UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE
CARING FOR THE STATE

Without the College of Medicine, physicians in the state of Illinois would be considerably fewer and farther between. The University of Illinois College of Medicine and its four campuses train and retain physicians across the state who serve nearly 90 percent of the counties in Illinois. Our mission is to produce new knowledge in the medical sciences, develop best practices in health care delivery and educate the next generation of physicians and biomedical scientists committed to serving the needs of Illinois and the nation.

1 of 6 physicians in Illinois have received their MD or resident training from the College of Medicine.

12,411 total alumni in Illinois

Nearly 70% of minority physicians in Chicago received College of Medicine training.

60% of Illinois' minority physicians are trained at the College of Medicine.

47th in NIH funding among 128 medical schools

3rd among all U.S. medical schools graduating primary care physicians.

New Discoveries

Among the many ways the College of Medicine is leading collaboration to improve health.
The tools we use for teaching are rapidly evolving. The number of hours medical students spend in the traditional lecture hall continues to decline. Today’s students often are in small group learning sessions engaged in team-based learning with IRATS and GRATS (Acronyms for tests that themselves are new to the vocabulary of medical education). Those lectures that do occur almost always are recorded now so students have the option of listening to them from home.

Simulation is an increasingly important teaching tool. We use all kinds of devices to teach specific skills – everything from heart tones, to breast masses, to pelvic exams can be simulated. But technical skills are a small part of what a student needs to learn. We teach communication and diagnostic skills by using actors to simulate elder abuse, team training, conflict resolution and many other skills. Faculty also benefit as we use actor “students” to simulate teaching dilemmas and improve the teaching skills of our faculty.

We’ve created new courses – for instance this March we delivered an “intern boot camp” for fourth-year medical students – consolidating their knowledge and preparing them for the new responsibilities they will be assuming in July.

However some aspects of teaching remain the same.

Diagnostic skills are still best learned by addressing the chief complaint of an individual patient. Knowledge is still easier to retain if learned in the context of a patient’s problem. The art of being a doctor is still gained by observing a physician you admire as they interact with a patient.

Recently, I watched some of my faculty as they taught other faculty, residents and medical students. Something else that hasn’t changed: The best teachers still have the same skills. Their teaching is focused on the good of the patient. They are very knowledgeable, but remain willing to say, “I don’t know” and then follow that comment with a search for the answer. Most of all, their enthusiasm for teaching and their interest in each learner is evident on their faces. That joy in teaching remains an inspiration to their learners and to all of us who work in medical education.

Some of the tools we use to teach may change, but the skills and attitude of the teacher remain the unchanging heart of our educational mission. The University of Illinois College of Medicine at Peoria is blessed to have so many exceptional teachers!
When Disaster Struck

When a disastrous storm struck central Illinois on November 17, 2013, our community was devastated. An EF-4 tornado damaged or destroyed 1,000 homes in Washington and hundreds more nearby, were smashed and ruined. Two people were killed and the storm was indirectly responsible for a third death. The lives of many were forever changed.

In the days that followed, the surrounding communities came together to offer help in the form of food, shelter and courage. The College of Medicine was there, indirectly responsible for a third death. The lives of many were forever changed.

A warm blanket goes a long way

The UICOMP pediatric residents wanted to reach out to the many children who lost everything. A warm blanket can go a long way in offering comfort, so they made over 40 fleece blankets to deliver to children impacted by the storm. They also collected donations of crayons and coloring books, and collected over $300 in restaurant gift cards to give to displaced families.

"As we drove out to Washington and I saw the destruction for the first time, I was humbled and wished we could have done so much more. We are very proud of the residents, their generosity and their commitment to our community."

– Elizabeth Kramer, Pediatric Residency Program Director and Clinical Assistant Professor of Pediatrics

Close to Home

Heather Close, the College of Medicine Psychiatry Residency Coordinator, was at home with her family when the tornado ripped through. They had just enough time to get to the basement.

"Once the basement bathroom door was shut, there was 10 seconds of silence and then we could feel and hear the house being twisted and pulled away. It’s a lot like being surrounded by airplanes taking off," she later said.

"After the tornado, we recovered our kitty, Jingle, and our two parakeets, Jules & Lemon. The birds had been buried in insulation and dry wall, but their cage kept them in and the insulation kept them warm enough to survive. Jingle was huddled up in the basement bedroom tucked in the mattress."

We were able to move into my parent’s basement. With the help of friends, Bethany Church Work Group and our UICOMP family members, we demolished what remained of our house down to the studs and cleaned out our water-soaked basement. We spent a significant amount of time shopping for clothes and things you didn’t know you used so much.

"Thank you to all our UICOMP family for the emails and words of encouragement, for the financial support and your prayers. Your prayers are being answered—we are doing well! Some days are easier than others but things are definitely on the upswing! We remain overwhelmed by the outpouring of thoughtful kindness and support we received and continue to receive. Now, we are fervently awaiting spring so we may rebuild."

Helping to Heal

Faculty and Residents of the Department of Psychiatry and Behavioral Medicine in collaboration with UnityPoint Clinic at Washington provided free counseling for victims of the Washington tornado. More than a dozen individuals volunteered their time over several consecutive weeks to meet with families who had been affected by the tragic event.

"It was very humbling to see the courage and strength that the victims of the tornado demonstrated," said Emily Rademacher, a third-year resident, who volunteered. "Even those who had lost nearly all their physical possessions remained grateful for their health and safety and were quick to point out that there were many more people who were not as fortunate. They seemed so motivated to put the trauma behind them in order to help their friends and neighbors, and focus on rebuilding their homes and communities."

Humanity in Action

November 17th, 2013 will be a day many of us in central Illinois will never forget. The tornadoes that struck displaced so many families, and while the disaster and destruction was remarkable, we are thankful the number of injuries and fatalities were few.

The UICOMP staff went to work quickly to aid the Close family. The UICOMP Civil Service Employee Council immediately started collecting monetary donations for the family. Within a short period of time, not only did the Peoria area UICOMP staff contribute to this cause, but we had donations come in from the United States from retired U of I employees. All members of the difficult time, and we were able to raise about $2,500 dollars for the Close family.

The UICOMP Civil Service Council also immediately organized a group for clean-up efforts of the debris at the Close family home and managed to complete that task in a single day.

Once the basement bathroom door was shut, there was 10 seconds of silence and then we could feel and hear the house being twisted and pulled away. It’s a lot like being surrounded by airplanes taking off,” said Heather.

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Our hearts and thoughts are still with all of the individuals who have begun the rebuilding and recovery efforts. I believe this was such a spiritual and humbling experience for everyone involved. Gaining new friends and sharing life’s experiences is always a blessing, no matter how it comes.

God bless and thank you to all involved.

Angela Daniels, UICOMP Civil Service Employee Council President
Each year, the Gold Humanism Honor Society chapter of the University of Illinois College of Medicine at Peoria asks for people to share instances of humanistic, caring behavior in the Peoria area. Many are posted online during the month of February in a journal called Peoria Cares. Here’s just one:

“When you ask people why they went into medicine, quite often the answer is ‘because I wanted to help people.’ Sadly, sometimes this noble intent gets lost in the rigors of medical school and the demands of the profession. And yet, I think it finds itself best in the little actions of compassion that happen every day.

Much of the compassionate medical care I’ve witnessed is not about grand gestures—although those are nice—it is about the details: taking a moment to ask about someone’s family, putting your hand on a patient’s shoulder, sitting down with a patient when you ask them if they have any questions. I’ve seen all of these at work every day, and I’ve seen how they make a difference. Physicians I respect and admire do these things with each and every interaction. In this way, they establish relationships with patients and really can change lives.

I worked with an attending who wanted every presentation to start with something about the patient’s history, not their medical issues as is standard, but something about them personally. I think that was his way of humanizing patient care and trying to teach compassion—not an easy task. Throughout the tenure of my training I have had the privilege of working with physicians who go the extra mile for students. These are the physicians that are always available for questions and guidance, and who themselves provide exemplary patient care—modeling the kind of physician I someday hope to be. These physicians are also changing lives—they are changing the lives of people who will help other people. I am grateful to have had so many of these role models throughout my education.”

Lisa Fosnot, UICOMP, Class of 2014

Organized and operated solely by UICOMP medical students, the Manual Science Enrichment Program has for more than a decade exposed minority and disadvantaged high school students to science and medicine.

The enrichment program provides hands-on learning. Among the topics this year included a suture clinic, an emergency simulation and pig heart dissection. Each of the two-hour programs includes dinner and time for medical students to mentor Manual students as well as to participate in the activities.

The enrichment program was founded in 2002-2003 by ’04 UICOMP grad Patrice Carter.

Snowball 2014

About 200 people attended this year’s Snowball event, themed a “A Black Tie Evening,” to enjoy the dancing, dinner, auction, music and fun at the Peoria Mariott Hotel Pere Marquette in downtown Peoria.

Snowball provides a unique opportunity for students, staff, and faculty members to gather for fun-raising and FUND-raising for student events and programs.
More than 40 fourth-year medical students from the University of Illinois College of Medicine at Peoria “matched” to residency programs in March.

Thirty-six of the 44 students – more than 80 percent – in the Match went into primary care residency programs. Nearly a quarter will remain in Illinois to continue their training.

Jubilation and cheers erupted at 11 a.m. when students tore open the white envelopes containing their name and the program of where they would train to continue their career in medicine during the event at WeaverRidge Golf Club in Peoria.

Lisa Fosnot matched with her No. 1 choice: the Pediatrics Residency Program with UICOMP and Children’s Hospital of Illinois at OSF Saint Francis Medical Center. “It’s been a lot of work but extremely rewarding,” she said of the past four years, adding “sometimes a little overwhelming but awesome. I’m very excited right now, like everything paid off and it was worth it. I’m where I want to be.”

Dan Rossi also matched with his top-ranked pick in orthopaedic surgery at Massachusetts General Hospital/Brigham and Women’s Hospital, a major teaching hospital for Harvard Medical School.

“IT’s been a grind; day-in, day-out, lots of hard work,” Rossi said of the past four years of medical school and the preceeding four years in undergraduate school. “Right now, it feels like elation, complete elation. Today represents all the mental sweat, the anxiety, all the hard work … and it all culminates today with someone saying ‘hey, we see some potential in you’ … somebody at Harvard’s program saying ‘we think you will be a good orthopedic surgeon’ – It feels so good.”

Peoria’s Match Results are posted at http://bit.ly/1iv38gi

While newer procedures may allow repairs for a type of spina bifida to take place in utero, Dr. Julian Lin is using simulation to replicate the traditional form of the surgical technique. It’s not so much to learn how to do the procedure as much as it is being used as a way to establish skill level among neurosurgeon residents.

“The concept is about developing a system where we establish or record dexterity,” says Dr. Lin, Associate Professor of Clinical Neurosurgery for UICOMP, the Neurosurgery Residency Program Director and a neurosurgeon with the Illinois Neurological Institute at OSF Saint Francis Medical Center.

Myelomeningocele is a birth defect in which the backbone and spinal canal do not close before birth, causing the spinal cord and tissue covering it to protrude from the back. The surgical procedure requires closing the spinal cord opening on the back.

Looking at the simulator, various plastics and silicones mimic the lower back, skin and other tissues, including dura mater. A fluid-filled compartment representing the spinal cord is connected to a pressure sensor, which in turn sends pressure data to a computer. As pressure is applied to the spinal cord during the surgical simulation, the amount of pressure is recorded and graphically displayed on a computer. The goal is to have an objective evaluation based on pressure applied to the spinal cord throughout the simulation.

“How the pressure translates, we’re still trying to determine – there’s still a lot of work to do, and the tissue texture still needs work – but the concept is there,” says Dr. Lin. “Based on that alone, we will be able to see if they improve their technical skills over time, and we can record everything, so it’s a step toward detecting dexterity in residents and documenting their technical progress with repeated simulations.”

Testing Surgical Dexterity

WITH SIMULATION

Pictured below: Dr. Julian Lin looks on as Dr. Derek Martinez, third-year neurosurgery resident, tests out the surgical simulation prototype at Jump Simulation.
New Technology Assists with Complex Surgery

Story by Children’s Hospital of Illinois
Photographs by Jim Carlson, OSF Saint Francis Medical Center

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When Luke Snodgrass, now 3, was born, his parents, Justin and Jennifer, believed their baby boy was perfectly healthy. But shortly after his birth, doctors discovered he had a heart murmur. “Doctors told us many babies are born with a heart murmur that usually goes away within 24 hours, so we didn’t think twice about it,” Jennifer says.

Uncovering an Intricate Diagnosis

The next day, however, Luke’s heart murmur was still present. Doctors performed an echocardiogram to get a closer look at his heart. They realized the problem was much more serious than they previously thought. A transfer to a major university hospital and a slew of tests later, Luke had four very different, extremely complex diagnoses. These described his congenital heart defect, a heart problem that’s present at birth. In short, Luke’s heart wasn’t functioning properly.

When Luke was only 6 months old, he underwent major heart surgery at a medical center in Iowa. Surgeons told Justin and Jennifer that Luke would need a second surgery when he was older. As Luke approached age 3, his family returned to the hospital to discuss next steps. Concerns about the second procedure, including Luke may need a heart transplant down the road, led Justin and Jennifer to seek a second opinion.

Holding his Heart in Their Hands

At Children’s Hospital of Illinois, Dr. Matthew Bramlet, a cardiologist with the University of Illinois College of Medicine at Peoria, told Justin and Jennifer about a different kind of procedure that had the potential to substantially increase Luke’s life expectancy. Surgeons could reconstruct his heart so blood would flow in, through, and out of it like it would in a healthy heart.

It would be risky, but Dr. Bramlet also told Luke’s parents about a cutting-edge technology that would provide a model for surgeons to see how exactly they would get from one point inside Luke’s heart to another. This technology is called three-dimensional printing.

“The three-dimensional printer used MRI images to create a three-dimensional model of Luke’s actual heart,” says Dr. Bramlet. “Instead of just looking at the images of his echocardiogram and MRI, we could actually hold his heart in our hands. The three-dimensional printing allowed us to visualize and understand what the surgery would look like.”

Dr. Randall Fortuna, a congenital cardiac surgeon at Children’s Hospital, agreed that the three-dimensional printing was invaluable. “Usually, the final decision on how to do a complex repair inside the heart can only be made at the time of surgery, when we’re looking at the heart,” Dr. Fortuna said. “But the information from the three-dimensional model gave us reassurance before surgery that we were likely to be successful.”

The three-dimensional model, created with the help of the Jump Trading Simulation & Education Center to create the pediatric heart models has led Dr. Bramlet to expand the concept—to build a “library” of hearts. Others, including future physicians, could learn more from the collection. It would be an asset for medical education, providing the added benefit of holding the hearts and seeing the defects as they are, versus static pictures in a book or on a computer screen. What’s more, heart specimens in pathology labs across the country are aging—many 40 to 50 years old—and disintegrating as fewer are available, thanks to advances in medicine.

But to build the library will require help from others. Dr. Bramlet estimates they have enough images to create a half-dozen heart models. He’s hoping medical institutions across the U.S. will step in and search their imaging records for high-quality MRI and CT scan images they may have of congenital heart defects and submit them.

To get a good MRI or CT image of an infant with congenital heart disease before they are operated on is rare, says Dr. Bramlet. Most of the diagnostic information cardiologists seek is often provided by an echocardiogram, and even if an MRI or CT is done, the resolution is not always clear, he said.

But you can help. Dr. Bramlet and bioengineering experts at Jump are looking nationwide for high-quality MRI and CT scan images of pediatric hearts with congenital defects. If you can help, contact them at jump@osfhealthcare.org.

“There are no documented cases in the world of using the three dimensional technology in the manner we used it for Luke’s surgery,” said Dr. Matthew Bramlet.
Spring Project Enhances Testing Space

Spring has sprung. And soon, so too will construction be springing into action on the College of Medicine campus again. Over the past few years, improving the student learning environment has been a priority. This year, we continue in that direction with the construction of a new, state-of-the-art student testing room.

Connected by high-speed fiber optics, the self-contained and soundproof setting will provide space for two dozen computers—and students to achieve their highest potential. This dedicated testing space also will help reduce the need to set up temporary testing units during exam time.

“The reality is that test scores may mean the difference between getting into a desired residency program or not, and with those kinds of added pressures on high performance in standard testing, it’s critical we provide a positive learning, and testing, environment,” says Dr. Meenakshy Aiyer, Associate Dean of Academic Affairs. “We want our students to succeed. And let’s not forget they represent the future of healthcare in this country.”

Thanks to the generosity of our donors, the student learning environment has seen vast improvements over the past few years. We were able to build technology-rich student study rooms for more team-based learning and a new computer learning lab. We were able to update the student lecture hall and re-envision the Donald E. Rager, MD Clinical Skills Lab to focus more on physical examination skills.

Your contributions to our University of Illinois College of Medicine at Peoria campus have made a significant difference and we appreciate each and every one of you as we continue to provide excellence in education. I invite you to help support the construction of this new testing facility by detaching the adjacent envelope and making your contribution to the Dean’s Unrestricted Fund. Thank you.

With Warmest Regards,

Dolores Metzger
Director of Development
University of Illinois College of Medicine at Peoria

Making Leaps with ARCHES

A new partnership announced in February between doctors and engineers will revolutionize clinical simulation, education, and health care.

 Called Jump ARCHES, or Applied Research for Community Health through Engineering and Simulation, this new partnership will create joint research projects between the Jump Trading Simulation & Education Center and the University of Illinois at Urbana-Champaign’s College of Engineering.

Jump ARCHES will create new tools and technologies using imaging, health information technology, novel materials, and human factors to enhance medical simulation and education. It also will create new tools, techniques, and devices for clinical use and treatment.

“Jump has been bridging the gap between engineering and health care for more than a year now,” said Dr. John Vozenilek, Jump’s chief medical officer and the Duane and Mary Callinan Professor in Simulation Outcomes at the College of Medicine. “Our new partnership with the University of Illinois’ College of Engineering is the opportunity to do so at a dramatically expanded scale. A host of medical challenges need to be addressed at home and globally. Jump ARCHES will be a powerful part of the solution.”

Jump ARCHES is the result of a $25-million dollar challenge gift from Jump Trading, a financial technology firm. The OSF Healthcare Foundation will immediately initiate efforts to raise the challenge amount of $25 million, culminating in an overall $50-million endowment fund. The University of Illinois will provide annual support equivalent to that of a $12.5 million endowment.
Tactical Medical Providers

EMERGENCY MEDICINE IN THE LINE OF FIRE

The abduction of a woman in November 2013 led to a more than nine-hour standoff with a man and authorities at a house in downtown Peoria. Among the multitude of police and special weapons and tactics (SWAT) unit members surrounding the home was Dr. John Wipfler, an OSF Saint Francis Hospital emergency medicine physician and Clinical Professor of Surgery in Emergency Medicine at the University of Illinois College of Medicine at Peoria.

Dr. Wipfler and the small team of medics work together with the police to provide officers with immediate, front line medical care in the event they need it. In that situation, when the suspect decided to shoot himself in the chest, it was that same close-up medical care that helped save his life.

“If you’re a law enforcement officer on a SWAT callout, you’re in a medically-stranded zone where you’re not going to get medical care until the scene is safe, unless you have tactical medical providers (TMPs) imbedded on your team. Having that immediate medical care may mean the difference between life and death,” says Dr. Wipfler, who worked with Peoria County Sheriff Mike McCoy and others to create the first tactical medical team in Illinois in 1997, one of the first in the Midwest.

Since then, the medical tactical team from OSF Saint Francis Hospital, made up of Wipfler, several other emergency physicians, a nurse and paramedics have responded to more than 140 call-outs with area SWAT teams.

Wipfler, who has written four books on the subject, was the lead author of the Jones & Bartlett Learning “Tactical Medicine Essentials” textbook. He also started one of the first formal programs in the U.S. for emergency medicine physician residents to learn about tactical medicine in 1999, and has provided training to UIUCOMP medical students. Each year, 10 to 12 physician residents learn how to provide medical support for law enforcement and tactical/SWAT teams, said Dr. Wipfler, a member of the UIUCOMP faculty since 1993.

Dr. Wipfler said he continues to dedicate his life to improving safety for law enforcement officers and citizens who become involved in some of the more critical high-risk situations.

“People ask me if it’s dangerous being a ‘SWAT doc,’” says Dr. Wipfler. “I remind them that I have it relatively very safe as a nearby physician, and if they want to see true danger, they need to see the brave men and women law enforcement officers in action. They are the first ones through the door of incredibly dangerous situations. They have my fullest respect and admiration. What I do in a small token of appreciation for those who keep our community safer.”

Healthcare, Health Economics and 'Big Data'

By Carl V. Asche, PhD
Director, Center for Outcomes Research
University of Illinois College of Medicine at Peoria

Second-year Pediatrics Resident Lauren Cummings, DO, and her husband, Surgery Resident Chris Cummings, couples’ matched to Peoria in 2012 from Kansas City University of Medicine and Biosciences.

“We both did sub-internships here during our fourth year of medical school and just fell in love,” says Cummings, “the people, the environment, the community – it just encompassed everything we were looking for; we felt like we ‘fit in,’ which was important to us.”

Lauren said Peoria had not initially been on their radar, but Chris rotated with a surgeon in Kansas City who had trained here and spoke highly of it, adding Peoria was an opportunity they didn’t want to miss.

“You see a lot of the ‘bend and button pediatrics’ here but you also see a good share of rare disease processes as well – the ones you read about in textbooks but don’t expect to actually see yourself – it keeps you on your toes."

But the Pediatrics residency program is not all patient care. Research is an integral, and growing, component.

Cummings is among several residents who have presented research recently. In fact, the department has had 18 scholarly abstracts accepted for national and international meetings over the past year.

Her study was a prospective evaluation of the caloric and macronutrient content of human milk from lactating mothers whose infants were admitted to the NICU from July 2013 – March 2014. Infants were divided into subgroups based on their birth weights.

“We are very excited about our results,” said Cummings. “Despite the current use of human milk fortifier in preterm and low birth weight infants, the growth failure rate remains around 16%. We questioned if standard fortification is truly adequate in the preterm infant.”

They evaluated the caloric, fat, protein and carbohydrate content in human milk, which was expressed three times daily on the infant’s day of life 7, 14 and 28. The milk was analyzed using a spectrometer, a more accurate means for testing than previous studies employed. Their data revealed that the protein content of human milk for all infant groups decreased nearly twice as quickly as previously published studies employed. “The implication being that early fortification should include a higher protein supplementation,” said Cummings.

“Research in pediatrics continues to grow. Just as in adult medicine, great advances in medicine require those willing to do the research,” said Cummings.

Whether you realize it or not, we’re in the middle of a revolution where health care research is being mirrored by other industries. The common denominator is the currency of digitized health data.

It’s interesting to take a step back and reflect on where things stand within the field of healthcare, health economics and outcomes research. What are the key trends and where do these trends appear to be leading us?

I am inclined to believe that that “Big Data” is where we are going.

What was once referred to as real world data has now been coined Big Data. We have been analyzing real world data for many years, long before the new term became fashionable in health economics circles. We have been looking at data, including claims submitted by providers for reimbursement for quite some time, as well as examining patterns of care in different regions of the country.

With the proliferation of electronic medical records and administrative claims data, and the growing amounts of personal-level data that is being collected daily in society, we will see this momentum to gather big data only grow, and do so substantially. Already, everywhere you look the media is headlining a revolution involving Big Data underscoring caution that our privacy is at stake.

Gathering and examining that Big Data in part is what the Center for Outcomes Research (COR) at UIUCOMP is all about.

In fact, COR will be contributing to better the understanding of Big Data this summer at the upcoming International Society for Pharmacoeconomics and Outcomes Research 19th Annual International Meeting and the 10th World Congress in Health Economics. While there, we will be presenting over a dozen projects at these highly competitive conferences and participating in panel discussions and workshops.

Chief among them is the “Evaluation of the Barriers and Opportunities of Big Data in Health Care Decision Making,” which will review sources of Big Data and their advantages and disadvantages vs. standard databases used for health outcomes research.

Another piece of our work that is sure to draw at ISPOR will be data and statistical evaluations that COR conducted with OSF HealthCare to create a predictive model for patients who are high at risk for hospital readmissions within 30 days of discharge. This study was done to better our understanding of the demographic and clinical characteristics of patients who were discharged within 30 days of discharge; identify the factors and determinants of patient readmissions within 30 days; access the influence on disease progression due to readmission within 30 days; and to provide an evaluation including basic information, factors analysis of patient readmissions within 30 days, and suggestions on improving medical quality. This is a topic of interest shared by many as federal reimbursements have changed so drastically.

Others analyses we will be presenting include a review of models used in economic analyses of new oral treatments for Type 2 diabetes mellitus and treatment patterns and cost of care for patients with pancreatic cancer.

As new information is easy to share and is obtained nearly instantly, we find that the field of health care is no exception. It may even be the most promising as the need for information plays a leading role in medical decision making as it is based upon collecting information from the patient.

Resident Rounds provides a snapshot of one of the many residents at UIUCOMP. Candidate suggestions for a future Resident Rounds can be directed to dhaney@uicomp.uic.edu.
Meena Gujrati, MD

Dr. Meena Gujrati was presented with a plaque by the Class of 2016 in appreciation and recognition for her years and dedication and excellence in teaching, guiding and inspiring future doctors following her last classroom lecture in December.

Dr. Gujrati, who trained in ophthalmology, pathology and neuropathology, is board certified in anatomic pathology and neuropathology. She joined the UICOMP faculty in 1998 after spending a decade at Loyola University. During her 25-year career of teaching medical students and residents at UICOMP, Dr. Gujrati received 13 consecutive awards for excellence in teaching, including four separate outstanding teaching awards. She was a co-investigator of four NIH grants on brain cancer research, and she peer-reviewed more than 80 articles and presented more than 80 research posters and abstracts. She retired in December 2013.

“Dr. Gujrati has a special place in the hearts of UICOMP medical students, residents, and staff. For years, she has trained each and every UICOMP student in neuropathology. Besides the academic aspect of learning, students also learned the importance of preparation, respect, and the spirit of sharing: Preparation, because no student wanted to be asked a question by Dr. Gujrati and not have an answer; Respect, because students knew even if an answer was wrong, Dr. Gujrati would not demean or dismiss them; And the spirit of sharing, because Dr. Gujrati never hesitated to spend the extra hour with a student in lab, at a review, or with whatever they needed.”

Carlen Yuen, Class of 2016
John Pula, MD, Class of 2003
Jorge Kattah, MD, Chair of the Department of Neurology

William Albers, MD

Dr. William Albers, a pediatric cardiologist and pioneer of pediatric healthcare in central Illinois was recognized in January for his outstanding career.

Dr. Albers, who recently retired from Children’s Hospital of Illinois, is a longtime professor of pediatrics. He chaired the Department of Pediatrics for several years, was a charter faculty member of the College of Medicine in Peoria and served as acting director for nearly a year. He officially retired from the university in 1996, though he still continues to teach medical students and residents from time to time.

Albers spearheaded the development of outreach clinics to service a wider patient base. The first clinic was in Ottawa, followed by one in Bloomington and spreading beyond.

Prior to joining OSF Saint Francis Medical Center, Dr. Albers graduated from Western Reserve Medical School in Cleveland in 1959 and then completed his internship and residency in pediatrics. After that in 1962, Dr. Albers joined the Air Force as a pediatrician. Following his military service, Dr. Albers served in a Pediatric Cardiology Fellowship at Children’s Hospital in Boston where he worked with Dr. Alexander Nadas, an internationally known physician.

Dr. Albers says he’s not retiring completely. He said he plans to teach a course through the Jump Trading Simulation & Education Center on physical diagnosis of cardiac patients. Despite today’s physicians having access to high-tech equipment, Dr. Albers says it is still important to know the basics and considers the physical exam and use of the stethoscope to be a lost art.

A Lasting Legacy

Michael Bailie, MD, PhD

Dr. Michael Bailie, professor emeritus and former Regional Dean for UICOMP, passed away March 30, 2014.

In 1991, Dr. Bailie brought his academic medical career to Peoria and assumed the position of Regional Dean at the University of Illinois College of Medicine in Peoria where he served in this role until 1999. As the Peoria Regional Dean, Dr. Bailie succeeded in making the school more visible within the community by serving on many community boards and committees and through the establishment of the Dean’s Community Associates Council to communicate the college’s goals and improve relationships with local hospitals and physicians. Dr. Bailie also made significant curricular enhancements in Peoria and invested in new programs including a radiology residency program and by supporting advanced training in population and community health, and clinical pharmacology.

He established the Foundation for Endowed Medicine, raising $6 million for the Peoria campus which included funds to endow new faculty chair positions and supported lectures and training programs in pediatrics, primary care and community medicine. Under his leadership, the college was awarded a $900,000 federal grant to establish the first HIV/AIDS clinic in central Illinois.

After his time spent as Regional Dean in Peoria in 1999, Dr. Bailie also served as Vice Dean of the College of Medicine where he helped support the regional deans in Rockford, Peoria and Urbana-Champaign. From 2005 to 2007 he also served as interim head of the Department of Pediatrics in Chicago.

Dr. Bailie is survived by his wife Naomi and children Michelle, Marc, Samuel and Alana.
Library Of The Health Sciences Names Featured Authors

Peoria’s Library of the Health Sciences recognizes the following Featured Authors:


upcoming UICOMP events

April 11
Minorities in Medicine
Peoria Civic Center
UICOMP Lobby • 6-8 p.m.
309-495-8160

April 19
Kick Abuse at Kickapoo 5K Run/Walk
8:30 a.m.
309-624-9595

Faculty News

The following is a summary of recent faculty additions and promotions:

Barbara A Beedles, MD accepted the new position of Visiting Associate Professor of Clinical Psychiatry in the Department of Psychiatry
Terrance Brady, MD added title of Interim Chair in the Department of Radiology
Thambi Conner-Garcia, MD changed her title to Clinical Assistant Professor in the Department of Medicine
Thomas O. Genese, MD, FACP accepted the new position of Director of Administrative Operations in the Pediatric Resource Center
Laura B. Clay, MD, Department of Family and Community Medicine passed away 11/27/13
Jinna Ren, PhD has new title of Research Assistant Professor
Fujiang Yeum, PhD accepted the new position of Postdoc Research Associate in the Department of Cancer Biology and Pharmacology

Roger Geiss, MD

Dr. Roger Geiss, Professor and Chair, Department of Pathology, University of Illinois College of Medicine at Peoria, was named the recipient of the 2014 Michele Rabile Distinguished Teaching Award in Undergraduate Medical Education, a national honor awarded by the Association of Pathology Chairs.

Dr. Geiss received the award in recognition of his outstanding contributions to undergraduate medical education and stature as a nationally recognized pathology educator.

Chair of the Department of Pathology at UICOMP for nearly a decade, Dr. Geiss received his medical degree from Cornell University Medical College, and after residency training at the University of Chicago and the University of Arizona, began his career in academic pathology at West Virginia University School of Medicine. He has held medical school faculty positions at Creighton University and the University of Mississippi and received numerous teaching awards over his career. Dr. Geiss also has served on a number of boards, including the Pathology Test Committee of the National Board of Medical Examiners (U.S.A.) and is a Past-President of the Group for Research in Pathology Education (GRiPE).

The award will be presented at the 2014 Association of Pathology Chairs annual meeting in Boston in July.

Steven Thornton, MD

Dr. Steven Thornton, Assistant Professor of Clinical Psychiatry at UICOMP, was awarded the Outstanding Achievement for Psychiatry for Intellectual Disabilities Award by the Illinois Psychiatric Society in January.

Dr. Thornton, a member of the UICOMP faculty since 2008, earned his doctorate in podiatric medicine from the Dr. William M. Scholl College of Podiatric Medicine in 1983, and his medical degree from Southern Illinois University School of Medicine in 1992, also completing a residency training program in medicine and psychiatry at SIU in 1997. Dr. Thornton, board certified in both internal medicine and psychiatry and holds a subspecialty certification in behavioral neurology and neuropsychiatry, is the director of the Inpatient Resident’s Teaching Unit in the Department of Psychiatric and Behavioral Health.

Last year, Dr. Thornton was awarded the Leonard Tow Humanism in Medicine Award by the Arnold P. Gold Foundation. That award is presented to a student and a faculty member who, through a rigorous review process, are judged to be exemplary in their compassion and sensitivity in patient care.

Dr. Finkenbine

Ryan Finkenbine, M.D., Chair and Professor of Clinical Psychiatry of the Department of Psychiatry and Behavioral Medicine for UICOMP, was named among the Best Doctors in America by his peers. Founded in 1989 by Harvard Medical School physicians, Best Doctors asks physicians to identify the doctors they consider to be the leaders in their field.

This is the ninth year Dr. Finkenbine has earned such recognition. Dr. Finkenbine, board certified in general and forensic psychiatry, came to UICOMP in 2009. Since then, Finkenbine and his staff in collaboration with UnityPoint Health – Methodist have developed a psychiatry residency program, which is ACGME-accredited.