

# PROGRESS



GW Alumna Dr. Lavinia P. Middleton, left, talks with GW Provost and VPHA Dr. John F. Williams and GW Breast Center Director Dr. Christine Teal at the two-day conference eyeing breast cancer aggressiveness and racial disparity.

## Conference Tackles Cancer Disparities

The research is clear—white women are diagnosed with breast cancer more frequently than African American women; however, African American women are typically diagnosed at a later stage

with more aggressive tumors and have a higher mortality rate. The Breast Cancer Aggressiveness and Racial Disparity Conference, co-hosted

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## GW Welcomes New Students

Get-to-knows, scavenger hunts, registration lines, GWORLD cards—all indicative of the orientation programs for the newest students of GWUMC’s School of Medicine (SOM) and School of Public Health and Health Services (SPHHS).

“You deserve to be here,” reminded GW Provost and VPHA Dr. John F. Williams, who noted the importance of those in the School who will provide support and encouragement in the months ahead. Deans, faculty and staff were on hand to welcome GWUMC’s newest students and demonstrate the personalized attention they will receive as they pursue their degrees.

“This is a very remarkable career group you are joining,”



Not to miss the chance, MSI Michael Powers personally captures the *White Coat* moment with Interim Dean Dr. James Scott. More photos pages 16-18.

said SOM Interim Dean Dr. James Scott. “You get to take care of people who really need you ... at a time when

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### ON THE FRONTLINES OF HOMELAND SECURITY

## Former White House Staffer to Head Up GW’s Homeland Security Team

Citing The George Washington University’s steadfast commitment to homeland security, GW Provost and VPHA Dr. John F. Williams has tapped Frank Cilluffo to be associate vice president for Homeland Security. A former top homeland security official in the Bush administration, Cilluffo joined GW in May as senior policy advisor to the Provost.

“After 9-11, GW President Stephen Joel Trachtenberg entrusted me with developing the University’s homeland

security strategy. To that end, I recruited the top talent from government and academia to help create a comprehensive homeland security initiative

### Funding Targeted for Biodefense Research

The George Washington University is part of a Middle Atlantic consortium named by Health and Human Services Secretary Tommy Thompson as a Regional Center for Ex-

cellence (RCE) in Biodefense and Emerging Infectious Diseases (RCE). Thompson is funding eight RCEs with grants totaling \$350 million

that will involve all of our Schools and community partners,” said Dr. Williams.

GW is poised to announce new academic programs in

the area of homeland security as well as the creation of the Homeland Security Policy

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### Inside this issue

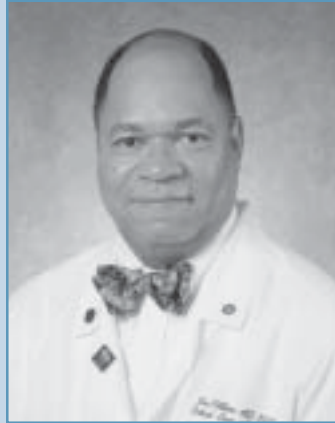
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**Terrorism Expert Added to Team, DC Residents Trained in Preparedness ... see pages 4-5 for details**

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## Provost Perspective ... *Enhancing our Academic Health Centers*

The Committee on the Roles of Academic Health Centers in the 21<sup>st</sup> Century recently released the executive summary of its report after two years of looking at the current role and status of academic health centers (AHCs) and examining what they could do to maximize their public good in the future. The findings are interesting for us as we begin a new academic year and, as an academic health center, look for more ways to enhance our educational offerings and the community service component of our mission in both our Schools.



The report tells us one thing all of us know—that the biomedical and technological advances of the future will present significant challenges for academic health centers as they learn to harness this information to benefit health and preventive care. In this high tech environment, though, there is still the problem of the underserved, many without insurance, who still do not have access to the proper care or health information. The bottom line in the report is the recommendation that academic health centers cannot operate in a vacuum but “need to create the structures and team approaches needed to focus on health for patients and populations.” I believe we are already moving in this direction as we look for more collaboration between our School of Medicine and Health Sciences and our School of Public Health and Health Services, our researchers and clinical partners and, indeed, with federal, state and local decision makers as they grapple with the realities of our nation’s healthcare challenges.

Here is a summary of the recommendations in the report:

1. AHCs should take the lead in reforming the education of our health professions
2. Congress should support innovation in clinical education through changes in the financing of clinical education.

3. AHCs should design and assess new structures and approaches for patient care.
4. Health-related research needs to span the continuum from discovery to testing to application and evaluation.
5. AHCs must make innovation in and implementation of information technology a priority for all education, research and clinical activities.
6. AHCs and the public should take part in the evaluation of these goals for change.
7. AHCs should be leaders and should develop leaders at all levels who can facilitate reaching these goals.

The report concludes that public policy changes won’t be enough to help AHCs succeed in reaching these goals. What is needed is self-evaluation by each AHC to orchestrate the change from within that will successfully direct the intellectual energies to positive change. We can gripe about the political climate and how that is making healthcare delivery difficult, but the reality is that we, as an academic health center, must be a part of the solution, not the problem.

I believe we have already embarked on the self-evaluation necessary for us to take stock of our internal partners and our external stakeholders so that we are keenly aware of the needs of our community. In order to bring change, we must first change ourselves, and that we have done. As I watched Dean Scott and Dean Katz welcome new students to our Schools a few weeks ago, I realized that we are on our way to a new era in educating our students. Our healthcare professionals will learn in a more collaborative environment than ever before. It is because we have made the tough choices about how to operate as a successful academic health center with an eye to the future—embracing new technology but ever mindful of how to use it to better ourselves as an organization as well as the lives of those we touch.

John F. Williams, MD, EdD, MPH  
Provost and Vice President for Health Affairs

## PROGRESS

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## Old Hospital Project Moves Forward; Building to Be Razed in Weeks

Just over a year since the new GW Hospital opened and began accepting patients, the demolition schedule for the old hospital is now set. Pending all final permits, the demolition will begin on or about the week of September 8 and will continue through the end of December. The building will be taken down using a wrecking ball and claw, with debris removed from the site and taken out of the city for recycling. The work hours will be from 7 a.m. through 7 p.m., Monday through Saturday. Starting the week of September 15, the sidewalks on 22nd and Eye Street will be closed. The sidewalks on 23rd Street and in front of the adjacent residence halls will remain open during this time.



In the shadows of the city's newest hospital, the old hospital site stands ready to be demolished. Plans for the new site are still under review by the University.

The old hospital saw its share of high profile patients. Former President Ronald Reagan was brought to the

Emergency Room after the failed assassination attempt by John Hinckley Jr. in 1981. In fact, art imitated life when

GW's old ER was recreated for an episode of the television drama "West Wing."

"The old Hospital was the venue for some momentous events and trained two or three generations of healthcare providers," said Dr. Robert Shesser, chair of the Department of Emergency Medicine. "While sad to see it go, we are excited about the possibilities presented for new educational and clinical programs on the site." Current plans for the old hospital site are still under review by the University.

If all goes according to plan, site grading will begin in early December and, finally, a wooden perimeter fence will be installed. Students will get an opportunity to paint the fence with a design approved by the president.

## Cancer Disparities Take Center Stage at Conference

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by GWUMC, The GW Cancer Institute and the National Cancer Institute, addressed the implications of this racial disparity for screening, staging and therapy.

Despite these racial differences, presenter Beth A. Jones, PhD, MPH, assistant professor, Division of Chronic Disease Epidemiology, Yale University School of Medicine, stressed that women should not be treated differently simply with regard to race. Instead, factors that place all women at higher risk for breast cancer should be identified and resultant interventions should include more

intensive screening for all high-risk women.

Frederick L. Greene, MD, chairman, American Joint Committee on Cancer, American College of Surgeons recommended that staging strategies also be consistent across all races/ethnicities. However, he discussed the importance of updating the staging protocol to incorporate advances in breast cancer research. For instance, when new evidence suggested that the internal mammary chain was a significant prognostic factor in breast cancer, the staging strategy was updated to include information on the in-

ternal mammary nodes. Environmental factors, such as quality and accuracy of diagnosis; access to care, diagnosis and screening; and socioeconomic and insurance status, are gaining increased attention and are likely to be included as prognostic factors when the staging strategy is again updated in 2009.

With regard to therapy, Robert S. Siegel, MD, director, Division of Hematology and Oncology, GWUMC, emphasized that therapy should be based on the tumor characteristics rather than on race. He, too, stressed the importance of identifying risk factors and incorporating

these factors into targeted screening programs. Despite significant advances in the understanding and treatment of breast cancer, early detection continues to be the most important tool in fighting this disease. Magnetic resonance imaging (MRI) may be a useful technique for detecting breast cancer even earlier than it can be detected by mammogram. Because of the high cost of MRI, it is impractical to use with all patients, but it has the potential to become an important part of the screening program for high-risk women. He also discussed new therapies that

## ON THE FRONTLINES OF HOMELAND SECURITY

## Leading Terrorism Response Expert Added to GW Homeland Team

GWUMC announced the appointment of Paul Maniscalco as a visiting assistant professor of Health Care Sciences and director of the newly created Emergency Services Management Program. Maniscalco, a national expert on terrorism and emergency preparedness, will also be a key faculty member at the Response to Emergencies and Disasters Institute (READI) on GW's Virginia campus.

"Adding Paul Maniscalco as a full-time faculty member to our Emergency Services Management and our READI programs is key to the success of our University-wide initiative on homeland security," said Dr. Keith

Holtermann, associate dean for Health Sciences and READI programming. "Paul literally wrote the book on emergency preparedness and is an expert of national stature. He is a vital and welcome addition to our team."

Maniscalco is a former deputy chief/paramedic for the City of New York and has more than 30 years of Public Safety response, supervisory and management experience. Chief Maniscalco has managed a wide array of events from aviation and transit emergencies to manmade disasters and acts of terrorism. Chief Maniscalco has also



Paul Maniscalco

been in command roles for mass gathering events, such as political conventions and dignitary visits, and has participated in disaster response at events around the world. Currently, Chief Maniscalco serves on the Emergency Response Senior Advisory Committee to the Homeland Security Advisory Council. This committee advises the Department of Homeland Security on public safety, public health and the medical aspects of homeland security preparedness and response.

"I am glad to be at GW in this new capacity," added Chief Maniscalco. "GW has been at the forefront of best

practices in the emergency preparedness arena because the University recognizes the need to bring professionals in the field into the classroom to train the emergency responders of the future."

Chief Maniscalco is a frequent lecturer and is widely published in academia and professional journals on emergency medical services, fire service, public safety and national security issues. He is the co-author of several terrorism response textbooks, including *Understanding Terrorism and Managing the Consequences*.

Chief Maniscalco is a past president of the National Association of Emergency

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## Consortium Conducts Biodefense Research

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over five years. This nationwide group of multi-disciplinary centers is a key element in HHS' strategic plan for biodefense research. The National Institute of Allergy and Infectious Diseases (NIAID), a part of HHS' National Institutes of Health, is providing the grants and will administer the RCE program. A total of \$45 million dollars will go to the 60 scientists participating in this Middle Atlantic RCE.

"We have moved with unprecedented speed and determination to prepare for a bioterror attack or any other public health crisis since the terrorist attacks of 2001," Secretary Thompson said.

"These new grants add to this effort and will not only better prepare us for a bioterrorism attack, but will also enhance our ability to deal with any public health crisis, such as SARS and West Nile virus."

GW is in the RCE that includes the University of Maryland School of Medicine as the lead institution, along with participating institutions Johns Hopkins University, the University of Pennsylvania, the University of Virginia, the Uniformed Services University of the Health Sciences, Virginia Polytechnic Institute and State University, Virginia Bioinformatics Institute, the University of Pittsburgh, Georgetown University, West

Virginia University, Drexel University, the University of Vermont, the University of Missouri-Kansas City, the University of Maryland Biotechnology Institute and Virginia Commonwealth University.

Funding for GW covers two project areas, according to Dr. Peter Hotez, chair of the Department of Microbiology and Tropical Medicine. "We will be doing media training for biodefense scientists and will also have a role in developing DNA vaccines for the disease tularemia." For the media training, Dr. Hotez and his department will work with GW's School of Media and Public Affairs and the Center for Emergency Pre-

paredness. Dr. Milcho Mincheff of the Department will head up the vaccine development project.

"We are pleased that our collaboration with all of these prestigious schools led to funding for a Regional Center of Excellence," said Dr. Hotez.

"There is important work to be done to ensure the preparedness for our region, and GW is happy to be a part of this effort," commented Frank Cilluffo, associate vice president for Homeland Security. "This funding addresses a real gap and will connect the research with real solutions."

## ON THE FRONTLINES OF HOMELAND SECURITY



Provost and Vice President for Health Affairs Dr. John F. Williams greets Secretary of State Colin Powell who gave an address at GW for the dedication of the new Elliott School of International Affairs.

### DC Emergency Training Brings Tools Home

GW Medical Center is already turning out graduates of the FEMA-developed Community Emergency Response Team (CERT) training for District residents. GW was selected earlier this year by the District's Commission on National & Community Service to provide the training in Washington, DC. The first group of more than a dozen trainees finished their instruction in July. GW experts will train more than 500 citizens by early next year. GW Medical Center will also teach 20 additional residents to become emergency preparedness and response trainers themselves, in a train-the-trainer program.

"We've been going to community centers, churches and recreation centers throughout the District," said Rachel Mazzotta, executive director of GW's Ronald Reagan Institute of Emergency Medicine, which is administering

the CERT training in concert with GW's Center for Emergency Preparedness. "The goal is to reach as many parts of the city as we can so that people trained in preparedness can be spread as wide as possible throughout the District."

CERT is a component of Citizen Corps, President Bush's community-based initiative to engage citizens in homeland security and community and family preparedness through public education and outreach, training opportunities and volunteer service. "This is an opportunity to bring real-world training to District citizens so they can act during an unfolding emergency," said Daniel Kaniewski, executive director of GW's Center for Emergency Preparedness. "All major emergencies require an immediate response. And there is no greater response than a trained citizenry."



### Cilluffo to Head GW's Homeland Effort

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Institute. As Associate Vice President for Homeland Security, Cilluffo will marshal all University resources to coordinate the development of multi-faceted programs and policies on homeland security.

"With GW's tremendous homeland security expertise and established relationships with the emergency response community, we are confronting the threats that face the nation. By linking academia and scientists to decision makers at all levels of government, the private sector and the communities we live in, we are, in effect, building a bridge between theory and practice in homeland security and counterterrorism," said Cilluffo.

GW already has several successful homeland security-focused programs including the Response to Emergencies and Disasters Institute (READI), a first responder training center on its Virginia campus. In addition, GW has finished preparedness training for the DC Department of Health personnel and is training DC citizens in emergency preparedness as a part of the national Citizens Corps campaign. For nearly 30 years,

GW has successfully trained first responders in the National Capital Region and employees of federal, state and local government agencies.

Dr. Williams said, "Frank is one of the nation's premier experts on homeland security, and we feel extremely lucky to have him in charge of our efforts to coordinate and collaborate on homeland security as we move this field ahead academically and into practice."

Cilluffo was appointed by the President to serve in the newly created White House Office of Homeland Security shortly after the events of September 11, 2001. In his job at the White House, Cilluffo built partnerships with the private sector, academic, and state and local officials and emergency responders on homeland security policies and initiatives. He also served as principal advisor to Governor Tom Ridge and directed the President's Homeland Security Advisory Council and its four Senior Advisory Committees. For more on the new GW homeland security initiatives, visit [homelandsecurity.gwu.edu/](http://homelandsecurity.gwu.edu/).

### Maniscalco Joins Emergency Management Team

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Medical Technicians (NAEMT) and chairman of the NAEMT National EMS Administrators Division. He earned his BA in Public Administration from City Uni-

versity of New York and Masters of Public Administration from the NYU Wagner Graduate School of Public Service.

## FACULTY DEVELOPMENT CORNER



*Note: The Faculty Development Corner is a regular Progress item. It features useful tips, book reviews and guest columns focusing on trends and issues in academic medicine.*

Major changes are sweeping the world of medical education. The Clinical Learning and Simulation Skills Center (CLASS) is a state-of-the-art facility designed to address these changes. Located on the sixth floor of the new hospital, its cutting-edge technology is available to anyone in the GW community interested in undergraduate, graduate or faculty education.

Medical education is moving rapidly toward new ways of assessing competence. Next spring medical students must pass an 11-station National Board of Medical Examiners (NBME) standardized patient (SP) exam to be licensed to practice medicine. Soon residents must demonstrate proficiency in each of the six competencies defined by the Council on Graduate Medical Education (ACGME), the accrediting body for residency programs.

## CLASS Notes: Blending Cutting-Edge Technology and Education

Simulation is an excellent way to assess competence. Since it does so without putting patients in harm's way, it has become an educational method of choice for both the NBME and ACGME. The CLASS Center uses two types of simulation to educate students in a clinically realistic setting—SPs and computer-based simulation. SPs are persons trained to simulate the illnesses of real patients. They are so convincing that experienced physicians cannot distinguish them from real patients. Computer-based simulation uses mannequins that can present complex heart sounds and simulate critical medical conditions (acute cardiac arrest, respiratory arrest). Anything that learners do in the CLASS Center can be digitally recorded for review and for ongoing educational outcomes research.

Examples of what has happened or is about to happen at the CLASS Center include:



Anything that learners do can be digitally recorded for review and for ongoing educational outcomes research.

•**SP exam for third-year medical students**—the largest event taken on by the Center thus far. The assessment is the first product of a consortium of area medical schools—GW, University of Maryland and Georgetown.

•**SP end-of-life training exercise**—initiated by Drs. Bruce Slater, Stacey Mollis and GiGi El-Bayoumi, and residents Joe Gross, Danille Doberman, David Jager, Michelle Salvat and Eric Wollins. Because of its innovativeness, a poster presenting it was accepted for this year's annual meeting of the Society for General Internal Medicine in Vancouver.

•**A multistation SP training exercise to fulfill Accreditation Council on Graduate Medical Education (ACGME) competencies**—Each SP encounter will assess a different core competency which residents, no matter what their specialty, need to master (e.g., giving bad news, discussing a bad result with a patient, working with a health care team, giving medical students feedback). The project, Cross Residency Evaluation and Training Exercise, also known as CREATE, will enable multiple specialties to train or examine

their residents in a large array of ACGME competencies in a single exercise.

•**Mannequin-based education and assessment**—As part of the joint third-year medical student examinations discussed above, the SimMan simulator was used to present a patient with a pneumothorax and in shock. The students were required to perform the appropriate physical examination and make the diagnosis based on their findings. At the resident level, the Emergency Medicine Department is in the process of developing an ACLS-based program for resident training that would be completed by all of their residents.

If you have educational ideas you would like to develop at CLASS or if you would like to visit the Center, please e-mail Jim Michelson, Donna Simonton or Jim Blatt. Dr. Michelson directs the robotics section and I (Jim Blatt) direct the SP section in conjunction with Donna Simonton, the coordinator. The Office of Interdisciplinary Medical Education, led by Scott White with the help of Venise Lewis, Chelvakanie Isaac and Joan Loomis, supports the Center.

*Jim Blatt  
Director,*

*Office of Interdisciplinary Medical Education and CLASS Center Standardized Patient Program*

CREATING A NEW TRADITION IN RESEARCH

## SPHHS Research Focuses Attention on Immunization Needs

SPHHS' Department of Health Policy is emerging as a major force in the drive to help bring immunizations to the roughly 28 million Americans who fail to receive some or all of the recommended immunizations.

On one front, Department Chair Sara Rosenbaum, JD, recently helped craft a set of recommendations by the Institute of Medicine panel that would require all insurance plans to cover recommended vaccinations, and would mandate vouchers to uninsured people for the needed shots. The panel's recommendations made

headlines last month, as policymakers grapple with the fact that nearly 10 percent of Americans are not getting the immunizations they need.

"It was uppermost in our minds to close this gap," Rosenbaum told the *Associated Press* when the recommendations were released in early August. Under the plan, manufacturers would receive subsidies to encourage them to produce vaccines that have a

special value to society. The panel's recommendations, which include a provision that health plans should be paid enough to cover their costs, would require congressional approval to be enacted.

Meanwhile, Rosenbaum also helped draft a July report by the Department of Health Policy's Center for Health Services Research and Policy. Along with researchers Alexandra Stewart, Marisa Cox and Shawnte Mitchell, Rosenbaum surveyed state-mandated immunization plans nationwide. The report found that, while 32

states and the District of Columbia purported to maintain immunization mandates, no state had enacted a comprehensive mandate that would require all the recommended immunizations for both childhood and adolescence. And no state provided the kind of insurance industry oversight that would guarantee citizens could receive their required immunizations free of charge. The CDC reports immunizations prevent about 10.5 million cases of disease and 33,000 deaths a year.



## Cancer Disparities: The Next Steps

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have been successful in reducing the rate of recurrence and the rate of mortality. Early research shows unequivocally that hormone therapy used as adjuvant right after diagnosis makes a difference in the prognosis.

Dr. Siegel suggested that reducing racial disparities in breast cancer in the future will be achieved through better prevention programs and screening techniques, targeted therapies and new, individual programs that take into account such factors as tumor characteristics and a patient's comorbidities.

In closing, Steven Patierno, PhD, executive director, The GW Cancer Institute, identified several areas for future

research, including the molecular, socioeconomic and medical etiology of breast cancer in the African American population as well as a focus on aggressive versus non-aggressive tumors rather than across race. He also suggested it is important to determine why African American women present with breast cancer at a younger age. The answer to this question transcends the racial issue and will help not only to identify vulnerable populations but also to understand for women of all races and ethnicities why some present at an early age.

Through intensive screening and treatment programs and further research into markers that place certain



Conference co-chairs Drs. Steven Patierno, left, and Donald Henson, right, confer with Dr. Harold Freeman following his keynote remarks. Dr. Freeman is director of the Center to Reduce Cancer Health Disparities for the National Cancer Institute.

women at high risk for breast cancer, it is hoped that African American women, like white women, will experience

lower mortality rates from breast cancer and that, perhaps, someday, this disease can be eradicated completely.

## GOING GLOBAL



## GW Hospital Provides Care to Palestinian Teen

This column is a regular feature of *Progress*, detailing efforts at GW Medical Center to reach beyond U.S. borders to share our medical and healthcare expertise throughout the world.

Doctors at GW Hospital played a small part last month in relieving some of the suffering endured by Israelis and Palestinians in the ongoing mideast conflict. A team led by Dr. Anthony Venbrux, director of Interventional Radiology, managed during a two-hour operation to cure a 15-year-old Palestinian boy of a potentially deadly aneurysm lurking near a major artery in his shoulder. Saleh Al-Hajin's condition arose from injuries sustained at his Gaza home by a tank blast that killed his mother and several other family members. GW Hospital performed the operation free of charge after a relief group, the Palestine Children's Relief Fund (PCRF), flew the boy to the U.S. and brought his case to light.

"We had the expertise and we wanted to help," said Hospital CEO Dan McLean at a news conference after the operation. "I'm honored to be able to help provide the necessary care so Saleh can resume his childhood and spend time with his father."

"We have dealt with many organizations and many hospitals, and bureaucracy can often be an obstacle," said the PCRF's Susan Kerin. "With GW, there was none of this. The doctors and staff have been amazingly helpful. Everything happened amazingly fast, and we're so grateful."

Saleh had been injured almost a year before and had gone through several operations. But this latest condition, known specifically as a

subclavian/axillary artery pseudo-aneurysm, only became apparent more recently.

"It appears to have become more pronounced over time," said Dr. Venbrux. Together with Dr. Elizabeth Ignacio, Dr.

Venbrux worked to correct the damage by inserting a catheter near the patient's armpit and snaking it through to the aneurysm site in the shoulder. The catheter held a self-expanding, covered metallic stent, which the doctors used to seal the aneurysm.



GW Hospital CEO Dan McLean, left, announces the successful surgery to treat a 15-year-old Palestinian boy. Joining McLean are, from left, Dr. Anthony Venbrux, Dr. Elizabeth Ignacio, Dr. Khalid Kurtom and Susan Kerin from the Palestine Children's Relief Fund.

## GW Hosts Kuwait University Delegation; Explores Options



Members of The Kuwait University delegation headed up by Jamal Bouericky, left, and Khaled Al-Saied, second from left, met with GW Provost and VPHA Dr. John F. Williams, second from right, and Executive Director Huda Ayas, right, during their visit last month to GWUMC.

A delegation from The Kuwait University last month visited GWUMC to learn new teaching

methods and to gain a better understanding for how the American Medical system works and what is

expected and how certain things are accomplished. GW's Office of International Medicine Programs hosted the delegation that was sponsored by The National Council on U.S.-Arab Relations and the Embassy of the State of Kuwait.

Kuwait University's Dean of the Students Affairs Khaled Al-Saied and Delegation Administrator Jamal Bouericky joined the six students who have backgrounds in medicine, engineering, dentistry, pharmacology, allied health and nursing, and computer science.

GW Provost and VPHA Dr. John F. Williams met with the delegation and provided an overview of the Hospital, Medical Center and the

services provided to the nation's capital.

Dr. Benjamin Blatt, associate professor of Medicine, discussed medical education, Practice of Medicine courses and general internal medicine. MSIII Haitham Al-Grain, now enrolled in the five-year International MD Program, also spoke with the delegation about his international background, the medical education, experiences adjusting to the American curriculum, course study and methods learned in the last two years of medical school. Huda Ayas, executive director of the Office of International Medicine Pro-

GOING GLOBAL



This column is a regular feature of *Progress*, detailing efforts at GW Medical Center to reach beyond U.S. borders to share our medical and healthcare expertise throughout the world.

## Physicians Eye International Needs of Underserved Populations

GWUMC consistently encourages its physicians, faculty, residents, students and staff to address unmet healthcare needs in underserved areas. However, this past summer saw an inaugural mission within the Ophthalmology Department.

Department Chair Dr. Barrett Katz said Provost and VPHA Dr. John F. Williams approached him about two years ago, suggesting that the international eye care needs were going unfulfilled. And the statistics confirmed his concern. According to the World Health Organization, there are between 40-45 million blind worldwide, 90 percent of which are in developing countries.

After months of preparation, the GW team traveled to Guatemala in June to “teach and train local ophthalmologists, show them techniques and technologies we use, give them the benefit of our experience and work with them on how to address their local healthcare needs,” said Dr. Katz. It also, agree Drs. Williams and Katz, provides an



Dr. Barrett Katz enjoys a moment with a new fan.

opportunity for residents and students to experience first-hand what they can do as individuals to address broader healthcare needs and issues of underserved people.

The GW program involves matching faculty, residents and students with those areas that will

partner to provide examinations and surgeries and would welcome such medical missionary programs says Dr. Katz. The GW team helps organize local screening and the triaging of patients who need eye surgery—most of the surgery is performed that day. The most common operation performed is cataract removal, allowing formerly blind patients the ability to see again.

Resident Dr. Gregory Gertner was among the GW team on the inaugural trip to Panama. “I truly believe that I gained more from this experience than the patients on which I operated. I had a chance to do an incredible amount of surgery in a short amount of time while conferring with as many as eight ophthalmologists on the best approach or surgical management of a complication. This experience also served to jump start my involvement in international ophthalmology that will no doubt continue throughout my ca-

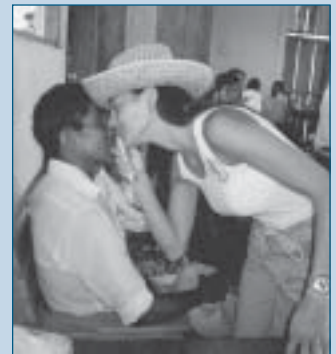
reer. In fact, one of the reasons I wanted to do my residency at GW was their focus on international work.”

Drs. Maryam Zamani and Sonal

Wadhwa, echoed Dr. Gertner’s assessment. “It demonstrates that just one person can sig-

nificantly contribute to the many in need in other parts of the world. With just volunteering a week’s time, hundreds of people can potentially be helped,” said Dr. Zamani. “It is truly rewarding to work with these people who have never received eye care before. Because we were exposed to this experience during our residency, we plan to continue our involvement throughout our careers. Making us aware of the larger healthcare needs of a less advantaged population also places much of what we see and do here, in our program, in Washington, DC, in a new and healthier perspective,” said Dr. Wadhwa.

These observations more than meet one of the other objectives of the mission as envisioned by Drs. Katz and Williams. “We need to give our students a bigger helicopter view of international ophthalmology and teach them that there are more pressing eye care needs than a 20/40 cataract in the sub-



Dr. Maryam Zamani screens one of many potential surgical candidates during GW’s international healthcare mission.

urbs,” says Katz. “And, it is our opportunity to make a stamp on the next generation of ophthalmologists as they address the increasing international needs and opportunities for partnerships.” The next trip is this fall to Kathmandu.

### Kuwait Visit

*Continued from page 8*

grams, reviewed the International Medical Education and International Residency programs, explaining the development and the process of how and whom can enter the programs and what is expected of international students and physicians. The delegation’s visit ended with a walking tour of the Clinical Learning and Surgical Skills Center conducted by Joan Loomis. Marissa Mahoney and Shawn Romer of the National Council on U.S.-Arab Relations accompanied the delegation.

## Awards and Recognition

**Jeffrey Bethony, PhD**, assistant professor, Microbiology and Tropical Medicine, received the Ashton Cuckler New Investigator Award from the American Society of Parasitologists, for his work on the epidemiology and immunoepidemiology of schistosomiasis. He received the award at the annual meeting in Vancouver, Canada in August.

**Maria Elena Bottazzi, PhD**, special assistant to the chair for Administration, Department of Microbiology and Tropical Medicine, received an American Society for Microbiology International Professorship award to teach the course, "Molecular and Cellular Techniques for the Characterization of Cellular Responses during Parasitic Infections" at the Universidad Nacional Autonoma de Honduras in Tegucigalpa.

**Carolyn Rabinowitz, MD**, clinical professor of Psychiatry and Behavioral Sciences, has been named the recipient of the Lifetime Achievement Award of the Association for Academic Psychiatry (AAP) for her work in psychiatric education. The award will be presented at the AAP annual meeting in Philadelphia in October.

**Luther D. Robinson, MD, ScD (Hon)**, clinical professor of Psychiatry, recently received the McDonald's 2003 Black History Makers of Today Award in the Field of Science. Last year he received the American College of Physicians/American Society of Internal Medicine 2002 William C. Menninger Memorial Award for Distinguished Contributions to the Science of Mental Health.

Dr. Robinson is known internationally as a pioneer in contributing to the development of communicatively and culturally specific mental health services to the Deaf population. In honor of Dr. Robinson's numerous career achievements, the Department of Psychiatry at Howard University College of Medicine, where he holds the position of associate professor emeritus, holds an annual Luther D. Robinson, MD, Symposium on Mental Health.

### Academia

**James Banta, MD**, chair, Department of Global Health, SPHHS, and **Hiro Aiga, MPH**, visiting fellow in the Department of Global Health, had their article on the emerging crisis of continuing professional education appear in the most recent edition of the *Journal of Health Planning and Management*.

**Tsung O. Cheng, MD, FACP, FACC, FCCP**, professor of Medicine (Cardiology), gave a Medical Grand Rounds at the GW Medical Center on August 14, 2003, titled "Medicine and Cardiology in Modern China." It focused on the current state of medicine and cardiology and changing face of cardiovascular diseases and treatment in China and the contribution of ancient Chinese medicine

to modern medical sciences and technology worldwide.

**Judith Hsia, MD**, professor, Division of Cardiology, was an author on the lead article published in the August 7, 2003, issue of *The New England Journal of Medicine*. The article was titled "Estrogen plus Progestin and the Risk of Coronary Heart Disease." This article is a result of the Women's Health Initiative, which has concluded that, "Estrogen plus progestin does not confer cardiac protection and may increase the risk of coronary heart disease among generally healthy post-menopausal women, especially during the first year after the initiation of hormone use."

**Paul Kimmel, MD**, professor and director, Division of Renal Diseases and Hypertension, published an NIH Conference article titled "Pathogenesis and Treatment of HIV-Associated Renal Disease: Lessons from Clinical and Animal Studies, Molecular Pathologic Correlations, and Genetic Investigations," in the August 5, 2003, issue of *Annals of Internal Medicine*.

**Raj Lakshman, PhD**, professor of Medicine, Biochemistry and Molecular Biology, GWUMC, and chief, Lipid Research Laboratory, VA Medical Center, Washington, DC, was invited to chair and

speak at a symposium titled "Is Alcohol Cardioprotective or Harmful?" at the European Society of Biomedical Research in Alcoholism meeting that was held in Prague, Czech Republic, from September 11-14, 2003.

A study by **Janette Krum, PhD**, associate research professor of Anatomy and Cell Biology, and her colleagues appeared in the journal *Experimental Neurology*. The study, "Inhibition of endogenous vascular endothelial growth factor (VEGF) impedes revascularization and astroglial proliferation: roles for VEGF in brain repair," showed that VEGF appears to be an integral factor in central nervous system wound healing that is essential for vascular endothelial proliferation and survival and may also be necessary for astroglial proliferation and maintenance during the repair of brain injury.

**Richard Skolnik, MPH**, director of the Center for Global Health, SPHHS, recently completed leading an independent evaluation of the International AIDS Vaccine Initiative (IAVI). The evaluation team included internationally renowned experts on HIV/AIDS. **Santiago Cornejo, MPH**, served as the research associate to the team. The report has been distributed widely to IAVI's donor's and partners and is available at IAVI.org. Skolnik also recently completed an independent evaluation he led for the World Health Organization (WHO) regarding the Global Alliance for the Elimination of Leprosy. Cornejo and **Jennifer Vollett Krech**, an MPH



*Continued from page 10*

candidate, served as the research associates for the team. This report has been distributed to key players in the global leprosy field and is available at WHO.org.

**In the News**

**The George Washington University Hospital** provided free care to an injured Palestinian teen with an aneurysm. Nile TV, Al Jazeera, Voice of America, WTTG and WUSA-TV were among the media in attendance at a press conference regarding the boy's treatment.

**Neal Barnard, MD**, adjunct professor, was featured in the *Wisconsin State Journal* discussing his theory on food addiction.

**Lillian Beard, MD**, associate clinical professor and spokesperson for the U.S. Tuna Foundation, was quoted in a U.S. Tuna Foundation press release discussing a Harvard study that showed that fish consumption declined among pregnant women due to mercury warnings. This study refutes a survey by several advocacy groups that stated that 36 percent of those surveyed were unaware that the government advises people to limit eating certain fish. The survey, which was not published in a peer-reviewed journal, does not distinguish between advisories for pregnant women and consumption advice for the general population.

**Sandra Foote**, senior research staff scientist, Health Insurance Reform Project at GW, authored a paper study-

ing the advantages and challenges to programs proposed in Medicare reform legislation. A summary of her article appeared in *Health and Medicine Week* and *Managed Care Weekly Digest*.

**Arthur Frank, MD**, medical director of the GWUMC weight management program, was quoted in an article in *The Washington Post* that discussed a new video, DVD and book by exercise guru Denise Austin. Austin promotes a program that she claims helps women reduce what she calls the "female fat zones," including waist, thighs, hips and upper arms. According to Dr. Frank, Austin's premise that you can target specific body regions for weight loss is "hokum. If you want to lose inches from a select area," he says, "pull the tape measure tighter."

**Adriane Fugh-Berman, MD**, associate clinical professor and an expert in Women's Health, was featured in *The Scotsman* regarding her survey of scientific studies involving treatments for menopausal symptoms.

**David Goldsmith, MSPH, PhD**, associate research professor of Environmental and Occupational Health, was quoted in the *San Francisco Chronicle* in an article titled "Turning the Heat Up Under Infested Homes—Popular Alternatives to Fumi-

gation Attacks Termites, Mold and Fungus."

**Eric Goplerud, PhD**, research professor of Health Policy, was quoted in *Workplace Substance Abuse Advisor* regarding a report by Ensuring Solutions to Alcohol

Problems, a research-based project at GWUMC.

**Stanley Greenspan, MD**, clinical professor of Psychiatry and Behavioral Sciences, was featured in the *New York Dispatch* for his proposal to put his theory on child development system into action.

**Jeanne Lambrew, PhD**, associate professor of Health Policy, was quoted in an article in the *Kansas City Star* regarding her research on the need for drug benefits in rural areas.

*Round of Applause*

*Continued on page 13*



Dr. Venbrux briefs residents and students on the process to be used for PVD screenings.

**GW Hospital Provides Free PVD Screening**

More than 100 people received free screening for peripheral vascular disease (PVD) as part of the National Legs for Life Program. The GW effort was coordinated by Drs. Elizabeth Ignacio, Anthony Venbrux and Subodh Arora. PVD is a cardiovascular condition that occurs when plaque blocks the blood vessels to the limbs, usually the legs. Those with PVD are at greater risk for heart attack, stroke and loss of limbs. Signs of possible peripheral vascular disease (PVD) include cold feet or legs, numbness, ulcers or sores that don't heal, leg pain when walking or exercising, and/or no leg pain when resting. For information on future screenings, visit [www.gwhospital.com](http://www.gwhospital.com).

## SMHS, SPHHS Team Up with DC to Host Chronic Disease Conference Sept. 25

GWUMC and the DC Department of Health will host the 2<sup>nd</sup> Annual DC Chronic Disease Conference—Best Practices: From Theory to Action, taking place on Thursday, September 25, 2003, from 8 a.m. to 4:30 p.m. The Conference will be held on the GW Campus in the Cafritz Conference Center located on the third floor of the Marvin Center at 21<sup>st</sup> and Eye Streets, NW.

This year's keynote speaker is William H. Dietz, MD, PhD, director, Division of Nutrition and Physical Activity, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention. Dr. Dietz will speak at 9 a.m. At noon, S. Leonard Syme, PhD, professor of Epidemiology (Emeritus), School of Public Health, University of California, will present the Mid-Day Plenary Address.

This one-day conference offers nine mini-plenary sessions and 27 workshops (choose either a public health or a clinical focus) on chronic disease, including obesity, diabetes, cancer, mental health, HIV/AIDS, tuberculosis, cardiovascular disease, asthma and tobacco control. Participants will explore global health strategies with public health professionals, health educators, physicians and other clinicians for improved outcomes for residents of DC. Sessions will highlight local, regional and national best

practices in the education, prevention and treatment of chronic diseases.

"The importance of this conference cannot be overstated," said Dr. James Scott, interim dean, GW School of Medicine and Health Sciences (SMHS). "It is very appropriate that GW serve as the host of this conference. Managing chronic diseases takes the efforts of all members of the healthcare community. With our Public Health faculty and students working alongside the students and faculty of the SMHS, our community outreach programs, and even our Institute for Spirituality and Health, I believe we are uniquely prepared to make a significant impact on the health of the residents of the District of Columbia."

According to Ruth J. Katz, JD, MPH, dean and Walter G. Ross Professor of Health Policy, GW School of Public Health and Health Sciences (SPHHS), "This conference brings together many of our chronic disease experts at both the SPHHS and the SMHS and affords an extraordinary opportunity to explore, discuss and better understand chronic disease in the city."

GWUMC designates CME activity for up to five credit hours in Category 1 of the Physicians' Recognition Award of the AMA. Approval for health educators, nurses and physician assistants is pending.

For more information, please call 202-994-8929, e-mail [cehbxa@gwumc.edu](mailto:cehbxa@gwumc.edu) or visit the website at [DCChronicDiseaseConferenceInfo.org](http://DCChronicDiseaseConferenceInfo.org).



Representatives of the National Institutes of Health recently wrapped up their visit to GW with a day-long education and outreach seminar on *Fostering a Culture of Compliance* as part of their outreach efforts for faculty, principal investigators and research contracts.

### Faculty

#### Appointments— September 2003

##### ~Full-time Faculty~

##### Biostatistics

**Laura Coombs, PhD, MS**, assistant research professor

Secondary appointment: assistant research professor, Epidemiology and Biostatistics

##### Health Policy

**Ruth J. Katz, JD, MPH**, professor

##### Obstetrics and Gynecology

**Molina Bhatnagar Dayal, MD, MPH**, assistant professor

##### Pediatrics

**Marina Bakay, PhD, MS**, assistant research professor

**Laurel Lynne Bell, MD**, assistant professor

**Bryan R. Fine, MD**, instructor

**Sunny Zaheed Hussain, MBBS, DCH, MS**, assistant professor

**Stephanie R. Reid, MD, MA**, assistant professor

##### ~Part-time Faculty~

##### Emergency Medicine

**James Martin Marinucci**, adjunct assistant professor

**Ricardo Tappan**, adjunct assistant professor

##### Neurological Surgery

**David Ralph Curfman, MD, MS**, assistant clinical professor

**Bothwell Graves Lee, MD**, assistant clinical professor

## GW Hospital Marks 1st Birthday in their Newest Facility



On hand to kick off the weekend-long celebration with the "official cake-cutting" were, from left, Hospital CEO Dan McLean, GW President Stephen Joel Trachtenberg and GW Provost and VPHA Dr. John F. Williams. Just last year, GW opened the city's newest hospital outfitted with state-of-the-art technology.

There were entertainment options and activities for "children of all ages" at the hospital birthday bash.



Take your best shot to relieve stress—for fun and funds, participants were encouraged to try three balls for \$1 to "dunk" volunteers. All proceeds raised went to the GWUH Women's Board Nursing Scholarship.



### Round of Applause

Continued from page 11

**Dr. John Larsen**, chairman, Department of Obstetrics and Gynecology, The George Washington University Hospital, was quoted in an article in *The Washington Times* regarding changes that have improved the epidurals administered to women for pain relief during labor. According to Dr. Larsen, "since the late 1960s, early 1970s, when epidurals came on the scene, research has been refining technique, dosages and newer drugs that work a little better."

**Charlotte Larson**, assistant adjunct clinical professor of obstetrics, was quoted in *Newsday* discussing the studies of ultrasounds on unborn children.

**Julia Lear, PhD**, associate research professor of Health Services Management and Leadership, was quoted

in *The Boston Globe* discussing her opinion of public schools' health centers.

**Michael Manyak, MD**, interim chair of the Department of Urology, was quoted in *USA Today* discussing his opinion of a recent study on prostate cancer risk.

**Michael Rapp, MD, JD**, associate clinical professor of Emergency Medicine, was quoted in a *Kansas City Star* article regarding changes in emergency care requirements. Hospital facilities and clinics that do not regularly offer emergency treatment soon will no longer be required to provide it to people seeking care. According to Dr. Rapp, these new rules will make it easier for hospitals to comply with the law while allowing them to better focus on patients in actual emergencies.

**Sara Rosenbaum, JD**, chair, Department of Health

Policy and director, Center for Health Services Research and Policy, served on a panel of experts regarding the overhaul of U.S. vaccine policy. The panel recommended that, to ensure that all Americans get needed vaccinations, the government should require the shots and should provide vouchers to people without insurance. Rosenbaum was quoted in an article about the panel's recommendations; the article appeared in a variety of trade publications, including the *Medical Letter on the CDC & FDA*, *Biotech Week*, *Vaccine Weekly* and *Health and Medicine Week*.

**Richard Skolnik, MPH**, director of the Center for Global Health, SPHHS, appeared as a panelist on August 26 on "Talk to America" on the Voice of America Radio and TV. The panel discussion was

titled "The Global Response to HIV/AIDS."

**Alan Wasserman, MD**, chairman, Department of Medicine, was mentioned in an article in *Asia Pulse* and *Market Wire* titled "Nearly 21 Billion LIPITOR Tablets Sold Worldwide; Record Sign of Physician Trust."

**GW researchers**, along with National Institute on Alcohol Abuse and Alcoholism (NIAAA) clinical investigators, recently published their study of 262 male and female college students. The study identified a genetic factor that may predispose young people to harmful drinking habits. They found students who shared a particular variant of the identified gene consumed more alcohol per occasion, more often drank expressly to become inebriated and were more likely to engage in binge drinking than students without the variant.

## Summer Camp Captivates, Teaches Budding Healthcare Students



Curious students contemplate what is being sampled.



Students helping students learn the basics in physical therapy.

This summer, 20 students in grades 5-7 came to “Medicine & More”—the Medical Center program for the University’s camp, GW Summer Tour: Curious Minds Rock! During the six-week program, the young students had “fun and cool experiences exploring various fields of science and healthcare through hands-on experiences,” according to Ronna Halbgewachs, assistant vice president for Planning and Health Affairs. Halbgewachs and Rachel Mazzotta, executive director of The Ronald Reagan Institute for Emergency Medicine, developed and coordinated the Medical Center program with the help of others in the medical community. They credited the support of the following who participated, including: Advancement, Kelly Kirby, executive aide; Anatomy, medical students Brett Holt and Ryan Rowberry; Biochemistry and Molecular Bi-



Hands-on exercises provide students with real-life experiences in the Pathology Lab.

sociate professor, students and researchers, Maura Costello, Khanh Do and Holly Stevenson, and Dr. Sidney Fu, assistant research professor; Communications and Marketing, Richard Sheehe, media relations director; Educational Resources, Pamela Godwin, assistant manager Biomedical Communications and Alexandra Gomes, Himmelfarb librarian; Emergency Medicine, Dr. James Scott, SMHS interim dean and professor, and Saifuddin Talib, RN, clinical research coordinator; Facilities, Kenneth Crosson, facility coordinator; Medical Faculty Associates, Kelly Schirmer, executive as-

stant, administration; Microbiology and Tropical Medicine Dr. Gaddam Goud, research scientist, Dr. John Hawdon, associate professor, Ray Loomis, director of administration and fiscal affairs, and Dr. Tom Wilkes, assistant research professor; Pathology, Dr. Alejandro Luina Contreras, PGY1 resident and Dr. Feroz Tamana, curator; Physical Therapy Program, Gloria Rogers, acting director, and students Lorraine Barberry, Rosalind Cox, Deshon Easton, Jereme Greer, Angela Lance, Jennifer Manning, Evan Paprocki, Erica Perdue, Elizabeth Schlifftman, Michael Schroder, Tori Simmons.

### Staff Development Opportunities

A leading academic health center in the metropolitan area and the world, GWUMC also affords staff development opportunities to hone, broaden or improve skills. Following is a listing of some of the current university training classes. Classes are held at the Marvin Center. For information, visit [www.gwu.edu/~etd](http://www.gwu.edu/~etd).

#### October

- Discipline in the Work Environment (any supervisor or manager) October 7, 9-4:30, room 307
- Career Discussion (designed for staff in grades 5-12. However, open to all employees) October 7, 9-12, room 301
- Effective Writing (any employee) October 8, 9-12, room 403
- Payroll Processes and Procedures (any supervisor or manager) October 9, 9-11, room 101
- University Leave Policy (any supervisor or manager) October 10, 9-11, room 403

- Sexual Harassment: Recognition and Prevention (any supervisor or manager) October 13, 9-12, room 301
- Managing at GW: A Briefing for New Supervisors (exempt supervisors new to GW or GW employees recently promoted to supervisory or managerial positions) October 14, 9-12:30, room 301
- Communicating in Difficult Situations (any employee) October 16, 9-12:30, room 301
- Staff Recruitment and Employment Interviewing (any supervisor or manager) October 23, 9-12:30, room 301
- Telephone Techniques (any employee with telephone answering responsibilities) October 23, 9-12:30, room 101
- Time Management (any nonexempt employee) October 24, 9-12:30, room 301

*Continued on page 15*

## SPHHS Faculty Brush Up on Best Practices for the Classroom

Before many students had attended their first class of the fall semester, more than two dozen professors in SPHHS sat themselves down in a classroom in late August to maximize their own skills as teachers during a one-and-a-half-day-series of workshops, "Teaching Excellence: Reflection and Exploration."

Ruth Katz, JD, MPH, SPHHS's new dean and Walter G. Ross Professor of Health Policy, got things started with some introductory remarks, urging participants to find their own unique ways to improve teaching skills. "You've got to push yourselves individually," she said. "Focus on what resonates with you personally and then run with it."



Dr. Larrie Greenberg models some proven and practical teaching techniques during a faculty development program for SPHHS faculty.

The program featured lectures, video presentations, roundtables and small group discussions, all designed to get the group of 30 professors to find imaginative ways to boost their classroom skills.

"Excellence is not something you can confine to a box. It's something you have to continually work on and strive for," said Dr. Barbara Evans, the session's organizer and executive director of

SPHHS's Office of Faculty and Student Services. She was also a presenter at some of the workshops. "Among the things we're focusing on is that you have to make students feel that you're approachable, be available, and be up to date on the latest research," she said.

Even the small details count. Dr. Larrie Greenberg, an internal consultant for faculty development, suggested during one workshop that teachers come early to class so they can mingle with students before lecturing. And, as he modeled teaching techniques, he advised against planting oneself behind a podium the whole time during a class. "These few little things can make a big difference," he said.

### Staff Development Opportunities

*Continued from page 14*

- Performance Analysis and Appraisal (any supervisor or manager) October 28, 9-12:30, room 301
- Office Skills (nonexempt employee grades 5-12) October 30, 9-4:30, room 301
- Basic Benefits (any supervisor or manager) October 31, 9-11, room 301

#### November

- Customer Services: Techniques and Practices (any employee) November 4 from 9-12:30, room 403
- Time Management for Managers: Setting the Right Pace (any exempt supervisor or manager) November 6, 9-12:30, room 403
- Compensation and Salary Administration (any supervisor or manager) November 7, 9-12, room 403
- Skills for Employees in Lead Positions (nonexempt employees who assist supervisor) November 11 & 12, 9-4:30, room 404
- Sexual Harassment: Myths and Facts (any nonexempt employee) November 13, 9-12, room 405

- Communicating in Difficult Situations (any employee) November 19, 9-12:30, room 403
- Equal Employment Opportunity/Affirmative Action (any supervisor or manager) November 20, 9-12:30, room 403
- Telephone Techniques (any employee with telephone answering responsibilities) November 21, 9-12:30, room 403

#### December

- Managing at GW: A Briefing for New Supervisors (exempt supervisors new to GW or GW employees recently promoted to supervisory or managerial positions) December 3, 9-12:30, room 403
- Financial Overview and Policy Briefing (any supervisor or manager) December 4, 9-12, room 403
- Managing a Culturally Diverse Workforce (any supervisor or manager) December 5, 9-12:30, room 403
- Management Skills and Practices (any exempt supervisor or manager) December 9 & 10, 9-4:30, rooms 413,414
- Payroll Processes and Procedures (any supervisor or manager) December 11, 9-11, room 404

## GW School of Medicine Class of 2007 – Fast Facts

AMCAS applicants to GW School of Medicine: 9,226  
SOM Applicants: 7,412 (a 21 percent increase from last year)  
167 students entered in 2003

Female: 94  
Male: 73  
Age Range: 20-43  
Average Age: 24  
Average GPA: 3.6



Undergraduate Schools represented: 92

Top undergraduate schools:

- GW
- Cornell
- University of Michigan
- University of Utah
- Princeton

*36 States and DC represented—most come from Maryland, California, Pennsylvania, Virginia, New York and Utah*

Graduate schools represented: 17

Top graduate schools:

- GW
- Johns Hopkins
- Georgetown

*19 masters  
2 PhD  
1 foreign MD  
1 DC (chiropractor)*

Top majors:

Biology & psychology

Human Service Experiences: pediatric oncology playroom, Belize disaster relief, migrant worker liaison, three in the Peace Corps, tutor for Bosnian immigrants, disaster educator for The American Red Cross, ambulance driver in Lebanon, reader for the blind, Women's Health Center, juvenile detention center, rescue crippled children, HIV education in South Africa, Camp Ronald McDonald, brain injury rehabilitation, geriatrics unit, domestic violence unit, DC Reads tutor, crisis counselor, Teach for America, Special Olympics, Meals on Wheels, Eating Disorders, Camp ADHD, suicide hotline, autistic children, Navajo reservation, medical volunteers in Ghana, Costa Rica and China.



Interesting Facts: published poet, armorer in a cannon crew, stand-up comic, photographer, percussionist in orchestra, Bluegrass banjo picker, costume designer, trumpeter, theater talent, pottery and ceramics talent and dancers of jazz,

ballet and African styles, as well as sports experience that includes Lacrosse, boxing, Tae Kwon Do, crew, football cross country, track and field, club golf, professional tennis, swimming, basketball, club soccer, ultimate Frisbee, rugby, soccer, sailing and sharkfest.



There are 167 students in the Class of 2007 who packed Room 101 for orientation exercises.

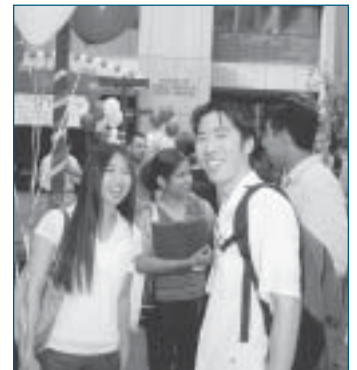
## GWUMC's New Students—Bright, Altruistic

*Continued from page 1*

they are most vulnerable. You are in a unique and honorable position and, we are very fortunate to have you here. What you are doing is hard," admitted Dr. Scott. "But, we will make it worthwhile, make you proud of your time here and prepare you to be the best physician you want to be."

"You are an extraordinary group with a truly impressive storehouse of personal and professional experiences," said new SPHHS Dean and Walter G. Ross Professor of Health Policy Ruth Katz, JD, MPH. She noted their commitment to public health as well as bridging gaps and creating equity within healthcare.

Both Katz and Dr. Scott also are beginning their first semesters in their new positions heading up the two Schools. A common thread among both Schools, noted both, was the extraordinary commitment by the incoming class of 2007 to human services and "making a difference" in the lives of others. "That, in a world of such great need, is cause of celebration," said Katz.





Above, new SPHHS Dean Ruth Katz mingled with students during lunch following orientation. At right, SPHHS Health Policy students meet their faculty.



**NEW RESIDENTS!** Just a few weeks have passed since GW welcomed 129 residents from 46 different medical schools within the U.S. and abroad.



**GW School of Public Health & Health Services  
Newest Students – Fast Facts**

SPHHS Applicants: 881  
New Students: 320  
Women: 230  
Men: 90



Average Age: 27  
Average GPA: 3.4

40 states and 25 foreign countries represented  
85 schools represented

- Top:
- GW
  - Johns Hopkins
  - Georgetown
  - University of Michigan
  - University of Virginia



BA, BS: 224  
MBA, MPH, MS, MA, MHS: 42  
MD, MBBS, DDS: 33  
PhD: 6  
JD/LLM: 4  
AM, BBA, BLA: 6

Languages Spoken: American Sign Language, Amharic, Arabic, Bambara, Bengali, Croatian, Czech, Dutch, English, Farsi, French, German, Hausa, Hindi, IsXhosa, Italian, Japanese, Mandarin Chinese, Persian, Portuguese, Russian, Spanish, Tagalog, Telugu, Thia, Turkish, Urdu, Vietnamese and Yoruba—*at least 35 students speak more than one language; one student speaks six; two others speak five.*

Human Services:

Boy Scouts, Habitat for Humanity, Foster Parent to Cats, Peace Corps Volunteer, American Red Cross, Fairfax County Animal Shelter, Planned Parenthood, Trinity Gospel Choir, Big Brothers/Big Sisters, March of Dimes, hospice, soup kitchens, emergency rooms, nursing homes and volunteer fire departments.

Other Interesting Facts:

Attorney, flight physician, dentist, English as a Second Language teacher, research associate, computer marketing manager, chemist, policy analyst, military personnel, personal trainer, nutritionist, hospital administrator, writer/editor, counselor, maternal and newborn nurse, field hockey coach, carpenter, Victoria's Secret Beauty Company, author of *Time* magazine article, classical ballerina, classical pianist, Rhodes and Marshall Scholarship representative, alternate rower in 2000 U.S. Olympic Games in Sydney, stand-up comedian and comic strip writer, weightlifter (female), marathon runner, marathon dancer, midwife, tri-athlete and a five-time winner on *Jeopardy*.

## The White Coat: The Beginning of a Passion for Human Service, Care

Culminating an activity-packed three-day orientation, new medical students and their families and friends gathered at Lisner auditorium on the GW campus recently to receive their white coats. The White Coat ceremony, now in its third year, is a tradition for incoming medical students at GW, financed this year through the generosity of 335 School of Medicine alumni. At most medical schools, first-year students get their white coats at the end of their first year. GW's School of Medicine opted to start giving students their white coats at the beginning of the academic year in a special ceremony where they also sign an honor code unique to the School.



A commitment to integrity with the signing of the Honor Code.

One of the honor code's original authors, Dr. Jeffrey Akman, interim chair of the Department of Psychiatry and Behavioral Sciences, keynoted the event, giving the new students some words of



Students family and friends await the draping of the white coats marking the beginning of their medical service.

wisdom to guide them in their new pursuit of a medical career.

"We are here to celebrate an exciting new chapter in your lives," said Dr. Akman. "We are also here to celebrate this historic medical school that has been producing doctors since 1825."

Dr. Akman took the podium after 167 new students heard from Provost and Vice President for Health Affairs, Dr. John F. Williams. "You have entered a wonderful profession," Dr. Williams told the medical students.

"From this day forward, people will call you 'doc,' an honor and privilege you will uphold.

Interim dean of the School of Medicine and Health Sciences Dr. James Scott acknowledged that getting the white coat for the first time is a milestone in a medical student's life. "You'll put it on and take it off. You'll hang it up and look at it several hundred times. But sometime in the next several months when the first friend

or relative asks you for medical advice, you'll understand the magnitude of it all."

Dr. Scott offered the coats to each student while something was read about each one, and proud parents and family members jockeyed for perfect picture locations. Dr. Akman's words seemed especially appropriate for the moment. "In this rite of passage for GW Medical students, we celebrate your new identity by draping on your shoulders the external symbol of physicianhood."

The White Coat ceremony is the cornerstone of the White Coat Initiative, the



Students express their appreciation to keynoter Dr. Jeffrey Akman.

main focus of GW's Medical Alumni Association that now includes a mentoring program and other special activities to keep new medical students and former medical students connected from their first day of class to their first day of practice and beyond.



Following are some of Dr. Jeffrey Akman's thoughts from the white coat ceremony.

*Dr. Jeffrey Akman, interim chair of the Department of Psychiatry and Behavioral Sciences, gave new medical students some words to live by as he shared his thoughts about the symbolism of the white coat during a special ceremony on Friday, August 22 at Lisner Auditorium.*

The White Coat is a cloak of humanity and healing

The White Coat is a cloak of scientific intuition and discovery

The White Coat is a cloak of community service, advocacy and activism

The White Coat is a cloak of listening, communication and respect

The White Coat is a cloak of tenacity, hope and the indominability of the human spirit

The White Coat is a cloak of altruism and service.

The White Coat is a cloak of honesty, integrity and ethical behavior

## *In Memoriam*

### Harold Stevens

Harold Stevens, 91, who retired in 1978 as a professor of Neurology at The George Washington University Medical School, died of sepsis August 26 at his home in Bethesda. Dr. Stevens served for more than 20 years on The George Washington faculty. At retirement, he was named Professor Emeritus for his writings in the field of neurological science and for his support and guidance to his students. Dr. Stevens, an accomplished French Horn player, performed in the DC Doctors Orchestra. He began his career at The George Washington University in 1955 and was a professor of Neurology and head of the department until 1969. He continued to teach until 1978. The Medical Center students elected him commencement speaker four times. In 1983, he was named distinguished professor in the Department of Neurology at the Uniformed Services University of the Health Sciences. Dr. Stevens was the author of 168 articles that were published in professional and medical journals. He was a fellow of the American Academy of Neurology and the American College of Physicians. He was a former president of the Washington chapter of the Society for the History of Medicine, president of the Jacobi Medical Society, associate editor of *Clinical Pediatrics* and an examiner for the American Board of Psychiatry and Neurology and the American Board of Neurosurgery.



Copies of the Summer/Fall issue of *GW Medicine & Health* magazine are available in the Office of Communications and Marketing, 313 Ross Hall, [mcmladb@gwumc.edu](mailto:mcmladb@gwumc.edu).



SCHOOL OF MEDICINE AND  
HEALTH SCIENCES

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AND HEALTH SERVICES

*October 16-19, 2003*

Information on Colonials Weekend activities at <http://gwumcalumni.org>, [mccddar@gwumc.edu](mailto:mccddar@gwumc.edu) or 202-994-7511.

#### Thursday, October 16

- School of Public Health and Health Services (SPHHS) Program—*Healthcare Leadership in the Attack on the World Trade Center and in Preparing for Future Mass Casualty Events*. Keynote address and breakout sessions. SPHHS Networking Reception. SPHHS Program continues on Friday.

#### Friday, October 17, 2003

- SMHS Society of Distinguished Teachers and Society of Distinguished Research "Get Acquainted Breakfast"
- School of Medicine and Health Sciences' Convocation
- GW Medical Center Interactive Afternoon
- MD Class Reunions
- Whoopi Goldberg *live* at the Smith Center, 9:30 p.m., go to [gwired@gwu.edu/tickets](mailto:gwired@gwu.edu/tickets) or contact Ticketmaster at 202-994-7411.

#### Saturday, October 18, 2003

- GW Medical Center *Between the Gates* BBQ lunch and interactive activities
- Colonial Lectures Series: *Cancer Research and Treatment: A Window on the Future* and *Bioterrorism: What Healthcare Professionals are Learning about It and What Everyone Should Know*
- **SOLD OUT**—Beach Boys in concert at the Smith Center (one show only – 8 pm); go to [gwired@gwu.edu/tickets](mailto:gwired@gwu.edu/tickets) or contact Ticketmaster at 202-994-7411.

#### GWUMC Mission

As a leader in education and research, The George Washington University Medical Center strives to set standards of excellence by:

- Valuing a diverse and dynamic community that encourages life-long learning
- Striving for, refining and defining quality in all endeavors
- Providing exemplary and innovative teaching programs that produce astute, highly competent, and compassionate health professionals and scientists trained and prepared for the future
- Generating and expanding health knowledge through superior research programs
- Enhancing the delivery of compassionate and high quality health care through our education and research activities
- Improving the health and well-being of our local, national and international communities

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