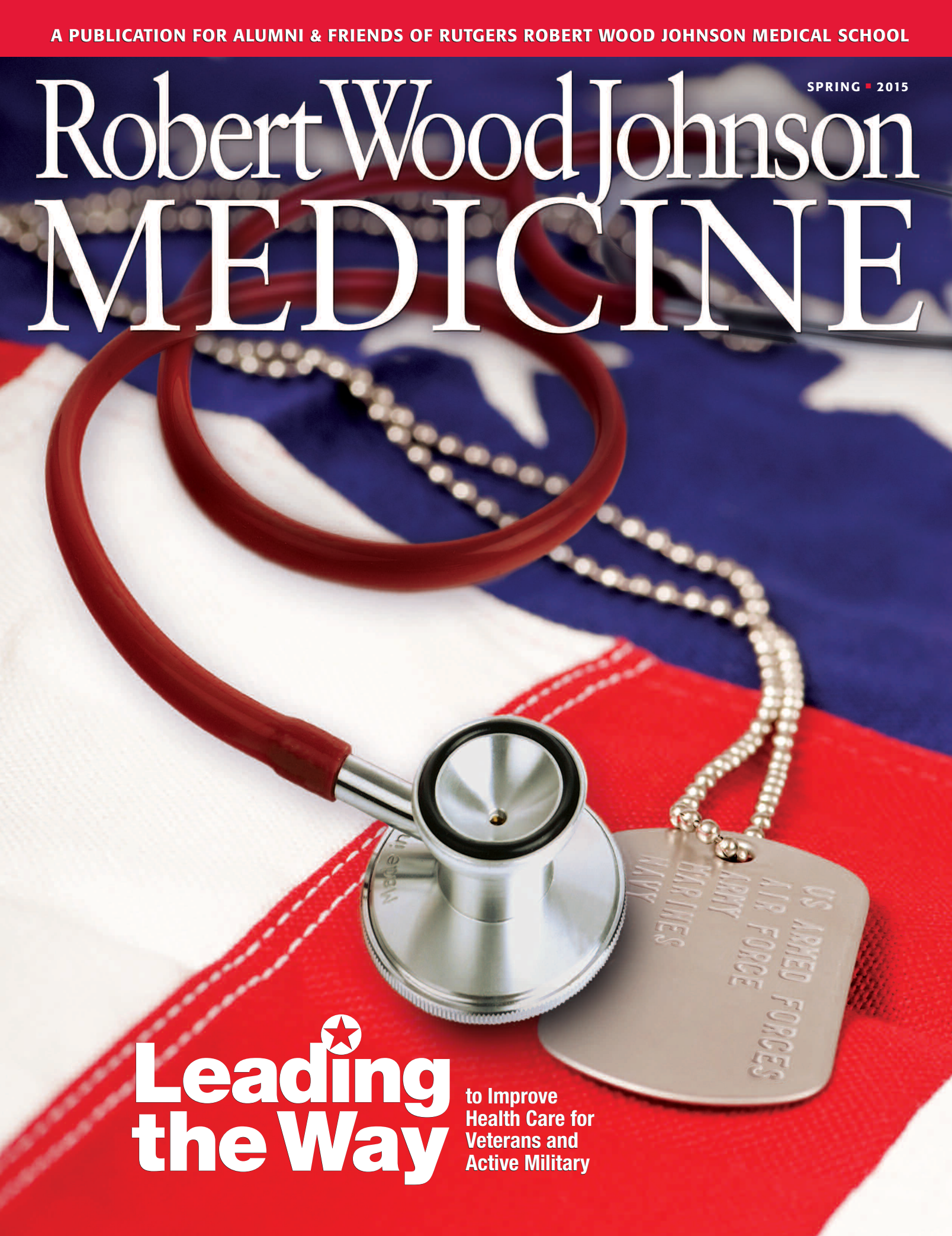


# Robert Wood Johnson MEDICINE

**Leading  
the Way**

to Improve  
Health Care for  
Veterans and  
Active Military



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# LETTER FROM THE DEAN

Dear Colleague,

This issue of *Robert Wood Johnson Medicine* explores diverse settings in which Robert Wood Johnson Medical School advances its four missions: in education, research, clinical care, and community health.

Our cover story, “Leading the Way to Improve Health Care for Veterans and Active Military,” describes a new, far-reaching initiative at the medical school. Under the leadership of Carol A. Terregino, MD ’86, associate professor of medicine and senior associate dean for education, the Joining Forces program provides multidisciplinary training for health care professionals, who are learning about the special burdens borne by former warriors and their families, while developing the empathy needed to walk in the boots of veterans.

In “An Island in the Mediterranean Is Furthering Diabetes Research in New Jersey,” we learn that the world’s second-highest incidence of type 1 diabetes occurs on Sardinia. Lisa Denzin, PhD, associate professor of pediatrics and resident scientist, Child Health Institute of New Jersey, was invited by Sardinian geneticists to collaborate in their investigation of the role of DM—a protein studied by Dr. Denzin’s laboratory—in mediating protection against type 1 diabetes.

“On the Rise: Facilitating the Growth in Knowledge of Yeast Genetics by Budding Researchers” provides an inside look at the Cold Spring Harbor Laboratory on Long Island. Last summer, Marc R. Gartenberg, PhD, professor of biochemistry and molecular biology, helped to lead the laboratory’s seminal course on current practices in yeast genetics and genomics. Invited speakers and students included many of the world’s outstanding yeast geneticists and molecular biologists.

“Where Are They Now? Alumni Excel in Residency Programs Nationwide” takes us from coast to coast—and beyond—to meet a remarkable cohort of Robert Wood Johnson Medical School graduates. From first-year residents to seasoned fellows, they describe the importance of their medical school education, their choice of a specialty, and their enthusiasm for their current and future work.

In another innovative program, the medical school draws on the resources of other Rutgers University schools, including the Mason Gross School of the Arts. “Collaborative Movement Programs Meet at the Intersection of Arts Engagement and Health” describes several initial projects that have successfully used dance and movement techniques to relieve stress and help patients with Parkinson’s disease and their caregivers.

At home and beyond, the medical school is part of the evolution in groundbreaking research and patient care. Please enjoy this edition of *Robert Wood Johnson Medicine*.



Sincerely,

A handwritten signature in red ink, which appears to read "Vicente Gracias". The signature is fluid and cursive, with a long horizontal flourish at the end.

Vicente H. Gracias, MD  
Dean (Interim)

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Spring 2015

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# Robert Wood Johnson MEDICINE

A Publication for Alumni and Friends of  
Rutgers Robert Wood Johnson Medical School

Spring 2015 • Volume 15, Number 1

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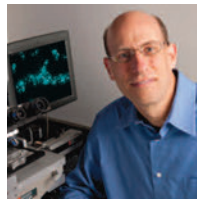
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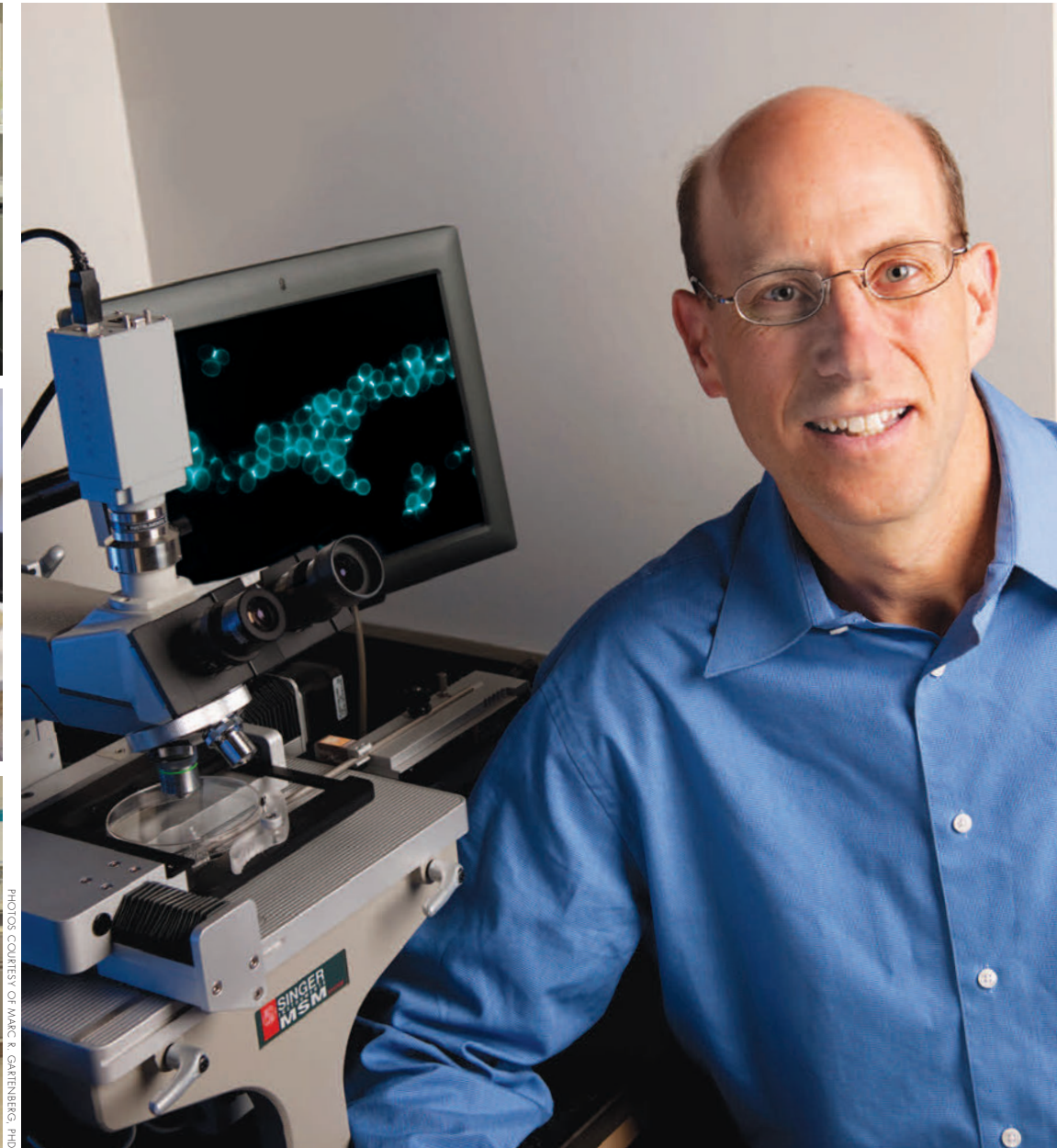
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By Kate O'Neill



PHOTOS COURTESY OF MARC R. GARTENBERG, PH.D.





JOHN ERIKSON

# On the Rise:

Facilitating the **Growth** in **Knowledge** of **Yeast Genetics** by Budding Researchers

**It's** just before 8 a.m. in late July and, like a sous-chef before the busy dinner rush, three teaching assistants have prepped the laboratory tables with the materials needed for the day's experiments. Months of groundwork have gone into this moment, preparing course modules and transforming an empty lab in Cold Spring Harbor, New York, to one that will house the latest in yeast-related research. It is a brief moment of calm before the 16 students arrive to begin what will be an intensive, three-week

*Saccharomyces cerevisiae*—holds the key to research that has implications for understanding the functions of human cells and genomes.

For the second year, a member of the Robert Wood Johnson Medical School faculty has helped lead this seminal course in yeast genetics and genomics, which has attracted many of the world's outstanding yeast geneticists and molecular biologists, whether as teachers or students, since the course's inception in 1970.

A look at the course's honor roll of past instructors and attendees reveals a compendium of the "giants of yeast biology," including 2013 Nobel laureates Randy W. Schekman, PhD, and James E. Rothman, PhD; award-winning geneticists; and those who have had major influences in the fields of biology and microbiology, says Marc R. Gartenberg, PhD, professor of biochemistry and molecular biology and director, Graduate Program in Cellular and Molecular Pharmacology, at the medical school.

"When you see the names associated with the program, you realize big things happen there," he says.



exploration of current practices in yeast genetics and genomics.

To the average person, yeast may be just the essential ingredient to making bread rise, or the catalyst for the fermenting process of their home brew. But for this select group of scientists and researchers, yeast—specifically,

**M**arc R. Gartenberg, PhD (above), professor of biochemistry and microbiology, director, Graduate Program in Cellular and Molecular Pharmacology, and instructor of yeast genetics and genomics at the Cold Spring Harbor Laboratory, says that students who are interested in using yeast for research come from around the world, with a range of backgrounds. The idea for all of them is to learn the techniques involved—from the most basic methods to the latest ones—and disseminate them to scientists in their own labs.

## Taking a Leadership Role

**D**r. Gartenberg is in the midst of his three-year-minimum commitment as an instructor of yeast genetics and genomics at Cold Spring Harbor Laboratory. It's a rigorous schedule, demanding 16-hour days or longer during the extent of the course, combining lectures and hands-on experimental techniques. Dr. Gartenberg says his particular expertise in the area of microscopy complemented the skills of the course's other main instructors: Grant W. Brown, PhD, professor of biochemistry, University of Toronto, who specializes in genomics; and Maitreya Dunham, associate professor of genome sciences, University of Washington, and formerly a Lewis-Siglar Fellow at Princeton University, whose strength is evolutionary biology. Their lectures and experimental work were supplemented by nearly two dozen guest lecturers who are counted among the leaders in their respective fields, Dr. Gartenberg notes.

He was recommended for this role by the outgoing course instructor Jeffrey S. Smith, PhD, who is now a professor of

biochemistry and molecular genetics at the University of Virginia School of Medicine. Dr. Smith was once a graduate student of Dr. Gartenberg's colleague Monica J. Roth, PhD, professor of pharmacology at the medical school.

"I once thought the instructors were the ones who didn't run fast enough, like the gazelles on the Serengeti," Dr. Gartenberg jokes. "I did not calculate how satisfying it would be to essentially pass along 20 years of knowledge in the field in such a short period of time. Throughout those three weeks, you can watch the lightbulbs go on as students start to understand techniques, get new ideas. You just know they're going to do great things one day. It's very satisfying to have played a role in some way in that growth."

Students come from around the world, with a range of backgrounds, Dr. Gartenberg says: a few professors who are planning to begin using yeast in their lab for research; post-doctoral students who are using yeast for the first time; and graduate students who are sent by professors interested in using yeast for research. The idea for all of them is to learn the techniques involved—from the most basic methods to the latest ones—and disseminate them to scientists in their own labs.

The agenda for a typical day gives a hint of the intensity of the program. Students head to the lab by 9 a.m., when they will receive their "marching orders," outlining the program and experiments planned for the day. A one-hour lecture on a topic related to genetics follows, with a break before lunch and then a return to work on the day's modules. At 4 p.m., a guest lecturer gives a two-hour talk devoted to his or her area of expertise. Then it's off to dinner, after which it's back to the lab to work on experiments for the rest of the evening, if needed. Although no official educational programs are planned at night, instructors and teaching assistants are available for questions and assistance with those modules every evening, often until later than 1 a.m.

With 11 different modules in the course, instructors could be shepherding students through 10 different experiments on any given day, Dr. Gartenberg says. Multiply that work over the 21 days of the course, and it's easy to see how it has been a breeding ground for fresh discoveries in the field.

"When you bring people with different areas of expertise and put them in an incubator for three weeks, a lot of great ideas go back and forth, and things really begin to crystallize," he says.

## Bringing the Knowledge Home

**D**r. Gartenberg has felt the impact on his own research at Robert Wood Johnson Medical School. "What I learned the first time I was an instructor for this course outstripped everything I knew up to that point," he

### Why Research with Yeast?

**Y**east cells, like human cells, are eukaryotic—in other words, each cell consists of a nucleus and other common organelles within a cell membrane. Yeast cells share many genes in common with human cells and are easily adapted to genetic analysis, making them ideal as a representative model of all eukaryotic cells.

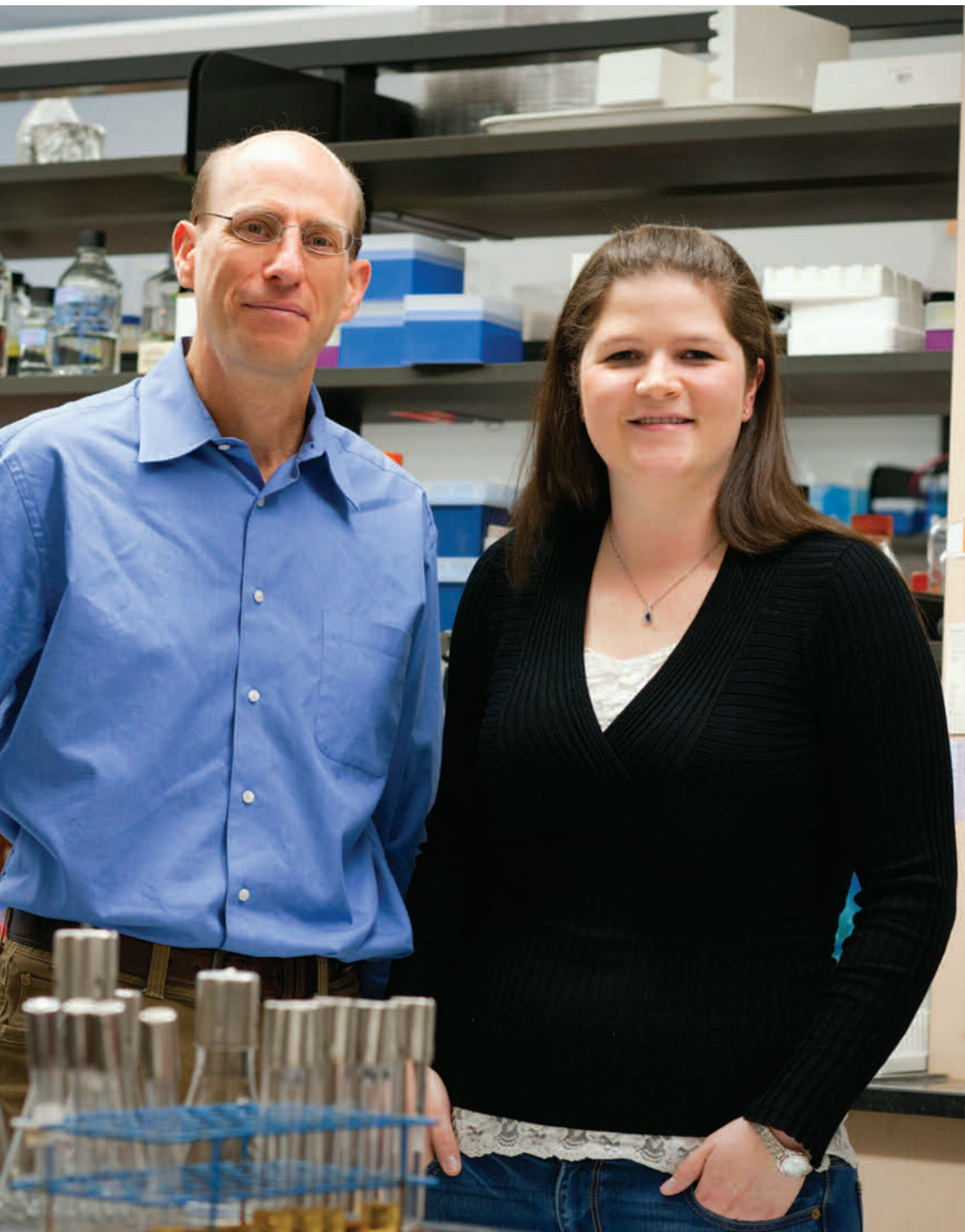
#### A few other qualities lend themselves to use in research:

- *The entire sequence of yeast cells' 16 chromosomes is known, making them the first eukaryotic microorganism whose genome has been entirely characterized.*
- *They are easy to mutate and modify.*
- *They reproduce quickly and easily.*
- *They are single-celled, therefore less complex (yet they contain more than 1,000 genes whose human counterparts are linked to human diseases).*
- *They are relatively safe to work with.*
- *There is a comprehensive set of genome-wide tools for cell biology, genetics, and biochemistry.*

In addition, researchers have the added benefits of an expansive community of colleagues who work with yeast, as well as the opportunity to attend the three-week intensive course on principles and practices of yeast research at Cold Spring Harbor Laboratory.

*Background inset: Budding yeast viewed with a fluorescence microscope.*





**“**When you bring people with different areas of expertise and put them in an incubator for three weeks, a lot of great ideas go back and forth, and things really begin to crystallize,” says Dr. Gartenberg, (left) with his teaching assistant, Melinda S. Borrie, a graduate student in the medical school’s pharmacology program.



PHOTOS COURTESY OF MARC R. GARTENBERG, PHD

says. “When I came back, it affected what we did in the lab and how we solve problems.”

In addition, his involvement in the course generated networking opportunities that have resulted in collaborative projects with fellow instructor Dr. Brown, as well as with one of the guest lecturers.

The course also had a tremendous impact on Melinda S. Borrie, who joined Dr. Gartenberg as his teaching assistant (TA) this year. Borrie, a graduate student in the medical school’s pharmacology program, has worked in Dr. Gartenberg’s lab for three years.

“Having the opportunity to learn from the guest lecturers, each of whom could be a keynote speaker at the major conferences in their field, was powerful. They were not just there for the lecture, but were around the lab all day, eating with the students, fielding questions,” Borrie recalls. “It was an incredible opportunity to learn from and network with individuals of their stature.”

That networking included leaders in other fields of expertise who were attending or presenting at other meetings and national conferences on-site—Nobel laureates such as James Watson, PhD, codiscoverer of the double-helix structure of



**S**tudents focused on viewing and creating images of yeast-related research through the use of a microscope, and were encouraged to enter their images into the course's Microscopy Contest. This one shows the measuring of mating pheromones of yeast on a petri dish.

DNA and currently chancellor emeritus at Cold Spring Harbor Laboratory.

“The air is rarefied there,” Dr. Gartenberg says.

## Teacher as Student

**H**aving the opportunity to acquire new techniques for his lab was compounded by the benefit in having one of his own students present, Dr. Gartenberg adds: “I learned things and got to be a student as well, but I also brought back someone else who learned how to do things in a new way.”

The presence of a TA was absolutely essential for each of the instructors, he stresses, noting that the teaching assistants typically were the ones fielding student demands for a stack of petri dishes, assistance with materials, or hands-on help to solve a problem with part of the experiment. Borrie and fellow TAs Monica Sanchez and Tina Sing also needed to ensure that all the materials students required for the day were set up and ready before the first students arrived at 8 a.m.

“The instructors get all the glory, but the TAs are doing a lot of the hands-on work and the prep,” says Dr. Gartenberg.

“Melinda was the picture of grace under pressure and was able to keep it all together and have everything running smoothly, even in such an intense environment.”

She had fair warning of the work involved, thanks in part to a detailed “what to expect” guide created by Miao Chen, PhD, postdoc and former graduate student of Dr. Gartenberg’s, Borrie says. However, she was surprised by the extent of information she acquired in the demanding environment.

“It’s a great opportunity to learn what’s current in the field,” she says.

## Prestige . . . and Plates

**B**orrie also had an unexpected opportunity to have work by her and two of the students she assisted seen by a much broader audience as a result of the microscopy module Dr. Gartenberg directed, during which students focused on viewing and creating images of the yeast-related research through the use of a microscope.

The module took place on a day when the guest lecturer was Maria Costanzo, PhD, senior biocurator of the *Saccha-*



**T**he three-week exploration of current practices in yeast genetics and genomics has a rigorous schedule. It demands 16-hour days or longer during the extent of the course, combining lectures with guests who are leaders in their respective fields, and hands-on experimental techniques, along with contests and team-building activities. The famed Plate Race, is the highly anticipated end-of-course contest that brings out the competitive spirit and camaraderie of the students, instructors, and TAs in the various courses at the Cold Spring Harbor Laboratory.



PHOTOS COURTESY OF MARC R. GARTENBERG, PHD

The Microscopy Contest, with a Special Effects category that encouraged students to enhance the images they'd taken and turn them into movie posters, was just part of the icebreakers and team-building activities planned throughout the course to help students—and instructors—let off steam and have fun, Dr. Gartenberg says. It was essential to provide an outlet for everyone to get away from the tension of the lab for a little while, with classic Cold Spring Harbor events that included a schooner trip and a visit from a caricature artist at an evening banquet, he adds.

And, of course, there was the famed Plate Race. Having its beginnings in an offhand bet years ago that one instructor could carry 40 petri

dishes and race faster than another, this highly anticipated end-of-course contest brings out the competitive spirit and camaraderie of the students, instructors, and TAs in the various courses at Cold Spring Harbor Laboratory. This relay-style race involves team members from each of the ongoing courses running a lap while balancing 40 used petri dishes, then attempting to hand off that stack to the next runner on the team. The winning team must cross the finish line first without dropping any of the dishes. The competition is heated, and frequent “plate practices” take place during any downtime in the prior weeks.

Students entered their images into the course’s Microscopy Contest, which highlighted exceptional photos in a host of categories. After its selection as “Best in Show,” the overall winning image—*γ-tubulin and α-tubulin of the mitotic spindle* by Nádia Maria Sampaio, Rhessa Ledbetter, and Borrie—was submitted to the SGD for consideration. The photo, which depicts the spindle-shaped structure that develops within the cell’s nucleus when it duplicates, was selected as the main image for the homepage of the SGD website. Borrie says she was surprised and extremely pleased by the recognition.

“This is something of the equivalent of making it to the cover of *Rolling Stone*,” explains Dr. Gartenberg. “It is quite an honor for Melinda and her two students, and it is very satisfying just to have the course represented on such a prestigious site.”

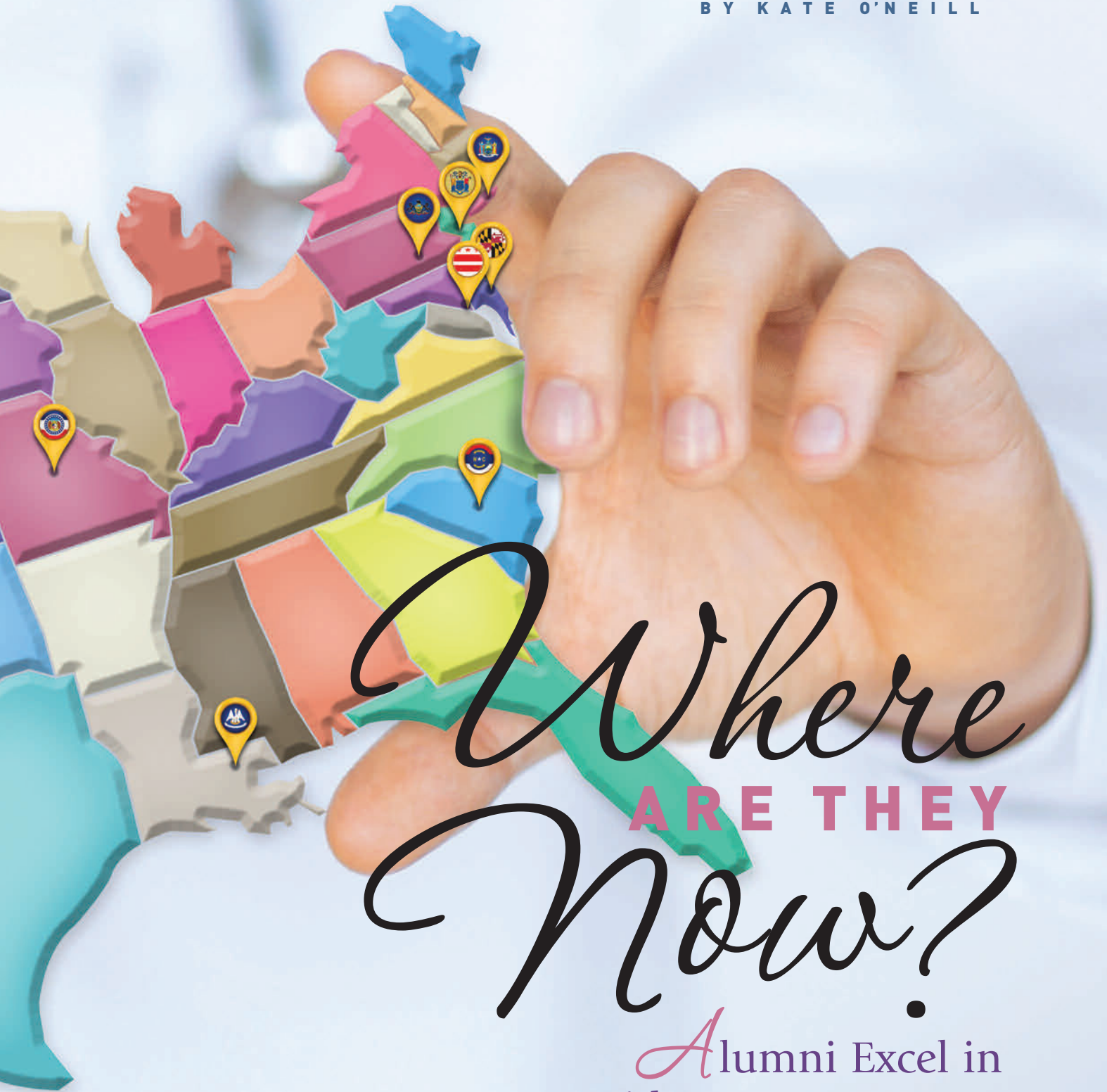
dishes and race faster than another, this highly anticipated end-of-course contest brings out the competitive spirit and camaraderie of the students, instructors, and TAs in the various courses at Cold Spring Harbor Laboratory. This relay-style race involves team members from each of the ongoing courses running a lap while balancing 40 used petri dishes, then attempting to hand off that stack to the next runner on the team. The winning team must cross the finish line first without dropping any of the dishes. The competition is heated, and frequent “plate practices” take place during any downtime in the prior weeks.

A little photographic evidence reveals Dr. Gartenberg’s not-so-illustrious outcome in the race (*above*). But, despite feeling “the agony of defeat” at the culminating event, he says that the course has undoubtedly been a winning experience.

“At the end of the day, scientists want to leave a legacy—with your own work, certainly, but also by passing on your knowledge to others who can develop it and use it as the foundation of further discoveries. It’s really rewarding to be making a difference in this way,” Dr. Gartenberg says. **M**



BY KATE O'NEILL



# Where ARE THEY Now?

*Alumni Excel in  
Residency Programs  
Nationwide*



# Where ARE THEY Now?

**R**obert Wood Johnson Medical School has always been proud of its students' excellent results in the National Residency Match. Consistently well above the national mean, the results reflect the medical school's first-rate academic program. But the real driver of the results is the commitment of the students themselves, whose growth at the medical school is nothing short of extraordinary. In classrooms, laboratories, clinical settings, and throughout the community, they prepare for excellence in every aspect of the job description of a resident: as clinicians, as teachers, and in pursuit of medical innovation through research.

The following profiles present a representative cross section of alumni in a wide variety of postgraduate programs. From first-year residents to fellows in advanced programs nationwide—from the Pacific Rim to the East Coast, from north to south, in settings from military to civilian—they serve as the finest ambassadors the medical school could wish for. The success of each graduate strengthens the reputation of the medical school and opens doors for the students who will follow.



**Akinniran  
Abisogun, MD '11**

*Cardiovascular Disease  
Fellowship Program,  
University of North Carolina,  
Chapel Hill*



**D**r. Abisogun discovered cardiology at Robert Wood Johnson Medical School, in his second-year pathophysiology course. The specialty fascinated him. "Imaging capabilities and the laws of physics—like Bernoulli's equation—made it simple to see and understand heart disease," he says. Cardiology suited Dr. Abisogun's goal of becoming a "thoughtful physician, getting to perform interesting procedures and do things that are cool."

His internal medicine residency at Warren Alpert Medical School of Brown University was difficult and challenging, and he loved it, feeling at home with the people, the place, and the experience. "It was good to have people I could lean on, especially my future wife, Abby [Tubman, MD '11]," he says.

Dr. Abisogun started his cardiology fellowship this past summer. During his second rotation, he was conducting catheter-based electrophysiology studies to regulate heart arrhythmias and performing ablations of abnormal heart cells.



**Shannon  
Agner, PhD, MD '13**

*Child Neurology  
Residency Program,  
Washington University School of  
Medicine in St. Louis*



**D**r. Agner is intrigued by noninvasive methods of diagnosis. Before medical school, she conducted image-based laboratory research, and imaging was also the focus of her doctoral research at the Rutgers Department of

Biomedical Engineering, where she investigated imaging markers for aggressive breast cancer.

On her first pediatric rotation, she found that she loved caring for children and subsequently completed two child neurology electives. Working with pediatric outpatients at the Child Health Institute of New Jersey, she discovered new areas of interest, such as the inflammatory process that can cause neuropathy.

Through the St. Louis Children's Hospital, Washington University hosts both a prominent pediatric residency program and a renowned child neurology program, says Dr. Agner. Its 90 residents care for children from a five-state area in the Midwest. After her second year of general pediatrics, Dr. Agner will move into the three-year child neurology residency. She is delighted that the program provides protected research time in which she intends to focus on brain imaging.



## Desmond A. Brown, PhD, MD '14

*Neurologic Surgery Residency Program, Mayo School of Graduate Medical Education, Rochester, Minnesota*

When he was in third grade, the young Desmond Brown asked his father: "What is the difference between my mind and my brain? What makes me *me*?" As his curiosity grew, he recalls, "I knew I had to interact with—to touch—that beautiful organ, at the same time so simple and so complex.

"Robert Wood Johnson Medical School was a great place for me," adds Dr. Brown. "The education, preparation, and opportunities were phenomenal, and everyone always had my back." While earning his MD, he completed doctoral work in the Department of Molecular Biology at Princeton University, writing his dissertation on the development of brain tumors.

While researching residencies, Dr. Brown did three sub-internships, including a month in the neurologic surgery program at Mayo, where the collegiality and emphasis on teaching felt ideal to him. The seven-year program accepts three residents each year and includes no preliminary year; Dr. Brown is spending his first six months in the neurology ICU and other areas of the neurology service, including stroke, pediatric neurology, and neuroanesthesia.



## Danielle Davies, MD '14

*Family Medicine Residency Program, University of Idaho, Boise*

As a medical student, Dr. Davies received a grant from the Department of Family Medicine and Community Health, supporting her work in a 10-bed clinic on a Navajo reservation. "Outpatient care in a clinic setting is part of what I like about family medicine," she says. "It's preventive, with the goal of keeping people healthy and out of the hospital."

Dr. Davies is delighted with Idaho's residency program, which emphasizes family practice over subspecialty care: a patient-centered medical home, where women get OB/GYN care and take their children for primary care. "Idaho has an excellent reputation for training providers who will go to small—often very remote—towns to care for anyone who comes in the door," she says.

"Everyone is enthusiastic, supportive, and passionate about what they do," she adds. She felt fortunate to begin her first year with two outpatient rotations, in surgery and gynecology; her first inpatient rotations will wait until spring.



## Raffaella De Martino DeRosa, MD '11

*Urology Residency Program, Tripler Army Medical Center, Honolulu*

Dr. DeRosa's career in urology stems from an undergraduate interest in infertility. In medical school, she enjoyed a third-year urology elective, and a surgery rotation which finalized her decision. "I liked the variety of patients, from children with congenital conditions to older adults for whom you could improve the quality of life," she says.

As a fourth-year student, she joined the military and subsequently accepted an early match with Tripler, where her husband is an orthopedic surgeon. Tripler serves a Pacific Basin population of more than 750,000 military personnel and their dependents.

"In a military residency, you have more autonomy right away. You do all aspects of patient care, from writing prescriptions to performing procedures—from the straightforward to the complex," says Dr. DeRosa. "Without worrying about affordability, you can give all your patients the best care and the best interventions."



## Eileen Hwang, PhD, MD '13

*Ophthalmology Residency  
Program, Moran Eye Center,  
University of Utah School  
of Medicine*



“Today I completed my first visceration,” or surgical removal of the eye, said a very proud Dr. Hwang early in her first full year of ophthalmology training. Following a preliminary year in internal medicine, she was thrilled that her first rotation, oculoplastics, provided challenging, hands-on experience in surgery, the field that originally led her to ophthalmology.

The Moran Eye Center, in Salt Lake City, offers comprehensive clinical training, serving a six-state area and caring for 120,000 patients each year. Each floor is divided between patient care and basic research, enhancing opportunities for translational research. Most trainees participate in medical missions abroad and on reservations in the West.

While earning her MD, Dr. Hwang completed a PhD in the Department of Biochemistry and Molecular Biology at Robert Wood Johnson Medical School. At Moran, in collaboration with two senior faculty members, she is investigating the role of genetic risk factors and serum biomarkers for age-related macular degeneration. The ARCS (Achievement Rewards for College Scientists) Foundation awarded her a one-year, \$15,000 grant, which Moran will match in the following two years of her residency.



## Christopher Langhammer, PhD, MD '12

*Orthopaedic Surgery Residency  
Program, University of California,  
San Francisco (UCSF)*



STEVE HOCKSTEIN

Dr. Langhammer was headed for a career in orthopedic-focused research when he discovered how much he enjoyed the pace of patient care. During his first two years in the Orthopaedic Surgery Residency Program at UCSF, he received general training in various surgical fields. Now in his third year, he is excited to be gaining hands-on operative experience in orthopedics and mentoring second-year trainees.

“USCF is ideal for me,” he says. “As an academic, research, and tertiary care center, we get lots of referrals from community physicians—unusual cases that even UCSF may not have seen. But we may have seen something similar, and from there, we can develop a treatment plan using a combination of approaches.”

Dr. Langhammer earned his undergraduate degree from Princeton University, where he did orthopedic-related research in the Department of Mechanical and Aerospace Engineering. During medical school, he earned a PhD in biomedical engineering from Rutgers University, focusing on a new type of neural interface that would restore better capabilities to patients with prostheses.



## George Patounakis, PhD, MD '09

*Fellowship in Reproductive  
Endocrinology and Infertility,  
National Institutes of  
Health (NIH)/Walter Reed  
National Military Medical Center*



“With a PhD in electrical engineering, I thought I might become a cardiologist,” says Dr. Patounakis, who went to medical school after earning an engineering degree. “But I found my OB/GYN rotation so interesting that I followed up with electives in the division of maternal-fetal medicine and the division of reproductive endocrinology and infertility. And that clinched it for me. I enjoyed surgery, learned a lot, and made good connections with patients.”

Dr. Patounakis completed his residency at Thomas Jefferson University Hospital, in Philadelphia, while continuing research in collaboration with colleagues at Robert Wood Johnson Medical School, studying genetic factors that influence embryo implantation.

In his three-year fellowship at the NIH, his research focuses on understanding the effects of the cellular organelles on reproductive health, investigating whether these parts of the cell can be changed or somehow used to predict the reproductive potential of the egg. “The NIH is an exciting place to be,” he says. “It’s an opportunity to pursue my research alongside world experts.”

Dividing his time equally between clinical work and research, Dr. Patounakis works on infertility issues with military couples at Walter Reed. In addition, he sees both civilian and military patients at the NIH clinic, learning about and addressing rarer forms of endocrine disease.





STEVE HOCKSTEIN



## Laryssa Patti, MD '13

*Emergency Medicine Residency,  
Robert Wood Johnson  
Medical School*



"I'm a homegrown Rutgers product," says Dr. Patti, a graduate of the fast-track, seven-year BA/MD program jointly administered by Rutgers University and Robert Wood Johnson Medical School. After discovering emergency medicine in a fourth-year elective, she matched with the medical school's Emergency Medicine Residency, and she couldn't be happier with the specialty or the program.

The Emergency Department is located in the school's principal teaching affiliate, Robert Wood Johnson University Hospital. A Level 1 Trauma Center, the Emergency Department treats approximately 73,000 adult patients a year and is adjacent to the Pediatric Emergency Department. Residents work with emergency medicine faculty and nurses as well as a wide range of other specialists, ultrasound fellows, and emergency medical technicians.

"You're either learning or teaching all the time," says Dr. Patti. "People speak up, ask questions, offer to help, share ideas. Everything is a group effort." At the same time, it's intense, procedure-heavy, and high volume, so time management is critical: "You need to be aware not only of what you're doing but what patient emergencies are about to come through the door."



## Stephen Rosenberg, MS, MD '13

*Radiation Oncology  
Residency, University of  
Wisconsin School of Medicine  
and Public Health, Madison*



"Choosing your residency is a soul-searching process," says Dr. Rosenberg. "You're deciding how to spend the next 50 years of your life." As an undergraduate, he had done liver cancer research; subsequently, he pursued melanoma research in the medical school's MS in Clinical and Translational Science program, supported by a grant from the Howard Hughes Medical Institute. Radiation oncology seemed like a natural progression to a career combining patient care and research.

In his transitional residency at Memorial Sloan

Kettering Cancer Center, in New York, Dr. Rosenberg immediately learned that "you have to give cancer patients 120 percent, every day," to help them cope with complex issues—medical, social, psychological. On his first assignment, on the lymphoma floor, he realized: "In the eyes of patients and families, I was the face of the team for questions, counseling, news—good or bad." At year's end, Dr. Rosenberg was honored to receive the program's Dr. Suzanne Munson Intern of the Year Award.



STEVE HOCKSTEIN

## Shazia Mehmood Siddique, MD '12

*Internal Medicine, Johns Hopkins  
School of Medicine*



Gastroenterology attracted Dr. Siddique as a clinical specialty because it involves multiple organs, provides extensive opportunities to perform procedures, and offers the satisfaction of preventing diseases such as colon cancer. In addition, gastroenterology has significant potential to have an impact on public health, and it is an excellent means of studying the efficiencies of the health care system.

As a senior resident, she oversees interns in a longitudinal, yearlong relationship, teaching them on bedside rounds and monitoring procedures. During medical school, Dr. Siddique was the national policy chair for the American Medical Student Association and ran a health policy elective. She serves on the committees on health policy, quality improvement, and high-value care. In addition, she is working with Medicare on a study of factors that affect hospital readmissions.



STEVE HOCKSTEIN

## Matthew Sterling, MD '12

*Urology Residency,  
University of Pennsylvania*



As a third-year medical student, Dr. Sterling discovered urology through an elective recommended by an older student. "Nothing could beat it," he says of the course, taught mostly by residents. The specialty met his career criteria: he could perform surgery but would also have a close relationship with his patients. He finds that urology is a perfect fit for his



upbeat personality and direct approach.

After a year of general surgery training, Dr. Sterling is in his second year of urology. At five hospital affiliates, with multiple practices, he is gaining experience in both public and private settings, and with pediatric, adult, and elderly patients, whether inpatient or outpatient, ill or healthy. Approximately 50 percent are cancer patients, but he also sees reconstructive cases and patients with kidney stones. Women represent about 40 percent of the patients he sees.



STEVE HOCKSTEIN

### Neil K. Taunk, MS, MD '12

*Radiation Oncology Residency, Memorial Sloan Kettering Cancer Center*



Dr. Taunk discovered radiation oncology through his interest in research. Completing the medical school's MS in Clinical and Translational Science program, he wrote his thesis on clinicopathological predictors of breast cancer. He found that the field is intensely research-oriented, and the highly productive Department of Radiation Oncology proved to be an excellent match for his interests.

He had just begun his internship at Beth Israel Medical Center when Hurricane Sandy struck New York. As the only functioning hospital in lower Manhattan, Beth Israel accepted the sickest patients from surrounding hospitals while their medical staffs camped out and worked together 24/7 for a week. "A great team-teaching experience," Dr. Taunk says.

With three years of his residency ahead, Dr. Taunk is focusing on radiation oncology and learning more about different cancer sites in the body on 10-week rotations. "Radiation is critical in the treatment of many cancers," he says, "and 50 percent of all cancer patients receive radiation treatment."



STEVE HOCKSTEIN

### Rahul Vemula, MD '08

*Plastic Surgery Residency, Tulane Medical Center, New Orleans*

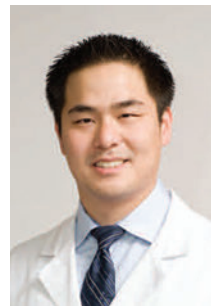


A former financial analyst for Johnson & Johnson, Dr. Vemula started medical school envisioning a career in cardiology.

Instead, during his surgery rotation, he discovered plastic surgery and chose to follow that path.

He is now in the second of three years of reconstructive plastics, which includes comprehensive training, from post-trauma reconstruction, to breast augmentation, to face-lifts. "In plastics, you think outside the box, because every case is different," says Dr. Vemula. "I feel like MacGyver, the TV detective with a creative solution to every problem."

Dr. Vemula completed his five-year residency in general surgery at Monmouth Medical Center, in Long Branch, and its major affiliate, Newark Beth Israel Medical Center. "From day one," he says, "residents got hands-on time according to their ability. The level of trust was phenomenal." He received subspecialty training in surgical oncology at Memorial Sloan Kettering Cancer Center, in New York, and cardiac and trauma surgery at Jersey Shore University Medical Center, in Neptune Township. In his last year at Monmouth, he served as chief resident.



### Jonathan Yun, MD '11

*Neurological Surgery Residency Program, Neurological Institute of New York/Columbia University College of Physicians and Surgeons*



Dr. Yun gravitated to neuroscience as an undergraduate but didn't expect to become a neurosurgeon. Following his first year of medical school, he did a summer internship at Columbia, engaged in translational research on drug delivery. The internship became a year-long, grant-funded position. Dr. Yun's mentor at Columbia was Jeffrey N. Bruce, MD '83, Edgar M. Housepian Professor of Neurological Surgery, who is also the director of the Neurological Surgery Residency Program.

It was not until his third-year neurosurgery clerkship that he decided to stay in the field. "Neurosurgery wasn't a popular specialty then," says Dr. Yun. "But great mentors showed me that it was a realistic goal."

Now in the fourth year of his seven-year residency, he has reached a key transition point, moving toward a greater emphasis on neurosurgery. In addition to clinical work and research, he instructs medical students; he is responsible for teaching students and residents about everything from clinical assessments, to complex surgeries, to the importance of linear thinking. **M**



# Leading the Way

to Improve Health Care for Veterans  
and Active Military  By Beth-Ann Kerber



In a packed auditorium on Robert Wood Johnson Medical School's Piscataway campus, the audience grows hushed as Carol A. Terregino, MD '86, senior associate dean for education, associate dean for admissions, and associate professor of medicine, is about to introduce a daylong training session focused on health care for warriors. She asks all those individuals who have served in the military to stand, and thanks the group for their service. Then, in turn, anyone with a spouse, family member, or friend who has served is requested to stand. Eventually, almost all attendees are on their feet.

It is a dramatic and powerful visual showing the far-reaching impact of military service on the community. It is also a perfect example of the reason the medical school has become increasingly involved in providing the type of training designed to help health care professionals—and the physicians of tomorrow—learn how to better care for veterans and individuals actively serving in the military.

Three years ago, Robert Wood Johnson Medical School became one of the first in the nation to answer the Association of American Medical Colleges' call for assistance with the federal Joining Forces initiative supporting military personnel and their families. Since that time, the medical school has collaborated with the Steptoe Group, LLC, to develop an inter-professional education program blending the concepts of the medical school's Patient-Centered Medicine curriculum with the Steptoe Group's Warrior-Centric Healthcare Training.<sup>®</sup>

Nearly 1,000 individuals have already received specialized training through this groundbreaking program, which addresses the significant need for integrated physical and behavioral health care and support services for veterans and their families. During the initial planning stages, Dr. Terregino, who also serves as codirector of the medical school's longitudinal Patient-Centered Medicine curriculum, collaborated with colleague Robert C. Like, MD, MS, professor of family medicine and community health and director, Center for Healthy Families and Cultural Diversity. Dr. Like—nationally known for his work in the areas of cultural competence and health professions education—helped make the connection with the Steptoe Group and its services.



**“I still get goosebumps hearing the veterans speak of their terrifying times in theater and at home,” Dr. Terregino says. “I was most touched by the sheer and utter terror they went through—and then we expect them to come back as if nothing has changed. How could we *not* give them all the support they need? We all need to be engaged in this issue.”**



## A Growing Need

**T**he daughter of a World War II codebreaker who served in the Pacific theater and daughter-in-law of another veteran of that war wounded on the battlefield, Dr. Terregino was familiar with the impact of military service before being asked to spearhead a program at the medical school. But she feels “profoundly changed” as a result of her experience with the school’s Joining Forces initiative. Because the veterans in her family did not talk about what they went through, the stories and experiences that veterans shared during the training sessions elicited a visceral reaction that she feels to this day.

“I still get goosebumps hearing the veterans speak of their terrifying times in theater and at home,” Dr. Terregino says. “I was most touched by the sheer and utter terror they went through—and then we expect them to come back as if nothing has changed. How could we *not* give them all the support they need? We all need to be engaged in this issue.”

Her vow, she says: “Each year, a cohort of well-prepared Rutgers Robert Wood Johnson graduates will leave the school with the skills to recognize the issues specific to veterans, to empathize with their challenges, and to know how to access care for these individuals and their families.”


The need is great ... and growing.

There are currently 443,200 veterans in New Jersey, of whom approximately 73 percent are considered wartime veterans, notes Ronald J. Steptoe, CMR, chair and CEO of the Steptoe Group and adjunct instructor, Department of Family Medicine and Community Health. With the impact of each veteran's service estimated to affect at least two family members, approximately 1.33 million New Jersey residents have been impacted by war and/or military service, says Steptoe, a West Point graduate who served as an officer in the U.S. Army and is currently a member of the board of directors of USA Cares, a veterans' service organization.

In addition to issues such as post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI) related to their service, veterans have two to three times more chronic health conditions than nonveterans, he adds.

"Behind all of those statistics are people you may know," says Dr. Like.

## Veterans' Health: A Community Imperative

 Health care professionals who believe that health services for those with military service are just a U.S. Department of Veterans Affairs (VA) issue may be surprised to learn that the majority of veterans do not obtain their health care through that department. In fact, only approximately 26 percent of all veterans are registered with the VA, and even among those who are registered, the current backload of claims exceeds 900,000, Steptoe notes.

Kevin Ryan Parks, a fourth-year medical student at Robert Wood Johnson Medical School who has been heavily involved in the school's Joining Forces initiative, knows personally about the difficulties veterans can experience when attempting to obtain VA benefits, as well as the issues military personnel face when transitioning back to civilian life.

Parks served as a health care specialist—commonly called a medic—in the U.S. Army from 2003 to 2007. He enlisted during high school and began his service after graduation, with a two-year tour stationed in the Republic of Korea near the Demilitarized Zone. On November 11,




2005, an improvised explosive device, or IED, exploded in Iraq and a medic was lost, prompting Parks's deployment there in 2006.

"If you were my health care provider, I would want you to know about that service," says Parks. "It means something to me. It matters to me."

For post-9/11 veterans like Parks, just over a third have entered into the VA system, he says, which means that most of those individuals are being seen in urgent care practices, emergency rooms, and local physicians' practices. The responsibility for their care, therefore, rests with all members of the medical community, he says.

"If you've seen patients, you've seen veterans," says Parks, one of the moderators of the veterans' panel during the initial training sessions at the medical school. "The question is, do you know which ones they were? Probably not."

 Each year, a cohort of well-prepared Rutgers Robert Wood Johnson graduates will leave the school with the skills to recognize the issues specific to veterans, to empathize with their challenges, and to know how to access care for these individuals and their families," vows Carol A. Terregino, MD '86, senior associate dean for education, associate dean for admissions, and associate professor of medicine (facing page, center), with the codirector Robert C. Like, MD, MS, professor of family medicine and community health and director, Center for Healthy Families and Cultural Diversity (facing page, left), and Kevin Ryan Parks, a fourth-year medical student at Robert Wood Johnson Medical School, who served as a medic in the U.S. Army for four years.



A new development may mean that even more veterans will be seeking care outside the VA system. Congress passed a law so that as of November 5, 2014, veterans with VA benefits are able to use a new “Veterans Choice Card” to receive those hard-earned rewards from civilian providers under a number of different circumstances—if they live 40 or more miles away from a VA center that offers the services needed or if they would have to wait more than 30 days for an appointment, for example.

As a result, community physicians will need to be more aware of their patients’ military service or veteran status to treat them more effectively. Parks suggests asking patients directly whether they have served in the military. If they say yes, probe a little further: “Tell me a little bit about that. Where have you been? How long did you serve?” Learning about a patient’s military service at the beginning of your physician-patient relationship can help save time and guesswork throughout the treatment process, he says.

## Starting the Conversation

“**G**oing through medical school, we are taught a nearly exhaustive list of things to ask for a history and physical. Among those questions, one we are not taught to ask is about service in the military. I believe we should be teaching to ask this question, and it would be a standard part of the social history,” Parks says. “Ninety percent of the time, the answer is no, and the question takes less than five seconds. But for about 4.8 percent of New Jersey residents, the answer can give insight into the patient and the patient history.”

One method to help elicit information about patients’ military service is the WARRIORS<sup>®</sup> mnemonic, developed by Dr. Like as an interviewing and assessment framework for providing culturally competent, patient-centered care to veterans and military service personnel:

- W**: War and Military Experience
- A**: Affect
- R**: Relationships
- R**: Risk Factors and Responses
- I**: Injuries/Illnesses/Injustices Experienced
- O**: Opportunities and Challenges Faced
- R**: Resources, Supports, and Interventions
- S**: Service Delivery Experiences

“**T**he best first steps are to ask the question about service, thank the individual for his or her service, and then get to the issues and find help,” says Carol A. Terregino, MD ’86 (facing page, center) with Steptoe Group team members (left to right) Linda Harris, lead facilitator; Ron Koshes, MD, lead facility/subject matter expert; Ronald J. Steptoe, CMR, chair, and CEO; Evelyn L. Lewis, MD, MA, chief medical officer; and Robert C. Like, MD, MS.

With regard to the area of risk factors and responses, for example, possible questions to ask patients could include: “What are some of the risks you were exposed to, and how did you respond to that? Was there anything you were exposed to that you are worried about today?” Dr. Like explains.

“These sorts of open-ended questions give us a bigger picture of what’s going on,” he says. “You need to avoid dwelling completely on deficits and negativity, but also include a discussion of an individual’s strengths and resilience, as well as the opportunities and positives experienced as a result of their military service.”

The best first steps, Dr. Terregino says, are to ask the question about service, thank the individual for his or her service, then get to the issues and find help. “It is a way of being welcoming, receptive to sharing concerns, and empathizing,” she adds. “We have to walk in their boots—to be as empathetic as we can, without having been on the battlefield.”

Health care professionals need to invite patients to open up about their experiences, providing encouragement and legitimization for what the veterans are feeling and experiencing, agrees Evelyn L. Lewis, MD, MA, FAFAP, chief medical officer of the Steptoe Group, vice president of the American Academy of Family Physicians Foundation, and








deputy director, W. Montague Cobb/NMA Health Institute. Retired from the U.S. Navy after 25 years of service, Dr. Lewis also serves as adjunct associate professor of family medicine and community health at Robert Wood Johnson Medical School.

## Understanding PTSD

 With more wartime veterans entering their practices, today's health care providers will need to gain a greater recognition of the signs of post-traumatic stress disorder and other physical and mental health conditions—a major focus of Robert Wood Johnson Medical School's training program.

The lifetime prevalence of PTSD in the general population is 8–10 percent; for veterans who have served in a war zone, the lifetime prevalence of PTSD may be as much as three times higher, says Anthony M. Tobia, MD, associate professor of psychiatry, one of the presenters during the program. In addition, traumatic brain injury is becoming more of a problem, Dr. Tobia says, affecting about one-fifth of those returning from Iraq. Some 44 percent of returnees from Iraq who reported TBI with loss of consciousness and

post-concussive symptoms three to four months after redeployment also exhibit symptoms of PTSD, he notes.

PTSD is widely believed to be underreported and underdiagnosed, says Dr. Lewis.

For service members who are veterans of the war in Afghanistan or Iraq, or both, 75 percent were in situations where death was a real and potentially imminent threat. More than 60 percent knew someone who was injured or killed. These experiences are compounded by what Dr. Lewis calls “moral injuries”: “There is an inner sense of who you are, what helps you distinguish between right and wrong. It could be a result of your family values, religion, spirituality. While in the theater, you'll often be doing things that are in direct conflict with that. These moral injuries are some of the most impactful.”

To get a better understanding of the issues that veterans with PTSD face, first-year students at Robert Wood Johnson Medical School met this year with veterans who have PTSD, TBI, or both during a half day devoted to training about different disabilities; while there, the students had the opportunity to interact with the veterans and learn more about their experiences.

## Evolution of the Education Program

The students' experience is indicative of how the medical school's initiative is expanding to incorporate a broader spectrum of learning opportunities. Initially a full-day, eight-hour session during students' fourth year, the program is evolving, in part due to students' desire for earlier exposure to the training, so they could apply the principles during their third-year clerkships.

"We are trying to pull the thread, not waiting until the last year of medical school. Instead, we will be introducing the concepts throughout the curriculum," says Dr. Like.

"We need to integrate this training seamlessly, just as we teach our students to work with patients with limited English proficiency, limited health literacy, victims of health care disparities—from the very first days of medical school," stresses Dr. Terregino.

Pre-reading assignments in the curriculum will address cultural differences between branches of the military—why, for example, it would be inappropriate to refer to a U.S. Marine as a "soldier." (He or she is a marine; soldiers serve in the U.S. Army.) Student guidebooks are being enhanced to incorporate questions about military service as part of the history and physical. And the medical school is committed to expanding the reach of the program in other ways—in particular, focusing on training interdisciplinary teams of professionals at hospitals and health systems.

### **The War After: Combat to Campus**

A new Rutgers documentary reveals more about the issues veterans face returning to civilian life. The trailer for *The War After: Combat to Campus*, from the Rutgers Center for Digital Filmmaking in partnership with Rutgers Veteran and Military Services and the Rutgers Office of Student Affairs, has been used in Robert Wood Johnson Medical School's Joining Forces training sessions. The film's initial screening on campus was held February 12 at 7 p.m. at the Nicholas Music Center in New Brunswick, in conjunction with the Mason Gross School of the Arts. Additional information can be found at [thewarafter.rutgers.edu](http://thewarafter.rutgers.edu).

Dr. Terregino firmly believes that all health care workers need to receive this type of training and hopes that, in the same way New Jersey was a leader in cultural competency training, it can be at the forefront of training health care professionals to better care for those who serve or have served in the military. This type of interprofessional involvement and learning is critical to the success of the program, since each member of the health care team has a role to play in providing the best care, whether it be the triage nurse, physician, social worker, pharmacist, or physical therapist, among others, she says.

"We brought together colleagues from pharmacy, nursing, social work, psychology, physician assistant programs, and physical therapists as part of the training," she says. "We used our faculty in neuroscience, pharmacy, psychiatry, and psychiatry to deliver a meaningful session on traumatic brain injury and post-traumatic stress disorder. We modeled for our 400 learners faculty interprofessionalism in tackling the issues."

Dr. Like and his colleagues have been very pleased with the positive feedback from faculty and learners and greatly appreciate the growing interest in the program, both within and outside of Rutgers, as well as by the press and media. "We hope to attract further support to build on and disseminate the training program in New Jersey, regionally, and nationally, in order to improve the health and well-being of our nation's veteran population," Dr. Like says.

As one of the first medical schools in the country to offer this type of program, Robert Wood Johnson Medical School continues to be a leader on these issues. Working in collaboration with the Steptoe Group, Warrior Centric Health will become one of the signature programs of the medical school's newly established Institute for Excellence in Education and its Academy of Medical Educators, says Dr. Terregino, who also serves as the institute's founding director.

"Our medical students are getting ready to treat everyone, and whether we are aware of them or not, this includes veterans," Parks says. "As long as we are going to call our young men and women into service, we need to be ready to treat them when they come home. This is our duty as Americans and as health care providers." **M**



# An Island in the Mediterranean Is Furthering Diabetes Research in New Jersey

**O**ne look at Sardinia's white-sand beaches and turquoise water would lead you to assume that this part of the world is devoted entirely to idyllic getaways and sun-filled vacations. You'd never guess that the island's population is also contributing evidence to diabetes research in the United States. Geneticists from Sardinia—the second-largest island in the Mediterranean, with a population of a little more than one and a half million—are working with Lisa Denzin, PhD, associate professor of pediatrics and resident scientist, Child Health Institute of New Jersey, to understand the genetic underpinnings that trigger type 1 diabetes mellitus.

B Y L Y N D A  
R U D O L P H



## Why Sardinia?

Sardinians suffer from the world's second-highest rate of type 1 diabetes—one of the most common chronic childhood diseases, which results from an autoimmune destruction of insulin-producing beta cells. Since 1990, the Insulin-Dependent Diabetes Mellitus Sardinia Project has been investigating preclinical phases of type 1 diabetes in a large cohort of people. The goal is to learn why some people who are genetically at risk for type 1 diabetes don't develop the disease.

There's another reason Sardinia is the perfect location for this research. The island has proved to be a rich source of data mining for this and other projects because of its isolated population. It's simpler to investigate the environmental, immunological, and genetic factors related to the cause and development of diseases such as type 1 diabetes.

## Understanding the Disease

Most autoimmune diseases' genetic susceptibility is linked to genes in the major histocompatibility complex (MHC) called human leukocyte antigens (HLA)," says Dr. Denzin. The HLA genes control and regulate the immune system. "There are HLA class I and class II genes, and the class II genes have a stronger link to autoimmunity," she adds. Although 50 percent of genetic components are linked to HLA molecules, other genes in the MHC are also involved. "Because HLAs occur in so many different forms, the diversity makes them difficult to study in terms of autoimmune disease," says Dr. Denzin. The Sardinian team was interested in knowing if not only HLA class II genes but also other genes encoded within the

MHC region were mediating protection from developing type 1 diabetes.

When the Italian geneticists mapped the genes further, they discovered that an allele of a gene encoding a protein that Dr. Denzin's laboratory works on—called DM—is associated with protection from type 1 diabetes. DM controls the presentation of HLA class II proteins at the cell surface—known to trigger immunity. Finding a specific allele of DM that is mediating protection from type 1 diabetes suggests that this allele—or version of DM—might in fact alter this process, thereby leading to protection.

## Opening the Door to Collaboration

Dr. Denzin was approached by Sardinian researchers Francesco Cucca, MD, professor of medical genetics, University of Sassari, Italy, and director of the National Research Council of Italy's Institute of Genetic and Biomedical Research, and Valeria Orrù, PhD, permanent researcher, University of Cagliari, Italy. "We received an email from Dr. Orrù expressing an interest in our mouse model results—where we showed if we altered activity of the DM protein, we could protect a non-obese diabetic mouse from diabetes," says Dr. Denzin. "They suggested to us that modulating DM activity could be the mechanism by which the people in the Sardinian study are protected from type 1 diabetes."

The partnership of the labs was formalized when Francesca Viridis, PhD, a former Sardinian graduate student of Dr. Orrù's, became part of the project, working in Dr. Denzin's lab as a postdoctoral research fellow. Dr. Viridis's goal is to use biochemical and cell biological assays established in Dr. Denzin's lab to answer the question of altered activity. "If we can show that this DM has altered function, we could make a significant discovery in type 1 diabetes," says Dr. Denzin.

## A Potential Druggable Target for Type 1 Diabetes

"HLA class II and DM are needed to fight infection, so you can't simply get rid of them. What's important about this idea is that rather than trying to eliminate molecules, we simply change the way they function," says Dr. Denzin. "DM could be a druggable target. Potentially changing the way the molecule works might be enough." A protective genetic variant could lead to a useful treatment. "Usually people are looking for lots



of things,” says Dr. Denzin. “We’re fortunate to be focusing on one specific molecule to find an answer.”

The data from these experiments represent steps toward understanding the role of DM in preventing the development of type 1 diabetes in humans. **M**

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*Dr. Denzin’s research is supported by a \$437,250 grant from the National Institute of Allergy and Infectious Diseases/National Institutes of Health. Her research is also funded by a two-year, \$40,000 Busch Biomedical Grant, by the Charles and Johanna Busch Memorial Fund. Meanwhile, Dr. Viridis has applied for a postdoctoral fellowship from the Juvenile Diabetes Research Foundation.*

**“We’re fortunate to be focusing on one specific molecule to find an answer,” says Lisa Denzin, PhD, associate professor of pediatrics and resident scientist, Child Health Institute of New Jersey (above, left), who is working with postdoctoral research fellow and former Sardinian graduate student Francesca Viridis, PhD, to understand the role of DM in preventing the development of type 1 diabetes in humans.**



# Collaborative Movement Programs Meet at the Intersection of Arts Engagement and Health

**E**ver since she was a child, Heather S. Lee, PhD, LCSW, has been intrigued by the arts, regardless of the medium.

This interest, and the desire to have arts opportunities accessible to all, is in part due to her father, a photographer who joined the Navy at the age of 17, learned his craft in the service, and ultimately worked as a photographer for NASA at the height of the space program, Dr. Lee says. Although he passed away when Dr. Lee was 9, his story continues to fascinate her.

Now a licensed clinical social worker and assistant professor of family medicine and community health at Robert Wood Johnson Medical School, Dr. Lee remains driven by that interest in the arts—with a twist. Today, she is focused in part on how arts engagement can be used as a healing medium.

“As I was growing up, I didn’t have a lot of opportunities to explore the arts, and I always wanted them,” Dr. Lee says. “In my adult life, I’ve delved into these areas on my own as I could. Whether it be photography, writing, or dance, these experiences have been really critical to my development. When I started to do clinical work, I knew that was the next step in the work that I wanted to do with clients.”

Although she is a member of the full-time research faculty at the medical school, Dr. Lee also has served since January 2014 as the student assistance facilitator (SAF), a position that provides her with the opportunity to be engaged with students at the medical school, while taking on clinical work related to substance abuse and other mental health issues.

**BY BETH - ANN KERBER ■ PORTRAIT BY JOHN EMERSON**



She had seen firsthand a family member's struggles with addiction and became interested in substance abuse issues—particularly the “harm reduction” treatment concept that can apply to anyone, regardless of his or her commitment to abstinence. The SAF position at the medical school, with its dual roles of support for individuals with substance abuse and other impairment issues and promotion of wellness and mental health, provided the ideal opportunity to blend her two interests and to explore arts-based approaches to wellness promotion, she says.

“We are trying to create spaces where people can be heard. There are a lot of ways people can express themselves through the arts,” Dr. Lee explains.

During the past year, those opportunities have arisen through collaborative programming co-sponsored by the Department of Dance at Rutgers' Mason Gross School of the Arts.

### *A Collaborative Relationship Develops*

The seeds of the collaboration were sown serendipitously during Dr. Lee's last few weeks living in Chicago. While there, she worked at Marwen, a nonprofit arts organization that provides free visual arts instruction to underserved youths in grades 6–12. Cynthia Weiss, Marwen's director of education, knew Julia Ritter—chair and artistic director of the dance department at Mason Gross—and, understanding Dr. Lee's interest in combining arts and health care, suggested she reach out when she joined the medical school faculty. Dr. Lee acted on that suggestion and developed a natural rapport with the dance department, which resulted in two programs that are just the beginning of a collaborative effort between the two schools.

The first program, a Spring 2014 workshop titled “Promote Spinal Health with Your Patients by Relieving Stress through Movement,” addressed a range of factors influencing spinal health, including social and psychological factors, as well as strength, balance, and stability. Led by dancer and movement educator Eric Franklin, founder of the international Franklin Method, the workshop took a practical approach to incorporating daily movement and exercise to benefit spinal health.

In October, Dr. Lee and Ritter collaborated on a comprehensive program focusing on the use of dance and movement techniques in dealing with Parkinson's disease. Titled “Parkinson's and Dance: Moving Theory and Practice Forward,” the two-day initiative, aimed at patients and fam-

ilies, as well as students and practitioners, featured a host of experts from different areas of expertise, including James M. Tepper, PhD, distinguished professor of neuroscience, Rutgers Center for Molecular and Behavioral Neuroscience, whose research has provided insight into the molecular implications of Parkinson's; Pamela Quinn, a professional dancer who developed a renowned movement therapy program for individuals with Parkinson's; David Leventhal, program director and one of the founding teachers of the Mark Morris Dance Group's Dance for PD program, a collaboration with the Brooklyn Parkinson Group; and guest lecturers from the medical community.

The multifaceted approach was key to providing a program that could benefit a multitude of audiences, from the patients themselves to the caregivers and practitioners helping them, Ritter says. Individuals with Parkinson's were provided with hands-on movement techniques. A workshop geared to caregivers focused on the types of activities that could be used to help keep individuals with Parkinson's well—and provide added benefits for their roles as caregivers.

“The practices in moving a body are easier when you can prompt that body with language, so you can be able to talk to somebody about their center of gravity when you're going to move them, or talk to them about how they are going to place their weight if you are trying to move someone's body who's bigger than yours,” Ritter explains. “These are all helpful skills and could prevent caregivers from getting injured.”

### *Practitioners and Medical Students Reap the Benefits*

An added goal was to introduce practitioners to the fact that dance and movement therapy are having an impact on the physicality and emotional health and well-being of people who are living with Parkinson's, says Ritter: “It's important, whether they're physical therapists, doctors, occupational therapists, or nurses, for them to hear the intersection of discourse that goes on between the medical side, the research side, and the dance side, and also to hear the testimonials of the people with Parkinson's who can speak to the impact of movement practices on their Parkinson's.”

To Dr. Lee, the movement-based programs also offer health and wellness benefits to students, particularly in an age of increasingly sedentary lifestyles. In addition, they can





play a role in improving their skills as a physician, she says: “It is designed not only to provide self-care for students, but also to give them tools they can use with patients when they begin their clinical practice.”

## The Connection between Art and Healing

On a more global level, the programs allow Dr. Lee to reinforce her belief in art as a healing medium.

“One of the reasons I’m so excited about this collaboration is I feel we don’t take seriously enough how much the arts and arts engagement can change people’s lives. Just in the short year I’ve been here, it’s been striking to me that several people have said to me that dancing saved their life,” Dr. Lee says.

She notes that she has seen some encouraging signs that a shift is occurring in an interest in arts in health care, pointing to the development of the Center for Arts in Medicine at the University of Florida and to a recent call by the National Institutes of Health to fund the study of arts-based approaches in palliative care as indications that “something is changing.”

For Ritter, that interest is an exciting development. Art and healing have a long history, but often they are not on the radar of the general public, because they have not typically been funded, Ritter says. “There have always been foundations out there that have been more inclined to fund projects, but certainly not enough,” she adds, noting that financial support for arts-in-healing programs seemed to have gone in waves throughout the 20th century. A renewed interest in support may be a result of the availability of more data, she says, such as that of the American Dance Therapy Association, which has data that support dance as a therapy for people with autism, who have an eating disorder, or who have experienced physical or emotional abuse or domestic violence.

“I think it’s been hard because we artists often work so qualitatively, we haven’t had quantitative data to show what actually works,” says Ritter. “We know it works, because we can see it in our clients and our students and our patients, but quantitative data is just starting to emerge. Hopefully, we’ll start to change public policy so as to increase awareness of the funding needed to make these kinds of programs accessible to more people.”

## Uniting Artists and Scientists

In addition to the programs in conjunction with Mason Gross, Dr. Lee has plans to apply for service and research grants to provide and study arts-based programs in health, and she is enthusiastic about the tremendous opportunities throughout the university to work collaboratively on research and other programming.

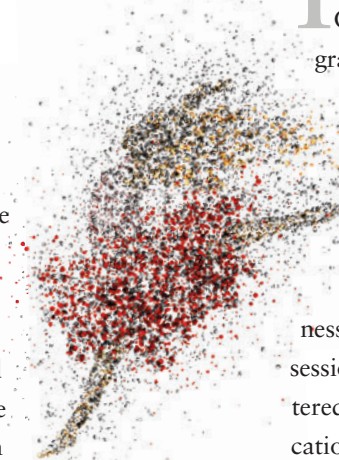
The dance department has been particularly proactive in working across disciplines and schools, Ritter says. It has focused most specifically on health and wellness in terms of the department’s own coursework, adding sessions such as yoga and Polestar Pilates training, work centered around Parkinson’s disease, and a master’s in dance education graduate program that is a joint program with Rutgers’ Graduate School of Education.

“We have a history of working with different organizations to provide different kinds of specialized classes in movement and the arts, such as being the host site for a dance therapy for autism class sponsored by Very Special Arts New Jersey,” adds Ritter.

The dance department has also worked with researchers at the university, including reaching out to Dr. Tepper with regard to his studies related to Parkinson’s. In addition, Mason Gross dance students are participating in science-based studies on the physiological, emotional, and general health impact of dance through a yearlong study by Shawn M. Arent, PhD, associate professor in Rutgers’ Department of Exercise Science and Sport Studies, director of the Human Performance Laboratory, and director of the Center for Health and Human Performance in the Institute for Food, Nutrition, and Health.

“I think what’s really interesting for us is how to get scientists and artists in the same room during these processes,” Ritter says. “We can have people like Dr. Tepper and other researchers observing what goes on in the studio, and then making connections to what also goes on in the research lab; that process could happen on many different levels, with different conditions.”

Robert Wood Johnson Medical School also welcomes an extension of its current initiatives, Dr. Lee says. She plans to expand the SAF-sponsored wellness programs to include visual arts as well. In the spring, Bobbie Ellis-Bianculli, owner and director of the Soma Center in Highland Park, will provide a workshop for medical students integrating movement, drawing, and writing. “Hopefully, I’ll be able to do more and more with this,” Dr. Lee says. **M**



# NEWS

## Rutgers and Saint Peter's Healthcare System Sign Affiliation Agreement

An affiliation agreement signed by Rutgers Biomedical and Health Sciences (RBHS) and Saint Peter's Healthcare System will enhance medical education, the delivery of health care, and research opportunities

within the state of New Jersey. On July 1, 2014, Saint Peter's became a Major Clinical Affiliate with Rutgers Robert Wood Johnson Medical School, Rutgers Cancer Institute of New Jersey, and Rutgers New Jersey Medical

School, all units within RBHS.

"We look forward to working with Saint Peter's Healthcare System in a new and exciting way," says **Brian L. Strom, MD, MPH**, chancellor of RBHS. "The affiliate relationship with Saint Peter's will provide enhanced clinical care, expanded educational opportunities, and greater access to clinical trials with the overall goal of continually improving the health of the community."

The affiliation agreement will include collaboration on fellowship programs, residency rotations, and medical school clerkships—from primary care to specialty and subspecialty programs and

clinical trials. Continuing medical education will be provided by Rutgers.

"Saint Peter's initiated this affiliation because we believe that by working together and building strong partnerships, Rutgers and Saint Peter's will best serve the interests of our communities and the state of New Jersey," says **Ronald C. Rak, JD**, president and CEO of Saint Peter's Healthcare System. "The creation of Rutgers Biomedical and Health Sciences has launched a new era for the advancement of medicine in New Jersey, and Saint Peter's is thrilled to be a key part of that endeavor."



Brian L. Strom, MD, MPH

NOBAMA NHOJ

## \$2 Million Grant Will Broaden Career Choices for Top Biomedical Students

The National Institutes of Health awarded a \$2M



JOHN EMERSON

James H. Millonig, PhD



Martin Yarmush, MD, PhD

BEST (Broadening Experiences in Scientific Training) Award to Rutgers University, one of only seven universities selected for the award. The grant will support expanded

training for doctoral and post-doctoral biomedical researchers, exposing them to career opportunities outside academia. **James H. Millonig, PhD**, senior associate dean, Rutgers Graduate School of Biomedical Sciences, and associate professor of neuroscience

and cell biology, is one of two principal investigators (PI) on the project. His co-PI is **Martin Yarmush, MD, PhD**, Paul and Mary Monroe Chair and Distinguished Professor of Biomedical Engineering and director, Center for Innovative Ventures of Emerging Technologies (CIVET) at Rutgers.



STEVE HOCKSTEIN

## CHINJ Celebrates 10th Anniversary:

The Child Health Institute of New Jersey (CHINJ) celebrated its 10th anniversary at a reception on December 2, 2014. **Arnold B. Rabson, MD**, professor of pediatrics, pharmacology, and pathology and laboratory medicine, and director, CHINJ, expressed his appreciation for the tremendous contributions of Johnson & Johnson and the Robert Wood Johnson Foundation for providing "critical funds for the construction of this building, the initial endowment, and the start-up support to hire the outstanding faculty who enrich not only our pediatric research community, but also the entire academic environment of Rutgers and the Robert Wood Johnson Medical School."

## Medical School Launches Institute for Excellence in Education

A November 25 retreat marked the launch of the Robert Wood Johnson Medical School Institute for Excellence in Education and its Academy of Medical Educators. The mission of the institute is to train learners across the continuum to care for patients and the health of the population.

“Our guiding principle is ‘Great Doctors Made by Great Teachers,’” says the institute’s founding director, **Carol A. Terregino, MD ’86**,

senior associate dean for education. The phrase encapsulates the concept of the learning and teaching cycle that will equip current and future trainees with the tools to integrate the science of clinical medicine in daily practice, use best evidence in presenting treatment plans, communicate respectfully and effectively, collaborate with patients and families to devise treatment plans tailored to the needs and preferences of the patient, and develop strategies to reinforce adherence and self-care. Signature programs of the institute include the PharmD/MD program, a graduate certificate in medical education, Warrior Centric Healthcare, and culinary medicine.

The Richard A. Harvey Excellence in Teaching



JOHN EMERSON

**Carol A. Terregino, MD '86**

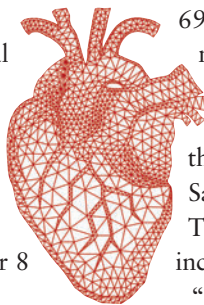
Award Endowment supports the institute, which has a steering committee of medical school senior leaders, headed by **Vicente H. Gracias, MD**, dean (*interim*).

## Aftermath of Hurricane Sandy Included an Increase in Heart Attacks and Stroke

Heart attacks and strokes are more likely to occur during extreme weather and natural disasters, says a study led by **Joel N. Swerdel, MS, MPH**, an epidemiologist at the Cardiovascular Institute of New Jersey at Robert Wood Johnson Medical School and the Rutgers School of Public Health. The study, which focused on Hurricane Sandy, was published on December 8 in the *Journal of the American Heart Association*.

In the eight New Jersey counties determined to be high-impact areas, there was a 22 percent increase in heart attacks as compared with the same time period in the previ-

ous five years; 30-day mortality from heart attacks increased by 31 percent in the high-impact area. In the low-impact areas, the increase in heart attacks was less than 1 percent. “We estimate that there were



69 more deaths from myocardial infarction than would have been expected during the two weeks following Sandy,” says Mr. Swerdel. The incidence of stroke increased by 7 percent.

“Our hope is that the research may be used by the medical community, particularly emergency medical services, to prepare for the change in volume and severity of health incidents during extreme weather events,” he says.

## Dr. Chee Performs First Cochlear Implant at The Bristol-Myers Squibb Children’s Hospital at Robert Wood Johnson University Hospital

**Michael Y. Chee, MD**, assistant professor of surgery, recently performed the first cochlear implant ever done at the **The Bristol-Myers Squibb Children’s Hospital at Robert Wood Johnson University Hospital**. The 5-year-old patient had been striving for ways to communicate. “Seeing that cochlear implants helped other children, he wanted

one, too,” says Dr. Chee, a pediatric otolaryngologist.

Ideally, cochlear implantation takes place by the age of 12 months, before the majori-



**Michael Y. Chee, MD**

ty of speech development has taken place, though children up to 5 or 6 years old can benefit. Patient selection involves a multidisciplinary panel, including a physician, an audiologist, a speech/language pathologist, a geneticist, and a psychologist. To qualify, a patient must have bilateral, sensorineural hearing loss. An MRI or CT scan reveals the anatomy of the inner ear, while genetic testing looks for associated mutations or syndromes.

In the procedure, the surgeon places an electrode in the patient’s cochlea, the inner-ear structure where sound waves are normally converted into electrical signals, which the auditory nerve transmits to the brain. The implanted device is connected to an external receiver. In extensive follow-up training, the previously unstimulated brain learns to interpret auditory input, while the patient adjusts to a new sensory experience and works with a specialist to develop speech.

# Research



# News

By Kate O'Neill

## Research Grants

The National Institutes of Health awarded grants of \$1 million or more to the following members of the Robert Wood Johnson Medical School faculty:

- **Benjamin F. Crabtree, PhD**, professor of family medicine and community health and chief, division of research, Department of Family Medicine and Community Health, a three-year, \$1,905,547 grant (1R01CA176545-01A1) for "PCMH Implementation Strategies: Implications for Cancer Survivor Care."
- **Estela Jacinto, PhD**, associate professor of biochemistry and molecular biology, a four-year, \$1,209,908 grant (2R01GM079176-07A1) for "The Regulation of Cell Metabolism and Proliferation by mTOR Complex 2."
- **Jeffrey L. Laskin, PhD**, professor of environmental and occupational medicine, a one-year, \$2,130,000 grant (5U54AR055073-09) for "UMDNJ/Rutgers University CounterACT Research Center of Excellence (supplemental funding)."
- **Smita S. Patel, PhD**, professor of biochemistry and molecular biology, co-principal investigator, a four-year, \$1,534,868 grant (1R01GM111959-01) for "Structural and Mechanistic Studies of Self and Non-Self Recognition by RIG-I."
- **Jason Richardson, PhD**, associate professor of environmental and occupational medicine, co-principal investigator, a five-year, \$1,788,750 grant (1R01ES021800-01A1) for "Gene-Environment Interactions in Neurodegeneration: Role of Efflux Transporters."
- **Monica J. Roth, PhD**, professor of pharmacology, a four-year, \$1,172,331 grant (1R01GM108487-01) for "MuLV p12 Function in Tethering and Integration."

- **Terri G. Kinzy, PhD**, professor of biochemistry and molecular biology, a four-year, \$1,532,404 grant (2R01GM057483-14A1) for "Regulators of Translation Elongation Factor eEF1A."

- **Helmut Zarbl, PhD**, professor of environmental and occupational medicine, a five-year, \$8,745,000 grant (2P30ES005022-27) for "Research Center in Environmental Health Science."

## Published Research

The following is a representative sample of articles by Robert Wood Johnson Medical School researchers published in leading biomedical journals:

- **Jeffrey L. Carson, MD**, Richard C. Reynolds Professor of Medicine, chief, division of general internal medicine, and provost, Rutgers Biomedical and Health Sciences, was the author of "Transfusion Threshold Of 7 g per Deciliter—The New Normal," published in the *New England Journal of Medicine* October 9, 2014:371(15):1459–1461.
- **Marc R. Gartenberg, PhD**, professor of biochemistry and molecular biology, was senior author of "Coordination of tRNA Transcription with Export at Nuclear Pore Complexes in Budding Yeast," published in *Genes & Development* May 1, 2014:28(9):959–970. **Miao Chen, PhD**, a postdoctoral researcher in Dr. Gartenberg's laboratory, was first author of the article.
- **Salma K. Jabbour, MD**, associate professor of radiation oncology, was the author of "Are We Expanding Oligometastatic Non-Small-Cell Lung Cancer Using Advanced Radiotherapeutic Modalities?," e-published ahead of print in the *Journal of Clinical Oncology* October 27, 2014.

- **Bruce G. Haffty, MD**, professor and chair, Department of Radiation Oncology, was senior author of "Radiation Field Design in the ACOSOG Z0011 (Alliance) Trial," published in the *Journal of Clinical Oncology* November 10, 2014:32(32):3600–3606.
- **Shenkan Victor Jin, PhD**, associate professor of pharmacology, was corresponding author of "Niclosamide Ethanalamine-Induced Mild Mitochondrial Uncoupling Improves Diabetic Symptoms in Mice," published online in *Nature Medicine* October 5, 2014:20:1263–1269.
- **Mladen-Roko Rasin, MD, PhD**, assistant professor of neuroscience and cell biology, was senior author of "Temporally Defined Neocortical Translation and Polysome Assembly Are Determined by the RNA-binding Protein Hu Antigen R Hd," published in the *Proceedings of the National Academy of Sciences of the United States of America* September 9, 2014:111(36):E3815–3824 (e-published August 25, 2014). **Matthew L. Kraushar**, a medical student in the MD/PhD program, was first author of the article.
- **Yufang Shi, DVM, PhD**, professor of pharmacology, was senior author of "Plasticity of Mesenchymal Stem Cells in Immunomodulation: Pathological and Therapeutic Implications," published in *Nature Immunology* October 20, 2014:15(11):1009–1016.

LETTER FROM THE  
ALUMNI ASSOCIATION  
PRESIDENT

Dear Alumni and Friends:

**I**t is my pleasure to welcome you to the spring issue of *Robert Wood Johnson Medicine!*

I look forward to many exciting activities and events of the Robert Wood Johnson Medical School Alumni Association this year. There will be many opportunities to mentor current students, reunite with classmates, and better define how the Alumni Association can best serve our school's alumni.

I was delighted to see familiar faces as well as meet new alumni who joined us at the 27th Annual Career Night (*see page 36*). As assistant dean for student affairs at the medical school, I know that our students were excited to meet and learn from alumni and were very appreciative of their time and efforts.

The Day in the Life Program is another opportunity for our alumni to provide informal mentorship to the students. I would love to see this program expanded beyond the New Jersey/New York area. It would be a wonderful opportunity for our students to have alumni contacts in other states whom they can talk to and meet throughout their clinical years when they are on away rotations or on the interview trail. If you are interested in being part of our Day in the Life Program, please contact Roberta Ribner at [ribnerrs@rwjms.rutgers.edu](mailto:ribnerrs@rwjms.rutgers.edu).

On April 11, we will host our Fifth Annual Scholarship Gala, at the Hyatt Regency New Brunswick. This scholarship event has helped us provide talented medical students in need with support during difficult financial times. Last year, the Gala raised \$135,000, from which we awarded 10 scholarships in the amount of \$10,000 each. I look forward to seeing everyone there!

Through our other annual fundraising efforts, the Alumni Association provides additional scholarships and low-interest loans to our students. Thank you for your contributions and continued dedication to helping students defray the ever-rising costs of medical education. Without your steadfast support, the dream of becoming a physician may not have been possible for many of our students.

The Alumni Association is a great way for you to stay connected to our school, our students, and one another. We welcome all alumni and invite you to contact Roberta Ribner if you are interested in learning more about the Alumni Association. The mission of the Alumni Association is to provide opportunities for you to share your professional and personal growth and achievements with our alumni family. Please share with us your career, practice, and family updates for our "Class Notes." I am particularly interested in hearing from alumni on how the association can better serve your needs. Please join us on Facebook ([www.facebook.com](http://www.facebook.com)).

I want to thank the past presidents of the Alumni Association and members of the Board of Trustees for all the work that they have done and continue to do. It is my hope that we can continue to grow our alumni base, strive for excellence, and accomplish great things together this year.

Sincerely,



Sonia Garcia Laumbach, MD '99

*President, Robert Wood Johnson Medical School Alumni Association*



STEVE HOCKSTEIN

P.S. Gifts to the Alumni Association Annual Fund can be made by credit card on the Rutgers University Foundation website at: <http://support.rutgers.edu/RWJMSAlumni>, or you may also mail your gift in the envelope enclosed in the magazine.

# ALUMNI NEWS

## Alumni Association Hosts 27th Annual Career Night



**Above:** Anesthesiologist Gary Buck, MD '93, shares his experiences.

**Top:** The following new officers of the Alumni Association Board of Trustees were elected for the 2015–2016 term (left to right): Paul Weber, MD '87, secretary; Sonia Garcia Laumbach, MD '99, president; and Hank Lubin, MD '83, treasurer.

The Alumni Association sponsored its 27th Career Night on Tuesday evening, January 13, at the Great Hall on the Piscataway campus. Medical students had the opportunity to interact with numerous

alumni, both practicing physicians and residents, who represent a wide variety of specialties and sub-specialties.

Alumni enjoy returning to the medical school to discuss their career experiences with current students. Career Night is always a great evening for both students and alumni, and the event also serves as a mini alumni reunion.



PHOTOS BY KIM SOKOLOFF



**Above:** Cardiologists Clifton Lacy, MD '79, and Steve Binenbaum, MD, PhD, annual Career Night participants, discuss their experiences with students.



**Top right:** Neurologist Elena Frid, MD '06, was delighted to attend Career Night for the first time since her graduation.



**Above right:** Paul Weber, MD '87, advises student on careers in the pharmaceutical industry.



**Right:** Ursula Pogany, MD '81, discusses the future of careers in pediatrics.



**Above left:** Joseph Marchetta, MD '76, advises student on career options in family medicine.



**Left:** Leonard Lee, MD '92, interim chair, Department of Surgery, advises students on careers in surgery.

**Right:** Perry Ritota, MD '89, discusses careers in plastic and reconstructive surgery with students.

**Below right:** Oncologist Eduardo Fernandez, MD '89, discusses career choices with students.

**Left:** Michael Rosenberg, MMS '74, MD, counsels a student on career choices in neurology.

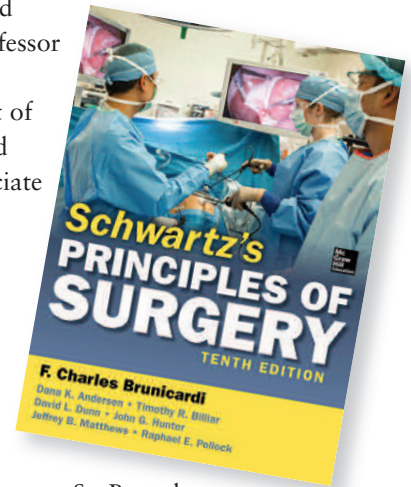
## Leading Surgery Text Dedicated to Dr. Lowry and Dr. Dorian, Edited by Dr. Brunicardi



STEVE HOCSTETEN

The newly published 10th edition of the prestigious text *Schwartz's Principles of Surgery*, edited by **F. Charles Brunicardi, MD '80**,

is dedicated to two distinguished members of the medical school community: the late **Stephen F. Lowry, MD**, Richard Harvey Professor and chair, Department of Surgery, and senior associate dean for education, and the late **Robert Dorian, MD '81**, chair, Department of Anesthesiology at St. Barnabas Medical Center, Livingston. Dr. Lowry and Dr. Dorian were deeply committed to the medical school, proudly representing its mission throughout their careers.



The dedication to Dr. Lowry was written by **Siobhan A. Corbett, MD '87**, associate professor of surgery, while the author of the dedication to Dr. Dorian was **James A. Macho, MD '78**.

## Thomas J. Giordano, MD '90, PhD

“It’s an interesting time—we are taking part in a cancer genome revolution.” This observation by alumnus Thomas J. Giordano, MD '90, PhD, comes from taking part in that revolution firsthand. Dr. Giordano’s work on papillary thyroid cancer through The Cancer Genome Atlas (TCGA), a project that he co-chairs, was recently published in *Cell*. He feels that what many call “the information age overload” can help us find better ways to look at diseases,

affecting treatment. Dr. Giordano is a professor in the departments of pathology and internal medicine and director of the Tissue and Molecular Pathology Core of the Michigan Comprehensive Cancer Center, the GI Spore Biosample Core, and the Molecular Pathology Research Laboratory in the Department of Pathology at the University of Michigan Health System. But his passion for molecular pathology started here at Robert Wood Johnson Medical School.

Dr. Giordano’s PhD in microbiology from Rutgers University was a joint award with his medical degree as part of the combined MD/PhD program. He studied for his PhD with William

T. McAllister, PhD, professor of microbiology, whom he followed when McAllister became chair, Department of Microbiology and Immunology, at SUNY Downstate Medical Center, while maintaining his affiliation with Rutgers University and Robert Wood Johnson Medical School. Dr. Giordano feels his experience in the combined-degree program enhanced the direction his career took: “The opportunity to train in the combined MD/PhD program at Robert Wood Johnson Medical School and Rutgers provided the foundation for the rest of my career and opened the door to train in anatomic pathology at the National Institutes of Health (NIH).”

His NIH residency was followed by a fellowship at Memorial Sloan

Kettering Cancer Center in New York City. Dr. Giordano has been a faculty member of the University of Michigan Medical School since 2001 and now directs several significant cancer initiatives. He has been cited not only for his work in thyroid cancer but also for the molecular classification of adrenocortical tumors.

Dr. Giordano’s research on thyroid cancer was a byproduct of a grant that the University of Michigan received in 1999 from the National Cancer Institute (NCI) Director’s Challenge Program to study colon, lung, and ovary carcinomas using oligonucleotide microarrays to develop gene expression profiles. Shortly afterward, his group built upon the existing infrastructure to succeed in thyroid cancer profiling. His project, through TCGA, was an effort to identify patterns in the molecular basis of cancer using genome analysis. TCGA—a joint effort by the NCI and the National Human Genome Research Institute that is focused on cancer genomics to improve cancer care—maps the genetic changes in cancers. At TCGA, Dr. Giordano has worked with many bioinformatics experts across North America, in what he refers to as “team science.” The

BY LYND A RUDOLPH






team includes Gad Getz, PhD, who directs the Cancer Genome Computational Analysis group—considered a world leader in next-generation sequencing for analyzing cancer mutations—at the Broad Institute of MIT and Harvard.

Dr. Giordano's findings suggest that papillary thyroid carcinoma is genetically heterogeneous, opening the door to a potentially more meaningful classification of thyroid cancer. His ultimate goal is to catalyze the discussion

about the classification of thyroid tumors, possibly avoiding thyroidectomies for benign disease and, overall, more precisely matching therapy with tumor biology.

When he isn't in the laboratory or presenting his findings to the nation and the world, Dr. Giordano resides in Ann Arbor, Michigan, with his wife, New Jersey native Georgette David, a graduate of Seton Hall and Villanova Law School, and three children: Luke, 18, Ethan, 16, and Jillian, 11. 

“The opportunity to train in the combined MD/PhD program at Robert Wood Johnson Medical School and Rutgers provided the foundation for the rest of my career and opened the door to train in anatomic pathology at the National Institutes of Health (NIH).”

—Thomas J. Giordano, MD '90, PhD

## Jennifer Endres Jimenez, MD '07, and Manuel Jimenez, MD '06, MSHP

**J**ennifer Endres was a first-year medical student and Manuel Jimenez was in his second year when they met as volunteers for HIPHOP (Homeless and Indigent Population Health Outreach Project), a service learning program at Robert Wood Johnson Medical School. That year, Manuel Jimenez, then student director of HIPHOP, cofounded the Promise Clinic with classmate John Babineau, MD '06. Manuel and Jennifer worked together as student doctors in the clinic, a highly successful student-run and -managed project that continues to provide access to health care for New Brunswick's uninsured residents.

They married in 2007 and have three sons, including twins, all less than three years old. And now, after completing their postgraduate training in various out-of-state facilities, they have returned to New Jersey to begin an exciting new chapter as rising professionals and as a family.

### **Dr. Jennifer Jimenez Brings Her Skills as Clinician and Teacher Home to New Jersey**

**I**n September 2013, Jennifer Endres Jimenez, MD '07, joined the full-time faculty in the Department of Pediatrics at Jersey Shore University Medical Center, in Neptune Township. In addition to caring for patients, she is enjoying teaching medical students and residents on rounds and in lectures. "With many of our medical students coming from Robert Wood Johnson Medical School, it's like coming home," she says.

Dr. Jimenez's appointment followed a pediatric residency at Inova Children's Hospital, in Falls Church, Virginia, and a three-year gastroenterology (GI) fellowship at the Nemours/Alfred I. duPont Hospital for Children, in Wilmington, Delaware. For two consecutive years, the hospital's residents elected Dr. Jimenez "Fellow of the Year."

Pediatric GI is an excellent fit for Dr. Jimenez. "When I did my pediatric clerkship [at Bristol-Myers Squibb Children's Hospital at Robert Wood Johnson University Hospital], I knew then that pediatric gastroenterology

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BY KATE O'NEILL ■ PORTRAITS BY JOHN EMERSON



was the field that I would pursue,” she says. “I remember how satisfying it was as a medical student to learn about gastrointestinal disorders and calculate nutritional requirements for a child who was admitted to the hospital for ‘failure to thrive.’ Childhood is the opportunity for amazing physical and neurodevelopmental growth, so it is very satisfying to identify and treat underlying gastrointestinal conditions that will allow children to reach their full potential.”

Many chronic pediatric GI conditions, including inflammatory bowel

disease, celiac disease, and eosinophilic esophagitis, require continued monitoring and treatment throughout childhood. “Their conditions require diligence and continuity to ensure not only that the children’s symptoms improve and they feel better, but also that they continue to grow and develop appropriately during and after treatment,” says Dr. Jimenez. For a pediatric gastroenterologist, she adds, part of the satisfaction of providing pediatric care is helping the patient make the transition to ongoing care as an adult.

Dr. Jimenez’s specialty requires successful team collaboration and leadership, strengths she put to excellent work as a medical student. In addition to cofounding and codirecting the Promise Clinic with Manuel Jimenez, she was student director of HIPHOP in her second year. Both programs were an excellent way to get to know the community, she says. “We also worked with great people like Dr. Levin and Susan Giordano, who care so much about the underserved,” adds Dr. Jimenez, recalling Steven J. Levin, MD, associate professor of family

medicine and community health and director, Eric B. Chandler Health Center, and Susan Giordano, program coordinator, HIPHOP.



“It is very satisfying to take care of these children. Their conditions require diligence and continuity to ensure not only that the children’s symptoms improve and they feel better, but also that they also continue to grow and develop appropriately during and after treatment.”

—Jennifer Endres Jimenez, MD '07

Despite the demands of their careers and growing family, the Jimenezes were able to train for and run together in the Jersey Shore Half Marathon, Sandy Hook, this fall. “We really have come home,” she says, “and it’s great to be back.” **M**

### Dr. Manuel Jimenez Joins Faculty as an Inaugural Chancellor Scholar

Manuel Jimenez, MD '06, MSHP, is a “mover and a shaker,” says Brian L. Strom, MD, MPH, chancellor, Rutgers Biomedical and Health Sciences (RBHS). In recognition of the great promise of his research and his effective advocacy for community health, Dr. Jimenez was selected as one of two inaugural Chancellor Scholars at RBHS. Entering this new chapter of his career, he joined the Robert Wood Johnson Medical School faculty this past July in a tenure-track position as assistant professor of pediatrics and assistant professor of family medicine and community health.

Dr. Jimenez’s research focuses on removing barriers to health care for children with disabilities, building on pioneering work he did as a student at Robert Wood Johnson Medical School. Patricia Whitley-Williams, MD, professor and chair, Department of Pediatrics, is delighted that Dr. Jimenez has returned to his alma mater. As a medical student, she recalls, he and a fellow student researched adherence to U.S. public health guidelines on screening for HIV in pregnant women. Their findings led to the implementation of hospital procedures that prevented mother-to-child transmission during and after delivery.

In addition, says Dr. Whitley-Williams, the results of a community needs assessment inspired Dr. Jimenez, as a second-year medical student, to cofound the Promise Clinic, a program that she describes as “extraordinary.” A decade later, the clinic continues to provide primary care and social services to New Brunswick’s homeless com-

munity. Dr. Jimenez says, “The same goal motivates me today: to lay the groundwork for a sustainable project that will help the community to address unmet needs.”

During his residency at Children’s National Medical Center, in Washington, D.C., Dr. Jimenez began developing a practice-based, community-focused line of research committed to children with special needs. Then, in 2009, following his residency, Dr. Jimenez was named a Joseph P. Kennedy, Jr. Public Policy Fellow, and for one year, at the peak of the national health care reform debate, he worked on health and disability issues in the office of U.S. Senator Jeanne Shaheen of New Hampshire.

Subsequently, as a Robert Wood Johnson Foundation Clinical Scholar, Dr. Jimenez earned a master of science degree in health policy research at the University of Pennsylvania, while also serving as a member of the community needs-focused PolicyLab at the Children’s Hospital of Pennsylvania (CHOP).

Concurrently, he completed a fellowship program in developmental behavioral pediatrics at CHOP, where his research focused on identifying the obstacles that families face in obtaining early intervention for infants and toddlers with developmental concerns. Dr. Jimenez’s team found that only one-third of parents whose children were identified with developmental concerns—such as speech problems and motor skills—became linked with follow-up services.

The team analyzed data to determine what factors predict the likeli-



“The same goal motivates me today: to lay the groundwork for a sustainable project that will help the community to address unmet needs.”

—Manuel Jimenez, MD '06, MSHP

the importance of early intervention.

Dr. Jimenez will extend his past work to better understand the impact of adversity on child development and help promote optimal developmental outcomes for at-risk children in the com-

munity. The Rutgers campus is ideal for his goals in pediatric research. He will have ready access to the resources of a wide variety of health-related schools, centers, and institutes, including the Boggs Center on Developmental Disabilities; the Child Health Institute of New Jersey; and the Institute for Health, Health Care Policy and Aging Research. As a member of the pediatric faculty, Dr. Jimenez will work with fellows in developmental and behavioral pediatrics, seeing patients at

—Continued on page 47

hood that a family will follow up on the physician’s referral. “Sometimes the family couldn’t reach the service or specialist. Some were ambivalent about following up, and others had communication problems with their provider,” says Dr. Jimenez. “Health literacy was also important, since parents with low health literacy seemed to encounter more logistical problems during the referral process.” Small changes had important effects, the team found. For example, when the physician faxed the referral to early intervention, more children were linked to services. “If the agency coordinator reaches out to the parents, the process is streamlined for them,” Dr. Jimenez adds.

Dr. Jimenez’s work was supported by a 2011 Academic Pediatric Association Young Investigator Award for Child Development and Preventive Care Services for Young Children, Ages 0–5, supported by The Commonwealth Fund. He was also recognized with a Fellow’s Research Award at the Pediatric Academic Societies annual meeting in 2012. In addition, the Oscar G. and Elsa S. Mayer Family Foundation provided support for a video produced by Dr. Jimenez and his team to increase the understanding of developmental delays and emphasize

### Dr. Strom Welcomes Dr. Jimenez

“One of my first priorities as chancellor was to establish the Chancellor Scholars program,” says Brian L. Strom, MD, MPH, chancellor, Rutgers Biomedical and Health Sciences (RBHS). “My goal was to recruit as Chancellor Scholars the highest-quality faculty for interdisciplinary positions focused on research. We currently have strong academics and clinical care; through this mechanism, we will focus specifically on strengthening and building our mission in research.”

Introducing the program to the RBHS deans, Dr. Strom made clear that his office would share in the investment in top-notch, research-oriented faculty, especially those involved in interschool research and other activities that fit the strategic plan for RBHS.

“I am delighted that we were able to recruit two exceptional inaugural Chancellor Scholars, one of whom is Manny Jimenez, a graduate of Robert Wood Johnson Medical School,” says Dr. Strom. “Manny is well trained and demonstrates excellent promise as a physician-scientist. His major research interests, focusing on neuroscience and developmental delay, are interdisciplinary and will bring researchers together across schools and programs. He is also interested in urban health and helping the underserved community. These interests are a good fit for our strategic plan. It’s a win-win for Manny and for the school.”

Dr. Strom, a clinical epidemiologist, serves as a career mentor for Dr. Jimenez, sharing knowledge between allied, though not identical, fields and helping to shape his applications for grant support.

## Robert J. Vinci, MD '80: "Exceptional Care without Exception"

**R**obert J. Vinci, MD '80, is the Joel and Barbara Alpert Professor of Pediatrics and chair, Department of Pediatrics, at Boston University School of Medicine (BUSM). At Boston Medical Center (BMC), the medical school's primary teaching affiliate, Dr. Vinci is chief, Department of Pediatrics, and serves as program director of the Boston Combined Residency Program in Pediatrics.

As clinician, educator, and administrator, Dr. Vinci has spent his entire academic career at BUSM and BMC (formerly Boston City Hospital). His roles have spanned resident, chief resident, chief of the Emergency Department, program director for residency training, and vice chair and now chair of the Department of Pediatrics. "It doesn't feel like work," says Dr. Vinci. "I love being part of an educational institution."

Boston Medical Center states its mission simply: "Exceptional Care without Exception." It is a mission that Dr. Vinci shares. "Boston City Hospital

was founded 150 years ago as a municipal institution with a special mission to care for the underserved," he says. "I love that concept. The community has grown and changed, and the hospital has changed along with it, but the challenges are much the same, and its commitment to patients is as strong as ever."

Much of the hospital's work has involved caring for the working poor and successive waves of immigrants, says Dr. Vinci. "Many variables contribute to their challenges in accessing health care—including language, literacy, housing, and education. All of the underserved have one or more of these issues."

Stephen I. Pelton, MD, professor of

pediatrics and chief, pediatric infectious diseases, BMC, is a longtime colleague, who interviewed Dr. Vinci for an internship in 1980. "Bob has taken on the challenge of guiding an urban department of pediatrics to meet the needs of today's medicine," he says. "We provide care for an underserved, predominantly minority community that requires education and wrap-around services to meet the needs of their children's health issues. He has expanded the services we offer to include a larger focus on food allergy and on palliative medicine for children. And he has begun a project that will integrate mental health services into primary care, a service that will be critical for improving outcomes, such as school achievement, in our community."

### Building Collaboration and Achieving Change

Patricia Whitley-Williams, MD, professor and chair, Department of Pediatrics, Robert Wood Johnson Medical School, was a fellow at Boston City Hospital when Dr. Vinci was a young resident. "He stood out in the program," she recalls. "He was intellectually curious, an excellent doctor, and collaborative—a team player."

BY KATE O'NEILL



Dr. Vinci served as department vice chair for 17 years under Barry Zuckerman, MD, then the Joel and Barbara Alpert Professor of Pediatrics and department chair. “Bob is the best right-hand person anyone could have,” says Dr. Zuckerman. “Our skills, strengths, and interests complemented each other. We could discuss anything, and he had a part in everything we accomplished.”

Among Dr. Vinci’s major achievements during his tenure as vice chair was the creation, implementation, and leadership of the highly regarded Boston Combined Residency Program

in Pediatrics (BCRP), the first combined pediatric residency program in the United States. The combined program was conceived in 1995 by two chiefs of pediatric services and department chairs: Dr. Zuckerman, at Boston Medical Center/Boston University School of Medicine, and David Nathan, MD, at Boston Children’s Hospital (BCH)/Harvard Medical School. The BCRP would merge the pediatric training programs of two major medical schools and two renowned hospitals as equal partners, each retaining its distinct missions. Trainees would benefit from the shared strengths of BMC, a

community-focused urban public hospital, dedicated to patient care, and BCH, a private subspecialty hospital, primarily focused on basic research and the training of academic clinicians.

To achieve this feat, Dr. Vinci, then pediatric training chair at BMC, collaborated with Frederick Lovejoy, MD, William Berenberg Distinguished Professor of Pediatrics and then director of the Pediatric Residency Program at Boston Children’s Hospital. They established the tone of the discussions, the ground rules, and, ultimately, the governance of the new program, says Dr. Lovejoy. A year later, the program was launched, with Dr. Vinci and Dr. Lovejoy as codirectors, a role they shared until 2013, when Dr. Lovejoy stepped down from the position.

“Bob accomplished a truly remarkable achievement: to garner the unfettered respect of the faculty of Children’s Hospital and Harvard equal to that which he enjoys at Boston University and Boston Medical Center,” says Dr. Lovejoy. “It serves as a glowing example of the synergy that can result from noble common purpose, respectful collaboration, and a Herculean educational model.”

## The Cat In The Hat

While Dr. Vinci was implementing the BCRP and serving as vice chair, he continued to direct the division of pediatric emergency medicine and the Pediatric Emergency Fellowship. “Bob wears three major hats, with more underneath,” says Barbara L. Philipp, MD, professor of pediatrics, BUSM, and medical director, The BirthPlace, BMC.

Dr. Philipp’s description of her residency classmate, longtime friend, and colleague could certainly evoke Dr. Seuss’s *Cat in the Hat*: a remarkable juggler, with a keen sense of humor and a gift for brightening children’s lives. “He works very hard, and he gets things done because he is very connected and respected and thoughtful,” says Dr. Philipp. “He puts lots of effort and thought into things, so when he suggests something different or new, people listen. He takes an idea and makes life better for lots of people.”

Emergency medicine was a newly recognized specialty in 1986 when Dr. Vinci led the creation of the pediatric emergency medicine program, followed two years later by the introduction of another of his innovations, BMC’s fellowship in pediatric emergency medicine. “Establishing a division of pediatric emergency medicine created greater awareness of the role of specially trained faculty in providing care to acutely ill children,” says Dr. Vinci. “It provided the opportunity to develop and provide the special skills necessary to meet the needs of children with complex disease and to understand the priorities for the management of children in emergency departments, while understanding the special role of educating families.”

“Establishing a division of pediatric emergency medicine created greater awareness of the role of specially trained faculty in providing care to acutely ill children. It provided the opportunity to develop and provide the special skills necessary to meet the needs of children with complex disease and to understand the priorities for the management of children in emergency departments, while understanding the special role of educating families.”

—Robert J. Vinci, MD '80

Kimball Prentiss, MD, completed the Pediatric Emergency Medicine Fellowship program at BMC. She now serves on the faculty at Baystate Medical Center in Springfield, Massachusetts, practicing pediatric emergency medicine and teaching emergency medicine residents as well as residents in pediatrics and fellows in pediatric emergency medicine.

“Bob is very kind, and he has a great sense of humor,” says Dr. Prentiss, “but he’s a daunting teacher, because he seems to remember not only every detail of every patient he ever saw, but also everything about your patients. Every case becomes an opportunity to review current evidence-based medicine and best practices.

“In pediatric emergency medicine,” adds Dr. Prentiss, “you have about three seconds to gain the trust of the family of your patient. As an experienced clinician who still values the importance of bedside care, Bob is very effective in modeling this unique skill.” As a beginning fellow, Dr. Prentiss was both astonished and delighted when Dr. Vinci offered to be her research mentor. “With everything else he had to do, it was still very important to him to continue to teach

and mentor his trainees,” she says. “He always made you feel like you were the only person on his agenda for the entire day.”

### Service: “An Important Part of What Physicians Do”

Two highly successful community-focused programs, The Kids Fund and Kids Can’t Fly, demonstrate Dr. Vinci’s belief that “service is an important part of what physicians do.”

In 1984, Dr. Vinci and his residency colleague Dr. Philipp founded The Kids Fund, a fundraising organization that works in collaboration with the hospital’s Office of Development. Over the years, the fund has helped patients in a wide range of ways: providing nutritional support for a patient’s family; paying for a taxi ride home from the hospital; buying antibiotics, eyeglasses, or a medical device; or providing partial tuition for a city-bound child to go to summer camp. “This program continues as largely unsung in a city where the Jimmy Fund is much better known,” says Dr. Pelton, “but it provides for very real, everyday needs for children



growing up in a limited-resource environment.”

Everyone in the department is involved in its philanthropic mission. Dr. Vinci, who is well known for his sense of humor, rounds up his medical colleagues several times a year to don aprons and bus tables at a local restaurant. These high-spirited events have raised more than \$50,000 in support of special programs in the Department of Pediatrics at Boston Medical Center, such as the food pantry and the child protection team.

Kids Can't Fly, a second program created by Dr. Vinci, has its roots in his early service as director of the Pediatric Emergency Department. Every year, especially in summer, the department saw children with serious injuries that resulted from falling out of windows. Most of the children were from low-income families living in high-rise public housing. In collaboration with Boston's Childhood Injury Prevention Program, Dr. Vinci developed Kids Can't Fly, a prevention program that has dramatically reduced the rate of these injuries. The program supports a public education campaign and provides subsidies to families and landlords that allow them to afford window guards.

### The Class of 1980

**D**r. Vinci, a summa cum laude graduate of Fairleigh Dickinson University, enjoyed his years at Rutgers Medical School. “We had a terrific class,” he says. “They were at the same time driven academically and supportive of each other—a great group of colleagues who could not have been more wonderful to work with.”

But one of his most formative experiences took place outside the medical school, between his second and third years. Eager to start clinical training, he seized on an opportunity that combined patient care with community service. Dr. Vinci spent the summer in an underserved community in southern New Jersey, working in a storefront medical clinic. “You became part of the community,” he says. “You made house calls, worked in public health clinics, and learned how to make change happen.”

Dr. Vinci's career achievements have earned many awards, including the Leonard Tow Humanism in Medicine Award. But the highest praise he could receive comes from former trainees such as Alisa McQueen, MD, who completed both the BCRP and a three-year fellowship program in pediatric emergency medicine at Boston Children's Hospital. Now a faculty member at Comer Children's Hospital at the University of Chicago, Dr. McQueen is director of both the Pediatric Residency Program and the Fellowship in Pediatric Emergency Medicine, which she created. “It is no wonder,” she says, “that so many of his graduates solve challenging problems by asking ourselves: ‘What would Bob do?’” **M**

## Dr. Manuel Jimenez Joins Faculty as an Inaugural Chancellor Scholar

—Continued from page 43

PSE&G Children's Specialized Hospital, in New Brunswick. Among his mentors is Nancy E. Reichman, PhD, professor of pediatrics, a National Institutes of Health-funded economist who specializes in linkages between socioeconomic status and health.

“Ultimately we need to create a health neighborhood that includes the patient-centered medical home. It would be a great benefit to children diagnosed with developmental disabilities.”

—Manuel Jimenez, MD '06, MSHP

Benjamin F. Crabtree, PhD, professor of family medicine and community health and chief, division of research, also serves as a mentor for Dr. Jimenez. “The research division has focused on improving clinical practice,” says Dr. Jimenez. “Ultimately we need to create a health neighborhood that includes the patient-centered medical home. It would be a great benefit to children diagnosed with developmental disabilities.”

“We're excited to get Manny back,” says Alfred F. Tallia, MD '78, MPH, professor and chair, Department of Family Medicine and Community Health. “He's a perfect fit for the constellation of resources at Rutgers and a great match for our department, where the research is practice-based, community-based, focused on health system changes, and committed to special-needs populations of all ages.” **M**

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All proceeds will support student scholarships.

# C L A S S NOTES

**1 9 6 9**

**Sandra Moss** was elected the first woman president of the American Osler Society, an organization for clinical historians, in 2012.

**1 9 7 4**

**Joyce Fingereth** is a professor of medicine at the University of Massachusetts Medical School.

**Carole Sampson-Landers** is a member of the Board of Trustees of Rutgers, The State University of New Jersey.

**1 9 7 6**

**Patricia Thomas** is vice dean for medical education at Case Western Reserve University School of Medicine.

**1 9 7 8**

**Alan Schwartzstein** was appointed to the Wisconsin Public Health Council by Governor Scott Walker.

**Michael Spedick** was elected president of the New Jersey Chapter of the American College of Surgeons at its Annual Clinical Symposium in December 2014.

**1 9 8 0**

**Daniel Kim** was appointed chair of the Department of Otolaryngology-Head and Neck

Surgery at the University of Massachusetts Medical School and UMass Memorial Medical Center.

**Diane Walder** practices dermatology in Miami.

**1 9 8 2**

**Catherine Bodnar** is president of the Michigan Occupational and Environmental Medicine Association.

**William Ciszewski** is an attending orthopedic surgeon at Unity Hospital in Rochester, New York.

**Rick Segal** writes: "Since January 2014, I am physician in charge at the North Lancaster Medical Office of Kaiser Permanente Northwest (Oregon/Washington). I still run half marathons and compete in triathlons."

**1 9 8 3**

**Tina Horling Cushing** was named regional chief of nephrology for the Southern California Permanente Medical Group.

**1 9 8 5**

**David Price** writes: "I recently passed my 26th year with Kaiser Permanente, in a number of roles, including director of medical education for Kaiser Permanente

Colorado (current position). Since 2007, I have been professor of family medicine at the University of Colorado School of Medicine. I recently began a new position as director of the multi-specialty maintenance of certification portfolio approval program with the American Board of Medical Specialties."

**1 9 9 0**

**Eugenie Brunner** practices facial plastic and reconstructive surgery and otolaryngology in Princeton.

**1 9 9 1**

**Lauri Goodell** was named interim chair, Department of Pathology and Laboratory Medicine at Robert Wood Johnson Medical School, and chief, pathology service at Robert Wood Johnson University Hospital.

**Sabine Hack** writes: "I'm still raising four children, Aiden, Elodie, Calliope, and Holden Reeves, in South Orange. I am practicing child and adolescent psychiatry in midtown Manhattan."

**1 9 9 2**

**Leonard Lee**, chief, division of cardiothoracic surgery at Robert Wood Johnson Medical School, was appointed interim chair of the Department of Surgery and named James W. Mackenzie Professor of Surgery.

**Emmanuel Schenkman**

practices urology at Crystal Run Healthcare, serving Orange and Sullivan counties in New York.

**1 9 9 5**

**Raj Bendre** is a radiation oncologist at the Tallahassee Memorial Cancer Center.

**Jeffrey Brenner** is medical director, Urban Health Institute at Cooper University Health Care, and founder and executive director, Camden Coalition of Healthcare Providers. He was recently elected to the Institute of Medicine.

**1 9 9 9**

**Kenneth Sable** writes: "After spending 10 years at Maimonides practicing emergency medicine, then two years as the chief operating officer at Saint Peter's Healthcare System, I joined Meridian Health in January as the president of Jersey Shore University Medical Center."

**2 0 0 0**

**Fotios Tjoumakaris** is an associate professor of orthopedic surgery at Jefferson Medical College.

**2 0 0 1**

**Shayma Kazmi** is a medical oncologist and hematologist-oncologist at Cancer Treatment Centers of America in Philadelphia.

**Jay Kenkare** joined the Sleep Medicine Program at Connecticut Children's Medical Center.

**Rachel Sargent** writes:

"After six years as an assistant professor in the Department of Hematopathology at University of Texas MD Anderson Cancer Center, I am now an assistant professor in the Department of Pathology and Laboratory Medicine, division of hematopathology, at the Hospital of the University of Pennsylvania."

—Continued on page 50

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## What's New?

Please send your professional and personal news for

**Class Notes** to: Roberta Ribner, Editor, *Robert Wood Johnson Medicine*, Coordinator, Alumni Affairs, Robert Wood Johnson Medical School Alumni Association • 335 George Street • Suite 2300 New Brunswick, New Jersey 08903 • Phone: 732-235-6310 Fax: 732-235-9570 • Email: ribners@rwjms.rutgers.edu

<http://rwjms.rutgers.edu/alumni>

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**2 0 0 2**

*Jessica Blume* practices at Bergen County Medical Associates.

**2 0 0 3**

The Princeton Spine and Joint Center was formed by *Grant Cooper* and *Ana Bracilovic, MD '04*.

*Danielle Perret Karimi* writes: "I was appointed associate dean for graduate medical education at the University of California, Irvine School of Medicine. My primary faculty appointment is neurosurgery/physical medicine and rehabilitation. I am busy with 1- and 3-year-old boys at home. I absolutely love medical education/medical administration and am so blessed to be entrusted with a leadership role relatively junior in my career."

**2 0 0 4**

Neonatologist *Rebecca Deeley* practices at the Special Care Nursery in The Birthplace at Faxton St. Luke's Healthcare, in Utica, New York.

Radiologist *Sunita Nankoo* is a member of the medical staff of Riverview Medical Center and Bayshore Community Hospital.

*Phillip Seibell* is a member of the medical staff at Wisconsin-based Rogers Behavioral Health—Tampa Bay. He completed his residency in general psychiatry at Mount Sinai Hospital and was the primary psychiatrist for obsessive-compulsive disorder and related conditions at the Center of Excellence at the Mount Sinai School of Medicine.

**2 0 0 5**

Anesthesiologist *Bao Chau Minh Tran* is the CEO of BCT Medical Associates in New Jersey.

**2 0 0 6**

*Keith Baldwin* practices pediatric orthopedics at the CHOP Specialty Care Center of the Children's Hospital of Pennsylvania in Princeton.

Dermatologist *Jennifer Tan* practices at NorthStar Dermatology in Keller, Texas. She completed her residency at the Harvard Combined Dermatology Residency Training Program and served as chief resident.

**2 0 0 8**

*Abhishek Aphale* practices dermatology in Elmer, N.J.

*Sujoy Menon* practices radiology at CarePoint Health in Hudson County.

*Jennifer Vazquez-Bryan* practices at the Orange Regional Medical Group Department of Primary Care.

**2 0 1 2**

*Michael Yang* and Kesi Chen, MD, were married in September 2014. He is a third-year family medicine resident at Chestnut Hill Hospital in Philadelphia.

**2 0 1 4**

*Jennifer Reese* and John Cheever were married in June. She is an intern at Mount Sinai Hospital in New York.

**Former Residents**

*Jana Janco* was recently elected as the delegate of the American Medical Association Women Physicians Section.

*J. Christopher Mendler* was appointed medical director of HNH Fitness, Holy Name Medical Center's medically based fitness center in Oradell.

**In Memoriam**

*Stanley Hegg, MMS '70, MD*

*Robert Rosado, MD '76,*  
passed away on November 21, 2014. **M**

When I became dean of Robert Wood Johnson Medical School, I was not handed a strategic plan or even a set of goals. However, what I was given was invaluable. That was a cultural heritage developed and nurtured from the first dean, DeWitt Stetten Jr., through his successors to my predecessor, Dick Reynolds. The culture emphasized respect for excellence rather than size, a real commitment to addressing societal needs, and above all, placing great value upon personal and institutional integrity. Thus, it was OK to be small but good in our scholarship. We served the community, for example, by recognizing that the two hospitals in New Brunswick were unable to provide adequate primary care to low-income people and by developing and operating the Chandler Health Center, then the only federally qualified health center sponsored by a medical school. We served society by responding to the AAMC call for "3000 by 2000" and establishing programs that brought us near the top of the list, nationwide, in the diversity of our medical students. I note with some dismay that one of the key elements of that initiative, the federal HCOP grants, seems slated for oblivion in the current budget cycle. We also heeded the call for enhancing adult primary care and, quite early on, developed strong programs in general internal medicine and family medicine.

Our commitment to personal and institutional integrity brought us un-



Norman H. Edelman, MD, and his wife, Ida, were pleased to attend the 2012 Scholarship Gala.

“The Piscataway/New Brunswick campus is my intellectual and professional home. . . . It was here that I was able to establish a satisfying scientific career; it was here that I learned pulmonary medicine, alongside our initial fellows; and it was here that I learned to be an administrator. . . . Mostly, though, it had simply been great fun to join a new school in its infancy and play a role in its growth and development.” —Norman H. Edelman, MD

scathed through the recent problems at UMDNJ in that realm. That is not to say that we neglected the imperative to grow. After waiting in vain for a decade for a promised on-campus teaching hospital, we developed a more than just credible comprehensive academic medical center, almost entirely from scratch. This was dramatically brought home to me during my visit in June, as one of the highlights was a tour of the wonderfully successful Rutgers Cancer Institute of New Jersey. As I toured, I got special satisfaction from recalling that our initial submission of an application for a center planning grant from the National Cancer Institute was returned without review because it was deemed that we could not succeed as we were too close to established centers in New York and Philadelphia. Sometimes it pays to dream big, even when the dream runs contrary to established wisdom.

However, having enjoyed this brief moment of nostalgia, I am forced to admit that Thomas Wolfe was more right than wrong. You really cannot go home again, because time more often than

not makes “home” unrecognizable. Thus, “small but good” is no longer OK in academic medicine. Market forces, the Affordable Care Act, and other influences have driven our enterprises toward massive consolidations. We now have to have substantial size in addition to quality in order to compete and flourish. We are fortunate in that regard that New Jersey leaders had the foresight to merge UMDNJ into a greater Rutgers University. I believe that Rutgers now has the critical mass to develop an academically based statewide health care system that can serve both the need of the public for quality comprehensive care and our goal for truly competitive programs in translational and clinical research. Rutgers now also has the critical mass to develop comprehensive, mature, and integrated biotechnology/high-technology research programs. This is important not only for the standing of the university among its peers but also to attract the entrepreneurs who are much needed to revitalize the economy of the state.

The changes ahead will present many challenges, both institutionally and personally, and it would be naive to think that it can be done without some sacri-

fice. To the alumni, faculty, students, and friends of Robert Wood Johnson Medical School, I say it is proper and important to retain your well-deserved pride in our values and in what we have built together. However, it is now in the interest of all to lay aside any residual differences with our sister institutions and take full advantage of the new paradigm. True cooperation and synergism can lead to great accomplishments in which we will all take even greater pride. Finally, I must admit to having a certain amount of envy of the current leadership of the health and biological science entities at Rutgers. Just as it was exciting for me to join Rutgers Medical School in its infancy and help it mature, it must be equally exciting to be in a position to shepherd the university through this transformative time in its history.

The thoughts above are solely those of the writer and are not intended to represent the position of the administration or governing bodies of Rutgers University. ■

—Norman H. Edelman, MD  
Dean, Robert Wood Johnson Medical School, 1987–1995  
Dean, Stony Brook School of Medicine, 1996–2006

# LAST PAGE

## You Can Go Home Again, Sort Of *(With Apologies to Thomas Wolfe)*

Last June, I had a most rewarding experience. I was most pleased to have recently been invited to join the Rutgers University Board of Trustees, with an assignment to the Health Affairs Committee of the Board of Governors. As I drove to New Brunswick for three days of orientation and initial board and committee meetings, I wondered how I would feel, as I had been away from Robert Wood Johnson Medical School for eighteen years, with relatively few visits. I was most pleasantly surprised to discover that a not-inconsequential piece of me felt as if I were coming home. Upon reflection, of course, the Piscataway/New Brunswick campus is my intellectual and professional home. After all, it was here that I was able to establish a satisfying scientific career; it was here that I learned pulmonary medicine, alongside our initial fellows; and it was here that I learned to be an administrator, albeit not without some lumps and bumps along the way. Mostly, though, it had simply been great fun to join a new school in its infancy and play a role in its growth and development.

An important positive attribute of that experience was the very cordial relationship with Rutgers University—not a given, as the medical school had recently been administratively reassigned to a new entity, the College of Medicine and Dentistry of New Jersey. Almost immediately upon



COURTESY OF NORMAN H. EDELMAN, MD

arrival, I joined the graduate faculty at Rutgers and enjoyed a long and productive relationship with the biomedical engineering faculty and graduate students. As I got involved administratively with the major joint efforts between Robert Wood Johnson Medical School and Rutgers, such as the EOHSI and CABM, what could have been a difficult interface turned out to be smooth and easy. This was based upon common goals and aspirations, along with a large dose of mutual trust. I shall never forget the time when the then provost, Alec Pond, and I attended a meeting of an accrediting agency for EOHSI. The visitors were very complimentary about the institute but expressed concern that they could not find an agreement outlining the roles of the two governing universities. We were bemused and said it was simply not necessary in our climate.

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B Y N O R M A N H . E D E L M A N , M D

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