine incorrectly stated that Charles E. Stewart, M.D., professor of emergency medicine and director of the Oklahoma Disaster Institute, had completed a surgery residency. He completed three years of the program before leaving for family reasons.

• DormaTarg’s SBIR grant. DormaTarg’s mission is to prevent cancer recurrence by killing suppressed cancer cells before they reactivate. Hurst collaborates with Michael Ihnat, Ph.D., from the College of Pharmacy.

• The fall 2011 issue of OU Medicine incorrectly stated that DormaTarg’s mission is to prevent cancer recurrence by killing suppressed cancer cells before they reactivate. Hurst collaborates with Michael Ihnat, Ph.D., from the College of Pharmacy.
50s

James A. Kunkel, ’59 M.D., is back in Oklahoma after 27 years as an ophthalmologist in Wisconsin, five years of “motorhoming” and 11 years in Sarasota, Fla. He lives in Midwest City.

Robert A. Frampton, ’71 M.D., has a “Dr. Welby”-type family medicine practice in Spanish Fork, Utah, and volunteers at a free clinic. His son, John, is a member of the OU College of Medicine Class of 2014. Frampton lives in Salem.

James Martin Smith, ’71 M.D., is director of the Methodist Wound Care Center in San Antonio. He was in private plastic surgery practice from 1985 until 2005.

Richard H. Jackson, ’76 M.D., is managing partner of Dallas Neurosurgical and Spine Associates and has served as president of the Texas Association of Neurological Surgeons.

Jane Ann Balderston Moore, ’76 M.D., is director of the nonprofit Health Communities of Pierce County, which works to make access to physical activity and healthy food available and affordable to residents of the Tacoma, Wash., area. She retired in 2007 from her solo family medicine practice. Moore lives in Tacoma.

R. Randall Robinson, ’76 M.D., has practiced ophthalmology for more than 30 years in Midwest City.

Mona Sue Tway, ’76 M.D., has retired from her diagnostic radiology practice in the Dallas-Fort Worth area and lives in Dallas.

80s

Dianne Gashbarra, ’81 M.D., is a sleep medicine specialist and is director of Palliative Care Services for Mercy Health Center in Oklahoma City.

Lora Larson, ’81 M.D., has delivered more than 8,500 babies in her career as an obstetrician-gynecologist in Tulsa. In 2011, she became a hospitalist in the obstetrics department at Saint Francis Hospital. She lives in Tulsa.

90s

Reed L. Harned, ’91 M.D., lives in Destin, Fla., where he is an internist in a multispecialty practice.

Allis Liu Kliewer, ’91 M.D., is a pediatric cardiologist with the Pediatric Cardiology of Oklahoma group in Tulsa. Husband Doug Kliewer, ’91 M.D., practices with Adult Gastroenterology Associates in Tulsa.

Col. Blake David Lollis, ’91 M.D., M.P.H., is commander of the 48th Aerospace Medicine Squadron at the 48th Medical Group, 48th Fighter Wing at Royal Air Force (base) Lakenheath, in the United Kingdom. RAF Lakenheath is a part of the U.S. Air Forces in Europe.
First-year medical students learn about the mechanics of the knee from Jason Deck, M.D., a second-year resident in Family Medicine and a member of the 2010 College of Medicine class. The training is conducted at the Clinical Skills Education and Testing Center, a place that medical students come to know well during their four years of training.