Dear Alumni,

I am excited to be sharing my first message with you. What a distinct honor to be selected as dean of a school of medicine with such a rich history. The pride the SLU community has in our medical school comes through in my meetings with alumni, faculty and students. Many asked what attracted me to the university, which is an easy question for me to answer.

• Mission: Higher Purpose. Greater Good. Mission has been important since I was an undergraduate at the University of St. Thomas in St. Paul, Minnesota. Being of service to others does not necessitate grand acts. Small acts on a daily basis will buoy the spirits of a patient, colleague or friend and will foster an inspirational culture.

• Fit: The SLU health community is poised to make great strides. The partnership with SSM Health is an excellent example of an opportunity to integrate care across a community, build state-of-the-art facilities and align our missions of clinical care, research and education. I look forward to advancing all these critical missions.

• Impact: As a team, we can have a great impact on SLU, the School of Medicine and the St. Louis community as we seek to improve the health of our region. Our impact on patients, referring physicians and colleagues will help create a brand that distinguishes our services as an academic medical center.

• People: The people at SLU are terrific. I sense a deep commitment to the mission, and, importantly, to one another. With great people, outstanding achievements will be commonplace. I look forward to meeting more faculty, students and alumni in the coming days. Alumni embody our mission. We can’t do what we do without your deep commitment through financial support, service, recruitment and outreach efforts. Let’s work together as we take our school to the next level. You not only are the school’s history — you are its future.

Until we meet,

Kevin E. Behrens, M.D.
Vice President | Medical Affairs
Dean | Saint Louis University School of Medicine

ON THE COVER
Kevin E. Behrens, M.D., vice president for medical affairs and dean of the School of Medicine.

FOR MORE INFORMATION about the magazine or to submit story suggestions, please contact 314-977-9302 or grandrounds@slu.edu.
Kayce Whitlock was 3 months pregnant and just out of rehab when she learned about the WISH clinic. Whitlock became addicted to opioids after being prescribed OxyContin for pain resulting from a car accident. The pain subsided but her cravings for opioids did not. She sought help from a local clinic, but her cravings for opioids did not subside. Whitlock was prescribed Subutex in rehab but worried about managing her pregnancy and her recovery. Then she met Shyken and her team at WISH. “They never shamed me or judged me,” said Whitlock. “They treated me with respect and took great care of me.”

When she learned about the WISH Infants Substance Help (WISH) Center also opened a branch in Carbondale, Illinois in 2017. “We’re seeing a resurgence in narcotic addiction for a multitude of reasons,” said Shyken, a SLUCare maternal fetal medicine and prenatal addiction specialist. “The number of narcotic prescriptions has quadrupled in the past decade. Pain became the fifth vital sign, and as patient satisfaction ratings became more important, physicians felt compelled to treat the pain, usually with narcotics. At the same time, heroin became more readily available and more potent. Pregnant women are just as susceptible to addiction as anyone else.”

Approximately every 25 minutes in the United States a baby is born with evidence of neonatal narcotic dependence.

TEAM APPROACH
Shyken, an associate professor in the Department of Obstetrics, Gynecology and Women’s Health, said abrupt discontinuation of narcotics previously was considered dangerous but recent studies suggest that this is no longer the case. It is not recommended, however, because it is unlikely to result in sustained recovery. Shyken assists WISH patients by offering them opioid-assisted therapy to prevent or minimize withdrawal symptoms and to decrease withdrawal symptoms in their babies. For more than 40 years, the standard of care for opioid-dependent pregnant women was methadone. Shyken said emerging evidence, including a study funded by the National Institute on Drug Abuse, suggests that buprenorphine is a safe and effective alternative to methadone for treating opioid dependence during pregnancy. It and other studies found that babies whose mothers took buprenorphine required less morphine to be weaned off opioids than mothers who continued taking heroin or other opioid painkillers during pregnancy.

Shyken supervises buprenorphine therapy during pregnancy for some women, as well as provides prenatal care for women enrolled in area methadone treatment programs. In addition to Shyken, the clinic’s team of providers includes a nurse practitioner who is trained in high-risk obstetrics; nurses, one of whom is a nurse coordinator; social workers; financial counselors to help uninsured women apply for Medicaid; an OB sonographer; and a dedicated OB pharmacist. The team also coordinates with behavioral medicine therapists to assist mothers with achieving and sustaining abstinence. Babies are delivered at the Maternal & Fetal Care Center at St. Mary’s by SLUCare physicians skilled in high-risk pregnancies. The team treats approximately 50 women a week from the bi-state area but that number is expected to grow to 100 with the expansion. Patients come from various socioeconomic backgrounds and some from considerable distance.

WISH is the only clinic of its kind in the region.

OPEN THE DOOR
Shyken has been working with drug-addicted pregnant women since the early 1990s, the height of the cocaine abuse era. Over the years she has learned that asking the right questions about drug abuse can avoid missed opportunities to provide care – a lesson she likes to impart to medical students and residents. “When I was pregnant the doctor said, ‘you don’t smoke or drink, do you?’” said Shyken. “That’s a pretty hard question to answer in the affirmative when you’re asked in that way. If you don’t abuse drug use correctly, if you don’t ask in a way that’s going to allow someone to unbend themselves, you not only miss important medical information, you miss a chance to help.”

Once a WISH patient delivers her child, Shyken and clinic staff members follow her for six weeks. They then refer the mother to the appropriate resources for addiction management and relapse prevention.

Football was never part of the plan. Samkon Gado, M.D., a second-year resident in otolaryngology and former NFL running back, did not think a professional athletic career was in the cards.

“I was a pre-med/health major in college,” Gado said. “Medical school was Plan A. Football wasn’t even Plan B – it was a dream.”

That dream came true, he said, due in large part to hard work and a coach who believed in him.

He diverted from Plan A after being signed as a free agent upon graduation from Liberty University. Gado played for six teams over his six years in the NFL, including the St. Louis Rams and Kansas City Chiefs. His met his wife, Rachel, while playing for the Rams. “If you are going to play at that level, it becomes your life,” he said. “I thought I would be lucky to play three years in the NFL and I got six. It was almost a relief to stop and be able to focus on my soul again with something else I was interested in.”

It was during his time with the Houston Texans that Gado decided to focus on the next phase of his life. He studied during the off-season and took the MCAT’s. He kept up his patient-care skills by working in nursing homes and hospices.

Gado was accepted to the Medical University of South Carolina and began classes in August 2011.

choosing a specialty
Otolaryngology was a natural choice.

“I know I wanted something with a surgical bent,” he said. “I also wanted to find meaning in my work beyond a salary. I wanted to have purpose beyond whatever specialty I chose.”

Gado, who was born in Nigeria and came to the United States when he was nine, also said going back to his native country to work in a much-needed specialty was appealing to him.

“There are 250 otolaryngologists in Nigeria for 200 million people,” he said. “There are probably 73 otolaryngology residents and attending physicians between SLU and Washington University alone.”

Gado always knew he would one day return to Nigeria to dispense medical care. He was so sure that he made sure to mention it to his now-wife on their first date.

“I asked her right away how she would feel about living in a hut in Nigeria,” he said with a smile. “I needed her to know I was serious about this.”

His wife’s roots in St. Louis played a part in Gado’s decision to join SLU for his residency. They have two young sons and another child on the way. SLU also offers Gado the opportunity to treat the whole patient and to talk about faith and spirituality. “It has provided a place that I can be freely spiritual and allow my patients to talk about their spirituality, if they wish,” he said. Gado praised his department chair, Jastin Antisdel, M.D., and his fellow residents for keeping him on his toes.

“They are making me better every day as we learn from each other,” he said

SLU receives approximately 200 applications each year for the two first-year otolaryngology residencies.
New medical school dean sets a course toward collaboration

A n undergraduate physiology course steered Kevin E. Behrens, M.D., away from a career as a physical education teacher toward a career as a highly regarded gastrointestinal surgeon. It also led him to the dean’s office.

Behrens became vice president for medical affairs and dean of the School of Medicine in January, succeeding Philip O. Alderson, M.D., away from a career as a highly regarded gastrointesti- nal surgeon. It also led him to the dean’s career as a highly regarded gastrointesti- nal surgeon. It also led him to the dean’s career as a highly regarded gastrointesti- nal surgeon.

WHEN DID YOU BECOME INTERESTED IN ACADEMIC MEDICINE?

“When I joined the Mayo Clinic as a sur- gical resident I had the option of spending two years in a research lab. I worked with Sarr again and we published quite a few papers. I liked the rigor and independence of research. It attracted me to academic medicine.”

WHAT MADE YOU WANT TO BECOME DEAN OF A MEDICAL SCHOOL?

“Honestly, I wasn’t looking for a position. My department in Florida was doing great and I loved what I was doing. Then I started getting calls about other oppor- tunities. I didn’t pay attention initially, but getting contacted makes you think; maybe I should take an inventory of my career. If I’m going to work another 12 to 15 years, do I want to spend it as a faculty member, staff and student body. He dis- cussed his plans and his career path in an interview for Grand Rounds.

WHAT HAVE BEEN THE MOST PIVOTAL MOMENTS IN YOUR CAREER LEADING UP TO WHERE ARE YOU NOW?

“I’ve had a few milestones. I’ve always had an interest in teaching medical students and residents. It’s hard to be good at academic medicine and not want to teach. While I was at the University of North Carolina I won several teaching awards and I treasure that recognition. Another pivotal moment was receiving my first NIH grant at North Carolina. It was a training grant and five years later we turned it into an independent RO1. Next, I’d say my move to Florida was pivotal. I got great academic leadership experience that made the move to SLU possible.”

WHEN DID YOU BECOME AN ACADEMIC DEAN?

“When I joined the Mayo Clinic as a sur- gical resident I had the option of spending two years in a research lab. I worked with Sarr again and we published quite a few papers. I liked the rigor and independence of research. It attracted me to academic medicine.”

WHAT WAS YOUR FIRST IMPRESSION OF THE MEDICAL SCHOOL AND CAMPUS?

“I was very favorably impressed. The faculty members are engaged and doing terrific work. That said, when you drive by campus you see facilities that need buffing up. That’s a great challenge and a great opportunity. There’s a fair bit of open campus as well and that, too, presents opportunity. I never would take a job where I couldn’t have a significant impact — not alone, of course, but collec- tively with faculty and leadership. With the right moves, we can have a big impact not only on SLU but on the St. Louis community and the region.”

IN THE MEDIA RELEASE ANNOUNCING YOUR APPOINTMENT, YOU SAID LOOKED FORWARD TO LEADING THE MEDICAL CAMPUS AT A CRITICAL TIME IN ITS ILLUSTRIOUS HISTORY. WHAT DID YOU MEAN BY CRITICAL TIME?

“I think the relationship with SSM Health is important and cultivating that is criti- cal, but that’s just a piece of integrating health care. It’s not only about putting multi-disciplinary programs together across the medical center campus. It’s about putting programs together across the university and using big data and information technology to better inform and support our students, residents, fac- ulty and care providers. Likewise, we can integrate research, not only basic science research, but biomedical research and biomedical engineering research. With all the changes in health care policies and law is increasingly important and SLU has one of the top-rated health law programs that. The dean might be an academic dean who focuses on teaching and research but doesn’t have a clinical practice under their supervision. At SLU, I can have it all. I also like that SLU is a contiguous campus. That’s important to me because it creates opportunities for collaboration. Finally, I like the idea of setting the course for a long-term relationship with SSM Health, which includes the construction of a new hospital. I’ve been through two new hospital builds at Florida and there are so many exciting things that go along with that.”

WHAT WAS YOUR FIRST IMPRESSION OF THE MEDICAL SCHOOL AND CAMPUS?

“I was very favorably impressed. The faculty members are engaged and doing terrific work. That said, when you drive by campus you see facilities that need buffing up. That’s a great challenge and a great opportunity. There’s a fair bit of open campus as well and that, too, presents opportunity. I never would take a job where I couldn’t have a significant impact — not alone, of course, but collec- tively with faculty and leadership. With the right moves, we can have a big impact not only on SLU but on the St. Louis community and the region.”

IN THE MEDIA RELEASE ANNOUNCING YOUR APPOINTMENT, YOU SAID LOOKED FORWARD TO LEADING THE MEDICAL CAMPUS AT A CRITICAL TIME IN ITS ILLUSTRIOUS HISTORY. WHAT DID YOU MEAN BY CRITICAL TIME?

“I think the relationship with SSM Health is important and cultivating that is criti- cal, but that’s just a piece of integrating health care. It’s not only about putting multi-disciplinary programs together across the medical center campus. It’s about putting programs together across the university and using big data and information technology to better inform and support our students, residents, fac- ulty and care providers. Likewise, we can integrate research, not only basic science research, but biomedical research and biomedical engineering research. With all the changes in health care policies and law is increasingly important and SLU has one of the top-rated health law programs
in the country. There are just so many opportunities to bring things together and to launch robust programs that will distinguish us from other institutions. Also, we’ve been focused on making sure students have the appropriate knowledge and professional skills, but if you really want to teach students about the quality of care and the value of care, it means we’re going to have to get trainees involved with patients earlier. We need students to understand the health care system before putting them into that system in their third year. I think this idea is going to gain traction over time.

WHAT CHALLENGES DO YOU ANTICIPATE?
Health care is a ship with waves around it so you look to navigate those waves. Of course, resources always are a challenge. We need to be sure we wisely invest our resources in programs that are going to grow and have significant return on investment. Communication can be another challenge. I’ve always valued communication and transparency in everything I do. I will continue to value that and make sure folks are informed as we move forward.

HOW DO YOU DETERMINE RESEARCH DIRECTIONS WHEN RESOURCES ARE SCARCE?
There must be clinical need. All the research we do is for patient care. We must see where that need to have a patient base that supports the research we do is for patient care. We need clinical need. All the informed as we move forward.

RESOURCES ARE SCARCE? THEN WE’LL PUT TOGETHER A STRATEGIC PLAN.
If you have an idea, we could make small grants to foster and grow those ideas. Those grants can turn into NIH funding. I look forward to continuing that program at SLU.

YOU TRIPLED NIH FUNDING IN YOUR DEPARTMENT AT FLORIDA. HOW DO YOU TRANSLATE THAT ON A BROADER SCALE?
We wrote a strategic plan and held it very tightly. I hope to use the same approach at SLU. I’m spending my first few months meeting with stakeholders to discuss our goals and shared interests, where should we invest and what returns can we expect from our investments.

WHERE DO ALUMNI FIT INTO YOUR PLANS FOR THE SCHOOL OF MEDICINE?
Alumni are incredibly important. They are the folks that helped build SLU’s foundation and continue to support the school. I look forward to engaging them either at reunions, in small gatherings or individually. I recently sat down with alumni in Seattle. They talked about the great times they had at SLU. I look forward to doing more of that and getting their input as we build our programs.

DESCRIBE YOUR LEADERSHIP STYLE?
I’d say I’m transparent and forthright. People are going to get a straightfoward answer from me. Some people may not like that, but I try as much as possible to say it in a way that is respectful. I also try to deliver on things we agreed that we’re doing to do. I lead from the front. I’m not going to ask anybody to do anything I wouldn’t do. People keep asking me if I’m going to have a clinical practice here and I say absolutely. I want to round in the hospital and see patients in the clinic so I understand what works well and where we have the opportunity for improvement.

OF ALL THE AWARDS YOU’VE RECEIVED, WHICH DO YOU VALUE MOST?
There are two I’d mention. One of the trainees who spent two years in the lab with me at Florida won an award from the American College of Surgeons. He was one of only 10 surgical residents in the country who won. That was a proud moment for me. The other one was when medical students at North Carolina awarded me an AOA (Alpha Omega Alpha) membership as a faculty member. The medical school I attended was pass/fail and we didn’t participate in AOA so this was special to me. Spending time with students and getting them off to a good start has always been important to me.

HOW DO YOU THINK IT WILL BE DIFFERENT COMING FROM STATE-RUN UNIVERSITIES TO A JESUIT INSTITUTION?
I’ve enjoyed my time in state-run universities. I’ve had terrific experiences, but they’re big schools. When the mission moves from the state, to a university of fifty-thousand students, to the health sciences center, to the medical school, to the department, the mission can get a little fragmented. I look forward to working with a university whose mission is its foundation.

WHO’S MOVING TO ST. LOUIS WITH YOU?
My wife Patti (Patricia). We have three grown children, one twin, Andrew, is a lawyer in Newport News, Va. The other twin, Brittany, is in New York doing social media for Disney and ABC. Our youngest, Callista, is a speech pathologist in Atlanta.

WHAT WILL YOU MISS MOST ABOUT FLORIDA?
The people. I hired all the division chiefs and several faculty members. I have deep relationships there.

WHAT DO YOU LOOK FORWARD TO MOST ABOUT LIVING IN ST. LOUIS?
Exploring a more urban type of living and a larger selection of restaurants and cultural activities. Rochester, Chapel Hill and Gainesville are great, but we were ready for something different.

WHAT MOVIE WILL YOU STOP TO WATCH ON TV EVEN IF YOU’VE SEEN IT SEVERAL TIMES ALREADY?
“Shawshank Redemption.”

WHAT BOOK WOULD YOU RECOMMEND?
“Nickel and Dimed: On (Not) Getting By in America.” It really helps you understand life without advantages. My wife and I also read “Merry” last summer. It’s about the improper imprisonment of young blacks in the South.

HOW DO YOU UNWIND?
I exercise daily. I also like riding my road bike and look forward to finding routes in St. Louis. My wife and I also like to take walks. We bought a house in University City near Clayton and we enjoy exploring the area.

WHAT’S THE BEST ADVICE YOU’VE BEEN GIVEN?
Be true to yourself. And, even though I’ve been given a lot of gifts, be humble and grateful in how I interact with patients.

QUICK TAKES

EDUCATION
1983: University of St. Thomas, St. Paul, MN
1988: Mayo Medical School, Rochester, MN

POSTDOCTORAL TRAINING EXPERIENCE
1998–1995: Mayo Graduate School of Medicine – general surgery resident
1995: University of North Carolina at Chapel Hill, assistant professor of surgery, named associate professor in 2000
2005: University of Florida College of Medicine in Gainesville, chief of the division of general surgery, residency program director and vice chairman of the department of surgery
2008: University of Florida College of Medicine, interim chairman of the department of surgery, named permanent chair in 2009

Research Interest: Design and malignant gastrointestinal disease, biliary and pancreatic disease

WHO’S MOVING TO ST. LOUIS WITH YOU?
My wife Patti (Patricia). We have three grown children, one twin, Andrew, is a lawyer in Newport News, Va. The other twin, Brittany, is in New York doing social media for Disney and ABC. Our youngest, Callista, is a speech pathologist in Atlanta.

WHAT WILL YOU MISS MOST ABOUT FLORIDA?
The people. I hired all the division chiefs and several faculty members. I have deep relationships there.

WHAT DO YOU LOOK FORWARD TO MOST ABOUT LIVING IN ST. LOUIS?
Exploring a more urban type of living and a larger selection of restaurants and cultural activities. Rochester, Chapel Hill and Gainesville are great, but we were ready for something different.

WHAT MOVIE WILL YOU STOP TO WATCH ON TV EVEN IF YOU’VE SEEN IT SEVERAL TIMES ALREADY?
“Shawshank Redemption.”

WHAT BOOK WOULD YOU RECOMMEND?
“Nickel and Dimed: On (Not) Getting By in America.” It really helps you understand life without advantages. My wife and I also read “Merry” last summer. It’s about the improper imprisonment of young blacks in the South.

HOW DO YOU UNWIND?
I exercise daily. I also like riding my road bike and look forward to finding routes in St. Louis. My wife and I also like to take walks. We bought a house in University City near Clayton and we enjoy exploring the area.
With a series of new grants, SLU researchers will tackle the twin epidemics of diabetes and obesity by tapping into the potential of two nuclear receptors that control muscle metabolism. The scientists will optimize two promising drug compounds, moving a step closer toward capturing the benefits of exercise in pill form.

Thomas Burris, Ph.D., chair of pharmacology and physiology, and John Walker, Ph.D., assistant professor of pharmacology and physiology, have received $2.4 million from the U.S. Department of Defense and $1.74 million from the National Institutes of Health in a series of grants that will fund the study of two receptors that are linked to muscle metabolism: REV-ERB and ERR.

In past studies, a drug developed by Burris that targets REV-ERB appears to act as an exercise mimic. Genetic studies with ERR suggest that it may be a good target for development of exercise mimetic drugs as well.

Diabetes is the seventh leading cause of death in the U.S. and more than 80 percent of patients with type 2 diabetes are overweight or obese. Aiming to offer new options for patients suffering from the burdens of these health threats, Burris and Walker’s work combines chemistry and biology to develop new treatments.

“If you exercise, it’s effectively a treatment for diabetes and obesity as you increase the metabolic rate of muscle,” Burris said. “You develop a more efficient muscle. That’s what you get from exercise. You develop more endurance and that is good for your metabolic function.

“Our drug compounds are doing similar things. They make muscles look like they’re exercising, turning on the genes that get activated during exercise, even if no exercise is happening. Both studies operate this way.”

Burris and Walker study nuclear receptors, which are signaling molecules that sense different hormone levels and regulate gene expression based on the signal they receive. The cancer drug tamoxifen, contraception, a heart failure drug and thyroid replacement therapy all work by targeting nuclear receptors.

“If many cases of illness, signaling is off,” Burris said. “We can correct signals by dialing the hormone messages up or down, mimicking hormones or blocking them.”

In both studies, researchers aim to optimize drug compounds to dial up muscle metabolism. In addition to showing promise for obesity and diabetes, the study will examine how improvements to muscle metabolism may affect muscular dystrophy.
ONE JOURNEY ENDS

Another Begins

Letter to my future self

I cannot imagine all the things we will accomplish in our lifetime. I stand humbled at the thought of all the lives you will affect. As you move forward, enacting your call to service, I only ask that you remember a myriad of things to keep your focus forward. Remember the libraries, how they played the role of both haven and campus attraction. Remember the isolation, days that come up short and the free food. Remember the loneliness and anxiety, the many trips to the financial aid department and how you always were two steps behind.

Remember 2014, when Ferguson took the world’s attention and how the armored vehicle reinforcements made you second guess a possible future. Remember Baton Rouge, how you were there to ensure a future with your loved ones and how you continue to add names to the list of martyrs. Think of the time you were able to visit the front lines and all the times you couldn’t and felt guilty. Remember the winters, how they brutally inspired your haiku.

Remember the missed births, the missed weddings and the missed funerals. All of them are consequences of the mountain of pressure we face. Though it may hurt, remember the tears and then remember the music you danced to while getting past them. Reminisce about the bus rides to school, the walks in between and the beautiful lives in the unfortunate position of being homeless. They taught you more about the community than any presentation ever could.

Be grateful for the words of encouragement from strangers on the streets and in the hospital. Remember how they trust you when the white coat is removed – the bewildered look in people unfamiliar with a strong black man. For comfort, remember the unexpected hugs from patients and how no one mentioned those in the curriculum. Remember all of this because it makes you who you are. If you ever begin to doubt, remember this: she named you “Ambrose” because it spoke to her. Ambrose: Immortal. It is the deeds you do and the people you inspire that will live on.

AMBROSE CAMPBELL, M.D.  EMERGENCY MEDICINE, SHREVEPORT, LA
MATCH: Louisiana State University Health Sciences Center – Shreveport

COURTNEY KAAR, M.D.  PEDIATRICS
ST. LOUIS, MO
MATCH: Saint Louis University School of Medicine

Letter to my future self

Congratulations! You’ve successfully made it to the point where you are practicing medicine! I sure hope you’ve turned out to be the physician you want to be right now.

I hope you’ve been making many positive differences in people’s lives. That scared little girl outside in your waiting room wants the answer to why she’s sick. Her scared parents are relying on your knowledge for the answers they desperately want and reassurance they need. I hope you haven’t forgotten this is why you’re there right now.

I hope you’re articulating your knowledge to your patients. I hope you don’t forget that not everyone understands medical jargon. Look at your patients’ faces to judge whether they’re confused. Remember when Dr. Fasani drew the picture of a hand on paper to explain to a patient anatomy and pathology? Are you remembering to do that? Have you forgotten to get on your patients’ level? Do you remember the time Dr. Waterh squatted on the floor and put his stethoscope on the patient’s stuffed animal so the boy wouldn’t be scared? When was the last time you bent down so you were eye-to-eye with your patients? Please tell me you haven’t gotten arrogant. Remember the time Dr. Miller consulted renal for a patient he just wasn’t 100 percent convinced everything was right? And it turned out the anatomy of his kidney and ureter was abnormal and he required surgery to prevent future problems. When was the last time you contacted colleagues for their specific knowledge? And how about that time Dr. Schmidt gave you a high five when you properly diagnosed his patient’s kidney and ureter was abnormal and he required surgery to prevent future problems. When was the last time you contacted colleagues for their specific knowledge? And how about that time Dr. Schmidt gave you a high five when you properly diagnosed a patient’s rash? Do you remember how great you felt? Have you done that recently to someone? Made them feel great about what they know or something they did?

These are examples of the major qualities I’m hoping you are integrating while practicing medicine. Kudos if you are and if you’re not – get on it! These are the qualities that make a doctor great.

COURTNEY KAAR, M.D.  PEDIATRICS
ST. LOUIS, MO
MATCH: Saint Louis University School of Medicine

For the past four years, readers of Grand Rounds followed four students as they progressed through their medical education. In 2013, readers met Ambrose Campbell, Matthew Garrity, Jessica Liu and Courtney Kaar as they embarked on a journey – both eager and anxious. Readers followed them as they tackled anatomy, found their favorite study spots, made new friends, grew more confident and considered specialties.

On the third Friday of March, their medical school journey ended when they opened a white envelope and learned to which residency program they had been matched. As they leave Saint Louis University School of Medicine and begin the next chapter in their lives, the editors of Grand Rounds asked the students to write a letter to their future selves or to their future patients.
How are you feeling this morning? While you’re in the hospital, I want to hear from you. Please tell me all that I cannot learn from your blood draws and chest x-rays. Does something feel new or different? Have you been able to get out of bed? Are you ready to go home? Our communication might break down because of time constraints or misunderstandings, but I don’t mean to leave you in the dark. What questions do you have for me? Do you understand your disease? How about your care? It’s my job to include you as an active member of our team, and I would love to take the time to help you learn about your condition.

Teaching you is only a part of what I want. My true goal is for you to be healed. Some problems are too complex to solve by speaking with you, and so I ask for your trust. I realize this place isn’t home – nights aren’t always quiet. Blood draws and injections are painful but please have faith in me. Each test I’m asking you to go through and every medication I’m asking you to take is essential in getting you back on your feet. My desire is to return you to your family healthy enough to stay with them. Your trust in our system may be tarnished from negative experiences in the past, but I won’t stop working for you. I always provide you with the best possible care, no matter what you think of me.

During my day, I can’t be with you for very long. I promise to spend as much time as it takes to hear your story and assess your needs, but I’ll be absent from your bedside most of your time in the hospital. I need you to know that even when you don’t see me, I’m working my hardest for you. You – my patient, my friend, my neighbor – are my passion and you are the reason I’ve dedicated my life to medicine. Each morning that you wake up alone in this foreign place, I too am leaving my home and family behind to tend to you and provide for you. I may not find time to express it, but I love you and I want to help you live the happiest, healthiest life possible.

MATTHEW GARRITY, M.D. INTERNAL MEDICINE, BOSTON, MA
MATCH: Henry Ford Health Sciences Center – Detroit

JESSICA LIU, M.D., OPHTHALMOLOGY
OMAHA, NE
MATCH: Saint Louis University School of Medicine

Letter to my future patient

Congratulations – you did it! After years of hard work you earned the title M.D. Maybe medical school graduation is fresh in your memory, maybe it has faded, maybe today you saved someone’s life or maybe today you jeopardized someone’s life. Life will be filled with challenges and hardship but have faith that you are well equipped to handle these situations. At this very moment, life may not be the way you imagined it 10 years ago, but take a deep breath and realize life’s blessings are at your fingertips. You woke up today knowing where you are and who you are. Not everyone has that luxury. Some of your patients will not have that luxury. May this encourage you to remain uncalledous. You are not treating a disease, rather you are treating a person with a disease.

Your mother and father taught you from a young age to have integrity and to persevere through hardship. The sleepless nights are worth it because your patients’ lives are worth it. So when the grueling demands and expectations of residency and future employment rear their ugly heads, just remember how tirelessly your parents worked, hoped and dreamed every day since you were born that you would one day succeed. Wherever you are or whichever phase of training you are in, remember why you chose to pursue medicine in the first place.

Do not lose your sense of identity, which is founded in God above. Remain firm in your convictions to put an end to preventable disease, dispel superstitions and serve those with poor health literacy. Aim to love and serve others well as you bring about change in your community. By improving your patients’ quality of life, you are preserving their ability to have purpose and contribute to the society in which they live. You are not only a physician, but a healer and friend to those around you. Never rob yourself of the joy you have to offer others. Everything in life is a gift. So be thankful. Be grateful. Be courageous. And be kind. Repeat.

SLU Med Alumni/Resident Matching Program: You can help our recent graduates transition into their residencies through the SLU Alumni/Residency Match Program. The Office of Alumni & Donor Engagement will match graduates with alumni in the community where they will be located for their residency. Whenever possible, these new residents will be matched with alumni in the same field of interest.

To be matched with residents in your local area, sign up at: http://bit.ly/AlumniResidentMatch or contact the Office of Alumni & Donor Engagement at mdalumni@slu.edu.

TO SEE THE COMPLETE MATCH DAY LIST GO TO: WWW.SLU.EDU/MEDICINE/ADMISSIONS/MATCH-LIST-2017
Grand Rounds is a Saints fan.

Yesterday's pharmacology exam, stories with students about travel, night-through the door, but Robert Murphy, S.J., couches. The food may bring students floor, grab a snack and sink into plush office. They drop their backpacks on the slowly drift into the campus minister's and hot coffee. The medical students brittle, salted-caramel florentines tray of cookies, a bag of brownie he bait is set – bowls of candy, a

Murphy fosters students' faith by saying

“Sometimes the conversation is light – way to the library to study. Other times, she impending interfaith nuptials. She is a clinic Caitlin Mink, sits in the recliner next to know I’m here.” said Murphy, who has been campus minister since 2015. “Sometimes the conversation is light – other times I’m helping students through difficult times. The important thing is, they know I’m here.”

As the group thins out, first-year student, Gatlin Mink, sits in the recliner next to Murphy and asks his advice about her Murphy hopes he is helping students grow in their faith as they grow into health care professionals. “Many students come to SLU because it’s a faith-based institution,” he said. “Even if they’re not Catholic or even Christian, they want to study where their faith will be enriched and supported. My role is to foster that faith during their journey.”

Murphy’s degrees in physical therapy as a junior in his Jesuit high school. Murphy performed 100 hours of service in the physical and occupational therapy depart- ment at a local hospital. While he contem- plated entering the priesthood right out of high school, he put that plan on hold to earn his bachelor’s degree in physical ther- apy from the University of South Alabama in 1999. Four years as a physical therapist in a rural Mississippi hospital brought back to the surface his thoughts of becoming a Jesuit priest. “I was working in a part of the country where religion is a topic people want to discuss,” he said. “Patients want to know where you go to church, how you pray, what’s your relationship with Jesus. Some questioned whether their injuries were a punishment from God or whether they were being tested. I had to engage in these conversations in a way that was comfort- able to both my patients and me.”

Murphy said he felt these conversations were God’s way of calling him to blend his faith with his health care background. He entered the Jesuit community in 2003. In 2005, he came to SLU to study philosophy and theology, and to earn his Doctor of Physical Therapy degree in 2008. Murphy left SLU to serve for three years as campus minister, athletic trainer and soccer coach at a Jesuit high school in Dallas. After being ordained in St. Francis Xavier College Church in 2013, he was an assis- tant pastor for a year at a bilingual parish in San Antonio.

Murphy said he drives to make his office welcoming to all students of all spiritual backgrounds. He is working with medical school administration to design a medita- tion/prayer room just down the hall from his office where students of various belief systems can pray and reflect. The room will be completed later this year.

WHERE FAITH AND MEDICINE INTERSECT

If you look on the wall behind his desk you see how uniquely qualified Murphy is for the position he holds. Next to his advanced degree in divinity and his licenti- ate of sacred theology – both from Boston College – are Murphy’s degrees in physical therapy and athletic training.

Murphy became interested in physical therapy as a junior in his Jesuit high school, and theology, and to earn his Doctor of Physical Therapy degree in 2008. Murphy left SLU to serve for three years as campus minister, athletic trainer and soccer coach at a Jesuit high school in Dallas. After being ordained in St. Francis Xavier College Church in 2013, he was an assis- tant pastor for a year at a bilingual parish in San Antonio.

DISCERNING THE CALL

In 2015, Murphy received the call to return to SLU as the School of Medicine’s campus minister. He is also in minister to Doisy College of Health Sciences students and coordinator of the university’s retreat program.

“I understand what our medical students are going through,” said Murphy, who maintains his physical therapy and athletic training skills by working with SLU stu- dent athletes. “I’ve taken the classes they’ve taken. I’ve worked in clinics and hospitals. I understand their stress and try to provide them with different opportunities to man- age that stress. For many students, faith plays a big part in that. My role is helping them find the balance between the physi- cal, the emotional and the spiritual.”

Murphy also supports medical students through his lectures on health care and ethics, religion and medicine, mission and identity, and the Ignatian idea of discernment.

“Students ask me all the time how they can make a good decision about the next step in their careers,” he said. “How do I know where God is calling me? Even if I’m not faith based, how do I know where I should be? That can be daunting and I enjoy helping them through the process.”

Another aspect of his work that Murphy enjoys is talking to prospective medical students.

“I tell them that if they choose SLU, we’re going to treat them as a whole person,” he said. “We’re going to care for you academically, physically and spiritually in the hope that by treating you as a whole person for four years, you will treat your patients as a whole person. You won’t be afraid to investigate their spiritual needs because that’s part of who they are.”
Lauren Munsch-Dal Farra, M.D., (’05), noted something concerning during her clinical rotations – the same patients were coming back with the same complaints two or three months after their initial presentation. “We provided the medication, we provided the education, but the patients were running into huge issues with lifestyle change and compliance that we weren’t addressing,” she said. “They were facing psychological and social triggers that are, at best, superficially touched on in the medical field. It’s not enough to tell people what to eat or how much to exercise. We have to know why they can’t follow through.”

Her search for a way to help patients clear these obstacles led Dal Farra, a third-year medical student at the time, to establish the Anthropedia Foundation, a non-profit organization devoted to helping people get healthy and stay healthy by addressing their physical, mental and spiritual health. “Our state of mind influences our body and our body influences our mind,” said Dal Farra, whose interest in naturalistic care and alternative medicine began in high school. “In order to achieve well-being we need to address the whole person and get to the root causes of their behaviors.”

Dal Farra said she chose SLU School of Medicine, in part, because she felt the curriculum and faculty offered a bio-psycho-social-spiritual outlook on health care. She also chose SLU due to her strong family connection to the medical school. Her father, retired ophthalmologist, Robert Munsch, M.D. (’77), inspired Dal Farra to find unique solutions to problems. Dal Farra’s grandfather, Cirèaud Munsch, M.D., was a professor of internal medicine at SLU for 40 years. He was considered a pioneer of psychomatic medicine, an interdisciplinary medical field that explores the relationships between social, psychological and behavioral factors on bodily processes and quality of life – the same interplay Dal Farra is exploring today.

COACH CLASS
Dal Farra said Anthropedia’s goal is to train people in helping professions – social workers, physicians, counselors, nurses – to become well-being coaches who are able to help people transform their lives, manage their stress and gain self-awareness. It offers seminars and workshops for professional development and year-long courses for those who seek certification as well-being coaches.

The foundation offers trainings in several states. Locally, it offers a year-long intensive well-being coach certification program and regular workshops at St. Patrick Center, one of Missouri’s largest providers of housing, employment and health care for people who are homeless or near homeless.

PALM OF YOUR HAND
Anthropedia turned out to be just the beginning for Dal Farra. Two years after completing her residency at Washington University and a cardiology fellowship at Mount Sinai Medical Center in New York, Dal Farra and several co-founding partners who have histories with Anthropedia, opened PALM Health, a hybrid medical clinic/wellness center in St. Louis. It opened in 2016. PALM, which stands for Personalized Advanced Lifestyle Medicine, offers an integrated approach to prevent and heal by discovering the root causes of illness. Dal Farra said she researched other wellness centers extensively and found nothing comparable to what they wanted to offer at PALM. PALM has six classically trained physicians who attend to the genetic, biological, environmental, emotional, spiritual, and lifestyle factors that influence the health of patients, or members, as Dal Farra prefers. “A lot of people have what I call difficult-to-diagnose conditions,” she said. “They lack energy, sleep poorly and just don’t feel well. They don’t fit into a bucket diagnosis, such as you’re depressed or you have chronic fatigue. It’s general malaise and it’s not going to be fixed with just a pill. People want to know how they can start regaining the energy and joy they once had. The only way we can get to that is to spend time with them and really understand who they are.”

Dal Farra said each member is assigned a well-being coach who supports them on their journey to sustainable health.

Within the first five months of opening its doors, PALM enrolled more than 1,000 members without a word of advertising. “I think people are yearning for health care that’s fragmented,” said Dal Farra. “They’re frustrated by going to their doctor who recommends one thing and their nutritionist who says another or a specialist who tells them something else. They’re hungry for coordinated care and for alternatives to traditional medicine. Not only do we address disease and illness, we also offer a path forward to improve quality of life and well-being. We inspire our members and they inspire us.”
Paul Young was the key to my career. My course in neuroanatomy in 1865 was delivered with such clarity that this remarkably complex subject was made almost transparent. One amazing teaching tool used by Dr. Young was drawing a complex figure of anatomy on the board using both hands. We were stunned by this feat. I selected neurology as my career and while on the faculty at the University of Florida I practiced this teaching method. There was a gap from the students when I did my first drawing. A decade later, a physician approached me at a national neurology meeting. She told my demonstration led her to a career in neurology - a remote impact of the terrific teaching by Dr. Paul Young.

L. James Willmore M.D. (’88)  
Associate Dean, Professor of Neurology and Pharmacology  
Physiology  
Saint Louis University School of Medicine

Medical always has been in the Young family. I was named after Paul’s father, Dr. Nicholas Young, and sure enough, I found myself pursuing a career in medicine as well. This pursuit has taken me many places, including a neurosurgery hospital in Uganda. One day when I was shadowing an aspiring African surgeon, I saw him pull a copy of Clinical Neuroscience out of his bag – the book my Great Uncle Paul had written. I commented for the book’s author and was told “Everyone knows Dr. Young!” Both near and far, Uncle Paul has had an incredible impact on this world.

Nick Stahlschmidt M.D. (’11)  
Clinical Neuroscience  
Surgical Resident  
SSM Health Saint Louis University Hospital

I left home in California to attend medical school at SLU under my grandfather’s guidance. He taught me about the medical school, what it means to be a professional, and the city of St. Louis – including the time I got lost and had to call him to guide me back home. I would not be where I am today if not for my grandfather. He forever will be an inspiration to me.

Christopher Young, M.D. (’13)  
Family and Community Medicine  
University of California Davis Medical Group  
Sacramento

I’ve known Dr. Young for more than 50 years. I’ve interacted with him as a teacher, faculty colleague, chairman and dean. He is widely known as a superb teacher but I also found him to be an effective leader and chairman, who understood what leadership meant. Dr. Young is thoughtful and careful in his decision making. He is able to assess and understand both sides of each decision. The greatest compliment that can be paid to a teacher is to hear School of Medicine alumni and alumnus come back to their reunions and ask about one person – Dr. Young. They ask, “How is Dr. Young?” to be able to attend a lecture. Does he still write with both hands on the blackboard at the same time when he teaches? He is great!

Patricia Monteleone, M.D. (’82)  
Clinical Emeritus (1984-2009)

After a lifetime of professional accomplishments, awards and educating thousands of physicians, Grandpa remains well-balanced; embracing family and his career equally. As a child, I remember spending time with my grandpa and 20 to 30 cousins every Sunday night where we gathered at his home for family dinner. The weekly tradition carries on to this day and exemplifies Grandpa’s dedication to family. When I started medical school, and attended his lectures, I saw a side of him I didn’t know existed. His legendary neuroanatomy lectures set him apart. He displays the same enthusiasm for teaching about the most complex organ in the body as he does for discussing Cardinals baseball with his children and grandchildren.

Nic Rottler, M.D. (’15)  
General Surgery Resident  
SSM Health Saint Louis University Hospital

If you wish to honor Paul A. Young’s, M.D. legacy, consider making a gift in his name to support faculty and equipment updates to the Center for Anatomical Science and Education (formerly the Department of Anatomy and Neurobiology).

Information at giving.slu.edu/Anatomy.
When I asked why I became a neurosurgeon, this is my answer: I inherited from my father a special fascination for the brain’s astonishing complexity. When I'm asked why I became a practicing pediatrician, I am honored and grateful for the privilege to have been taught by the best of the best.

Julie Young, M.D. (’19) 
Preferred Pediatrics, St. Louis

Continued from Forever Young on page 19.

Women’s Health
Department of Obstetrics, Gynecology and Professor and Chairman Emeritus Matt H. Backer Jr., M.D. (’50)

To my good fortune, Paul and I were classmates through grade school and high school, as I listened to him prepare lectures or speak with colleagues. I began to understand the brain’s astonishing complexity. And, in medical school with my dad as my professor, I was blessed to inherit his incredible passion to understand and teach others about this wondrous organ. I’m now celebrating 40 years as a neurosurgeon, a great testament to a wonderful father and one-of-a-kind mentor.

Paul H. Young, M.D. (’75) Clinical Professor of Surgery (neurosurgery) Clinical Professor of Anatomy, Center for Anatomical Science and Education

It was an incredible experience to be taught by one of the greatest neurosurgery professors of all time - my grandfather. His lectures were packed, not an open seat. He had a teaching style that held a student’s attention. My classmates often would come to me with neuroanatomy questions because I must have inherited this knowledge. I wish I certainly had extra motivation to excel throughout medical school and residency to live up to the legacy that was passed on to me. Now, as a practicing pediatrician, I am honored and grateful to have been taught by the best of the best.

Julie Young, M.D. (’19) 
Preferred Pediatrics, St. Louis

When I asked why I became a neurosurgeon, this is my answer: I inherited from my father a special fascination for the brain’s astonishing complexity. When I’m asked why I became a practicing pediatrician, I am honored and grateful for the privilege to have been taught by the best of the best.

Julie Young, M.D. (’19) 
Preferred Pediatrics, St. Louis

Continued from Forever Young on page 19.

Women’s Health
Department of Obstetrics, Gynecology and Professor and Chairman Emeritus Matt H. Backer Jr., M.D. (’50)

To my good fortune, Paul and I were classmates through grade school and high school, as I listened to him prepare lectures or speak with colleagues. I began to understand the brain’s astonishing complexity. And, in medical school with my dad as my professor, I was blessed to inherit his incredible passion to understand and teach others about this wondrous organ. I’m now celebrating 40 years as a neurosurgeon, a great testament to a wonderful father and one-of-a-kind mentor.

Paul H. Young, M.D. (’75) Clinical Professor of Surgery (neurosurgery) Clinical Professor of Anatomy, Center for Anatomical Science and Education

It was an incredible experience to be taught by one of the greatest neurosurgery professors of all time - my grandfather. His lectures were packed, not an open seat. He had a teaching style that held a student’s attention. My classmates often would come to me with neuroanatomy questions because I must have inherited this knowledge. I wish I certainly had extra motivation to excel throughout medical school and residency to live up to the legacy that was passed on to me. Now, as a practicing pediatrician, I am honored and grateful to have been taught by the best of the best.

Julie Young, M.D. (’19) 
Preferred Pediatrics, St. Louis

When I asked why I became a neurosurgeon, this is my answer: I inherited from my father a special fascination for the brain’s astonishing complexity. When I’m asked why I became a practicing pediatrician, I am honored and grateful for the privilege to have been taught by the best of the best.

Julie Young, M.D. (’19) 
Preferred Pediatrics, St. Louis

A new $550 million academic medical center in St. Louis moved closer to reality in February as SSM Health Saint Louis University Hospital and SLUCare Physician Group shared renderings of the facilities. The new $550 million SSM Health Saint Louis University Hospital and ambulatory care center features more than 800,000 square feet of space, 316 private patient rooms, an expanded Level 1 trauma center and emergency department, larger intensive care units, expanded patient parking, green space and areas for any future campus expansion.

“This is an exciting time for our hospital,” said Karen Becker, SSM Health Saint Louis University Hospital president. “For the past year, design teams have worked closely with our leadership, physicians and hospital teams to create an exceptional experience for our patients and staff. The new campus upholds our vision of providing outstanding quaternary and tertiary services and supporting the needs of our patients for decades to come.”

The new SSM Health Saint Louis University Hospital Campus will be located on 15 acres adjacent to the current facility on Grand Boulevard between Rutger and Lasalle streets. The project is expected to total more than 2.2 million workable construction hours and a peak workforce team of more than 600.

The new hospital will continue to focus on high-acuity patients, cardiovascular care, oncology, stroke, transplant and trauma. Groundbreaking is planned for Aug. 31, 2017 with a projected completion date of Sept. 1, 2020.

SSM HEALTH SAINT LOUIS UNIVERSITY HOSPITAL AND SLUCARE UNVEIL RENDERS FOR NEW HOSPITAL AND AMBULATORY CARE CENTER

MARK YOUR CALENDAR

School of Medicine Alumni Events

April 28
MEDLaunch Delta Day alumni.slu.edu/DeltaDay2017
May 6
Pediatric Academic Societies Meeting Alumni Reception – San Francisco alumni.slu.edu/PAS2017
May 18
Post-Commencement
June 18
28th Annual edition B. Hardway, M.D., Graduation Weekend with SLUCOA and UHLC, M.D. Endowed Lecture alumni.slu.edu/HardwayLecture2017
Sept. 21
Alumni Merit Award Dinner

Sept. 22-24
Med Roundup Weekend for classes entering in 26s and 76s sludmedreunion

INTERPROFESSIONAL BOOK CLUB

For the past decade, SLU physicians, researchers and other health care professionals have been meeting monthly to explore the medicine of medical care and health through the illuminating lens of literature. Now, the same opportunity is open to alumni.

Patrick McCarthy, associate dean of University libraries and director of the Medical Center library, and Sara van den Berg, Ph.D., professor of English and a medical humanities scholar, launched “Literature and Medicine: Humanities at the Heart of Health Care” in 2006.

“The program enables a creative exchange of ideas about healing others with care and dignity,” McCarthy said. “The program is filled to capacity every year the same day it is offered, with a lottery system used for selection and an always full waiting list.”

Program members have read and discussed such books as Paul Kalanithi’s “When Breath Becomes Air,” Rachel Adams’ “Raising Henry,” Victoria Sweet’s “God’s Hotel,” Brian Voke’s “Attending Others,” Michael Ondatrei’s “Ask a Ghost” and Elie Wiesel’s “Open Heart.”

The Literature and Medicine program is designed to encourage the exploration of the challenges and rewards experienced by health care professionals and provide a supportive environment for candid and thoughtful discussion among colleagues.

In the alumni Literature and Medicine program, a new book will be chosen each quarter to be discussed in-person with other School of Medicine alumni.

The program is still enrolling and School of Medicine alumni who are interested in discussing can contact Elizabeth Wikoff at 314-877-8245 or wikoffe@slu.edu. Sign up directly at alumni.slu.edu/SLUMed.

IN MEMORIAM | Deceased Alumni

To my good fortune, Paul and I were classmates through grade school and high school. We’ve also been faculty colleagues for more than 30 years. He still teaches neuro to two of my grandchildren who are medical students. It was my privilege to attend the deliveries of most of his children. Paul is a cherished friend.

Matt H. Backer Jr., M.D. (’50) Professor and Chairman Emeritus Department of Obstetrics, Gynecology and Women’s Health

[Image 653x48]
As SSM Health launches plans for a new $550 million medical center complex, we look back to the hospital's roots. This photo was taken circa 1932 as Firmin Desloge Hospital (now SSM Health Saint Louis University Hospital) was under construction. The Modern Gothic Revival style building was constructed with funds donated by the estate of Firmin V. Desloge, a lead-mining pioneer who attended SLU in the 1950s and sent his sons here as well. The roof was covered by copper-covered lead. The hospital was intended to serve the “poor and in need,” a mission that endures to this day.