

THE MAGAZINE OF TULANE UNIVERSITY SCHOOL OF MEDICINE | FALL 2015

# TULANE | MEDICINE

## THE MINUTES THAT MATTER MOST

TULANE ADVANCES THE SCIENCE  
& TREATMENT OF STROKES



THE NEW UNIVERSITY MEDICAL CENTER NEW ORLEANS OPENS | TULANE SPORTS MEDICINE'S CLIMB TO SUCCESS



If you're like me, every fall you welcome not only the cooler weather, but also the return of football season. When I have the chance, I like to spend my Sunday afternoons watching the giants of the gridiron.

I see our Tulane faculty in much the same way I see those larger than life football stars. They are dedicated,

determined and focused on winning. They battle day in and day out to become the best in their field. But, instead of injuries, our faculty are battling funding challenges and research delays to ultimately succeed in their goals. It is because of our faculty's hard work and passion that we can be so proud of our accomplishments.

"I see our Tulane faculty in much the same way I see those larger than life football stars. They are dedicated, determined and focused on winning."

In this issue of *Tulane Medicine* you will read about two of our programs that represent the best of the best. If you are in New Orleans and have had a stroke, chances are you have asked to receive care from Tulane Medical Center. You will learn more about why our program is scoring big with patients.

You will also read about the great momentum in our sports medicine program. Our sports medicine team is truly in a league of its own. These talented physicians, trainers and nurses are bringing care to former NFL players throughout the country.

And to achieve greatness, of course, you must have excellent facilities. This fall our students and faculty helped open the doors to the new University Medical Center New Orleans. We are excited to be a part of this world-class facility.

We have the ball, and we're ready to make great things happen at Tulane School of Medicine.

L. Lee Hamm, MD  
Senior Vice President of Tulane University  
Dean of the School of Medicine

## TULANE | MEDICINE

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## TULANE CLINIC TAILOR-MADE FOR GLOBETROTTERS

If you're jetting off to go camping in the wilds of sub-Saharan Africa, it's a good idea to soak your clothes in insecticide before you pack. And if you're really roughing it, you'll need antimalarial pills and mosquito netting.

If this sounds like expert advice from a seasoned travel agent, think again. It's part of a typical day's work for doctors at the Tulane University Travel Clinic, a one-stop shop where travelers get vaccinations, medications and expert advice about health precautions for trips to exotic locales. The clinic, which relocated to a new space on the 15th floor of the Tidewater Building, caters to researchers working abroad and tourists preparing for vacations.

"Most people come to a travel clinic because they've heard they need some 'shots,'" says Clinic Director Dr. Susan McLellan, associate professor of medicine. "Most are surprised to learn that vaccine-preventable illnesses make up only a small [percentage or portion] of illness related to travel."

Travel medicine has become increasingly complex due to changes in global infectious disease epidemiology, new

patterns of drug resistance and an increase in travelers with chronic health conditions, she says. Staff members counsel patients on their itinerary, medical risks and all aspects of health while abroad.

"We map that to the countries they are visiting to come up with comprehensive safety and prevention recommendations," says Dr. Nicholas Van Sickels, the clinic's associate director.

For example, a client may ask: what's different about planning for a trip to Cambodia or rural India versus an African safari?

"Every destination has specific risks and conditions. If we just look at risks for malaria, Cambodia has lower transmission than, say, most parts of Africa, but the malaria you get in Cambodia is more likely to be resistant to treatment," McLellan says. "Malaria risk in India is variable depending on season and area."

Since most think of travel as a carefree, adventurous time, doctors spend a lot of time talking about avoiding risky behaviors. Thinking about bungee jumping off a cliff? Don't unless you're around a region with at least a Level 3 trauma center.



Tulane University Travel Clinic director Dr. Susan McLellan and associate director Dr. Nicholas Van Sickels.

Don't swim in areas known for rough surf without a lifeguard. The advice ranges from the mundane (wear sunscreen), to the risqué.

"If you are asking for a supply of Viagra for your travel, we are first going to have a nice long chat about safe sex," McLellan says. Wherever travelers plan to go, and whatever they plan to do, a stop by the Tulane University Travel Clinic is an ounce of prevention that may save them many pounds of cure.

## SELLING CONSUMERS ON HEALTHY EATING

While food and nutrition are the focus of the Goldring Center for Culinary Medicine at Tulane University, the center also incorporates research from other disciplines, including business.

Dr. Timothy Harlan, Goldring Center executive director, is working with Harish Sujan and Mita Sujan, marketing professors at the A. B. Freeman School of Business, to use insights from consumer behavior research to help doctors communicate health recommendations to patients more effectively. Their most recent study investigates how fit individuals achieve health-related goals.

"There's a lot of research that looks

at self-regulation, but researchers have not systematically studied what good self-regulators actually do in life," says Mita Sujan, who holds the Malcolm S. Woldenberg Chair of Marketing. "We're trying to figure out what people who are good self-regulators do to regulate their eating and then build those skills and strategies into the curriculum."

Sujan co-authored a study in the *Journal of Consumer Psychology* that looked at what successful participants in an exercise program did to achieve their goals. She discovered that good self-regulators also tend to be good planners.

"What we show in the paper is that giving people planning aids is really big,"

Sujan says. "It really, really drives their ability to self-regulate."

Sujan says that individuals who have difficulty self-regulating can significantly improve their outcomes by focusing not on distant goals—such as lowering cholesterol or losing weight—but rather on specific short-term strategies. Those tactics include planning ahead (packing a lunch instead of dining out), substitution (fresh fruit instead of cake), moderation (ordering a small instead of a large), restraint (eating only half a dessert or entree), and developing intrinsic interest (resolving to find a recipe to make a healthier dessert).



## NATIONAL EXPANSION FOR PIONEERING CULINARY MEDICINE PROGRAM

As more medical schools across the country adopt Tulane University School of Medicine's pioneering culinary medicine program, organizers are making sure the curriculum's core ingredients—recipes, course modules and nutrition research—stay fresh as they travel.

The Goldring Center for Culinary Medicine hosted a two-day retreat for 13 universities and healthcare centers that license its curriculum to teach medical students culinary skills, which they use to counsel patients about nutrition. The goal was to get feedback to improve and grow the program, and to share successes and challenges others have in creating a “food as medicine” culture within their communities.

More than 40 people participated, including representatives from 11 licensee schools and five other institutions who plan to join, says Dr. Timothy Harlan, Goldring Center executive director.

“These are all organizations that have food, lifestyle and health as their core mission,” Harlan says. “It went quite smoothly with a good balance of exchange of ideas, meeting people at other sites and solidifying the group.”



Kelsey Downey (Johnson & Wales Culinary Nutrition, Providence), center, an intern with the Goldring Center for Culinary Medicine at Tulane University, discusses using fresh vegetables with, from left, Emine Ercikan Abali (Rutgers Robert Wood Johnson Medical School), Linda Knol (University of Alabama) and chef Maria Palma (Christus Children's Hospital of San Antonio).

Some of the suggestions included customizing recipes for regional tastes and offering more options for specialized diets to accommodate those who, for example, want to limit dairy consumption. A participant from Chicago noted that their residents make collard greens differently from Southern cooks, preferring more cosmopolitan spices like turmeric.

Others talked about how they have adapted the program to fit specialized needs within their schools, which are spread across the country. Tulane's program targets first- and second-year medical students, but

Arnot Health Graduate Medical Education in Elmira, New York, uses it as an elective for those reaching clinical training in the final two years of medical school. Its “Healthy Kitchens” course accepted 15 students the first year with a growing wait list, says Dr. Beth Dollinger, an orthopaedic surgeon who oversees the program.

“The response has been fabulous,” Dollinger says.

Goldring will incorporate retreat suggestions into an updated curriculum and has plans to add a new course for pediatricians.

## STUDY VERIFIES ACCURACY OF RAPID EBOLA TEST

A new finger-prick rapid Ebola test co-developed by Tulane University School of Medicine researchers is as accurate as traditional lab testing for the disease, according to an independent study published in the British medical journal *The Lancet*.

Instead of taking days for lab results, the new test, which is produced by Corgenix Medical Corporation, uses a drop of blood to deliver a diagnosis in as little as 15 minutes, allowing public health workers to isolate and treat patients immediately. The study results confirm that the test can be used in the field and deliver a high level of accuracy, says Dr. Robert Garry, professor of microbiology and immunology at the Tulane University School of Medicine.

“Rapid diagnostic tests can answer critical medical questions

“Rapid diagnostic tests can answer critical medical questions quickly in any geographical location, including areas that are miles away from any source of electricity.”

—DR. ROBERT GARRY, PROFESSOR OF MICROBIOLOGY AND IMMUNOLOGY

quickly in any geographical location, including areas that are miles away from any source of electricity,” Garry says. “This study clearly demonstrates that the test can be used in a much broader way than current World Health Organization (WHO) guidelines specify, adding to the inherent value of the test.”

The Food and Drug Administration and WHO have approved the test for limited emergency use. Developers are pushing for more field testing so that regulators approve widespread use of the test. The rapid tests are designed to use fresh blood coming directly from a person's fingertip, not from older, stored blood that can reduce its accuracy compared to clinical laboratory testing.

## REMEMBERING PROFESSOR EMERITUS OF MEDICINE DR. SAM A. THREEFOOT JR.

Dr. Sam A. Threefoot Jr., professor emeritus of medicine and Tulane School of Medicine medical educator and researcher, died in New Orleans on April 25. He was 94 years old.

A native of Meridian, Mississippi, Threefoot lived most of his life in New Orleans. After graduating from high school in Selma, Alabama, in 1938, he began his Tulane education at the College of Arts and Sciences on an honors scholarship. He was a member of Zeta Beta Tau, Phi Beta Kappa and the marching band. After graduating he attended Tulane University School of Medicine while he was on active duty in the Army Specialized Training Program during World War II.

From 1945-47, he served an internship at Michael Reese Hospital in Chicago, and then returned to a fellowship at Tulane in the Department of Medicine. He remained at Tulane as a teacher and researcher from 1947-70, advancing to a full professorship. Threefoot also served as the director of research and medical education at Touro Infirmary from 1953-70.

After a brief stint in Georgia, he returned to New Orleans as associate chief of research at the VA Medical Center. He served as an assistant dean at Tulane until his retirement in 1991. After his retirement, he continued to give back to Tulane, volunteering as an adjunct professor emeritus of applied health science at the School of Public Health and Tropical Medicine.

Threefoot was involved in medical research for over 40 years, publishing over 150 papers, book chapters and abstracts, as well as three non-scientific books. He served on the editorial board of *Tulane Medicine*, and was an avid supporter of Tulane Athletics and the Tulane Marching Band.



Dr. MarkAlain Dery, left, assistant professor of clinical medicine, and doctoral student Andrew Ward are the forces behind WHIV, a radio station whose programming includes HIV awareness and other social causes.

## MAKING AIRWAVES FOR SOCIAL JUSTICE

Like many casual encounters in New Orleans that lead to a great idea, the meeting of Dr. MarkAlain Dery and Andrew Ward was accentuated by music and libations. At the Fais Do Do stage at Jazz Fest, standing in the shade, sharing a beer and discussing current affairs, the two friends made a pact to promote human rights and social justice. A year later, in 2014, community radio station WHIV-FM 102.3 was born.

Dery, assistant professor of clinical medicine at Tulane University School of Medicine, called the station WHIV because he wanted the letters repeated over and over to de-stigmatize HIV and build awareness of the disease. But HIV awareness is only part of the station's story.

"Contemporary radio is corporate radio," says Dery. "Community radio 'for the community, by the community' is a

concept that has been replaced with just a few voices that continue to support the power structure. WHIV is committed to providing programming dedicated to human rights and social justice."

Dery has succeeded in establishing a lineup with diverse programming, including shows by members of the Tulane community (see inset below).

Ward, a Tulane doctoral student, is the station's general manager. He is working to add more independent voices to WHIV's mix. "Nowhere else can New Orleanians hear real stories by real people about living with HIV, being a radical black feminist, being a Christian anarchist, overcoming addiction, etc.," Ward says. "These are the people in your neighborhood, and for the first time in history, they have a voice on-air and a place at the table." So pull up a chair and tune in.

### WHIV-FM 102.3 PROGRAM LINEUP INCLUDES THE TULANE COMMUNITY

#### TUESDAY 6-7 p.m.

**Dorian-Gray Alexander**, standardized patient trainer, hosts "Proof Positive" on Tuesdays, which addresses living with HIV and staying healthy and positive.

#### THURSDAY 5-6 p.m.

**Liana Elliott**, 2007 Tulane graduate, hosts "NOLA Matters" on Thursdays, covering news that affects New Orleans.

#### SATURDAY 5-6 p.m.

**Katy Hobgood Ray**, assistant director of web communications, hosts "Confetti Park" on Saturdays, featuring Louisiana children's music and storytelling.



## OFFERING NEW ORLEANS YOUTH A HELPING HAND

For nearly 25 years, New Orleans has had a place for youth who don't have insurance but also aren't receiving medical and social assistance: The Drop-in Center. Now, there's a second location.

"The Drop-in Center is a place where homeless and at-risk youth can go to get off the streets; a place to call home for many who do not have another place to go," says Joshua Beverly, senior program director of the center, which is affiliated with the Tulane



The new Drop-In Center location at 1461 N. Claiborne Ave., expands their programs for homeless and underserved youth in New Orleans.

University Department of Pediatrics in the School of Medicine. While the Drop-In Center is an independent entity, Tulane provides fiduciary oversight for the organization.

The Drop-In Center, which offers health and social services to the youth of New Orleans, now has a second location: the original site at 611 North Rampart St. (located inside Covenant House), and the new Drop-in Center at 1461 N. Claiborne Ave. The clinic serves infants, children and youth to the age of 24.

"With this latest development, individuals will be able to come to the center, grab a hot meal, put their clothing in the washing machine, take a shower, get tested for STDs/STIs [sexually transmitted diseases/sexually transmitted infections], check their email and watch TV all before their clothes finish in the dryer," Beverly says.

The center, at which Tulane students can volunteer, is constantly growing and implementing new programs, such as updated STD-testing technology. A long-term goal is to provide educational services.

"Every day the center is expanding," Beverly says. "To keep up with the ever-changing population, we, as staff, have to make sure we stay hip to current trends."

## MASTERING THE BUSINESS OF HEALTH CARE

Dr. Kenny Wang began his residency in emergency medicine this fall, but the Tulane University School of Medicine graduate has career aspirations that go far beyond the ER. Wang hopes eventually to go into academic medicine and, one day, direct a residency program. To help achieve that goal, Wang enrolled in the five-year MD/MBA program, a joint offering of the School of Medicine and the A. B. Freeman School of Business that enables medical students to earn a Master of Business Administration with just one additional year of study.

"Having a good business background is important for so many reasons," says Wang, a 2015 graduate of the program. A lot of doctors use business degrees to go into private practice, but I think everyone can benefit from skills like negotiation, leadership and financial management."

Wang is one of a growing number of students combining medical studies with business in an effort to broaden their skills

and fast-track their careers. Since 2003, the number of joint MD/MBA programs in America has grown from 39 to 65. More than 500 students now graduate with dual MD/MBA degrees each year. This summer, the School of Medicine and the Freeman School introduced a new, four-year, accelerated MD/MBA program to make it even easier for medical students to earn a business degree. The intensive format enables students to earn a medical degree and an MBA concurrently, eliminating the need for an additional year of study.

"Tulane is one of only several schools that allow students to get both degrees in four years," says Dr. Marc Kahn, Peterman-Prosser Professor of Medicine and senior associate dean at the School of Medicine.

"Combining business education with medical education gives students the best of both worlds—the ability to care for patients and the ability to practice in a cost-effective manner," says Kahn.

"It's partly driven by the complexity



From left, Dr. Jonathan Eskander, the newest scholarship recipient, with Dr. Michael Yarborough, former director of the residency program, and John Clarke, associate dean for graduate programs at the A. B. Freeman School of Business.

and rapid changes we are seeing in the healthcare industry," says John Clarke, associate dean for graduate programs at the business school, who oversees the MD/MBA program. "But a business background is valuable in a variety of situations, whether you're looking to run your practice more efficiently, implement best practices, take on a senior management role or move out of clinical medicine into consulting, venture capital or private equity."

## THE WHITE COAT: A UNIFORM AND A CALLING

Newly minted medical students lined up on a Saturday in August at the Hyatt Regency New Orleans to receive the symbol of their future profession at the White Coat Ceremony, marking the official beginning of their medical careers at Tulane University.

The coat, a hallmark of a doctor, is much more than a uniform. It represents a responsibility and commitment to patients, Dr. Marc Kahn, senior associate dean of student affairs, told new members of the Class of 2019.

“The white coat symbolizes the compassionate humanity that really is essential to what we do,” says Kahn, Peterman-Prosser Professor of Medicine. “Wear your white coat with honesty, integrity, professionalism and pride.”

The Tulane University School of Medicine welcomed 185 new medical students at the ceremony, which featured a keynote by Dr. Nia Terezakis, an alumna and distinguished dermatologist.



Newly minted medical students at the Hyatt Regency New Orleans receive the symbol of their future profession at the White Coat Ceremony.

More than 9,880 applied to join this year’s class, which hails from 38 states and Canada. Students completed undergraduate studies at 82 schools and colleges across the country, including 10 from the University of Virginia, eight from the University of California–Berkeley, seven from the University of Southern California and six each from UCLA and Vanderbilt University. The class includes 25 from Tulane.

Dr. Lee Hamm, dean of the medical school, noted that students began their training during a momentous week as the school mourned the loss of distinguished trauma surgeon Dr. Norman McSwain

and celebrated the opening of the new University Medical Center downtown. McSwain, who led the city’s only Level 1 trauma center, represented the “Spirit of Charity,” an ideal to always put patient care first (*see pg. 22 for more*).

“The class will work in the new facility, but the new hospital is just a building,” Hamm says. “What will make a difference is the compassion they bring as they care for their patients.”

For new student Tim Prior, of Westport, Connecticut, the day represented the realization of years of hard work to get into medical school.

“This is when it becomes tangible.”

## TULANE ALUMNA APPOINTED PENNSYLVANIA PHYSICIAN GENERAL

Pennsylvania Gov. Tom Wolf has appointed a Tulane University School of Medicine graduate as the state’s physician general. Dr. Rachel Levine was named to the position on Jan. 20 and approved by the state Senate in June. Levine was appointed for her impressive background but is a pioneer as well: She is the first transgender individual named to a gubernatorial cabinet post in Pennsylvania.

As physician general, Levine will advise the state’s governor and secretary of health on medical and public health matters. This is her first role in public service.

“The biggest public health issue that we have in Pennsylvania is opioids. That includes prescription drug abuse as well as heroin use,” Levine says, addressing her immediate goals. Last year, overdoses killed about seven Pennsylvanians a day—and

that’s a conservative estimate, Levine adds. She will help guide efforts to prevent and treat opioid abuse, such as writing prescription guidelines and continuing medical education for healthcare providers, implementing a prescription drug-monitoring program and planning for the distribution of naloxone, a drug that can counteract overdoses.

Other health issues that Levine will tackle include improving immunization rates and preventing and treating Lyme disease.

Levine graduated from Tulane in 1983 and worked as a pediatrician, adolescent medicine specialist and professor of pediatrics and psychiatry at the Penn State Hershey Medical Center for many years before her appointment. She specialized in treating young people with psychological



Dr. Rachel Levine, Pennsylvania’s physician general.

issues like eating disorders. “My interest has always been where medical issues intersect with behavioral health issues,” Levine says.

As a transgender woman, Levine adds that she is pleased to serve as a mentor and role model for the LGBT community, especially young people. “I think that that’s an important role that I serve, but it’s not the only role that I serve—and not really the primary role. My role is to help the Commonwealth of Pennsylvania with public health issues.”

## TWO TULANE TEAMS WIN BIG

**T**ulane University students and graduates have done it again. For the second year in a row, two teams led by current Tulane students or graduates are among the winners of the Neuro Startup Challenge, an international competition designed to bring National Institutes of Health medical inventions to market. “It is completely amazing that two years in a row two teams from Tulane have won; statistically the odds of this are very low,” says Rosemarie Truman, founder and CEO of the Center for Advancing Innovation. “Obviously, you have some very bright and talented people there.”

This year’s winning Tulane teams were Estia Pharmaceuticals and Vascular Therapeutics. They were among only 13 teams selected as winners of the challenge, which attracted more than 70 teams.

Estia Pharmaceuticals will seek to develop a new, commercially successful formulation of the drug Modafinil, which has shown promising results in treating ADHD. Estia Pharmaceuticals is a start-up founded by Lowry Curley, a graduate of the Tulane School of Science and Engineering, along with Nick Fears, a Tulane psychology graduate student; David Bode, a graduate of the Tulane MBA program; and Mitchell Fullerton, a Tulane bioinnovation doctoral student.

Vascular Therapeutics, which includes Tulane engineering and medical students Kevin Chiu, Kim Lee, Michelle McCarthy, Jason Ryans and Ashwin Sivakumar, will work to commercialize a therapeutic that seeks to increase the treatment window for stroke patients.

The School of Medicine, A.B.

Freeman School of Business, School of Science and Engineering, School of Public Health and Tropical Medicine and the Office of Technology Transfer at Tulane, along with the New Orleans Bioinnovation Center, played critical roles in the success of the two winning teams.

“This was truly an interdisciplinary effort among faculty, students and graduates that leverages our university’s collective strengths and contributes on a national level,” says Sherif Ebrahim, director of entrepreneurship and innovation education and a lecturer in strategy and innovation at Tulane.

Challenge collaborators include the Center for Advancing Innovation, the Heritage Provider Network and the National Institutes of Health. Heritage sponsored the challenge.

## VA SPOTLIGHTS RESEARCH OPPORTUNITIES

**W**hile most know the National Institutes of Health as a research powerhouse, there’s another familiar name in the game that’s a major backer of medical research: the Department of Veterans Affairs.

In fact, Tulane University’s first Nobel Prize-winning scientist, Dr. Andrew Schally, a former endocrinologist at the Tulane University School of Medicine, was a VA Distinguished Medical Research Scientist whose labs studied peptide hormone production at the New Orleans VA Medical Center.

“Tulane always has had a very strong relationship with the VA for research,” says Joseph Constans, associate chief of staff for research at the Southeast Louisiana Veterans Healthcare System.

The local VA hosted a one-hour seminar recently to let medical researchers know about funding opportunities for research projects within the VA, which issues approximately \$600 million in grants annually. The event was part of National VA Research Week.

“Our facility is very proud to host a VA Research program,” Constans says. “The innovations our researchers discover and develop advance health care not only for veterans in the New Orleans area, but also for veterans throughout our nation and for all American citizens.”

Medical researchers within the VA have access to an extensive patient population within a program that has “the best and most elaborate electronic medical record system,” Constans says. The



Architectural rendering from the Veterans Administration of the new VA research facility that incorporates a portion of the Dixie Brewery building.

system allows for more efficient research and is a wealth of data for retrospective analysis. There are also career development opportunities for VA scientists and funding programs for smaller research projects that can grow into larger grants.

The VA is building a new research facility that is part of the newly built Project Legacy complex. The facility, which incorporates a portion of the iconic Dixie Brewery building in New Orleans, is slated to open in early 2017.



DR. SHERYL  
MARTIN-SCHILD,  
DIRECTOR OF THE  
STROKE PROGRAM

DR. AARON DUMONT,  
CHAIRMAN OF  
NEUROSURGERY  
AT TULANE HEALTH  
SYSTEM



Quick recovery  
thanks to Tulane  
Stroke Center

CHARLIE AND  
JEAN MATKIN

Using advanced drugs and new  
technology, Tulane is treating  
strokes faster than ever before, with  
remarkable results for patients.

1 of 2

TULANE STROKE CENTER IS  
1 OF 2 LEVEL 1/COMPREHENSIVE  
STROKE CENTERS IN LA

Target: Stroke  
Honor Roll Elite  
Plus Status

1st hour

ADMINISTER TREATMENT  
WITHIN 1ST HOUR OF STROKE



"WITH A STROKE,  
TIME LOST IS  
BRAIN LOST."  
—DR. SHERYL  
MARTIN-SCHILD

# THE MINUTES THAT MATTER MOST

Tulane Advances the Science  
and Treatment of Strokes

BY **BARRI BRONSTON**

130,000

PEOPLE DIE OF STROKES  
A YEAR IN THE U.S.

Ther signs that her husband Charlie, 79, was having a stroke were all too clear to Jean Matkin—the slurred speech, the weakness in his left arm and leg, his struggle to pull himself up after falling in the bedroom of their Lake Vista home in New Orleans.

“At first I thought he had tripped,” she says. “When I asked what had happened, he couldn’t answer. He was trying to push himself back up, but he couldn’t get up. I called 911 and said, ‘I need an ambulance. My husband is having a stroke.’”

“I come from a medical family,” Matkin says of her uncle, four cousins and father, Dr. Ernest Celli, all graduates of Tulane University School of Medicine. “My dad was a doctor, and I had heard enough just in conversation to know what was happening.”

EMS arrived within 15 minutes, loaded him onto a stretcher and into the ambulance, and headed straight to Tulane Medical Center, home of the highly acclaimed Tulane Stroke Center, one of only two Level 1/Comprehensive Stroke Centers in Louisiana.

Within two days, Charlie Matkin was back to his old charming self. He was talking normally again, and the weakness on the left side of his body was all but gone.

His quick recovery came as no surprise to Dr. Sheryl Martin-Schild, a vascular neurologist at Tulane Health System and director of the Stroke Program. Martin-Schild began the program in 2008, and has spearheaded its growth into one of the best in Louisiana.

A Level 1/Comprehensive Stroke Center requires 24/7/365 access to an emergency room staffed with a stroke team, vascular neurological expertise within 15 minutes of patient arrival, the ability to perform labs and CT scan of the head with rapid interpretation and experienced proceduralists and neurosurgeons.

It also means proficiency in delivery of the clot-buster tissue plasminogen activator, or tPA, the only drug approved by the U.S. Food and Drug Administration to treat ischemic stroke, which occurs when a blood clot blocks or plugs an artery leading to the brain. If given intravenously in the first 4.5 hours after the start of stroke symptoms, tPA has been shown to significantly reduce the effects of stroke and lessen the chance of permanent disability.

So proficient is Tulane Health System in delivery of tPA that in 2015 the American Heart Association/American Stroke Association bestowed their highest honor on the center—Target: Stroke Honor Roll Elite Plus. To achieve that status, hospitals must meet quality measures developed to reduce the time between the patient’s arrival at the hospital and treatment with the clot-buster drug.

“With a stroke, time lost is brain lost,” Martin-Schild says. “We are absolutely committed to providing aggressive, proven stroke care. To make this happen, you have to have a highly dedicated, hard-working, flexible and passionate team. And you have to have support from hospital administration, because it doesn’t come without demand for resources.”

### Building a Program at Tulane

Martin-Schild, who earned her undergraduate, medical and doctorate degrees at Tulane, started the Tulane Stroke Program seven years ago. She was inspired by Dr. James Grotta, a renowned neurologist, during her two years as a Stroke Fellow at the University of Texas Health Science Center at Houston. Grotta had been a principal investigator in the first major trial showing the benefits of tPA as a treatment for stroke. The 1995 paper announcing the results was voted one of the top nine papers in the 200-year history of

the *New England Journal of Medicine*. Until then, there had been no existing treatment for stroke victims.

“He blew me away,” Martin-Schild recalls of her training with Grotta. “I learned from him how to come back to my hometown and my home institution and build a program.”

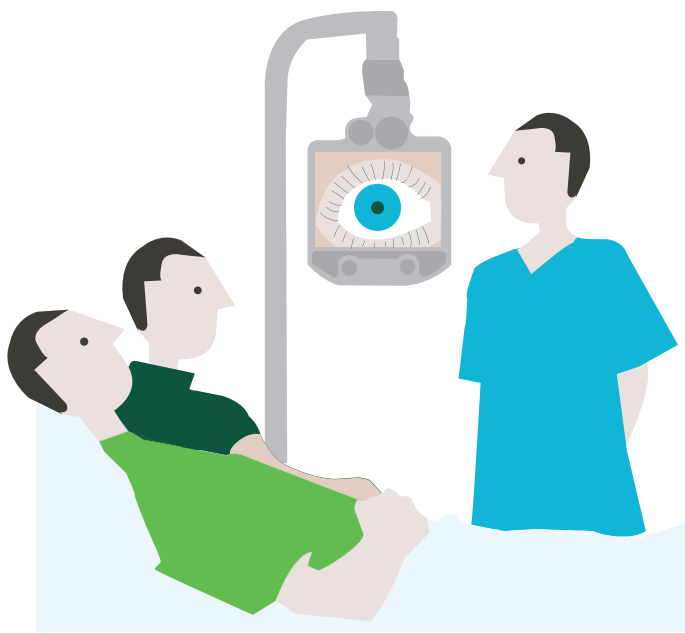
Admittedly, it wasn’t easy. “The first several years were dedicated to building the infrastructure of the hospital—putting together policies and procedures, hiring a full-time coordinator to monitor our performance on all the metrics, correcting problems through action plans, increasing staff with stroke neurologists and nurse practitioners and hiring doctors who could do endovascular procedures.

“At first I thought he had tripped,” she says. “When I asked what had happened, he couldn’t answer. He was trying to push himself back up, but he couldn’t get up. I called 911 and said, ‘I need an ambulance. My husband is having a stroke.’”

—Jean Matkin

Below: tPa is the only drug approved by the FDA to treat ischemic stroke and dramatically reduce permanent disability if administered within 4.5 hours.





Telemedicine extends Tulane's reach and gives rural communities access to high-quality care.

"It also involved a mentality shift away from passive approaches to active approaches to stroke treatment," Martin-Schild says.

By active, she means treatments to restore blood flow by dissolving clots with the clot-buster or endovascular treatment, which involves more invasive treatment to remove clots during an angiogram. "Part of being active is responding as if every minute matters during a stroke...because it does," Martin-Schild says.

"It's been shown that if you get treatment in the first hour, you have a great chance of having a near or complete recovery," she says. "We are able to administer this treatment quickly due to effective and efficient teamwork. In fact, we have a patient right now who went from having a devastating stroke to being able to walk out of here with very few issues."

Each year, about 130,000 die as a result of stroke, making it the fifth leading cause of death in the United States. The southeastern United States is especially vulnerable, with Louisiana and 10 other states part of the so-called Stroke Belt, recognized by public

health officials for having an unusually high incidence of stroke and other forms of cardiovascular disease.

Dr. Aaron Dumont, chairman of neurosurgery at Tulane Health System, blames the higher incidence of stroke partly on lifestyle and diet but also on genetics and demographics.

That the hospital boasts such an outstanding stroke program speaks volumes about Tulane's commitment to fighting the disease.

"I think it's critical to have a multi-disciplinary team with expertise in stroke and other neurological disorders—physicians, nurses, therapists and other health care providers. Early recognition and prompt treatment are critical. Stroke is a potentially devastating disease and timely cutting-edge treatment can make an enormous difference in helping patients recover," says Dumont.

### A New Horizon: the Telestroke Network

Tulane's commitment to stroke treatment goes well beyond the walls of its own hospital. Martin-Schild, for example, serves as the stroke medical director for the Louisiana Emergency Response Network (LERN), a government agency charged with developing and maintaining a statewide system of care coordination for patients suddenly stricken by serious traumatic injury, such as a stroke or heart attack.

Dumont is part of the team that

launched the Tulane Health System TeleStroke Network to improve stroke outcomes in communities without access to specialized stroke care programs. And last year, under Dumont's leadership, the Tulane Neurosurgery Group took over neurosurgical care at East Jefferson General Hospital in Metairie, Louisiana.

Dumont arrived at Tulane Health System a little more than two years ago, charged with creating a larger footprint for educational programs, outreach and clinical research.

Telemedicine, for example, "brings timely expertise to communities that previously didn't have that opportunity," he says. "The process is similar to communicating via a web cam. We are able to see and interact with the patients and their families and they are able to see us."

"You get patched through by phone initially to get a sense of what's going on with the patient," Martin-Schild says. "More likely than not they've been screened pretty well. But we have to decide, 'Do I treat or not? Does this patient need to be transferred to a higher level of care or not?'"

As part of the process, she says, "I can zoom in to the point where I can see the patient's pupils and listen to the heart, if appropriate. More relevant, I can review the CT scan and make a decision as to whether a patient may benefit from the clot-buster or not."

Depending on the seriousness of the situation, the patient could be air lifted and transferred to a hospital better equipped to treat stroke patients. Louisiana hospitals are classified by treatment capability, ranging from Level 1, the most comprehensive, to Level 4, considered no-stroke hospitals. The Joint Commission, a nonprofit group that accredits and certifies more than 20,500 health care organizations and programs in the United States, is one mechanism for certification as a Comprehensive Stroke Center.

Tulane was accredited as a Level 1/ Comprehensive Stroke Center in 2013 and is one of only two such hospitals in Louisiana. In addition, there are 12 Level 2/Primary Care Centers in the state and many more Level 3 Stroke Centers. Level 3 Stroke Centers follow the criteria for Acute Stroke Ready Hospitals established by the American Heart Association/American Stroke Association, and are capable of evaluating and treating stroke patients with tPA, often assisted via telemedicine.

"It is currently impossible, without telemedicine, for all patients with stroke in Louisiana to receive care in a Level 1 or 2 Stroke Center," says Martin-Schild. "But, the Tulane Stroke Program makes a difference for our community and beyond through our TeleStroke service.

As coordinator of the Stroke Program, Melissa Freeman, a registered nurse who holds a master's degree in public health, spends much of her time ensuring that all guidelines set forth by the Joint Commission are followed, from patient admittance to discharge.

"The program is very patient focused," she says. "It not only sets standards for practitioners following evidenced-based medicine, but provides a strong emphasis on patient/family education and integration back to their life post-stroke. We give everybody information on resources available to them. We even started a support group for stroke survivors and family members."

In addition to standards dealing with direct patient care, a certified Comprehensive Stroke program must be involved in community outreach as well as cutting-edge research.

"We're interested in a number of things focusing on stroke," Dumont says. "We are looking at ways to improve endovascular stroke care, and we're involved in clinical studies that examine brain aneurysms, disorders of the spine and brain tumors. We're conducting lab research on brain aneurysms—trying

to determine why they form and why some of them rupture—with the goal of developing medical therapy or minimally invasive treatment."

Tulane University partnered with University of Texas Health Science Centers at Houston and San Antonio to form the Gulf Regional Area Stroke Programs (GRASP), which was funded by the National Institutes of Health StrokeNet. StrokeNet consists of 25 regional coordinating centers with satellites and high volume centers providing greater access to participation in clinical trials of new treatments for stroke prevention, acute stroke treatment and stroke recovery. Martin-Schild is Tulane Health System's principal investigator for StrokeNet.

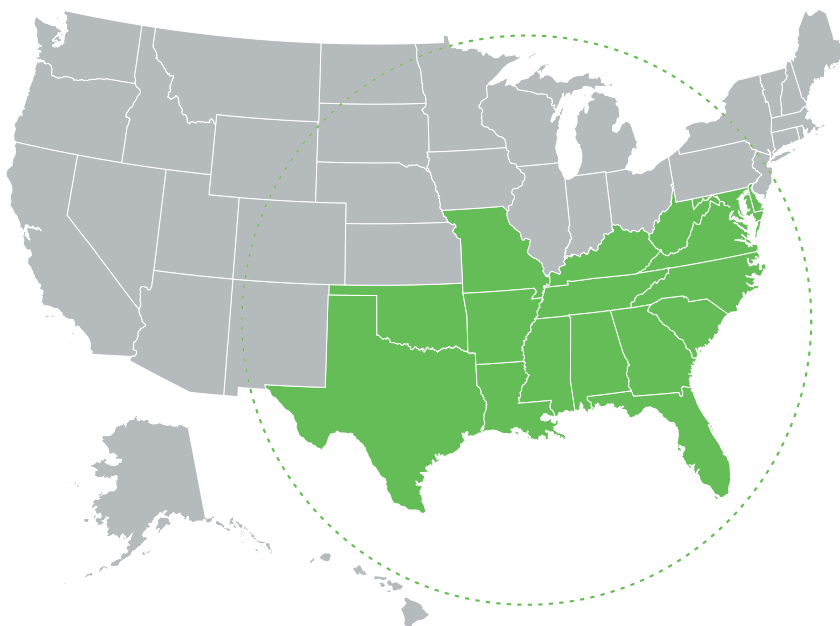
Martin-Schild says she is proud

of what the Stroke Program has accomplished in the past seven years, but even with its top rating, believes it can achieve much more.

"We can sustain what we've done, but we're looking to expand our manpower so we can offer our services beyond where we are now," she says. "We just need additional people with the same kind of training, experience, work ethic and love for fighting this disease."

Charlie Matkin can't imagine having received better care, from the moment he entered the emergency room. And while he and his wife hope they never have to return to Tulane Medical Center, they are comforted knowing that it is just a few miles away. "The medical staff," Jean Matkin says, "is truly impressive." 🏥

First identified by the Centers for Disease Control (CDC) in 1962, the Stroke Belt still has markedly high death rates from stroke and other cardiovascular diseases. Hypotheses about causes range from selenium deficiency in the soil to high rates of tobacco use.







105 Tulane  
residency positions

2,000 full-time  
employees

56 emergency  
treatment rooms

34-acre campus

UNIVERSITY MEDICAL CENTER



2.3 million square feet

446 beds

Hospital beds that  
drive themselves

# A Legacy Reborn

The New Academic Medical Center Opens

University Medical Center New Orleans, the city's new \$1.1 billion teaching hospital, is a state-of-the-art new training ground for medical students and residents.

BY KEITH BRANNON



Ask any resident or faculty member what it's like to work in the new University Medical Center New Orleans and you'll get two quick first impressions. Foremost will be general gushing that the new facility is stunningly beautiful; its colorful art installations, serene public walkways and chic décor make it feel more like a hotel than a hospital.

"It's gorgeous. It's full of natural light, full of art and everything is new," says third-year Tulane University School of Medicine internal medicine resident Sarah Candler, who felt "star-struck" during her first tour of the new \$1.1 billion academic medical center. "There was this moment where we were asking ourselves, 'Is this actually real? Do the [hospital] beds really drive themselves?' Yes, they do. They have motors on them! You don't have to push."

And the second reaction? Wear comfortable shoes. At 2.3 million square feet, it's big.

"There are nights when I'm on call, and I'll walk three miles inside the ICU—easily," says Candler, who logs more than 6,000 steps per shift, according to her iPhone fitness tracker. "I'm definitely walking more."

A healthy dose of exercise is just one thing Tulane University School of Medicine students, residents and staff are adjusting to since the new hospital and clinic opened in early August. The new UMCNO is the successor to the iconic Charity Hospital, which was shuttered a decade ago after Hurricane Katrina flooded the city's downtown medical district.

### Huge Hub for Medicine in New Orleans

The new facility is a significant upgrade. Since 2006, the city's primary public hospital and only Level 1 trauma center had been operating out of the former University Hospital, a 386-bed facility on Perdido Street. Clinical services were delivered from several locations, including a temporary site in a former Lord & Taylor department store downtown.

The sleek new hospital sits on a smartly landscaped, 34-acre campus between Tulane Avenue and Canal Street in Mid-City. It features three six-story patient towers with a capacity for 446 beds, 19 operating rooms, an emergency department with 56 exam rooms, nine rapid treatment rooms and a trauma center with five resuscitation rooms and nine acute treatment rooms.

The state-owned UMCNO is run by local LCMC Health, which operates Children's Hospital, Touro and New Orleans East Hospital. The hospital will continue Charity's mission to offer quality and accessible health care to all.

Like its predecessor, the new UMCNO is the city's largest training center for physicians. The hospital currently hosts 370 residency slots. It's the primary residency site for Louisiana State University School of Medicine and the second largest for Tulane residents and medical students, behind Tulane Medical Center. Tulane has 105 residency positions at UMCNO, and 71 medical

students rotate through the hospital. Nearly 40 percent of all University Medical Center faculty are from Tulane, says Dr. Lee Hamm, senior vice president and medical school dean.

"This hospital has always been historically important for Tulane," says Hamm, noting that the school had residents at the city's primary public hospital when the precursor to Tulane University—The Medical College of Louisiana—first opened in 1834 to train doctors to treat yellow fever. "We look forward to continuing to play an important role in caring for patients and training the next generation of doctors as the hospital is reborn."

### A Radically New Approach

The new hospital takes cues from the hotel industry. Waiting areas feature rich colors, modern design and natural light. The floors in the clinic building mimic darkly stained, natural wood and walls in patient rooms feature filigree patterns resembling classic New Orleans architecture. Patient towers and the clinic are color-coded to make it easier to navigate. There's a reflecting pool courtyard between buildings and vibrant green landscaping out front. A huge, brightly colored glass sculpture floats above the lobby, forming a map showing the city's growth and pinpointing all seven iterations of Charity since the 1700s.

While the art and décor are the most eye-catching, the larger, private patient rooms may be the most significant change—they are bathed in natural light coming through floor-to-ceiling windows. All inpatient rooms are private, with the exception of a few in the Behavioral Health Unit.

"That already has made an enormous difference in how our patients view the hospital, how our residents view working in the hospital and the general ambiance of the hospital," says Dr. Cathy Lazarus, UMCNO chief academic officer. "The happier patients are, the better the experience is for everybody here."

In old hospitals, the hallways were frequently crowded and frenetic. Now, they are serenely quiet, as larger rooms accommodate attending staff and family members. Each room also has a pull-out couch that converts into a sleeper bed so family members can comfortably stay overnight with their loved ones.

"It is a fantastic facility," says Dr. Jeffrey Wiese, associate dean of graduate medical education at Tulane and head of the internal medicine residency program. "I think the best thing for the faculty and students has been the single-patient rooms and the space in those rooms. Tulane is a big believer in patient-centered care and rounding at the bedside, and this has allowed the faculty the space and patient privacy to teach students these essential patient-centered skills."

At University Hospital, most patients shared a room, and the total room size was about the size of a single room at UMCNO. At Charity, the conditions were more spartan, with up to 20 patients sharing a single open ward, separated only by a curtain between beds, Wiese says.



## "I resonate with the Charity mission of providing the best quality care to all, no matter the circumstances."

—Dr. Jeffrey Wiese, associate dean of graduate medical education at Tulane and head of the internal medicine residency program.

A gift from the medical staff, an exact replica of "Big Charity's" original seal in the lobby.



Kathy Anderson



Another homage to "Big Charity," exterior art deco mural replicated indoors.

The 40 Intensive Care Unit rooms are even larger and include bathrooms and state-of-the-art automated beds with ceiling-mounted patient lifts. The beds play music and even "speak" in several different languages. "If it's an emergency, and you don't have a translator with you, you can ask the bed to tell the patient to calm down and that everything is going to be OK," Candler says. "It's amazing."

The larger space makes it easier to conduct procedures and accommodate life-saving medical equipment with ample space for staff and students.

"It's great for teaching," Candler says. "I just had six students with me for a clinical diagnosis course, and we all felt very comfortable in one patient's room talking with the patient because there was plenty of space. Everyone felt like they were welcome. You didn't feel like you were in the way."

Floors also include physician training rooms and conference rooms for rounding discussions.

While the new hospital is vastly different from the facility it replaces, there is one aspect that will be familiar. The medical staff donated an exact replica of the original bronze seal from the entrance of "Big Charity" for the lobby. The seal depicts the moniker to "care for the sea-worn as well as the young, newly launched in life," says Dr. Gabriella Pridjian, Tulane chair of Obstetrics and Gynecology.

"In gifting this seal, we honored the many doctors, nurses and other personnel who worked countless hours, at times with limited resources, to give quality care for everyone who walked through the doors of Charity Hospital," Pridjian says. "The seal represents the Charity philosophy that we take care of all. Even though we have a new building, we still plan on taking care of anyone who needs care in the city."

That "Spirit of Charity" is an important guiding principle for those who still look fondly on their days serving and training in the old hospital and the fighting spirit of its dedicated staff.

"I resonate with the Charity mission of providing the best quality care to all, no matter the circumstances," Wiese says. "It's why I came to New Orleans. But like all missions, this mission is not comprised of bricks and mortar. It's comprised of the people that hold it near to their heart, and demonstrate it in their day-to-day actions. The same people that were in University Hospital, and Charity before it, are providing care in the UMC. The Charity mission lives on."

New generations of doctors are proud to carry that legacy, Candler says.

"I wasn't here for Charity, but I have worked with so many people who were the lifeblood of that place and who are now the lifeblood here as well. I feel just as spirited as I did at [University Hospital]. Sometimes more so because it's almost like, 'Wow... This is the hospital my patients deserve.' Maybe this is what we get for working so hard for so long." 🏥



Talking multilingual beds help bridge communications gaps.



Taking cues from the hotel industry, works of art are on display throughout the hospital.

"River Spirit," a glass sculpture by artist Ray King floats above the lobby, forming a map showing the city's growth and pinpointing all seven iterations of Charity since the 1700s.



A scroll pattern is ornamented throughout patient rooms.



Crown molding is used to create a textural effect for the reception towers.

Color-coded towers make the hospital more navigable.







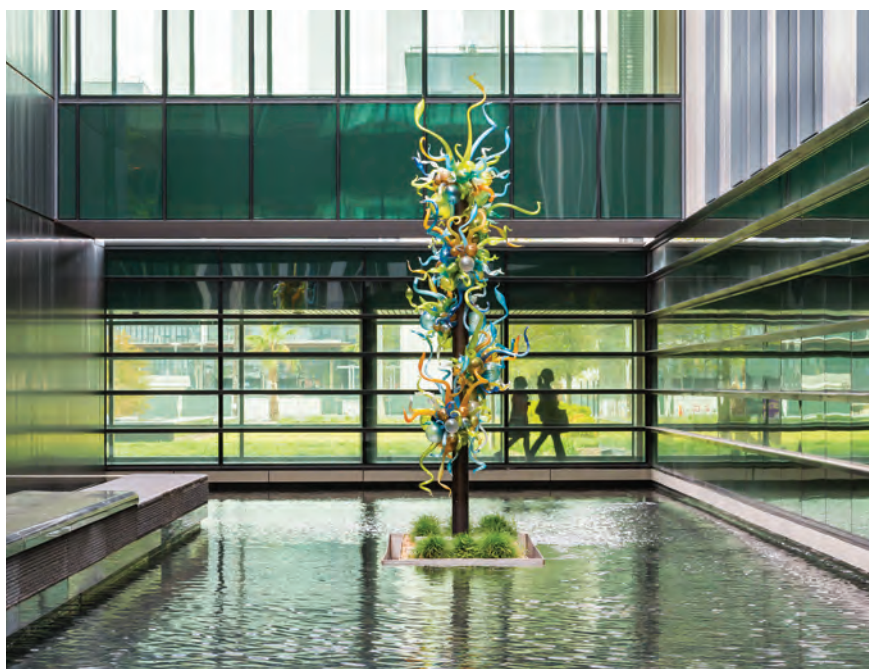
The lobby, much like patient rooms, fills with natural light beaming through floor-to-ceiling windows.



**"It's gorgeous. It's full of natural light, full of art and everything is new."**

—Sarah Candler, third-year Tulane University School of Medicine internal medicine resident

A sculpture by renowned glass artist Dale Chihuly rises from a reflecting pond between towers.



INTERIOR PHOTOGRAPHS BY WILL CROCKER



# TOUCH DOWN!

**Tulane Sports Medicine's Drive to Success**

BY **KIRBY MESSINGER**

PHOTOGRAPHS BY **WILL CROCKER**

Tyrone Hughes, former NFL defensive back for the New Orleans Saints, Chicago Bears and the Dallas Cowboys, and Dr. Greg Stewart, director of sports medicine for the Tulane Athletic Department.





JUST YARDS AWAY FROM THE new Yulman Stadium, Will Keller opens the doors to his office at Tulane Institute of Sports Medicine (TISM). It's 7 a.m., and the clinic is already abuzz with activity. Keller is gearing up for a jam-packed day. For the next eight hours, he will be guiding a former professional football player through an intensive medical evaluation.

As a Tulane athletic trainer, Keller is used to working with high school and college athletes, but because of Tulane's exciting partnerships with the NFL Player Care Foundation and the NFL Players Association Trust, he is now working with the big leagues.

Recently named the screening partner of choice by the NFL Player Care Foundation, Tulane has become the go-to healthcare provider for former professional football players.

### **Gridiron Guardian**

Led by Dr. Felix "Buddy" Savoie, chair of the Department of Orthopaedics, TISM has been caring for New Orleans athletes for over 30 years.

"I'm in my 29th season taking care of Tulane players on and off the field," says Dr. Greg Stewart, director of sports medicine for the Tulane Athletic Department. "And even after they graduated, those athletes would often come back and continue to receive care at TISM. We just understand athletes."

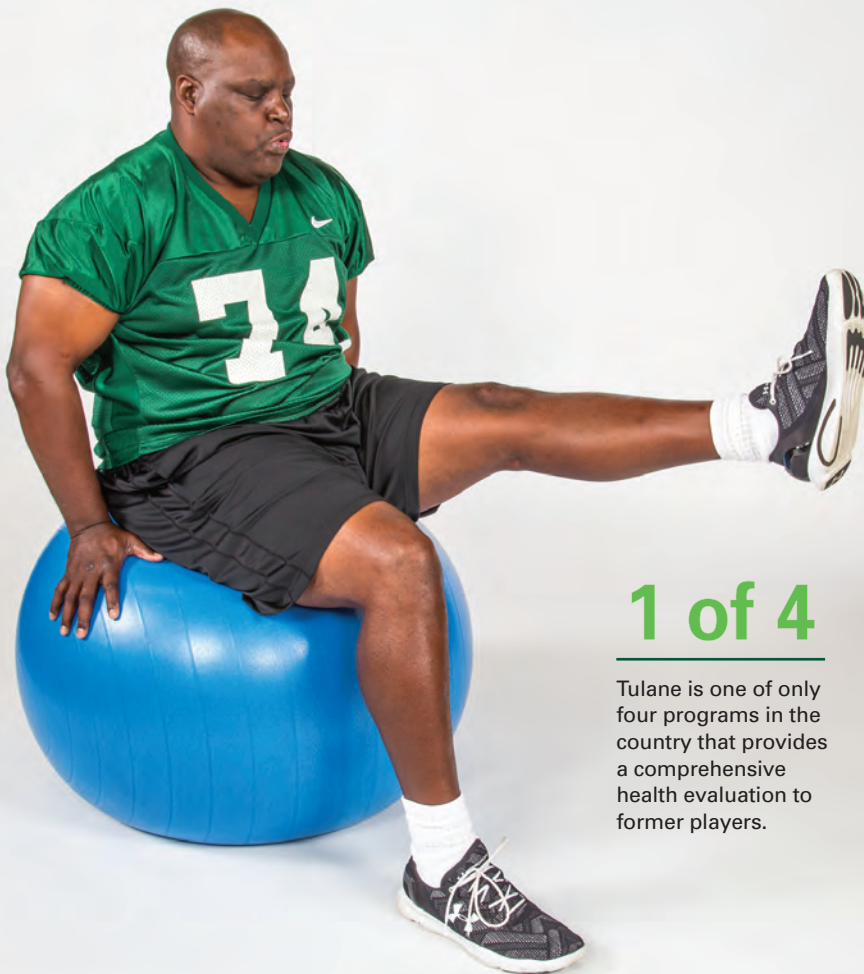
That understanding and dedication to care made the sports medicine program a standout locally, but it wasn't until Stewart was approached by the nation's most powerful sports program that he realized just how much Tulane's work was being recognized nationally.

In early 2012, the NFL Player Care Foundation invited Tulane to join their Neurological Care Program. Tulane is now one of only five medical centers to evaluate and treat possible neurological conditions among retired players.

"We began to see patients through the Neurological Care Program, and

**“Even after they graduated, those athletes would often come back and continue to receive care at TISM. We just understand athletes.”**

—Dr. Greg Stewart, director of sports medicine for the Tulane Athletic Department



## 1 of 4

Tulane is one of only four programs in the country that provides a comprehensive health evaluation to former players.

really started to expand our network with former NFL players,” says Stewart. “Because of our work with the NFL Player Care Foundation, we were then approached by the NFL Players Association to provide medical services for The Trust.”

The NFL Players Association created The Trust to improve former players’

overall health and help their transition to life after football. Along with the Cleveland Clinic, the University of North Carolina and Massachusetts General Hospital, Tulane is one of only four programs in the country that provides a comprehensive health evaluation to former players.

With the brain and body issues that

arise from playing in the NFL and with the sheer size and girth of many players creating heart and health problems, there is a strong need for healthcare services. Unfortunately, Stewart says that it isn’t uncommon to see these former athletes neglecting their health, and it’s often because they are unsure how to navigate the healthcare landscape without a team’s support.

“A player’s wife made an appointment with their local doctor,” says Stewart. “He waits and after 20 minutes he leaves the appointment. When he gets home he tells his wife, ‘I’ve never had to wait to see a doctor before so I left.’”

Those scenarios are all too common among professional athletes, but Tulane has worked to combat that problem by using an innovative approach to care. Former NFL players feel at home with the care they receive at Tulane because athletic trainers, like Keller, along with Mindy McDonnell and Ellen Garrett, are their personal medical coordinators.

“We always have someone helping them and guiding them through the process,” says Keller, follow-up care manager at TISM. “That is unique to our program.”

Stewart says that when athletes are treated at the Tulane Institute of Sports Medicine they are given access to care in a way that they are familiar with. Players are accustomed to conferring with athletic trainers for their injuries, so having the athletic trainers coordinate their appointments and meetings with physicians is a natural process.

The screenings are vitally important to these former players. “Of the 200 guys we have seen, only a handful have been healthy,” says Keller. “We’ve caught some serious situations.”

Keller says they’ve gotten a great response from the former and current NFL athletes, including glowing reviews on the post-program surveys. Many participants even want to come back and receive care from Tulane doctors.



## Running Interference

With access to over 300 faculty members and a world-class level of care in sports medicine, it is not a surprise that Tulane's relationship with the NFL Player Care Foundation has continued to expand. Recently named the association's official health screening partner, the Tulane team travels to NFL cities across the country screening former players. The NFL Player Care Foundation research program works with Tulane physicians to run a battery of tests including prostate cancer screenings, kidney exams, a full cardiovascular exam plus mental health resources and education. These programs advance public awareness and scientific understanding of health issues that affect former NFL players.

"So far this year we've been to Jacksonville, Florida, Pittsburgh, Denver, Seattle and Canton, Ohio, for the Hall of Fame game," says Stewart. "And we'll be in San Francisco for the Superbowl. Over the course of the next three years we should be able to cycle through all of the cities with NFL teams."

Stewart and Savoie are proud of the work that sports medicine has done to achieve national recognition. They credit the great team of physicians, nurses and athletic trainers with the ability to give such a high level of care to world-class athletes.

"We've put together a group of people that understands athletes and really know what it means to be part of a team," says Stewart. "These players are in an environment where they have an advocate."

## Center for Sport

Stewart hopes to offer the same level of service to former athletes at every level and in every sport.

"You know there are no longer any off seasons in sports," says Stewart. "Athletes are under a tremendous amount of stress—both physical and

mental. We have so many resources at Tulane to be able to help these players."

Stewart, along with colleague Gabe Feldman, director of the Sports Law Program at Tulane, think that Tulane is the perfect place to address almost any need within the athletic community. They envision Tulane becoming a hub for research, education, healthcare, business and ethics in sports.

"We are just uniquely positioned to do a lot of interesting things," says Stewart. "In the long term I would love to see Tulane become a place for all things sports related."

Savoie says he is proud of the excellent work of the sports medicine team. "Our partnerships with the NFL Player Care Foundation and the NFL Players Association show that these national organizations recognize our expertise and dedication to care," says Savoie. "I only see our relationship continuing to strengthen over the coming years." 🏈

## Dr. Felix "Buddy" Savoie Chair, Department of Orthopaedics



Internationally recognized surgeon and sports medicine expert, Dr. Felix H. "Buddy" Savoie has been appointed to

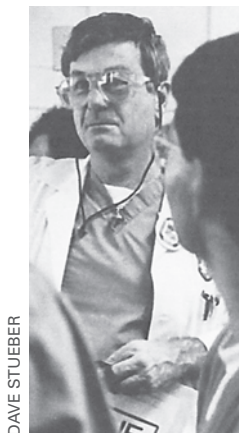
the position of chair of the Tulane Department of Orthopaedics.

Savoie joined Tulane in 2007 as the chief of the division of sports medicine and director of the Tulane Institute of Sports Medicine. After just a year at Tulane, he was named the vice chairman of the Department of Orthopaedics.

"Dr. Savoie is an advocate of research, a world-class surgeon, and a proven leader," says Dr. Lee Hamm, dean of the School of Medicine. "He is a perfect person to lead the Department of Orthopaedics forward."

Savoie is known for his dedication to every facet of orthopaedics, and colleagues respect and admire his strong work ethic. He is the author of over 100 peer-reviewed journal articles and is constantly in demand as a speaker, having given over 1,600 lectures throughout the world. He is currently the vice president of the American Shoulder and Elbow Surgeons and a past president and trustee of the Arthroscopy Association of North America.

He is the first vice president of the Louisiana Orthopaedic Association. Savoie is a board member and co-chair of the Shoulder Committee of the International Society of Arthroscopy, Knee Surgery and Orthopaedic Sports Medicine.



DAVE STUEBER

# Remembering a Legend: Dr. Norman McSwain

BY **KEITH BRANNON**

**"W**hat have you done for the good of mankind today?" It was Dr. Norman McSwain's trademark challenge, delivered countless times, in earnest, with a warm smile to students and colleagues he inspired each day as a legendary surgeon, mentor and friend.

This summer, the Tulane University School of Medicine and the New Orleans healthcare community mourned the passing of the internationally renowned trauma surgeon who helped transform the way doctors and first responders treat the most severely injured. McSwain, 78, died July 28 at his French Quarter home after a brief hospitalization for a cerebral bleed earlier that month.

His passion for medicine and boundless drive led him to accomplish a great deal. He was one of a select few

who conceived of and implemented the framework for the modern 911 emergency response system, the founder of the worldwide standard for training first-responders and military medics, part of a team that helped design the healthcare system for future NASA flights to Mars and an advisor to the president on how to respond to mass-casualty events.

His commitment to improving the care of critically injured patients saved countless lives and improved the quality of life of untold millions of people, says Dr. Lee Hamm, dean of Tulane University School of Medicine.

"He was one of those rare personalities and characters who were bigger than life," Hamm says. "He was always upbeat, always enthusiastic and always coming up with a new idea. He was fantastic to work around, and I think that is why he was able to accomplish so much and had such a loyal following."



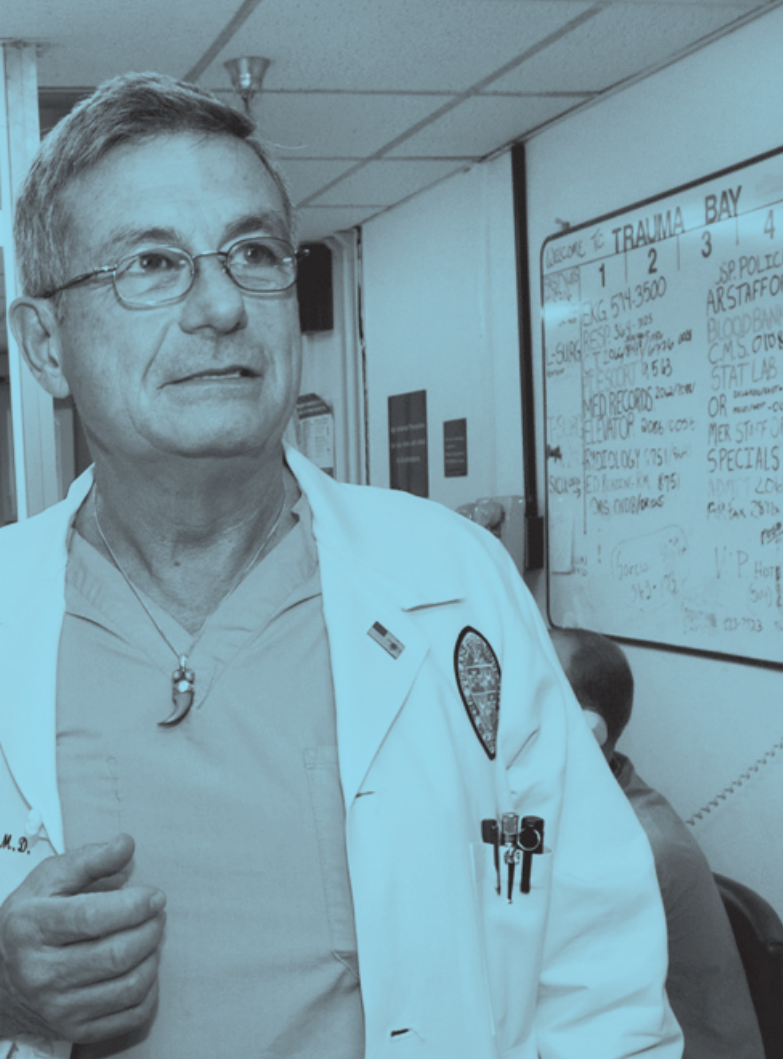
RICK OLIVIER

## EARLY YEARS AT TULANE

McSwain joined the Tulane University faculty in 1977. His dedication and commitment as a practicing trauma surgeon garnered him national accolades. He served as trauma director and a member of the teaching staff of Charity Hospital of New Orleans, surgeon for the New Orleans Police Department beginning in 1979, and medical director of New Orleans' Emergency Medical Services Division. In 1978, shortly after his arrival in New Orleans, the city tapped McSwain to develop an EMS system here.

McSwain viewed improving trauma surgical care as a global public health initiative, working with healthcare organizations and governments around the world to develop and improve systems for effectively caring for injured patients. In New Orleans, he worked tirelessly to ensure that the missions of clinical care education and research were at the





“His humility and genuine commitment to the greater good led to a combined trauma service that has exceeded expectations at every level.”

—DR. DOUGLAS SLAKEY,  
ROBERT AND VIOLA LOBRANO CHAIR  
OF SURGERY AT TULANE

highest levels and consistently applied and delivered to all people regardless of their personal circumstances, says Dr. Douglas Slakey, Robert and Viola Lobrano chair of surgery at Tulane.

#### COMMITMENT TO CARE

“He was of a generation who largely put their self interest secondary to the mission of being a physician,” Slakey says. “He felt that the privilege of being a physician and caring for patients was of the highest callings and far more important than personal gain. He was the sort of person who would tell people that if you do what you love, success—however you measure it—will follow.

“His focus was clearly on providing the highest quality of care and passing on his experience and knowledge in the form of education and training to not only physicians and medical students but also every level of health care provider,” Slakey

says. “He truly thought that the team was more important than the individual. This is how Norman achieved things. He put commitment to a vision ahead of personal self-interest. It was what he did for others rather than what he did for himself that made him such a powerful influence for so much and for so many.

“His humility and genuine commitment to the greater good led to a combined trauma service that has exceeded expectations at every level: improved patient care, improved efficiency and effectiveness, improved research productivity and improved education,” Slakey says.

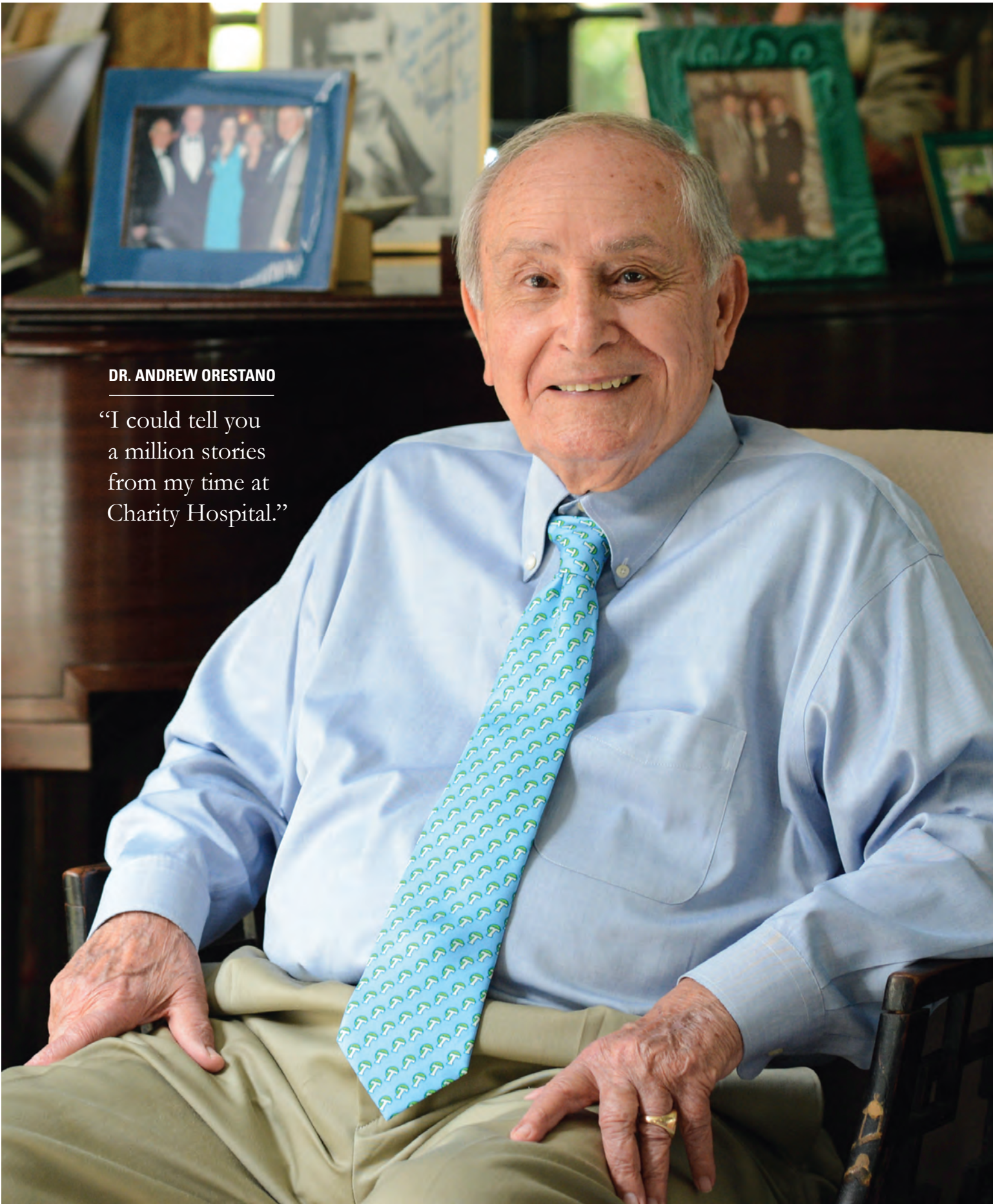
McSwain relocated to New Orleans because he considered Charity Hospital to be one of the nation’s most important trauma centers. But his efforts resonated worldwide: his work with the American College of Surgeons Committee on Trauma and National Association of

EMTs resulted in a Pre-Hospital Trauma Life Support program that is a global standard for trauma care. That program has trained more than 500,000 people in 45 countries.

McSwain wrote numerous textbooks and articles and received many awards for his trauma work. He is the only person in the history of the American College of Surgeons to receive all five of its major trauma awards.

Dr. Peter Meade, William Henderson chair in surgery at Tulane, remembers McSwain as the surgeon everyone wanted to emulate. Despite his legendary status as a doctor, he was approachable and generous.

“The great ones don’t have to act great. There was a tremendous amount of love for this man—at all levels of the hospital,” Meade says. “You just don’t meet a lot of people like that. He meant a lot to us. He was Tulane.” 🐼

A portrait of Dr. Andrew Orestano, an elderly man with white hair, smiling. He is wearing a light blue button-down shirt and a blue tie with a repeating pattern of small green and white figures. He is seated in a wooden chair. In the background, there is a dark wooden desk with several framed photographs. One prominent photo in a blue frame shows a group of people in formal attire. Another photo in a green frame is partially visible to the right.

**DR. ANDREW ORESTANO**

“I could tell you  
a million stories  
from my time at  
Charity Hospital.”



# A GOOD INVESTMENT

BY **KIRBY MESSINGER** PHOTOGRAPHY BY **SALLY ASHER**

This year marks the 60th anniversary of Dr. Andrew Orestano's graduation from Tulane University School of Medicine. And when he reflected on the past 60 years, he was moved to give back to the institution that gave him his start.

"If it weren't for Tulane Medical School, I wouldn't have what I have today," says the 1949 graduate of Tulane University and 1955 graduate of the medical school. "It made me who I am."

But his relationship with Tulane and New Orleans didn't start out on such a positive note. In fact, it started with the frenetic beat of the spare drum and the commonly heard phrase "throw me something mister."

"I arrived in New Orleans in February 1946, just in time for the first Mardi Gras after World War II," says Orestano. "And it was complete chaos."

For the Tampa, Florida, native, the wall-to-wall costumed madness was enough to make him think about turning tail and returning home.

"I was just shocked by what I saw," says Orestano. "But eventually New Orleans got in my blood."

His love affair with New Orleans began with his time on the uptown campus as a zoology major. Although he always knew he wanted to be a doctor he became fascinated with research, specifically on different species of birds and winged insects.

"As a young child, I always told people 'I'm going to be a doctor,'" says Orestano. "Along the way I decided to go to graduate school. I became fascinated with these little blue dragonflies."

But when the state of Florida offered a special scholarship program for residents

to attend medical schools out of state, Orestano couldn't pass up the opportunity.

"At the time Florida had no medical schools," he says. "And Tulane accepted a certain number of Florida medical students."

It was his time as a medical student that truly changed the course of his life. He says that seeing patients at Charity Hospital and learning physical diagnosis is what cemented his love of medicine.

"I could tell you a million stories from my time at Charity Hospital," says Orestano with humor in his eyes.

From sneaking bottles of whiskey into the Christmas Eve eggnog, to amputating a patient's big toe and almost fainting at the sight of blood, Orestano says the memories he made at Tulane have lasted him a lifetime. The memories, friendships and lessons learned helped him blossom into a successful internist who practiced for over 30 years at West Jefferson General Hospital in Marrero, Louisiana, on the outskirts of New Orleans.

He was inspired to create the Andrew Orestano, MD Scholarship Endowed Fund to aid students in their quest to become Tulane physicians. What began as a \$100,000 scholarship commitment has grown into a \$2.5 million gift, which includes a \$1.5 million bequest intention. Orestano's gift will be transformational for students hoping to attend Tulane University School of Medicine, offering opportunities for promising students and setting them on a path to a successful medical career.

"I love to give back and I'm proud to be able to give this gift," says Orestano. "My education was worth so much more than I paid for it. Tulane is a good investment." 🍷



**Alixandra Domney:** Recipient of the Orestano, MD Scholarship Endowed Fund. **Hometown:** Great Neck, New York **Year:** Class of 2019

**Undergraduate Institution:** Tulane University **Hobbies:** Ballet, reading, traveling, pilates/yoga

**Why medicine?** My interest was first piqued at a young age when unfortunate family circumstances exposed me to the trials and tribulations of disease. I experienced firsthand how a single diagnosis can cause such emotional upheaval and stress felt by not only a patient, but his or her family members as well. Ever since, I have felt a need to actively prevent others from enduring the hardships that accompany any type of health care risk. In search of the best way to go about this, I turned to medicine! **Any idea what you want to specialize in?** I am definitely considering surgery—possibly neurosurgery or reconstructive plastic surgery. **Anything you would like for Dr. Orestano to know?** I am sincerely grateful for Dr. Orestano's contribution to my medical education. It is an enormous help and has allowed me to pursue a dual MD/MPH degree. Hopefully I can repay his generosity with a successful career in the future!



**Honoring** Dr. Robert “Bobby” Brown (M ’50), who was recently presented the George H.W. Bush Distinguished Alumnus Award from the National College Baseball Hall of Fame.

The George H.W. Bush Distinguished Alumnus Award from the National College Baseball Hall of Fame is named after its inaugural recipient, George H.W. Bush, who played at Yale from 1946–48 and eventually went on to be elected the 41st President of the United States. Brown played at Stanford, UCLA and then Tulane,

and around Naval Officer Training and medical school. Brown joined the Yankees organization and played in four World Series during a career spanning parts of eight Major League seasons. He also served as the president of the American League for a decade, after practicing as a cardiologist.



Dr. Bobby Brown played for the New York Yankees organization from 1946–54.

**’57 Dr. Robert Lee Rueb,** 83, died peacefully at home on July 11, 2015, surrounded by his wife and children following a brief illness with pancreatic cancer. He practiced general surgery in Longmont, Colorado, from 1964–91, where he was instrumental in founding the Longmont United Hospital, merging the Longmont Community Hospital and the Osteopath Hospital. Rueb was active in the Boulder Medical Society and in the Colorado medical community throughout his career. He is survived by his wife Judith, their five children and ten grandchildren.

**’67 Dr. Russell Steele** was nominated by medical students to serve as faculty mentor for the Tulane Learning Communities, a new, comprehensive mentorship and professional development program at Tulane University School of Medicine.

**’72 Dr. James Andrews (R ’72),** orthopaedic sports medicine leader and past American Orthopaedic Society for Sports Medicine (AOSSM) president, has been inducted into the AOSSM Hall of Fame. AOSSM Hall of Famers are individuals in the sports medicine community who have contributed immensely and set themselves apart from others in the field. Andrews is one of the founding members of Andrews

Sports Medicine and Orthopaedic Center in Birmingham, Alabama. He is also founder, chairman and medical director of the American Sports Medicine Institute (ASMI), a non profit institute dedicated to injury prevention, education and research in orthopaedic and sports medicine. In addition, he is a founding partner and medical director of the Andrews Institute and the Andrews Research and Education Institute in Gulf Breeze, Florida. He was also crucial to the development of the STOP Sports Injuries campaign to help prevent athletic overuse and trauma injuries in children.

**’74 Dr. Michael Brunet (I ’74, R ’78)** has been selected as this year’s recipient of the prestigious Thomas A. Brady Award. This award has been given annually, since 1999, by the American Orthopaedic Society for Sports Medicine to an orthopaedic surgeon dedicated to excellence in sports management at the local level. An achievement for which he is especially proud, he says, is helping former Louisiana High School Athletic Association (LHSAA) commissioner Tommy Henry—with the help of Tulane University—set up a Medicaid insurance program for Louisiana’s high school athletes. He continues to be an active member of the LHSAA Medical Advisory Board, which he helped establish in the 1980s. Brunet moved to Alexandria, Louisiana, after Hurricane Katrina.

**’77 Dr. Michael Wasserman** was recently given the Jewish Federation of North America Endowment Achievement Award for dedication to the local New Orleans Jewish community, the national Jewish community and to Israel.

**’78 Dr. Marc Maller** is currently a practicing geriatrician and the medical director of the community living centers for the Veterans Administration Healthcare System of Western New York, which operates facilities in Buffalo and Batavia. He is also a member of the teaching faculty of the physician assistant training program at RIT in Rochester and Le Moyne College in Syracuse. He and his wife Cathy, their daughter Brandi and granddaughter Ana Rose all live in Rochester. His son Aaron, an architect, lives in Dallas.

**’79 Dr. Brian Rees (PHTM ’79)** has written a new book: *Detained: Emails and musings from a spiritual journey through Abu Ghraib, Kandahar, and other garden spots*. It is available on Amazon and other retailers.

**’80 Dr. Robert Kenney** has been named by the Tulane University School of Medicine as regional dean for the school’s Baton Rouge General satellite campus. In that role, he oversees the Leadership

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NEWS !**

Tulane Medicine seeks news and notes about alumni of the medical school, as well as faculty members and “alumni” of the Tulane Residency programs. Please send your news to [mednotes@tulane.edu](mailto:mednotes@tulane.edu) or just **scan the code with your smartphone**.



Education Advocacy and Discovery Academy at Baton Rouge General's Mid-City campus. Kenney also serves as the vice president of medical operations and is a core faculty member in the hospital's Internal Medicine Residency Program. He has nearly 30 years of nephrology practice experience. After graduating from the Tulane School of Medicine, Kenney completed his internal medicine residency training and fellowship in nephrology at the University of Texas Health Science Center in Dallas.

**'81 Dr. Charles "Chuck" Hoffman (R '83)** has moved to Hawaii and would love to hear from classmates.

**'83 Dr. David Ellis** was appointed chief medical officer of Pardee Hospital in Hendersonville, North Carolina, in May 2015. He served as interim chief medical officer of the hospital beginning in November 2014. Ellis, an obstetrician/gynecologist, has held several positions with Pardee, including medical chief of staff, chair of the medical executive committee and a member of the hospital board.

**'84 Dr. Charles Pollack** has moved to Thomas Jefferson University in Philadelphia where he has several titles: associate provost for innovation in education; director, Jefferson Institute of Emerging Health Professions; associate dean for CME and Strategic Partner Alliances; and professor and senior advisor for Interdisciplinary Research and Clinical Trials, Department of Emergency Medicine. Prior to this move, Pollack had been chairman of the Department of Emergency Medicine at Pennsylvania Hospital, University of Pennsylvania, also in Philadelphia. He is leading the international RE-VERSE AD study of idarucizumab as a reversal agent for dabigatran. The interim results of the study were published in the *New England Journal of Medicine* this summer.

**'86 Dr. Scott Norton (A&S '78, PHTM '86)** is chief of dermatology for the Diana L. and Stephen A. Goldberg Center for Community and Pediatric Health at the Children's National Health System; he previously served as interim chief. Norton is on faculty at George Washington

University, Georgetown University and Howard University. Additionally, he serves as a consultant to, among others, the Centers for Disease Control and Prevention and National Institutes of Health in the fields of dermatology, tropical medicine and bioterrorism.

While pursuing her MD/MPH degree at Tulane in the '80s, **Dr. Joette Giovinco (PHTM '86, R '87)** was told by a public health advisor to consider becoming a "media doc." She laughed at the time, but has spent the last 10 years as a medical reporter for WTVT and the Fox Medical team. Giovinco says her Tulane experience definitely helped her think outside the box.

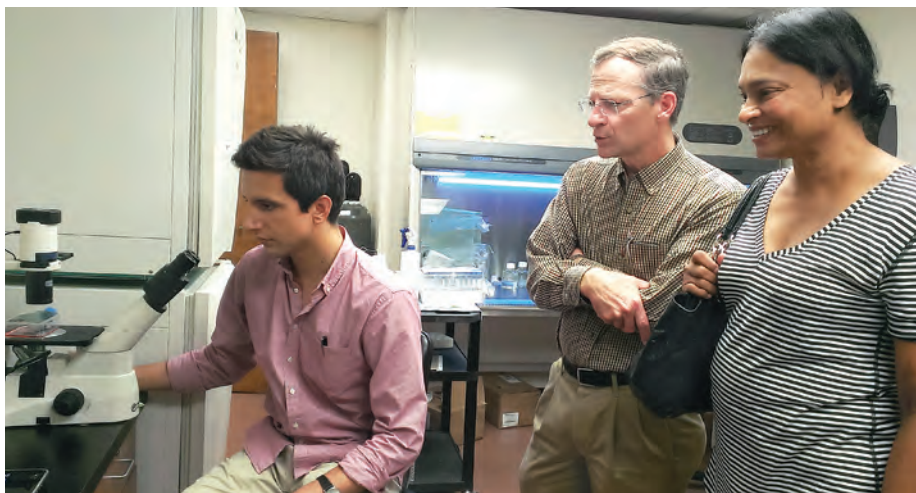
**'89 Dr. Brian Kavanagh (E '84, PHTM '88, R '89)** was named president-elect of The American Society for Radiation

Oncology (ASTRO). He is professor and interim chair of the Department of Radiation Oncology at the University of Colorado School of Medicine, Denver, and an attending physician at the University of Colorado Hospital. Kavanagh is an active clinician with a primary focus on stereotactic body radiation therapy and population data-based health services research. He is co-director of the ASTRO-AANS Stereotactic Radiosurgery Registry, and he has served ASTRO as a member of the Board of Directors (2011–15); as the vice-chair and then chair of the Health Policy Council; as chair of the Payment Reform Task Group; and as a member of the Health Policy Council Regulatory Committee, the Communications Committee, the Clinical Affairs and Quality Committee, and the Code Development and Valuation Committee. His additional service has included the

## In Memoriam

- |   |   |
|---|---|
| '40 Dr. Louise M. Ireland-Frey                                | '60 Dr. Thomas John Athanassiades<br>Dr. Francis Anthony Esposito<br>Dr. Rodney MacGene Patterson |
| '42 Dr. William Dumas Futch                                   |   |
| '45 Dr. Gilbert Ernest Adami<br>Dr. Sam Abraham Threefoot Jr. | '62 Dr. Larry Eugene Brightwell<br>Dr. David Jerome Russin  |
| '46 Dr. Alvin R. Yapalater                                    | '63 Dr. G. Alan Robison<br>Dr. Roger Lawrence Spark   |
| '47 Dr. James S. Boren Sr.<br>Dr. Thomas E. Strain Jr.        | '65 Dr. Charles Robert Hand<br>Dr. Malcolm Anthony Meyn Jr.                                       |
| '49 Dr. Alvin Harold Lassen                                   | '66 Dr. Norman George Lewis<br>Dr. Logan Postell Perkins Jr.                                      |
| '51 Dr. Eleanor Solomon Irvine                                | '68 Dr. Thomas Reynolds Calhoun   |
| '53 Dr. Edward Walton Phillips Jr.<br>Dr. Jack Sherman        | '73 Dr. James E. Changus  |
| '54 Dr. William M. Brantley                                   | '74 Dr. Robert Stephen Baxter   |
| '55 Dr. Phillip Harold Bookman<br>Dr. Joe Netick Jr.          | '83 Dr. Joseph Brion Rusinko  |
| '57 Dr. Nathan C. Galloway Jr.<br>Dr. Robert L. Rueb          | '84 Dr. Steven Vincent Grady  |
| '58 Dr. Nick Cossey Nichols                                   | '88 Dr. Judith A. Nash  |
| '59 Dr. John Edward Green<br>Dr. Charles Hadden Magee         | '89 Dr. Ellen L. Gandle   |
|   | '92 Dr. Diego Osuna   |





**Drs. Usha Ramadhyani Bourgeois and Warren R. Bourgeois III (E '78, M '82, R '87)** and the recipient of the Bourgeois Research Scholarship fund, Joe Garagliano, observe his research this summer.

Center for Medicare and Medicaid Services' Hospital Outpatient Payment Advisory Panel and the Ambulatory Payment Classification Advisory Panel, as well as a member of the National Comprehensive Cancer Network's Policy Advisory Group.

**'94 Dr. Nicholas E. Voss** was a guest speaker at a recent "Lunch and Learn" hosted by Medical Center Barbour at the Eufaula/Barbour County Chamber of Commerce in Alabama. Voss, a neurological surgeon and surgical specialist affiliated with the NeuroSpine Center in Dothan, Alabama, spoke to those in attendance on the subject of what a neurosurgeon does, when and why to see one, and what types of conditions they treat.

**'97 Dr. William Jackson** has been appointed by Erlanger Health System as chief medical officer; he will be in charge of all of the doctors, nurses and other medical staff for medical issues. Jackson is an associate professor of medicine at Commonwealth University in Virginia.

**'98 Dr. Justin McGoldrick** was named chief medical officer of Mercy Health-Cincinnati. He will now be the primary liaison between medical staff and Mercy Health's executive team.

**'99 Dr. Robert Cohen**, a plastic surgeon in Scottsdale, Arizona, spoke recently about an innovative cohesive silicone gel breast implant that helps reduce the rate of a common complication—capsular contracture. He is a board-certified plastic surgeon offering extensive options for plastic surgery procedures.

**'06 Dr. Mariam El-Baghdadi** has joined the Holy Family Memorial Pain Clinic in Manitowoc, Wisconsin. El-Baghdadi brings experience to the practice and utilizes a philosophy that limits the use of pain medications while focusing on minimally invasive procedures that help control each patient's discomfort.

**Dr. Jagan Gupta (TC '02, R '11)** completed a neuroradiology fellowship at Duke University Medical Center in 2013, and is now a neuroradiologist at West Jefferson Medical Center. He is clinical assistant professor of Radiology at Tulane University Medical Center, Department of Radiology.

**Dr. Neel Gupta (TC '02, R '11)** completed a musculoskeletal radiology fellowship at University of California, San Diego in 2012 after completing his diagnostic radiology residency at Tulane in 2011. He has been working in private practice in New Orleans since August 2012

performing diagnostic radiology with a more specific focus on musculoskeletal imaging, spine imaging and women's imaging. Gupta teaches at Tulane University and has continued many academic affiliations with Tulane, LSU and Ochsner, instructing radiology, orthopaedic and physical medicine and rehabilitation residents. He will get married in December 2015.

**Dr. Justin Westervelt** recently joined Hattiesburg Clinic Nephrology in Hattiesburg, Mississippi. Westervelt is board certified in internal medicine and nephrology by the American Board of Internal Medicine. His professional affiliations include the American Society of Nephrology and the American Society of Transplantation.

**'09 Dr. Andrew Smith** has joined the UMass Memorial Medical Group. After graduating from the Tulane School of Medicine, Smith completed his residency training and abdominal imaging fellowship at University of Massachusetts Medical Center/University of Massachusetts Medical School.

**'10 Dr. Siu Ping Chin Feman** has joined UMass Memorial Medical Group. After receiving her medical degree from Tulane School of Medicine, she completed her residency training at Brigham and Women's Hospital/Harvard Medical School and an addiction psychiatry fellowship at Massachusetts General Hospital. She is board certified in psychiatry and specializes in psychiatry at Community Healthlink in Worcester, Massachusetts.

**'11 Dr. Colibri Jenkins (R '11)** has joined Merit Health River Region's staff as a board-certified general psychiatrist on the inpatient behavioral health team at the West Campus.

**'12 Dr. Shavaun Cotton (PHTM '12)** has joined Baton Rouge General Physicians. Cotton is board certified in family medicine and completed her residency in family medicine at Baton Rouge General Medical Center. She is a member of the American Academy of Family Physicians, National Medical Association and Louisiana Academy of Family Physicians.



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