

# Bridges



A magazine of people, connections and community for alumni of the OHSU School of Medicine

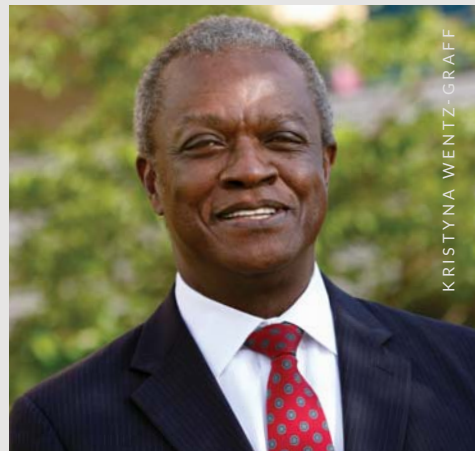
Spring 2019

The background of the cover is a dark, textured green with various shades of green and white. It features a pattern of stylized leaves and small white circular spots. On the right side, there are several colorful triangles (pink, white, and purple) with a small black dot in the center, arranged in a circular pattern.

## Spring Forward

---

Stories of growth  
and transformation



Danny Jacobs, M.D., M.P.H., FACS  
President, OHSU

Dean Sharon Anderson invites you to learn more at [www.ohsu.edu/som](http://www.ohsu.edu/som) and contact her at [somdeansoffice@ohsu.edu](mailto:somdeansoffice@ohsu.edu).

Every issue, I share a message with readers. This time, I've invited OHSU President Danny Jacobs to give his perspective. I could not have said it better. Thank you.

- Sharon Anderson, M.D. R '82, dean, OHSU School of Medicine

## OHSU 2025: Our collective future picture

**S**INCE BECOMING OHSU'S PRESIDENT, ONE OF MY MOST IMPORTANT EARLY TASKS has been to listen and learn as much as possible. I've had the great pleasure of meeting several hundred members and stakeholders. It's clear to me that there's a great deal of passion about OHSU. I'm humbled by the opportunity to build upon the tremendous work of so many before me.

These meetings and listening sessions have accelerated my onboarding as president and helped us as an organization to start thinking about strategic planning.

Strategic planning is challenging in academic health as the necessary expertise, experience and capabilities are widely and deeply distributed. That's why we're using a process called crowdsourcing.

All members - faculty, staff, students and other stakeholders - have had and will continue to have an opportunity to make their voices heard. And, as alumni, you play an important role, too. Your engagement with OHSU helps to focus our strategic planning and keep it on track.

It's early in the process, but some themes have already emerged. It's clear that OHSU is rich with excellence, but there's a sense that not everyone knows that. In other words, we haven't always been good at telling our story.

And it's also clear that the current funding environment will require us to look for new sources of revenue. In particular, fundraising will become increasingly important.

That's where you come in. As alumni of OHSU, you're uniquely positioned to help us tell our story. You also have the power to be instrumental in fundraising and to advocate with legislators and other important stakeholders.

In this magazine, you'll find many examples of the great work happening at OHSU every day. I hope you'll share these stories with your friends and colleagues and advocate for our continued success.

I would also like to invite you to share your own story. What does OHSU mean to you? How did graduating from OHSU impact your life? You can reach me at [president@ohsu.edu](mailto:president@ohsu.edu).

And thank you for everything you have done, are doing or will do for OHSU.

Danny Jacobs, M.D., M.P.H., FACS  
President, OHSU

### ON THE COVER "Trillium Bloom"

ILLUSTRATION  
Maggie Wauklyn

DEAN  
Sharon Anderson, M.D. R '82

EXECUTIVE EDITOR  
Erin Hoover Barnett

MANAGING EDITOR  
Rachel Shafer

CONTRIBUTORS  
Rosina Grove, Tamara Hargens-Bradley, Liana Haywood, Patrick Holmes, Fred Joe, Caroline King, Carin Moonin, Kelsey Priest, Erik Robinson, Jordan Sleeth, Jennifer Smith, Maggie Wauklyn, Kristyna Wentz-Graff

DESIGNER  
Charlotte Woodward

ALUMNI RELATIONS DIRECTOR  
Mark Kemball

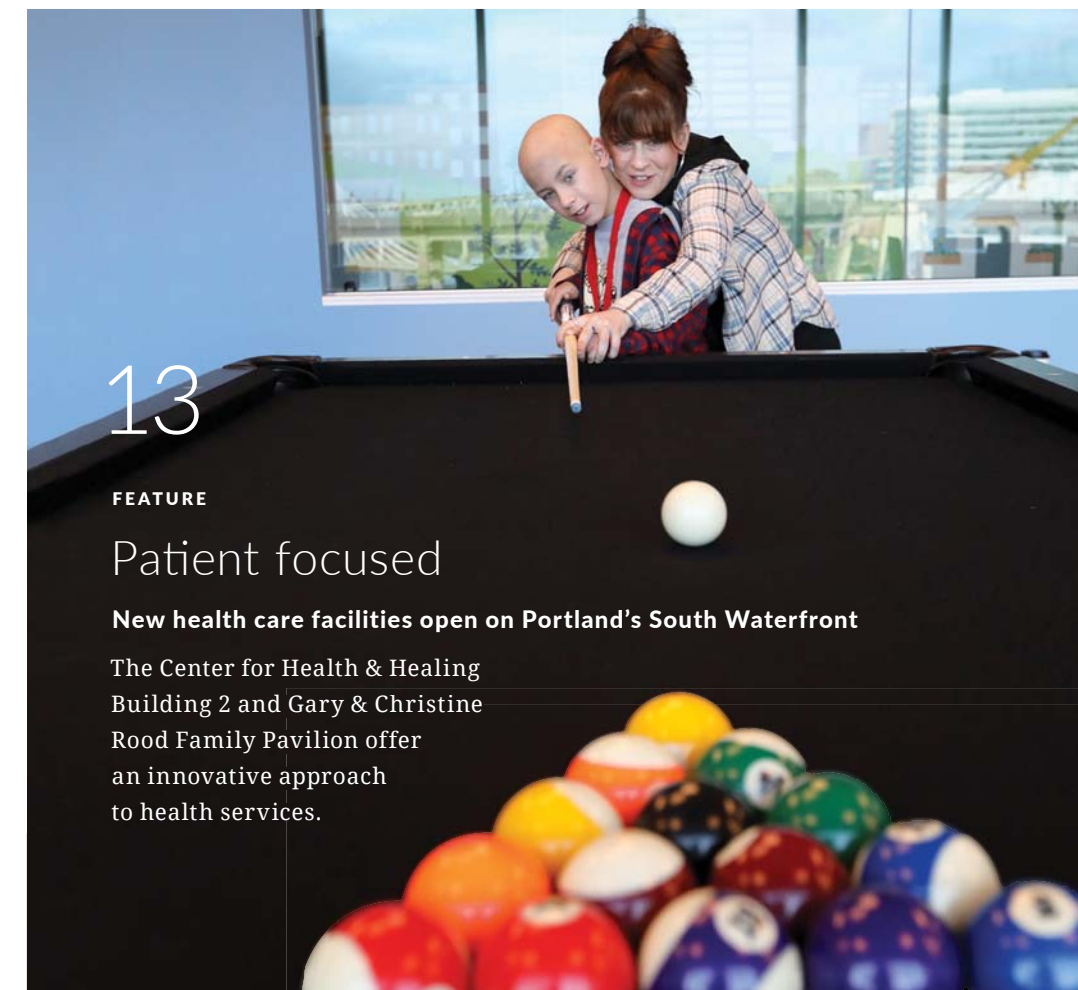
2018-2019 ALUMNI ASSOCIATION COUNCIL OFFICERS  
PRESIDENT John Tongue, M.D. R '74  
IMMEDIATE PAST PRESIDENT Michael Powers, M.D. '85 R '88 R '91  
PRESIDENT-ELECT Norah Verbout, Ph.D. '08  
SECRETARY / TREASURER Michael Deeney, M.D. '60

Published twice a year by the OHSU School of Medicine Office of the Dean and the OHSU School of Medicine Alumni Association, 1121 SW Salmon Street Suite 100, Portland, OR 97205. 503-552-0745.

Reach us: [alumni@ohsu.edu](mailto:alumni@ohsu.edu)  
Website: [www.ohsu.edu/som/alumni](http://www.ohsu.edu/som/alumni)

Change can't happen if we see things just one way. That's why diversity is important to who we are. We are proud to be an equal opportunity, affirmative action employer. 519(180)

## In this issue



13

FEATURE

### Patient focused

#### New health care facilities open on Portland's South Waterfront

The Center for Health & Healing Building 2 and Gary & Christine Rood Family Pavilion offer an innovative approach to health services.

UP FRONT

4 100 percent match!

FEATURE

10 Enough is enough. Students take on sexual violence in medicine.

ALUMNI NOTEBOOK

16 Meet the 2019 Alumni Award winners.





## 100 percent match!



**O**n March 15, tears, hugs and jumps of joy rippled across the room as the M.D. Class of 2019 absorbed news about where members will spend the next several years in residency training.

For the second year in a row, students posted a 100 percent match with all 126 graduating students matching. They will train in 27 specialties at 106 programs in 36 states. A total of 44 percent matched in primary care – internal medicine, family medicine or pediatrics; 17 percent are staying at OHSU and 70 percent are in the western U.S., including Oregon. OHSU’s residency programs filled 100 percent of their open slots.

The match affirms students’ excellence, said Tracy Bumsted, M.D., M.P.H., FAAP, associate dean for undergraduate medical education, OHSU School of Medicine. “It demonstrates our competitiveness for residency programs, and it’s a great capstone to year five of our transformed *YOUR M.D.* curriculum.” – *RG*



## Alaska Native Health and Wellness Research Center opens at OHSU

**B**ert Boyer, Ph.D., and Scarlett Hopkins, RN, M.A., have studied protective factors among Yup’ik people in southwestern Alaska for years. Obesity rates among the Yup’ik population are similar to other areas of the U.S., but diabetes rates are less than half. Now they’ve brought their expertise to OHSU as new faculty to build on another growing area of research – the developmental origins of health and disease.

They are working with Kent Thornburg, Ph.D., professor of medicine, OHSU School of Medicine, to look at the changing diets of the younger generation and how that may affect chronic disease risk. Dr. Thornburg recruited the pair to OHSU where their center will be housed with the OHSU Bob and Charlee Moore Institute for Nutrition & Wellness, which Dr. Thornburg directs.



The center will build on the pair’s culturally respectful and community-engaged relationships to further understand the role of diet in early life. They hope to engage faculty and students in culturally specific research as well as to engage and train Alaska Native people to be future scientists and health care providers. – *LH*



**CHASING ANSWERS**  
Researchers Bert Boyer, Ph.D., and Scarlett Hopkins, RN, M.A., study diet and disease among Yup’ik people in southwestern Alaska.



## De-stressing for the Step 1 exam

**M**ention Step 1 to a medical student, and their heartrate might well increase.

Now in its pilot year, OHSU’s Nourish Program was created to help second-year M.D. students succeed and feel supported during the U.S. Medical Licensing Examination Step 1 study process. The program features weekly tutoring sessions, runs, yoga, guided relaxation, affirmations and gritudes to build community and minimize feelings of inadequacy and loneliness.

Fifty students participate in the optional program, roughly one-third of the class, which is the brainchild of Megan Furnari, M.D. R ’16, M.S., assistant professor of pediatrics, OHSU School of Medicine, and third-year medical student Nishad Sathe.

Nourish is part of a larger effort underway at the school to support student wellness. Last fall, the school awarded “happiness” grants to fund 10 student-led projects that aim to boost medical and graduate student well-being.

## OHSU will reactivate Heart Transplant Program

**O**HSU this spring reaffirmed its commitment and suitability to reactivate its Heart Transplant Program. “It is core to our mission to better the health and well-being of all Oregonians and provide care to transplant patients,” said President Danny Jacobs. “To that end, OHSU will reactivate a robust Heart Transplant Program providing world-class care to Oregonians and beyond.”

All the support elements for the Heart Transplant Program remain in place at OHSU. This includes heart transplant surgeons, nurses, coordinators and other staff. OHSU is also the state’s only heart hospital with advanced experience treating adults born with heart disease and those with inherited disease affecting the heart muscle such as hypertrophic cardiomyopathy – conditions that can complicate care for highly vulnerable heart transplant patients.

To best serve all Oregon residents, a strong, comprehensive, state-of-the-art Heart Transplant Program should include:

- 1. Cutting-edge care for all Oregonians** Care grounded in public service that does not discriminate on the basis of insurance coverage.
- 2. Adult and pediatric capabilities** Expertise to address complex heart conditions across the age spectrum.
- 3. Multi-organ failure capabilities** On-site access to the expertise of other organ transplantation programs, including liver, kidney and pancreas, essential for effective outcomes in patients with multiple-organ failure.
- 4. Unmatched expertise** A deep bench of transplant surgeons, critical care specialists and advanced heart failure transplant cardiologists, whose commitment to training future cardiologists and surgeons requires consistent sharing of expertise, continuous evaluation of current services to ensure best practices and the advancement of that knowledge.
- 5. Cardiovascular Intensive Care Unit** A 24/7 intensive care unit.
- 6. Level 1 Trauma** The highest level of 24/7 lifesaving trauma care for patients in urgent need of highly specialized cardiovascular care.
- 7. Clinical trials** Ability to immediately connect heart transplant patients with a robust array of clinical trials providing the most advanced treatment options.

Since 1985, OHSU has performed more than 700 heart transplants – with patients living decades beyond their heart transplant and a remarkable few living up to 30 years after their initial procedure. – *THB*





ERIK ROBINSON

**PAIN POINT**

Hannah Dischinger, third-year medical student (left), is treated by David Vitello, NP, LAC, instructor of anesthesiology/perioperative medicine, OHSU School of Medicine, as part of the pain intersession in December.

## Educating next-generation physicians amid the opioid epidemic

Aspiring physicians spent the first part of December at what – at first glance – might appear to be an alternative spa getaway: getting a massage and undergoing acupuncture.

In fact, the M.D. students were taking part in a comprehensive program of pain education that stands out among medical schools nationwide. The goal is to ensure the next generation of health care providers understands there are multiple, evidence-based approaches to help patients manage chronic pain apart from opioids, said Philippe Thuillier, Ph.D., who organizes and directs the pain management coursework.

Three times a year, the M.D. curriculum organizes the two-week “intersession,” bringing together OHSU specialists, national experts and patients who understand pain. The school began requiring the focused intersession in 2016 as a fundamental aspect of *YOUR M.D.*

Plenty of medical schools offer elective coursework in pain management, but OHSU requires the two-week pain intersession of all its medical students – whether they aspire to be surgeons, obstetricians or primary care physicians.

“Pain tends to be this nebulous concept,” said Hannah

Dischinger, a third-year student who intends to go into internal medicine. “Some injuries, like a broken arm, are fairly straightforward because it’s easy to see what needs to be remedied. Pain’s different. Historically, it’s been really hard to tackle pain in a way that helps patients feel heard and cared for.”

Beth Hogans, M.D., Ph.D., studies curricula of medical schools across the country. An associate professor of neurology in the Johns Hopkins School of Medicine, Dr. Hogans created a four-day pain course for medical students at Johns Hopkins. She said training in pain management has not historically been considered a primary part of medical practice, but rather “a nice sideline for the most accomplished doctors.”

Although data about pain education across the nation is imprecise, Hogans estimates OHSU is in the top 10 percent among medical schools nationwide. “They’re doing some really innovative stuff,” she said.

*YOUR M.D.* integrates pain management for all four years of medical education, but the pain intersession takes it a step further. It includes 65 hours of class time (compared with 10 hours or less at most medical schools), followed by case studies requiring students to address aspects of pain management concerning clinical practice, basic science and the overall health system.

“The intersession also reinforced the power our words have on our patients,” said student Dischinger, reflecting. “Making sure they know we hear them and believe them is a foundational component of the shared decision-making that is so important for treating pain syndromes.” – *ER*



KRISTYNA GRAFF

## Test your white coat knowledge

Quiz by David Nardone, M.D., professor emeritus of medicine, OHSU School of Medicine. Based on his January OHSU History of Medicine lecture, *The Doctor's White Coat: Symbol of U.S. Medical Profession, Late 19th Century to Present*.

1

Which major figure in American medicine is not associated with the profession’s movement to switch from black to white as the color of physicians’ attire?

- a. Abraham Flexner
- b. John Snow
- c. Walter Reed
- d. Jonas Salk
- e. Louis Pasteur

2

True or false? The switch to white attire occurred around the same time as the advent of commercial laundries in the late 19th century.

3

According to studies, which specialties are not as enthusiastic as others about wearing white coats?

- a. Pediatricians
- b. Infectious disease specialists
- c. Internists
- d. Surgeons
- e. Psychiatrists

4

True or false? Hospitalized patients almost universally prefer that physicians wear white coats.

**Answers** 1. D The body of work by Dr. Jonas Salk occurred in the 1950s, long after the white coat was adopted by the profession. 2. True Prior to the late 19th century, the population – including physicians – wore mostly leather, linen or wool. Cotton came into much wider use due to the inventions of Richard Arkwright and Eli Whitney in the 19th century. But the birth of the commercial laundry industry made it easier and more efficient to clean cotton fabrics. 3. A, B and E Pediatricians and psychiatrists believe that the white coat might intimidate patients as a sign of excessive authority. Infectious disease specialists rightfully claim that white coats are carriers of pathogens. 4. True

## WHAT'S NEW IN THE SCHOOL

- Following a national search, Kenneth Azarow, M.D., FACS, FAAP, was appointed chair of the Department of Surgery having served as interim chair and surgeon-in-chief of OHSU Hospital since 2016.
- Andrea Cedfeldt, M.D., associate professor of medicine, OHSU School of Medicine, and staff physician in the VA Portland Health Care System, was appointed assistant dean for faculty development in the school.
- Donna Hansel, M.D., Ph.D., was appointed chair of the Department of Pathology following a national search. Dr. Hansel comes from University of California, San Diego, School of Medicine where she was professor of pathology and chief of the division of anatomic pathology.
- Owen McCarty, Ph.D., was appointed chair of the Department of Biomedical Engineering having served as interim chair since 2015 and, prior to that, director of the graduate program in biomedical engineering.
- Derick Du Vivier, M.D., M.B.A. (right), assistant professor of anesthesiology and perioperative medicine, OHSU School of Medicine, and OHSU Faculty Senate president, was appointed the assistant dean for diversity and inclusion in the school. – RS



FRED JOE

## Ph.D. students unionize

OHSU and AFSCME Graduate Researchers United reached an agreement certifying AFSCME as the bargaining representative for approximately 250 Ph.D. students on stipends in OHSU’s nursing, medical and public health schools.

“Our Ph.D. students are key contributors to research at OHSU,” said Provost Elena Andresen, Ph.D. “We will work with AFSCME, OHSU Human Resources and our faculty and staff to smoothly implement this change.”

OHSU had sought clarity with the state Employment Relations Board on whether OHSU Ph.D. students on stipends are considered employees for purposes of collective bargaining. OHSU agreed to withdraw its objection, and the ERB hearing was canceled. The first contract negotiations began this spring. – *THB*





RACHEL SHAFER



**DATA-DRIVEN**

Ani Chintalapani, M.D. F '18, is a clinical informaticist at Tuality Healthcare in Hillsboro, Oregon, and a member of the Tuality Division of Hospital Medicine.



RACHEL SHAFER

**QUICK FACTS**

**OHSU CLINICAL INFORMATICS FELLOWSHIP**

- Launched in 2015
- Two-year program
- Six fellows at any given time compared to typical cohorts of one to two
- Celebrated its first graduates in June 2017
- Five fellowship graduates trained so far
- Open to physicians in any board-certified specialty
- Fellows maintain up to 20 percent FTE in their primary clinical specialty

# A prescription for ailing electronic health records

Clinical informatics fellowship leads the nation in new field

By Jennifer Smith

“code like a neurologist.” That’s Amelia Drace, M.D., M.S.C.I., first-year clinical informatics fellow who brings a coder’s affection for technical solutions to her practice of pediatric neurology.

OHSU’s clinical informatics fellowship was among the first programs approved by the Accreditation Council for Graduate Medical Education (ACGME) for training in the subspecialty, a relatively new field for physicians.

Now, the four-year-old program is one of the largest of its kind in the nation (see sidebar). It’s administered by the Department of Medical Informatics and Clinical Epidemiology, nationally known for excellence in all things informatics.

Clinical informatics explores information technology and

data flow in health care settings and how clinicians and patients use them. “Physicians not only develop skills that have to do with technology and data science, but also those that relate to managing people and projects,” said Vishnu Mohan, M.D., M.B.I., FACP, FAMIA, program director.

Dr. Drace caught the computer coding bug as an undergraduate student when a friend taught her web design. It remained a hobby throughout medical school, but she did not see the potential for clinical informatics as a specialty until well into her training at Washington University in St. Louis.

“During residency and my pediatric neurology fellowship, I became fascinated with the many ways in which electronic health records did not meet the needs of clinical providers,” she said.

So she designed custom web applications for the Washington University Neurology Department, applying her skills in programming and interface design to the particular needs of busy clinical services and medically complex patients.

Now as a clinical informatics fellow, she’s found her niche, working to improve technical systems to better patient care and enhance a clinician’s experience.

Fellowship graduates are putting their skills to work. Ani Chintalapani, M.D. F '18, is a clinical informaticist at Tuality Healthcare in Hillsboro, Oregon, and a member of the Tuality Division of Hospital Medicine. He was integral to an electronic health record conversion at Tuality, providing “elbow support” to physicians getting to know the EHR and being a liaison between clinicians and the information technology group.

Dr. Chintalapani said learning the importance of systematic and evidence-based approaches to solutions during his OHSU clinical informatics training prepared him well for his current role. “Your ability to succeed in this field depends on how well you can connect with people and navigate an organizational landscape,” he said. “IT in health care is still very much a human endeavor.”



Your ability to succeed in this field depends on how well you can connect with people and navigate an organizational landscape.

**Dr. Ani Chintalapani**



# Medicine is approaching its own #MeToo moment

Essay by M.D./Ph.D. students Kelsey Priest, Ph.D., M.P.H., and Caroline King, M.P.H.; illustrations by Maggie Wauklyn

In medical school, we learn about Broca's area, the region of the brain that when injured prevents a person from translating their thoughts into spoken word. When this area is damaged, from a stroke or traumatic injury, the person can hear a partner declare their love or a child cry, but are unable to vocalize a response. Silenced by their injury, their voice is trapped.

As medical students, like an injury to Broca's area, we may hear and intimately know the experiences of gender violence, but we are unable to share these stories. Our voices are trapped and silenced by complex policies and regulations, exacerbated by the hierarchical and apprentice-based training environment. *It's not safe to speak.*

## An unspoken epidemic

An alternative to using our voices is to use data; public health statistics and numbers may tell our stories more safely. The recently published report from the National Academies of Science, Engineering, and Medicine (NASEM) on sexual harassment in academia unveils the pervasive issue of gender violence in medical training. The findings from the report found that women medical students were 220 percent more likely than non-science students to experience sexual harassment and that nearly half of women medical students experienced sexual harassment from faculty. *These statistics demonstrate a betrayal by the people who are supposed to teach us how to be healers.*

And yet this study – essentially the only published of its kind – is limited in scope. The data were collected at only two

medical schools and does not include peer-to-peer or patient violence. In effect, medical schools have failed to survey students about gender violence during training with the rigor necessary to understand the topic.

What we do know about gender violence is largely from the general population. Gender violence occurs along a continuum – from harassment, obscenity, stalking, sexual assault, to trafficking – and it is pervasive in the U.S. Twenty-three million women report an experience with rape or attempted rape in their lifetime, and one in four female college students are sexual assault survivors. *Gender violence is a public health epidemic.*

Medicine is approaching its own #MeToo moment as seen by recent events, including: the criminal charges of sexual misconduct against prominent physician leader Dr. Thomas Frieden; the prestigious promotion and subsequent demotion of Yale professor Dr. Michael Simon; and the sexual harassment lawsuits at academic health centers: Dartmouth, University of California San Francisco, and the University of Maryland. Federal laws – Title VII, Title IX, the Clery Act – have long mandated institutional responses to remedy gender violence at federally funded institutions; however, few of these mandated processes are survivor-centered, and institutional violations are all too common.

Further, proposed changes to Title IX guidance would weaken an already frail system for addressing gender violence in academic settings. The new rules would give institutions the option to demand a higher evidentiary standard to adjudicate investigations and would not require the investigation of off-campus offenses. This is particularly problematic for medical trainees because our training requires us to travel for residency interviews, away rotations, and conferences.





## Addressing gender violence in medicine

As we look for solutions to address gender violence in medicine, in a rapidly evolving federal context, one stop-gap option is the use of privileged or confidential advocates. Advocates do not exist at every institution, and their specific protections vary by state. Advocates provide people who have experienced gender violence with information about institutional, criminal and civil actions, as well as non-reporting alternatives. They are certainly not a fix-all, and their role of providing information without the requirement of action may leave survivors feeling overwhelmed. However, unlike nearly all other faculty and staff on campuses, advocates are protected from subpoenas and exempt from Title IX reporting.

In 2018, OHSU took steps to improve resources for students, residents, faculty, and staff experiencing gender violence by building an advocacy program. Last February, OHSU held its first community listening session on sexual harassment, convened by prominent women-identified institutional leaders. During the listening session, we drafted and read a letter to a filled lecture hall, outlining how to improve access to gender violence resources. With support from faculty champions and the Title IX office this effort led to the funding and establishment of a campus-wide gender violence program, the Confidential Advocacy Program.

Although there is certainly more to do, an early win like this sends a powerful message to the house of medicine that experiencing gender violence during training should not be the price of admission to the profession. We urge the medical education community to take four fundamental steps:

- **Research.** Medical schools and regulatory bodies – including the Association of American Medical Colleges, the Accreditation Council for Graduate Medical Education and the American Osteopathic

Association – fail to collect data on gender violence using evidence-based tools, such as the ARC 3 campus climate survey. Each year, thousands of medical students, residents, and fellows receive surveys that fall below the scholarly standards of sociology, criminology and gender studies.

- **Resources.** Institutions must invest in support services for students who experience gender violence, such as advocates. Institutions must look to the lessons learned in other contexts (e.g., college campuses) and translate evidence-based prevention interventions to medicine.
- **Regulation and policy scan.** Medical education leaders must assess how organizational and national policies impact trainees who are gender violence survivors and offenders. There are many policy domains to study, including federal grant funding, medical specialty organizations and honorary societies, academic conferences, and educational protection policies for clinical students.
- **Reconceptualize.** Many contemporary solutions to addressing gender violence focus on the criminal justice system. Although that may work well for some, students would benefit from additional options. Institutions should learn from other models for resolution. One promising model is restorative justice; leaders and researchers at UC Davis are using this modality to address learner mistreatment in medical school.

Healing this system will take time and effort from those with the power to create change. As students, we are using the tools available to us, albeit limited, to translate the stories that we hear into action. Together, we can and should expect medicine to be a violence-free learning environment. **E**

*Editor's note: A version of this essay first appeared in KevinMD, a website for physicians.*

FEATURE



# OPEN DOORS

BE OUR GUEST

Melody Rose Aho, 2, enters the Ronald McDonald House Charities at the new OHSU Gary & Christine Rood Family Pavilion. Story next page.

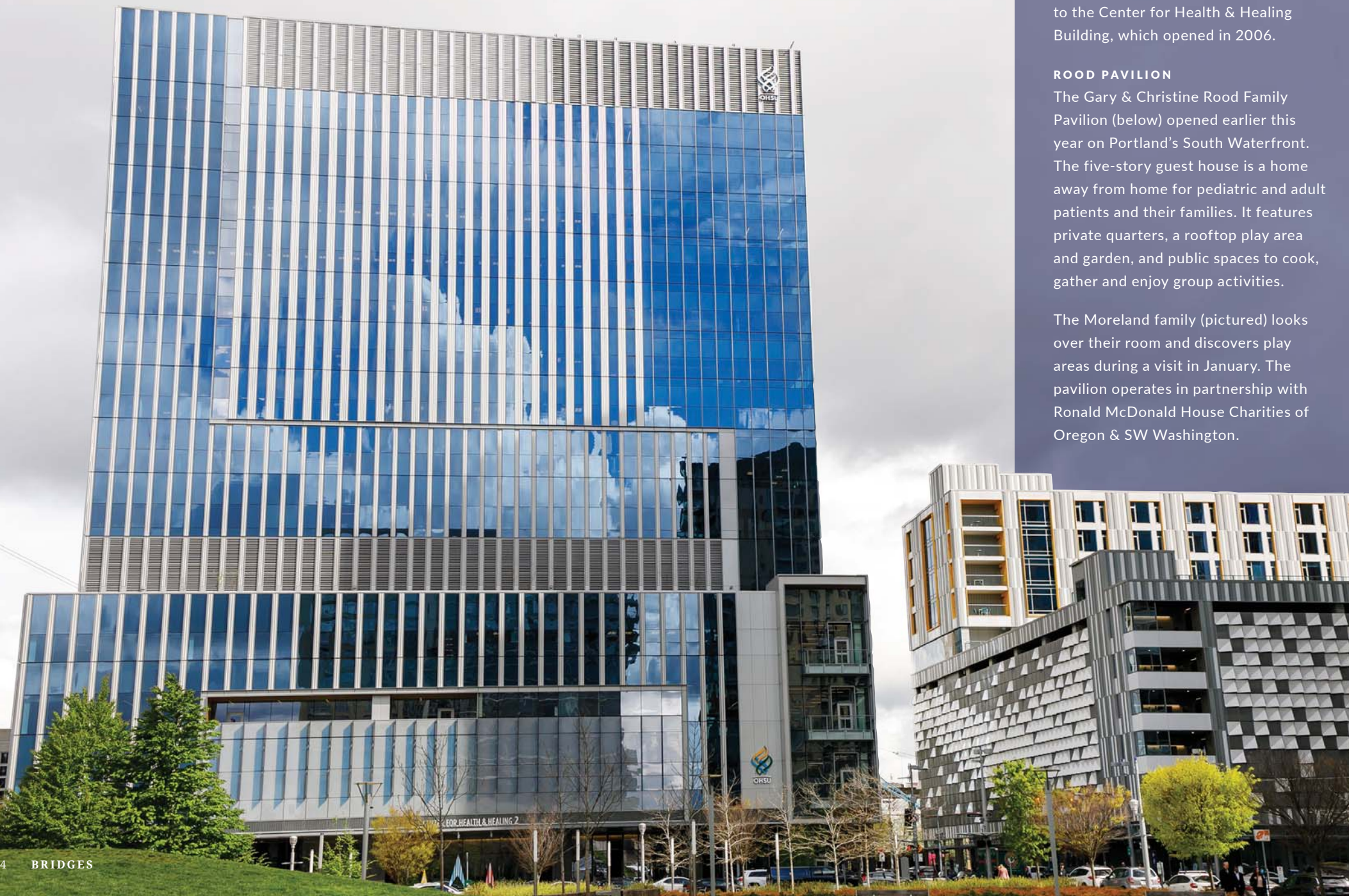


# New guest house, clinical building expand OHSU's health care mission

Photos by Kristyna Wentz-Graff

### CHH 2

When the Center for Health & Healing Building 2 opened on April 8 (below left), the majority of OHSU's overnight day patient care moved from Marquam Hill to the South Waterfront. The 15-story facility features high-acuity ambulatory care, highly complex outpatient surgery and invasive procedures, clinics, space for clinical trials and an innovative Outpatient Care



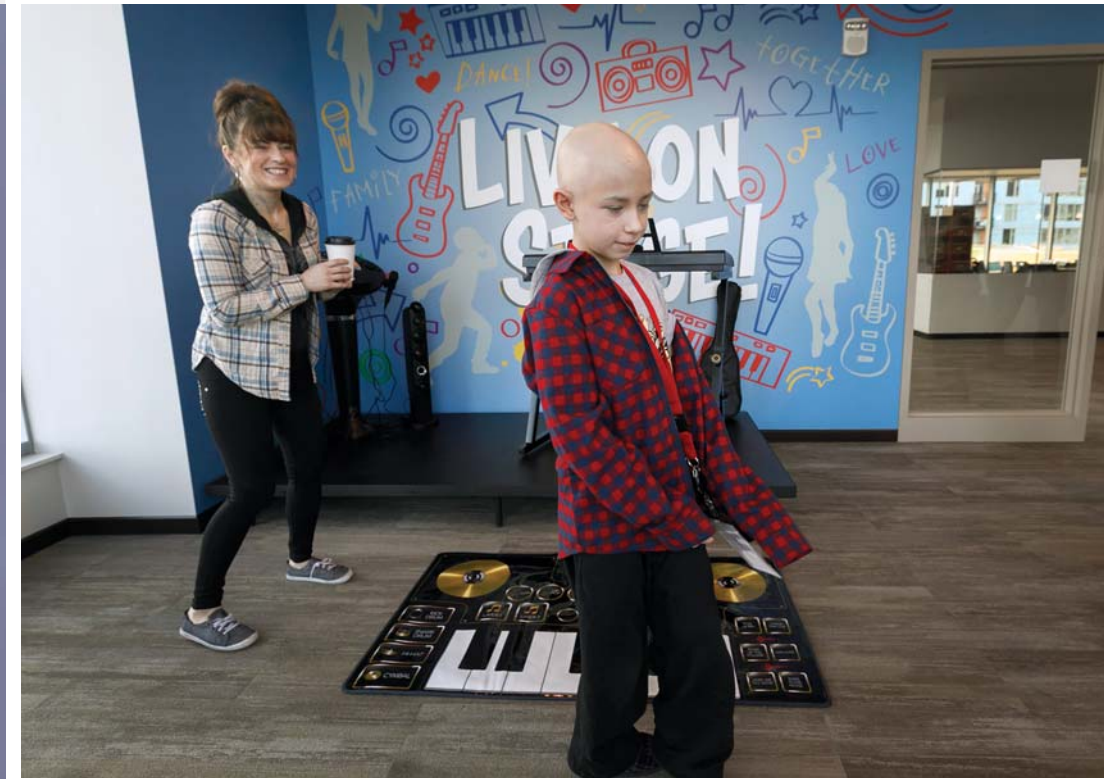
### CHH 2 (cont.)

Unit where adults can stay and recover for up to 48 hours. It's connected to the Center for Health & Healing Building, which opened in 2006.

### ROOD PAVILION

The Gary & Christine Rood Family Pavilion (below) opened earlier this year on Portland's South Waterfront. The five-story guest house is a home away from home for pediatric and adult patients and their families. It features private quarters, a rooftop play area and garden, and public spaces to cook, gather and enjoy group activities.

The Moreland family (pictured) looks over their room and discovers play areas during a visit in January. The pavilion operates in partnership with Ronald McDonald House Charities of Oregon & SW Washington.





STORIES OF THE  
2019  
ALUMNI AWARD  
WINNERS

by Carin Moonin



KRISTYNA WENTZ-GRAFF

# A wave of kindness

**JOHN BARRY, M.D. R '73**  
**ESTHER POHL LOVEJOY LEADERSHIP AWARD**

One morning 13 years ago, Dr. John Barry, then 65, woke up and decided he wanted to give surfing a try.

In Hawaii for a family wedding, he called up a surf school and was there within the hour.

It's become one of his favorite hobbies. "When I catch a wave, I can be 17 again," said Dr. Barry, who is now 78.

Over five decades at OHSU, Dr. Barry, professor of urology and professor emeritus of surgery, Division of Abdominal Organ Transplantation, has become a force of nature as well. After he received his medical degree, he joined the U.S. Air Force and served as a captain and general medical officer. While stationed in Asia and deciding where to go for his urology residency, he made a checklist with his requirements. He wanted somewhere with a university program, a VA hospital, a children's hospital and a county hospital (now Multnomah Pavilion). There needed to be research opportunities. Raised in rural Minnesota, he preferred water and woods nearby – but mild winters.

Most important, he wanted a place where the urology team would perform kidney transplant surgeries.

OHSU was the only choice.

A major public policy shift in kidney transplantation happened around the same time Dr. Barry began his urology residency here: In 1972, the Medicare end stage renal disease (ESRD) program was passed, as a part of the Social Security Amendments of 1972. This allowed patients with ESRD to use Medicare as their primary insurer for kidney transplants.

This, Dr. Barry said, has saved thousands of lives.

In the early 1970s, a third of transplanted kidneys had failed by the first month; now, it's 3 percent by the end of the year. Patient mortality has greatly improved: Then, about a third of patients didn't survive a year after transplant. Today, it's



If retirement is doing what you want to do, I retired when I finished my residency on July 15, 1973.

**Dr. John Barry**

about 1 to 2 percent. He credits this to transplant developments including new surgical technologies and immunosuppression therapy advancements.

Now 78, Dr. Barry has quite a reputation. His positions at OHSU have included director of kidney transplantation and head of the Division of Urology and Renal Transplantation. He's been president of the American Urological Association, the American Board of Urology and the American Association of Genitourinary Surgeons, among others. He's won national and international awards such as the Society of Government Services Urologists H. Godwin Stevenson Award, the Ramon Guiteras Award of the American Urological Association and Laureate of the Societe' Internationale d'Urologie Astellas-European Foundation.



Throughout his career, he has traveled all over the world in service of transplantation and urology, including Egypt, Japan, India, Bangladesh, Saudi Arabia, Yugoslavia, Nepal, Mexico and Argentina. Most were visiting professorships or lectures, but two places stand out in particular for him: Riyadh, Saudi Arabia, where he helped establish a transplant service; and Hermosillo, Mexico, where he worked with the hospital team to create a pediatric kidney transplant program.

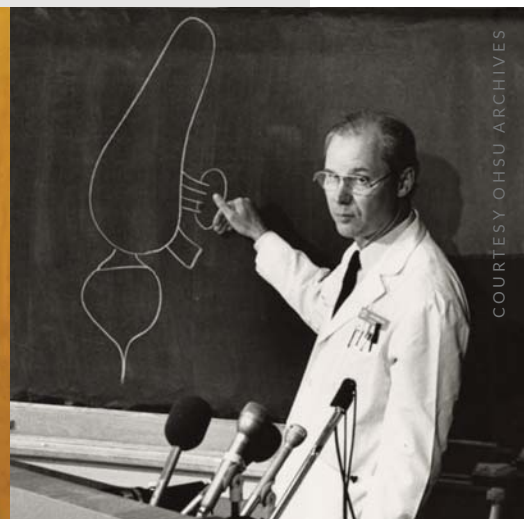
Back home, Dr. Barry performed his 2,500th kidney replacement in December 2018.

“I have so much respect for him,” said Mary Gale, a former patient who received that 2,500th kidney. “You can tell how much he cares and how much he wants to make a difference in people’s lives. What Dr. Barry does is magical.”

Although Dr. Barry says no day is typical, his week generally goes like this: He’s up at 5:30 every morning. Mondays mean a teaching conference at 6:30 a.m., then office time and pre-op assessments for potential transplant recipients. Tuesdays are transplant days; it may be well after 10 p.m. by the time he arrives home. Wednesdays are spent at the South Waterfront general urology clinic in the morning, and on Marquam Hill with transplant candidates in the afternoon. Every other Thursday he teaches at transplant conferences. Fridays, if he’s

#### 40 YEARS AND COUNTING

Below, from left, Dr. John Barry with a kidney preservation pump, which is used to preserve harvested kidneys before transplanting them into a recipient, circa 1973. Drawing his team’s first pancreas transplant during a press conference circa 1987. With his 2,500th transplant patient, Mary Gale, who received a new kidney on Dec. 4, 2018. Since OHSU began offering kidney transplants in 1959, Dr. Barry has performed roughly half of them.



not operating, he takes the day off.

He considers this a half-time position.

Working with students inspires Dr. Barry. “Our students have always been cream of the crop,” he said. “They’re intelligent, motivated and want to do the right thing. And they’re electronically savvy. Education goes both ways; it’s like drinking from the fountain of youth.”

David Jiang, M.D., is a fourth-year urology resident who has worked with Dr. Barry on many transplants. “Dr. Barry has so much finesse when he’s operating,” he said. “When you do a case with him, everything just falls into place.”

Dr. Barry also enjoys design and medical illustration; he draws examples of procedures for patients so they can understand what will happen. “Patients appreciate this,” said Poone Shoureshi, M.D., a third-year urology resident. “It helps take away some of the stress after they wake up from surgery.”

Not only does Dr. Barry apply his visual skills for patients, he also uses them in his spare time. His photography awards include first place in *The Oregonian*’s 2011 “Far Away Places” photography contest.

Even though Dr. Barry officially works half-time, he has little intention of calling it quits. “If retirement is doing what you want to do, I retired when I finished my residency on July 15, 1973,” he said.

A Chinese scroll hangs in his office, which is packed with conference lanyards, cards from his wife, pictures of his granddaughter and books with his contributions spilling from shelves.

Its characters spell out “Let go.”

But it’s not about catching the next wave. It’s about when to pack it in.

For that to happen, Dr. Barry said, three things need to occur. First, if he no longer meets his own high standards for care. Second, if his presence interferes with the urology or transplant departments. And third, “If it’s no longer magic.”

## Old-fashioned care meets updated technology



I want technology to help me take better care of my patients.

Dr. Robert Wah



JORDAN SLEETH

#### ROBERT WAH, M.D. '83

#### CHARLES PREUSS DISTINGUISHED ALUMNUS AWARD

For Dr. Robert Wah, health care runs in the family. His father was a dentist. His grandfather practiced Traditional Chinese Medicine in John Day, Oregon. The store in which he practiced dates to the 1870s; it’s now known as the Kam Wah Chung State Heritage Site, one of the best-preserved environments of Chinese immigrants in Western America.

“I remember this dark, musty place and how my grandfather would always let me take something off the shelf,” Dr. Wah said.

The tools that captivate Dr. Wah these days are slightly more high-tech.

After graduating from OHSU, he joined the U.S. Navy and stayed for 23 years. He trained at the National Naval Medical Center for his residency and at Harvard Medical School for a fellowship in reproductive endocrinology.

In 2001, he joined a Pentagon team working to improve population health in the military. He soon became frustrated.

“I was in a meeting with developers and engineers looking at screen shots of the next electronic health record. I asked, ‘Has anyone here ever seen a patient? I see a system providers likely won’t use,’” he said.

That led to a conversation with the military’s chief information officer, who said, “You’re asking good questions. Would you like to help answer them?”

Dr. Wah eventually became associate chief information officer of the U.S. military health system, as the lead physician for information technology (IT) in an organization that cares for 10 million military patients around the world. He then went on to the U.S. Department of Health and Human Services to help start the Office of the National Coordinator for Health IT and develop national strategy for health IT.

Currently, he’s a practicing reproductive endocrinologist at the National Institutes of Health and the Walter Reed National Military Medical Center in Bethesda, Maryland. He also served as president of the American Medical Association from 2014-2015.

Digital health care offers opportunities like machine learning and data analytics, he explained. For example, developers can teach a system to determine a normal X-ray, allowing providers to focus on complex cases. Or data might show patterns in patients who develop cancer.

But he’s not drawn to technology for technology’s sake. “I don’t have a computer science background; I don’t code on the weekends, but I do want technology to help me take better care of my patients,” he said.





Dr. Chang credits his research focus to time spent with OHSU heavyweights Drs. Soderling, Thayer, Tyner and Druker.

“His questions push us to think harder”

**BILL CHANG, M.D., PH.D. '00 R '03 F '06**

**RICHARD T. JONES DISTINGUISHED ALUMNUS SCIENTIST AWARD**

Initially, Dr. Bill Chang wanted to be a surgeon.

But during his third-year clerkship in pediatric hematology-oncology, he realized he enjoyed working with these patients and felt a kinship with the team.

“It reinforced what I liked about medicine and what I wanted to do with my life,” he said.

After completing his M.D./Ph.D. at OHSU, he stayed for a residency in pediatrics and then a fellowship in pediatric hematology-oncology.

He then accepted a faculty position.

Dr. Chang’s research focuses on understanding the biology of childhood leukemias and identifying new targets for therapy. Anyone who presents with leukemia can participate in his study that takes a sample of their cancer to learn what drives their cancer to grow.

His research could ideally lead toward building a library of data to determine patterns of responsiveness, and then move into clinical trials to test drugs on patients. Many of these drugs have been tested in other diseases or in adults; they would be repurposed for the pediatric population.

Dr. Chang credits his research focus to time spent with OHSU research heavyweights Thomas Soderling, Ph.D., professor emeritus and senior scientist at OHSU’s Vollum

Institute; Mathew Thayer, Ph.D., professor of biochemistry and molecular biology, OHSU School of Medicine, as well as Jeffrey Tyner, Ph.D., associate professor of medicine, OHSU School of Medicine, and Brian Druker, M.D., director of the OHSU Knight Cancer Institute. They built up his interests in signal transduction – the transmission of molecular signals within a cell – and the detection of personalized, gene-targeted cancer therapies.

“Bill brings intellectual curiosity to everything,” said Linda Stork, M.D., professor of pediatrics, OHSU School of Medicine, and head of the Division of Pediatric Hematology Oncology. “His questions push us to think harder than we would otherwise, which is critically important.”

He’s also known for bringing levity into the workplace, from bursting into an ’80s pop song to an uncanny Chewbacca impression. Not only does he build molecular models in the lab, he’s also been known to make 3-D Lego replicas – of Star Wars fighters.

But he always finds a way to bring it back to patient care; after all, his research is based on patient samples.

“It’d be great if we could say, ‘Here is the type of leukemia you have – and here are the drugs that will cure you, with no toxicities,’” he said. “I would love for that to be the future.”

## Planting the seeds for better care access

**JOHN HEINTZMAN, M.D. R '05, M.P.H.**  
**EARLY CAREER ACHIEVEMENT AWARD**

A printout of the Wendell Berry poem, “Manifesto: The Mad Farmer Liberation Front,” is taped to the door of Dr. John Heintzman’s office.

“Plant sequoias. Say that your main crop is the forest that you did not plant, that you will not live to harvest.” To Dr. Heintzman, that means two things. First, don’t follow the well-trod path; second, make your life about something in which you may never see the final result.

“Follow principles and work for something higher than yourself,” he said.

After finishing his family medicine residency in 2005, Dr. Heintzman began working at primary care clinics in Clackamas County, where he became increasingly aware of discrepancies in care.

“For reasons that were unclear to me, it seemed as if patients who were immigrants had a tougher time accessing basic prevention services, such as screenings for breast and cervical cancer and high blood pressure,” he said. “It was hard to know the dominant barriers.”

It wasn’t just language: The clinic had interpreters. Insurance and transportation concerns didn’t explain it, either.

Over the next several years, Dr. Heintzman started to ask questions about why outcomes were the way they were.

That brought him back to OHSU for master’s degrees in public health and clinical research. This allowed him to pursue a research career examining health disparities in access to care in Latino communities. He also remains a practicing family medicine doctor, both at OHSU Family Medicine on the South Waterfront and at OHSU Hospital.

At OHSU, Dr. Heintzman studies one of primary care’s fundamental questions: How can everybody get care?

Part of his early research shows that patients at a community health center, versus a primary care clinic, may experience fewer discrepancies in care. Community health centers have culturally appropriate resources, different payment models or enhanced teams to deliver care.

Steffani Bailey, Ph.D., research assistant professor of family medicine, OHSU School of Medicine, collaborates with Dr. Heintzman as a co-investigator. “He is truly the definition of a patient-oriented clinician-researcher,” she said.

Dr. Heintzman understands this kind of work will take decades to study. But he finds value in the process. “Studying health disparities is more than a paper or cool graphs,” he said. “We have the potential to make a difference.”



Follow principles and work for something higher than yourself.

Dr. John Heintzman





## Class notes

### WE WELCOME YOUR NEWS AND PHOTOS

Email alumni@ohsu.edu or write a note to *Bridges* Class Notes c/o Rachel Shafer, OHSU School of Medicine, 3181 S.W. Sam Jackson Park Rd., MC L102, Portland, OR 97239. Please write a maximum of 250 words and include your name, degree/training information and graduation/completion year. We may not be able to publish all items and may edit for length and clarity.



## 1980s

▲ Members of the M.D. Class of 1983 took advantage of their 35th reunion to fully endow a student scholarship that the group created five years earlier. The effort was led by **Kathy Grewe, M.D. '83**, and **John Ross, M.D. '83** (who is pictured with Tracy Bumsted, M.D., M.P.H., FAAP, the school's associate dean for undergraduate medical education).

## Thank you

We recognize the commitment of our 2018 reunion coordinators and are grateful for their work: **Walt Meihoff, M.D. '59 R '63**; **Jerry Goldstone, M.D. '65**, **Stan Huber, M.D. '65**, **Jim Fearl, M.D. '65**, and **George Waldmann, M.D. '65**; **Robert J. Laird, M.D. '68**; **David Grube, M.D. '73**; **Sam Booth, M.D. '78**; **Kathy Grewe, M.D. '83 R '90**, and **John Ross, M.D. '83**; **Chris Griffin, M.D. '88**; **Leanne Chrisman-Khawam, M.D. '93**; **Jonathan Lindgren, M.D. '98 R '01**; **Sara Aghamohammadi, M.D. '08**; and **Valerie Carlberg, M.D. '13**.

**Christopher Amsden, M.D. '84**, wrote, "I'm working in pain medicine, physical medicine and electromyography mostly at the coastal junction of Oregon and California, for both Curry Health Network in Curry County and in Crescent City, California, for Sutter Health. Doing some independent medical examination work here and there in Oregon and potentially up in Washington. My wife **Niki Amsden, Ph.D. F '89**, works as a neuropsychologist for the VA Puget Sound Health Care System south of Tacoma, Washington. We have two grown kids: one an eastern Chinese medicine practitioner and the other is an engineering technologist."

## 2000s

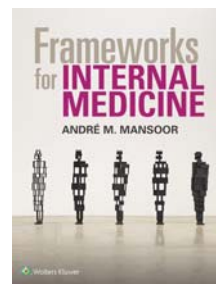
The Oregon Office of Rural Health selected **Sharon DeHart, B.S. '01, PA-C**, as its 2018 Oregon Rural Health Hero of the Year. DeHart is clinic director of Deschutes Rim Health Clinic and South Wasco County's only full-time provider since the clinic's founding in 2007.

The American Medical Informatics Association elected **Peter Embi, M.D. F '02, M.S. '02**, chair of its board. Dr. Embi co-authored the organization's first Code of Ethics and is frequently sought as a reviewer and consultant. Dr. Embi is president and CEO of the Regenstrief Institute.

**Carolyn Petersen, Cert. '07, M.B.I. '09**, was invited to contribute to the international 2018 *Yearbook of Medical Informatics*. Her article, "Through Patients' Eyes: Regulation, Technology, Privacy, and the Future," challenges

health care professionals to think more broadly about how to preserve privacy in a health care environment driven by data sharing.

► **André Mansoor, M.D. '09**, authored *Frameworks for Internal Medicine* published by Wolters Kluwer. The textbook covers differential diagnosis and discusses 50 of the most commonly encountered clinical problems in internal medicine.



## 2010s

**Shoshana Ungerleider, M.D. '10**, works as an internist practicing hospital medicine at California Pacific Medical Center in San Francisco, California. Dr. Ungerleider executive produced *End Game*, a short documentary on hospice and palliative care. It premiered at the Sundance Film Festival in 2018 and was acquired by Netflix.



◀ **Julia Maxson, Ph.D. '11**, received a Scholar Award from the American Society of Hematology. Dr. Maxson runs a

lab in the OHSU Knight Cancer Institute investigating how genomic changes manifest at the cellular level to promote cancer formation and progression.

**Valerie Carlberg, M.D. '13**, joined the Medical College of Wisconsin and Children's Hospital of Wisconsin as an assistant professor of dermatology and attending physician in pediatric dermatology. She specializes in pediatric patients undergoing cancer therapy, pediatric dermatologic surgery and vascular anomalies and recently introduced a new curriculum "The Art of Observation." Participants study and discuss fine art and clinical images

using an evidence-based teaching method to improve visual literacy, diagnostic accuracy, communication with patients and colleagues, empathy and tolerance for ambiguity.

Last fall, **Abby Dotson, Ph.D. F '16**, became director of the Oregon POLST Registry and research assistant professor in the OHSU Department of Emergency Medicine.

## In memoriam

**Robert Bain, M.D. '57**, of Salem, Oregon, died Jan. 19, 2019, at age 87.

**William Buss, Ph.D. '71**, of Miami, Florida, died Dec. 25, 2018, at age 80.

**Gerald Christensen, M.D. '61**, of Omaha, Nebraska, died Jan. 26, 2019, at age 83.

**Lyle Crecelius, Sr., M.D. '62 R '69**, of Spokane, Washington, died Dec. 7, 2018, at age 83.

**Richard Drake, M.D. '59**, of Portland, Oregon, died Nov. 26, 2018, at age 85.

**Margaret Ekstrand, Cert. '52**, died Feb. 7, 2019, at age 90.

**Tae Ha, M.D. '14**, of Fresno, California, died Feb. 21, 2019, at age 36.

**Susan Laing, M.D. '82 R '86**, of Salem, Oregon, died Feb. 10, 2019, at age 69.

**Georgia Lee, M.D. '47 R '70**, of Portland, Oregon, died Dec. 28, 2018, at age 95.

**Paul Leitschuh, M.D. '79**, of Tampa, Florida, died Nov. 3, 2018, at age 68.

**Ugo Raglione, M.D. '52**, of Portland, Oregon, died Feb. 15, 2019, at age 96.

**Vincent Seid, M.D. '68**, of Los Gatos, California, died Dec. 7, 2018, at age 75.

**Diane Tomar, M.D. '90**, of Smith River, California, died Jan. 28, 2019, at age 73.

**Graham M. Watkins, M.D. '61**, of Farmington, New Mexico, died Feb. 17, 2019, at age 88.

In memoriam is also online at [www.ohsu.edu/som/alumni](http://www.ohsu.edu/som/alumni).

## Calendar

### Upcoming Events

For the latest information and more events, go to [www.ohsu.edu/som/alumni](http://www.ohsu.edu/som/alumni).

#### OHSU Convocation and Hooding Ceremony

**JUNE 3** 1 p.m. OREGON CONVENTION CENTER, PORTLAND, OREGON

#### White Coat Ceremony

**AUG. 9** 10 a.m.–noon OREGON CONVENTION CENTER, PORTLAND, OREGON

### Continuing Professional Development

#### 3rd Annual Infectious Disease for the Non-Specialist

**MAY 30-31** SALEM CONVENTION CENTER, SALEM, OREGON

#### Is There a Doctor on the Plane? When Medical Professionals Are Asked to Help In-Flight

**JUNE 28** MCMENAMINS KENNEDY SCHOOL, PORTLAND, OREGON

#### Refugee Health

**JULY 15** ADVENTIST MEDICAL CENTER, PORTLAND, OREGON

#### Encore: Third Annual Adult Mental Health Update

**SEPT. 13** OREGON MEDICAL ASSOCIATION BUILDING, PORTLAND, OREGON

#### 14th Annual Hospital Medicine Conference

**SEPT. 26-27** SENTINEL HOTEL, PORTLAND, OREGON

#### 20th Annual Oregon Geriatrics Society Conference

**OCT. 4-6** SUNRIVER RESORT, SUNRIVER, OREGON

#### 14th Annual Pediatric Review and Update

**OCT. 17-19** SENTINEL HOTEL, PORTLAND, OREGON

Schedules are subject to change. Please contact 503-494-8700 or [cme@ohsu.edu](mailto:cme@ohsu.edu) for brochures and program updates. For the latest information on these and other continuing professional development events, visit [www.ohsu.edu/som/cme](http://www.ohsu.edu/som/cme).





Alumni Relations Program  
1121 SW Salmon Street, Suite 100  
Portland, OR 97205

# HELP US TAKE ON THE *IMPOSSIBLE*

OHSU has a long history of tackling the toughest questions and the biggest challenges – and delivering. Putting the power of philanthropy behind bold ideas, we can transform human health by matching passionate individuals with an inspiring vision. Our gift planning team is here to assist you in harnessing the potential of wills, trusts, real estate, stocks and other assets to change countless lives.

**CALL OR VISIT US ONLINE TO LEARN MORE**



*OHSU & Doernbecher*  
**FOUNDATIONS**

Office of Gift Planning  
503-228-1730  
[giftplanning.ohsufoundation.org](http://giftplanning.ohsufoundation.org)  
[giftplanning.dchfoundation.org](http://giftplanning.dchfoundation.org)