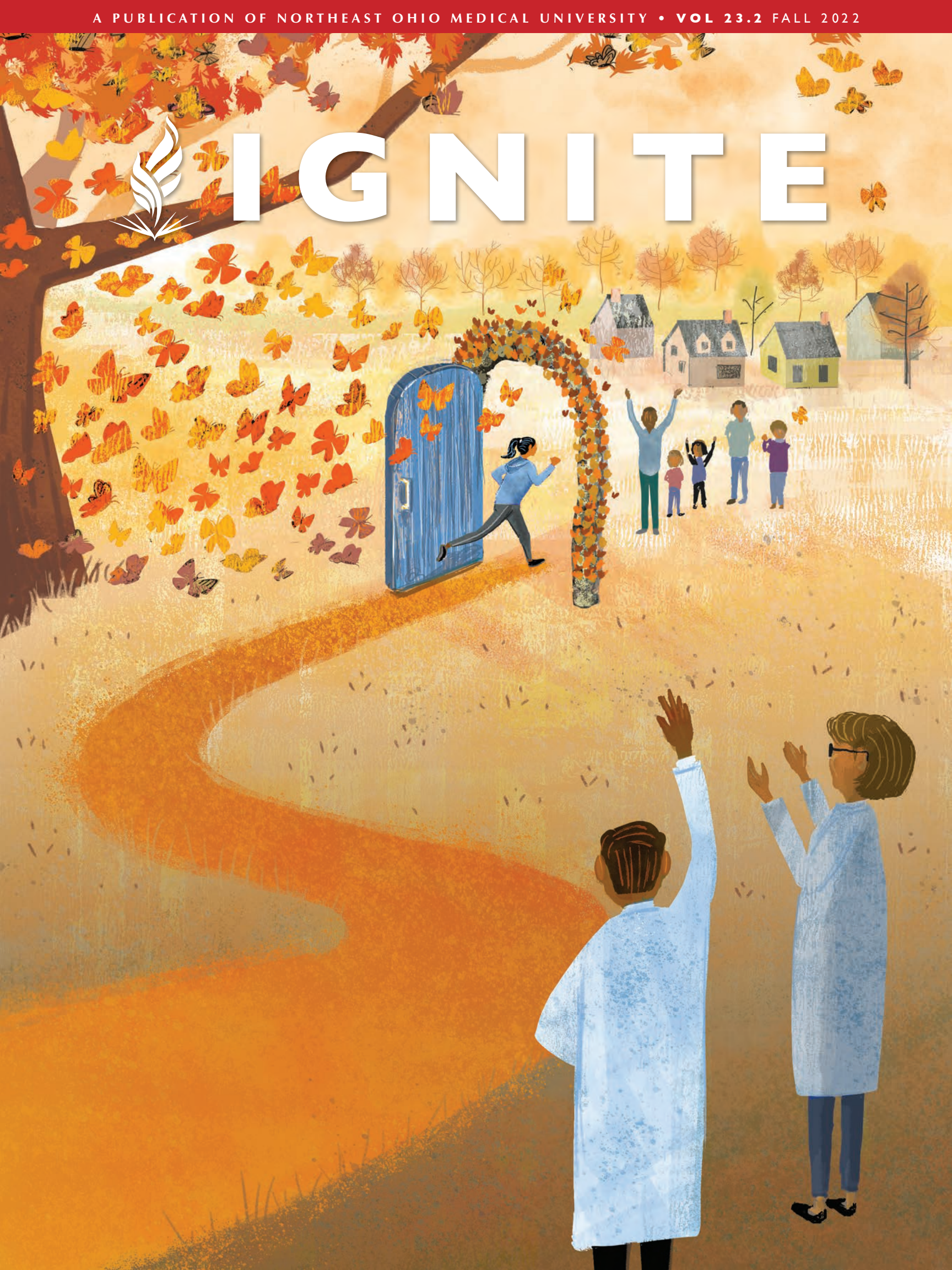




# IGNITE





# The eXperience Factor

Several of the transformational leaders in this issue are NEOMED alumni who point to our University as the place where they fell in love with their future spouse, their fields of medicine or both. Of course, NEOMED's health professionals hail from other places as well, but they tell a similar story: That it was during medical school that they became passionate about someone or something. Before medical school, each already held a desire to help people, and while many didn't know it then, they now recognize pivotal moments and experiences throughout their academic and professional careers that led them to where they are now.

Gary Pinta, M.D., knew it. During his clinical experiences at NEOMED, he realized he wanted to practice primary care. He also wanted to make a name for himself and own a business. But it wasn't until he reached a point of vulnerability as a physician that he could trust his instincts that all three could intersect.

For some health professionals, pivotal moments occur even earlier. James Kravec, M.D., felt a calling to serve others when he was just a high school student who was given the opportunity to shadow some physicians.

Tom Vo, M.D., confesses to not being at the top of his medical student class. But his emotional intelligence was high, and he learned that his affinity for helping others was sharpened as he interacted with others, saw what pressed their buttons and understood what made them happy.

Being the first from your specialty to practice or teach across disciplines can present its own dilemmas as you — and others — question what you are doing. Michelle Cudnik, Pharm.D., describes the life of an "Interprofessionalist."

Inquiry, learning and practice — all play a huge role in building upon experiences to be able to do all you can to help. In "My Gracious," Petrea Cober, Pharm.D., comes to the realization that when all that you can do isn't good enough and the worst experience of them all occurs, "You have to know that there is nothing that you have not tried or done to help that patient get better."

Experiences teach us a lot, but we won't always be happy with the outcomes.

Explaining why he chose his specialty, Tom File, M.D., an infectious disease expert who's been practicing for 50 years, says, "A lot of what we do has to do with mentorship and the inspiration we've had from people with whom we've worked." He thought he'd pursue family medicine, but he became inspired by the very first fellow resident he met who happened to be focused on infectious disease. "I thought it was a very intriguing field as you can actually cure patients the majority of times," said Dr. File.

The joy of healing those who need our help is what drives our passion to serve, but it is our experience that shapes how we do it.

Sincerely,



John T. Langell  
President

Northeast Ohio Medical University is a public medical university with a mission to harness diversity, innovation and collaboration to create transformative leaders and improve health through education, discovery and service. The University embraces diversity, equity and inclusion and fosters a working and learning environment that celebrates differences and prepares students for patient-centered, team- and population-based care.

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**About the cover:** Dave Szalay is a professor in the Myers School of Art at the University of Akron



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*Ignite's* Fall and Spring 2021 issues received seven awards in the Press Club of Cleveland's statewide contest, including awards in three Best in Ohio categories: Trade Publications, Illustrations and Headline Writing. Articles by Elaine Guregian and Roderick L. Ingram Sr. won awards, as did the Fall 2021 cover, by Dave Szalay, and an illustration by Branden Vondrak.

*Ignite's* Fall 2021 cover was also recognized as a Silver Addy Award winner by the Akron Chapter of the American Advertising Foundation (AAF). It won in the category of Publication Design Cover in the Collateral Material Category for professional agencies, organizations and individuals.



**MY GRACIOUS**

**THE DOCTOR IN  
THE CITY OF YOU**

**SCALING INNOVATION AND  
MANIFESTING HAPPINESS**

**MENTORS AND MOMENTS**

**THE PRICELESSNESS  
OF PRIMARY CARE**

**THE INTERPROFESSIONALIST**



**Northeast Ohio**  
MEDICAL UNIVERSITY





## Paths to leadership

What makes a transformational leader? What is the catalyst that moves someone to bring positive change to health care's most challenging issues?

For the six leaders profiled on the following pages, two themes come up again and again:

Mentorship and experience.

Each of these leaders had someone who believed in their vision, who encouraged them to take a chance, who provided support and guidance along the way.

Mentors helped them face hurdles and barriers, but also taught new skills and inspired new ways of looking at things.

Many of these leaders reflected on the myriad experiences that brought them where they are now — some obviously life altering. Some seemingly mundane and maybe a little inconvenient (who wants a new assignment at 4:30 on a Friday afternoon?).

And now, each of these leaders is a mentor to others, providing support and guidance, and creating opportunities for experiences for the next generation of health professionals.

These leaders have more to say, and you can find it at [neomed.edu/ignite](https://neomed.edu/ignite).







## MY GRACIOUS: PETREA COBER

BY RODERICK L. INGRAM SR.

**A**t some point in our adult lives, many of us will need some level of feeding support to deliver calories and nutrition to our system. When that support cannot be done orally, we will rely on either parenteral nutrition (intravenous feeding) or a method of feeding that provides calories through a tube that connects to our stomach or small intestine — a gastrointestinal tract method known as enteral nutrition.

Neither sounds pleasant. And the mere thought of these alternative but necessary methods becomes more painful when one imagines a child in need of them.

Maybe there are no good words to describe the feeling a parent must have during these times. Perhaps there are even fewer words of comfort that a care provider can offer to ease a parent's concerns. The expression "my gracious," is not one that immediately comes to mind. Yet this phrase — a combination of concern and knowledge wrapped in a blanket of hope and kindness — seems perfect, especially when you hear it from Petrea Cober, Pharm.D., a highly skilled pediatric specialist, nutrition expert and physician consultant by design. A clinical pharmacist, postgraduate year one (PGY1) residency director at Akron Children's Hospital and NEOMED professor by trade. A southern comforter by nature.

"In neonatology, nothing that is pharmaceutically made, is made for a baby ... like they don't make the stuff. So, I have to manipulate things through dilutions and different processes to make it in a form that I can get into the baby," the nationally recognized parenteral and enteral nutrition expert said, explaining a complex challenge in the simplest way.

### INQUIRY AND EXPERIENCE

"While my husband [Eric] was in medical school at Penn State, I was a first-year pharmacy resident. I had applied for a second-year residency in pediatric pharmacy so I took some more advanced ped rotations, but I also told them that I would like to do more nutrition rotations, but they didn't have a pharmacist who did nutrition support," Dr. Cober recalled. So, she asked if she could work with a dietitian to explore more on parenteral nutrition.

Dr. Cober then went to the University of Michigan to complete her second-year residency in pediatric pharmacy. She was still interested in nutrition support and asked if the U-M's very talented nutrition support pharmacist could take her on a rotation even though he primarily worked with adults. No problem. Dr. Cober suggested a special rotation in the children's hospital, and the attending physician agreed. "He was like, 'Oh, I need a body!'" added Dr. Cober with her signature self-effacing humor.

Upon completing the rotation, she was presented with a job offer. "Eric was going to be in Michigan for his residency and then fellowship for many years, so I was definitely interested in hearing about the new position," Dr. Cober said.

"I stepped into the role and within the first month I realized they needed a lot of help with nutrition because they were managing all of the surgical babies in the NICU, all of the surgical patients in the PICU [Pediatric Intensive Care Unit], and children with short gut syndrome [also known as short bowel syndrome — a condition in which the body is unable to absorb enough nutrients from food because there's not enough small intestine]," Dr.



Cober said. "And so, I became the University of Michigan's pediatric parenteral nutrition person."

Dr. Cober's forward-thinking attending physician approached her one day with an idea. "He came to me on a Friday afternoon at 4:30 and goes, 'I just went to this conference and I want to try something that someone's doing,'" Dr. Cober chuckled while explaining the interaction. "I'm like, oh goodness don't ever trust a surgeon when they say 'I've got something for you,' because it's gonna be a doozy."

The attending expressed his concern for the hospital's kids with intestinal failure who were on parenteral nutrition. He said there were a lot of infections in their IV access site and wanted to try a method he learned about at the conference. The method involved administering a solution of 70 percent ethanol into a catheter to clear out the infection.

"I said 'well, that's going to take me a little bit more than 30 minutes on a Friday to get this process started.' And he said, 'well, let's make a protocol and see what we can do,'" Dr. Cober recalled.

It was a new approach, and one that led to a presentation by Dr. Cober at a conference of the American Society for Parenteral and Enteral Nutrition (ASPEN).

“I had never heard about these people before. But because I was a pharmacist and it [ASPEN] was a multidisciplinary organization that does nutrition support, I said sure,” Dr. Cober noted. “They have different sections, you know, like pharmacists and pediatrics. I go to the pharmacy one and find people like myself who do pharmacy and peds. So, I asked, ‘How can I help this organization more?’”

### EAST BY NORTHEAST

Raised by math and science teachers and growing up as the oldest of four children in East Tennessee, Petrea Cober was destined to be a pediatric pharmacist. Her talents and experiences were a recipe for teaching or pediatrics, but she didn’t want to just be a teacher and since she didn’t like “blood and guts,” medicine wasn’t desirable. By the time she reached the ninth grade though, Dr. Cober knew she wanted to be a pharmacist.

“I remember telling people that I’m going to be a pharmacist and I’m going to work in a hospital,” said Dr. Cober.

She attended Lipscomb University in Nashville, Tennessee, and earned a B.S. degree in biochemistry before enrolling at the University of Tennessee Health Science Center to pursue her Doctor of Pharmacy degree.

“In pharmacy school, I really made sure I did everything it took to become a pediatric pharmacist. I did the pediatric elective, but back then we didn’t even have pediatric pharmacy organizations for students, so you would become a member of the American Pharmacists Association [APhA], but you would join organizations that were peds-focused like poison control and asthma education. I also did a peds research project and a ton of pediatric rotations.”

She took on everything that was available to her.

“In my final year in pharmacy school, there was a pediatric rotation in nutrition support at the Le Bonheur Children’s

**Her talents and experiences were a recipe for teaching or pediatrics, but she didn’t want to just be a teacher and since she didn’t like “blood and guts,” medicine wasn’t desirable.**

Hospital, where the pharmacist actually ran that service. So, the physicians would call and they would say that ‘you have this much fluid to give my patients,’” Dr. Cober noted. “And that’s all they would say to you. So, we were taught to write everything that patients would get intravenously and we’d do all the calculations — we didn’t have computer programs.

“And I really enjoyed it. I went on and did my first- and second-year residencies, following my husband to the University of Michigan, which led to work with ASPEN, where I periodically would teach how to write parenteral nutrition,” Dr. Cober added.

Those experiences led to Dr. Cober becoming a pediatric pharmacist first at U-M and then at Akron Children’s Hospital, where she’s been for the last 12 years.

She had also been faculty at U-M, but as the youngest pediatric member, she received all the lectures that no one wanted.

Wanting to go to a place where she could really help people and teach people, she found NEOMED.

Reflecting on her upbringing, Dr. Cober says, “I come from very rural East Tennessee, and when my husband finished all his training, we were looking at

places where I could be able to teach a lot more pediatrics. Rootstown is a lot like my hometown.”

As a professor of Pharmacy Practice at NEOMED, she makes an effort to teach the extremely practical applications of nutrition support and pediatrics. She tells students that they need to have this knowledge to be able to answer general pediatrics questions, or if they’re in the pharmacy, to explain how to compound medicine.

“I’m now a fellow of the American Society for Parenteral and Enteral Nutrition and I always tell people that it all started with this weird project I got on a Friday at 4:30. And it really has led to who I am in my professional identity as a pediatric pharmacist and as a nutrition support person,” Dr. Cober said.

Because there aren’t many pediatric nutrition support pharmacists left, she spreads her knowledge whenever possible.

“Someday I gotta retire and there’s some people above me that are already retiring, so I gotta train the junior generations, or I won’t get to retire,” Dr. Cober chuckled.

### MESSAGE TO FUTURE LEADERS

Recognizing the realities of her work, she adds, “Students come to me on rotations often and they ask how do I deal with it when babies die? And I say, ‘well you know what, those babies didn’t do anything to get here and it’s not always fair. But I do everything I possibly can to get them home.’ Unfortunately, some of them don’t get to go home. But I know that I have done everything [I can]. I know that there is nothing that I have not tried or done to help them get better.”

My gracious.

Read more at [neomed.edu/ignite](http://neomed.edu/ignite).



# THE DOCTOR IN THE CITY OF YOU: **JAMES KRAVEC**

BY RODERICK L. INGRAM SR.



**J**ames Kravec, M.D., Chief Clinical Officer at Mercy Health Lorain and Youngstown, wants everyone to know that the city of Youngstown, Ohio, is experiencing a resurgence.

The city, once a major industrial hub for steel companies, famously collapsed as its anchor of metal manufacturing declined in the 1970s.

But the city that lost its metal, found a mettle of different kind in its people. As the city worked to diversify economically, many residents began pursuing higher education at two area universities — Youngstown State University and Northeast Ohio Medical University — leading them to obtain careers outside of manufacturing. In 1977, YSU became one of three academic partner universities to send pre-med students to NEOMED.

Born and raised in Youngstown, James Kravec enrolled in YSU and was accepted into its former accelerated program with NEOMED — the B.S./M.D. pathway — completing three years at YSU and four years at NEOMED.

“I had an opportunity at Cardinal Mooney [High School] to shadow some physicians, including a local cardiologist and several local primary care physicians, and really felt that my calling was to serve others,” Dr. Kravec said. “My goal was to be a doctor in my hometown of Youngstown where I could hang up my own shingle and see patients.”

## **THE ANATOMY OF HARD WORK**

The first year at NEOMED was particularly challenging for Dr. Kravec.

He noted, “It was absolutely the hardest year I’ve ever had. Some of the courses were very challenging, but anatomy was also interesting and fun, as well as overwhelming, at times.”

He was involved in Student Council and other groups on campus. The more involved he became, the better he seemed to get. He kept up with his studies and ended up doing very well in school.

Upon graduating from NEOMED in 2002 and completing his residency at Summa Health/Akron City Hospital in 2005, Dr. Kravec began practicing internal medicine at Bon Secours Mercy Health. Throughout, he achieved increased levels of leadership roles and responsibilities — from residency program and clerkship director to associate medical director and chair of internal medicine. In 2014, Dr. Kravec became president of Mercy Health Physicians Youngstown. Two years later he was appointed medical director for Mahoning County Public Health — a role he still holds.

Dr. Kravec is now chief clinical officer (CCO) at Mercy Health Youngstown, a promotion he received in 2016. He assumed the same role at Mercy Hospital Lorain in January 2022. Between the two markets, he oversees the recruitment strategy and all clinical operations for five hospitals. Dr. Kravec also leads Graduate Medical Education programs across the entire Bon Secours Mercy Health system of 55 hospitals.

He didn’t envision being in such leadership roles when he first set out to become a physician.

## **JUST ASK THE BUSY GUY**

Dr. Kravec said, “In 2012, I was asked by our then-CEO at Mercy Health Youngstown, a gentleman named Bob Shroder, to attend a leadership training course at corporate Mercy Health in Cincinnati. It was a long commitment with several weeks of training. And while I thought it might help me be a better core residency faculty member, I did it, even

though there was no endgame. I just did it because he asked me to do it.”

Six months later, Shroder asked him to serve as the medical director of their physician group. The opportunity began Dr. Kravec’s steep trajectory into executive management.

He no longer sees as many patients as he would like in his hometown, but takes equal pride in creating opportunities to bring other medical residents back to Youngstown. Dr. Kravec noted, “What I am doing is bringing in medical students and residents and attending physicians to care for even more patients.”

He and his wife, Cynthia Kravec, M.D., a 2001 NEOMED graduate and a Mercy Health physician, maintain balance in their personal lives through activities with their four kids, church and community.

It is a very busy life.

Being busy is a good thing for the city of Youngstown and its native son (and favorite recruiter). Based on the results of the *U.S. News & World Report’s* “Best Places to Live” in 2022-2023, the City of YOU ranks 85th on the list of 150 metropolitan areas in the United States. The city along the Mahoning River, once known for its bad guys getting their comeuppance, has now come up.

“There’s so much growth,” Dr. Kravec said. “My point is: people are coming back to Youngstown.”

Read more at [neomed.edu/ignite](https://neomed.edu/ignite).



# KOZMİG RAYI





# SCALING INNOVATION AND MANIFESTING HAPPINESS: **TOM VO**

BY **RODERICK L. INGRAM SR.**

In a McKinsey and Company article titled, “The Future of US Healthcare: What’s Next for the Industry Post-COVID-19,” the authors discuss shifts to the non-acute care setting, noting that care-delivery services outside the hospital are the fastest growing businesses for providers.

Nutex Health’s brand promise of being an “innovative service provider in the emergency care industry” reads like it might be among those newly accelerated care-delivery services that emerged over the last few years.

But disruptive innovation is different. It often happens years ahead of trending, responsive, in-demand approaches. In fact, resulting products and services are usually introduced years before customers even realize they need them.

Such is the case with the micro-hospital facilities and turnkey solutions offered by Nutex Health, a company created by Tom Vo, M.D., a 1996 graduate of NEOMED’s College of Medicine. Dr. Vo launched his micro-hospital concept nearly 15 years ago. While there was no pandemic at that time, there was a dire need to address critical issues endemic to health care — patient dissatisfaction, poor health outcomes and high costs.

But in 2009, when Dr. Vo opened his first facility in Houston, Texas, many weren’t quite sure what it was — after all, his idea wasn’t necessarily created in pursuit of the Triple Aim to improve the experience of care, population health and per capita cost.

He just wanted patients — and providers — to be happy.

## **NOT VERY GOOD, BUT VERY HAPPY**

In 1992, at just 20 years old, upon accelerating through his bachelor’s degree at Kent State University — through NEOMED’s former six-year program — Dr. Vo admits that his time at NEOMED wasn’t easy. “Honestly, medical school was pretty tough,” Dr. Vo said, as if he was in some sort of confessional.

“Having said that, I think the adversity created the person who I am and the business success that we have [at his company],” he added.

Dr. Vo was always observing others, developing his emotional intelligence. As a doctor-in-training, he knew exactly where he wanted to be: in a place where people were happy.

After receiving his Doctor of Medicine degree in 1996, the Stow, Ohio, native matched at the William Beaumont Hospital in Royal Oaks, Michigan, for his Emergency Medicine Residency.

In 2000, Dr. Vo and his wife, Kim, also a NEOMED graduate (’97), moved to Kim’s hometown of Houston.

## **WHERE CREDIT IS DUE**

For the next 10 years, Dr. Tom Vo worked in busy hospitals and emergency rooms throughout Texas. He also got his M.B.A. in 2004 from Rice University to learn more about the business side of medicine. As he witnessed the negative experiences encountered by patients in emergency rooms, he was inspired to create something different. Dr. Vo’s desire to see smiling customers and co-workers and a culture where people were truly happy propelled him into a novel business idea of how to provide emergency care. And



so, in 2009, he opened his first freestanding emergency center.

Dr. Vo named his business Nutex [short for New Texas] Health.

Upon expanding his facilities rapidly throughout Houston, then other parts of Texas, including Austin and Dallas, Dr. Vo started noticing all of the happy faces — staff and patients. Emphasizing such success is a team effort, Dr. Vo said, “When we started seeing high Google reviews and comments from patients such as, ‘I was treated at x hospital, and you guys saved my life,’ that meant everything to me.

“You have to have happy clinicians and staff if you want happy patients,” he added.

During this same time, as the health care industry was already struggling in pursuit of the Triple Aim, survey upon survey revealed another issue that was critical to health outcomes: provider burnout.

In 2014, a study titled “From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider,” was published in the *Annals of Family Medicine*. The article referenced various surveys and studies regarding physician burnout, one of which indicated: The wide gap between



societal expectations and professional reality has set the stage for 46% of U.S. physicians to experience symptoms of burnout. Widespread across specialties, burnout is especially prevalent among emergency department physicians, general internists, neurologists and family physicians.

Especially emergency department physicians.

At Nutex Health's micro-hospitals, this was not the case. "No one's stressed out; no burn out," Dr. Vo said. "And in fact, our model extends the physicians' careers by 10-15 years."

In 2018, Nutex Health began its nationwide expansion.

## WHEN THEY GO BIG, WE GO SMALL

A 2017 research report from the Deloitte Center for Health Solutions and the Healthcare Financial Management Association shows that there were more than 750 hospital acquisitions or mergers between 2008 and 2014. And of the nearly 5,000 hospitals in the United States, nearly 60 percent are part of a health system.

Dr. Vo took an alternate route — micro-hospitals. He would expand Nutex Health and build its brand as the premier innovative service provider in the emergency care industry. As a value proposition to physician-owners, Nutex Health would deliver a turnkey process from real estate acquisition, design and development of the ER facility to staffing, training and operations.

"They (physicians) have equity in the hospital. It changes the way they practice medicine, and it changes the financial perspective for families," said Dr. Vo. "Clinicians get to spend more time with the patient. The pace is much better for our physicians, nurses and technicians too. Our entire staff have a better work/life balance."

The micro-hospitals offer up to 10 in-patient beds with the idea that they could be put anywhere in the country and be much more economical than the traditional hospital. Providers treat ER patients, and whoever they can't accommodate they transfer out.

They don't compromise service or personal well-being.

The possibility of concierge-level service is the ultimate payoff for Nutex Health's disruptive model. It is all value-based.

"We changed a lot of people's lives. Not just within the community but we worked with over 250 doctors — and extended referral sources make it around 1,000 doctors," Dr. Vo noted.

Nutex Health Inc. went public in 2022. "N-U-T-X on NASDAQ," Dr. Vo said proudly. "We're doing pretty well and the public is really embracing the micro-hospital concept."

The company currently has 1,500 employees, 250 doctors, 600 doctor referrals and 22 hospitals across eight states, with another 20 anticipated opening in a total of 13 states.

## STAYING AGILE

"We hope to have 100 locations in the next 10 years," Dr. Vo proclaimed.

But wouldn't that eventually make this small company big like the others?

If the micro-hospitals maintained their current average of six beds each — a total of fewer than 700 beds across 110 micro-hospitals — Nutex Health would still have fewer beds than the country's largest hospitals.

With five-fold growth, what will happen to the company's culture and customer satisfaction?

Dr. Vo is aware of the challenges of growth. And when asked, he reels them off quickly: Getting buy-in; Maintaining culture; Building leadership; Billing and collections.

"And that's all compounded by going public, which makes you a lot more visible," said Dr. Vo.

As he witnessed the negative experiences encountered by patients in emergency rooms, he was inspired to create something different.

"People enter medicine for a reason — to help people. Ninety-nine percent of doctors want to provide patient care, not own businesses," he said. "But, for those who want to improve health through other means, including administration and leadership, we help with the business of medicine by providing solutions for overcrowded ERs and the high cost of medicine."

Next year, Nutex Health will finally open a micro-hospital in Dr. Vo's home state of Ohio — in Columbus, to be exact.

He is looking at 21 more sites across the country — mostly in communities with the biggest need, where patients are sometimes waiting in the ER for eight or nine hours.

Meanwhile, he makes sure he maintains balance, enjoying life with his wife, Kim, and their four kids.

"But work is also fun," said Dr. Vo. "Our team sees a problem. We find solutions. We make a difference. That makes them happy. Our patients are happy. I am happy."

Read more at [neomed.edu/ignite](https://neomed.edu/ignite).





## MENTORS AND MOMENTS: THOMAS FILE

BY RODERICK L. INGRAM SR.

**T**alk to any transformational leader in the health professions long enough and space exploration is likely to find its way into the conversation. Advancing science to discover the unknown resonates with many. For others, space exploration is simply generational — astronauts were like superheroes, especially to those kids who grew up in the '50s and '60s.

But for Thomas File, M.D., the first artificial satellite in outer space was just the first on a long list of pivotal events and people that contributed to him becoming a leader in treating infectious diseases.

Dr. File reflected, “I remember very vividly in grade school when Sputnik [the first artificial Earth satellite] went up. It seemed that teachers would say to all good students that you have to go into science because we had to catch up to the Soviet Union. I wasn't very interested in space, basic science or lab research, though. I was more interested in helping people from the clinical aspect.”

While competing with the cosmonauts wasn't in his plans, the push from his teachers did help fuel his interest in science. And with that foundation, Dr. File eventually went to medical school at the University of Michigan.

He marvels at the impact certain events can have on one's life, noting, “It's the moments and people you encounter in life that influence who you become.”

At Michigan, he thought he had it all figured out — he was going to pursue family practice after finishing medical school in 1972. For residency, he matched at Riverside Methodist Hospital in Columbus to stay with his wife, Mary, who was in medical school at The Ohio State University.

Another pivotal moment.

“While I was doing my residency, the very first resident who was with me was focused on infectious disease...and he influenced me greatly,” Dr. File said.

During his residency, he worked with infectious disease specialists. Afterward, he completed an infectious diseases fellowship at Ohio State University Hospitals.

“I thought it was a very intriguing field as you can actually cure patients the majority of times,” Dr. File said. After completing his fellowship in 1977, he remained at Ohio State as an instructor.

### BREAKTHROUGH MOMENT

The year before, there was an outbreak of a type of pneumonia at a Philadelphia convention. And what eventually became known as Legionnaires' disease found its way to Columbus in 1977. Dr. File became one of several health professionals involved in evaluating Columbus' outbreak.

That experience piqued his interest in pneumonia and respiratory infections.

In 1979, when Drs. Tom and Mary File moved to Akron, Ohio — Mary's hometown — Dr. Tom File found his niche, practicing for 16 years with his mentor, James Tan, M.D., who was the first head of infectious diseases at Summa Health and the first chair of the infectious diseases section at NEOMED. Dr. File's expertise grew, and in 2020, he was elected president of the Infectious Disease Society of America.

And then COVID-19 hit.

### SUPPORTING PUBLIC HEALTH AND SCIENCE

Fear, distrust and politics made the dissemination of public health information at the height of the pandemic difficult. But Dr. File was among the experts who kept the nation informed, educated and safe. As he became well-known, he emerged as a primary source for international guidelines and information. He engaged with policy makers, developing recommendations on how to manage COVID-19.

In March 2020, he was invited to a meeting at the White House by then-President Trump who had formed a national taskforce with leaders of medical societies. Travel was discouraged, so they met remotely.

“There is such unpredictability and uncertainty with this pandemic,” Dr. File noted. “If you would've told me in March 2020 that we would still be in the pandemic in July 2022 [when this interview was conducted], I would've thought no, the infection will run its course and we will be out of it by then.”

“Viruses change. These new mutations and variants have changed the course of the pandemic. We learned a lot about pandemic preparedness. This is global. We also learned that the more we cooperate with others and the more we develop policies based on true science, the better off we'll be.”

But that's not what happened.

“That's one of the unfortunate aspects of the pandemic — how it's been politicized. We should all be working together,” Dr. File said.

Still, he remains optimistic.

“We think it will evolve into an endemic or a seasonal infection like a common cold or flu-type disease. And that would be a good thing.”

Read more at [neomed.edu/ignite](https://neomed.edu/ignite).







# THE INTERPROFESSIONALIST: MICHELLE CUDNIK

BY RODERICK L. INGRAM SR.

**H**ealth care teams are like orchestras. When a single member is not able to practice or perform at the top of their skillset, outcomes aren't optimized. The composition isn't as good as it could be.

When he was once relegated to a role that was far less than his unique talents could offer, Wolfgang Amadeus Mozart remarked that it was "too much for what I do, too little for what I can do."

Pharmacists can perhaps relate to one of the world's greatest composers. Mozart's point of contention — in addition to his compensation — was about not being fully respected and used to the greatest extent of his training and capabilities.

Referring to an encounter she had with a physician as her "best [interprofessional experience] story ever," Michelle Cudnik, Pharm. D., BCACP, a clinical ambulatory care pharmacist at Summa Health, describes it quite vividly.

"You know, interprofessional training and practice was still kind of an untapped territory at Summa. I had been here for maybe three days and one of the docs was seeing a patient. And she said, 'you know, this patient's blood pressure is really elevated. I don't think he's taking his medications. Would you mind going in and talking to him about it?'" Dr. Cudnik recalled. "I said 'no, not at all, would love to.'

"So, I went in and I talked with the patient, went through medications and asked a lot of questions. Then I came out and said..."

**Dr. Cudnik:** Well, actually he's got orthostatic hypotension [low blood pressure resulting from standing after sitting or lying down].

**Physician [giving Dr. Cudnik a strange look]:** How do you know that?

**Dr. Cudnik:** Well, you know, I took his blood pressure when he was laying down and took his heart rate; I sat him up, then I took his blood pressure and took his heart rate; I then stood him up.

**Physician:** Well, how did you do that?

Confused by the questioning, Dr. Cudnik began describing how she used the exam table and her sphygmomanometer... then realized that "how did you do that?" wasn't really what the physician wanted to know.

The physician was really asking: How did a pharmacist know how to complete the physical exam?

That encounter was about 17 years ago. But Dr. Cudnik says that it serves as a reminder of how far health care has come. "Our ambulatory care clinic at Summa now has a social worker, behavioral health, nurse practitioners, a pharmacist — all embedded in this clinic. And it's great that we all learn the roles that others can play."

## TWO DECADES IN THE MAKING

While pharmacists and their patient care services are not included in the Medicare Part B section of the Social Security Act, things are getting better. According to the National Alliance of State Pharmacy Associations, 167 bills pertaining to pharmacist scope of practice, payment for pharmacist-provided patient care services or the designation of pharmacists as providers were introduced in 2022 in 38 states.



But it's been about 20 years since the Doctor of Pharmacy (Pharm.D.) degree became mandatory for prospective pharmacists in the U.S. Many pharmacists, though trained to provide patient care, are still either not allowed to practice at the top of their license or do not receive reimbursement even when they provide patient-care services.

But at Summa Health, like many other clinical settings, things are different.

Dr. Cudnik noted, "Here at Summa, interprofessional team-based care is not new. For instance, our pharmacy residency program is nearly 20 years in, and we've had pharmacy residents right alongside the medical residents. So, I haven't had many questions like, what are you doing here? Or why do they need a pharmacist in the clinic?"

Dr. Cudnik is the Post-graduate Year Two (PGY2) Residency Program Director in Ambulatory Care at Summa Health — or as she says, "I'm a clinical pharmacist in the ambulatory care setting."

As a shared faculty member with NEOMED and Summa, Dr. Cudnik has the distinction of being the first faculty member hired by the College of Pharmacy.

She has relinquished some of her administrative responsibilities to spend the majority of her time precepting in the



clinical arena. She still does some teaching but the extra time allowed her to start the PGY-2 ambulatory care pharmacy residency program six years ago.

## LEADING THE CHARGE TO TRAIN FUTURE PHARMACISTS

First NEOMED College of Pharmacy faculty member.

First ambulatory care pharmacist with Summa.

First shared faculty member for inter-professional education (IPE).

With existing pharmacy colleges across the country preparing for new accreditation standards for a Doctor of Pharmacy degree and fledgling schools building their programs and hiring new faculty, the early years of the 21st century were filled with much promise for team-based care and solutions to shortages in primary care.

The opportunity to prepare future pharmacists for the changing health care landscape was a pretty special one. But to be among the who's who of firsts to help lead the change is a once-in-a-lifetime privilege.

"Yeah, first. But that doesn't make me the oldest!" Dr. Cudnik chuckled.

When she arrived at Summa Health, they already had pharmacists embedded in patient care. The average hospital stay was 3.4 days, but when patients went back home, what did they do in that transition time?

Dr. Cudnik says that a lot of physicians — Joe Zarconi, M.D., a 1981 NEOMED graduate, being at the top of her list — really embraced her, her role and her potential for providing patient care.

She said, "You know I can't say enough about those kind of mentors, and I think that's really what I'm trying to do now is be that mentor for the new learners coming through.

"If you want to do something, go do it, and do it collaboratively. So, you've got to find a way to bring people on your team to lift people up, find out their strengths and what they're good at, and go for it."

Born and raised in Canton, Ohio, Dr. Cudnik attended Ohio Northern University in Ada, Ohio (nearly 70 miles southwest of Toledo). After obtaining her bachelor's degree, she remained there and earned her Doctor of Pharmacy degree in 1998.

Moving back to her hometown, she practiced at Mercy Hospital before joining Summa Health in 2005. Providing care to patients, directing a PGY2 program and teaching the pharmacists of tomorrow... something had to give.

"I found that I had to wear a lot of hats and was getting asked to do a lot of things. I needed to decide in my career what I was really most passionate about. And it was IPE," Dr. Cudnik said.

She said she most enjoys collaboration and "getting a lot of people around the table to work on projects without taking years to make something happen."

## A NAME ON THE BOTTLE

"If somebody would have told me when I was in school that we were going to be able to be in a doctor's office and I was going to be managing drug therapy and sending in prescriptions, I would have kind of chuckled," said Dr. Cudnik. "I never thought that that was really going to happen, and it really wasn't till I was out practicing that I saw the benefit that I could have on patient care."

Dr. Cudnik has a collaborative practice agreement at Summa Health. Updated once a year, hers is pretty established as she works in a hospital-based clinic. But there are still a lot of barriers to collaborative practice agreements, especially in community settings where retail pharmacies range from individually owned and operated stores to large retail chains.

"If I see a patient who just started on a blood pressure medication, I tell the doctor, 'You don't need to see him again in two weeks. Let the patient come back with me. I can do all the education. I can titrate. I can order labs.'" Dr. Cudnik explained. "So, it allows them [physicians] to move on and see new patients and I can continue and maintain the care that we need to give to the current patients."

She added: "[Being in a traditional pharmacy] was always a challenge for me because I like primary care and want to see the whole story. I want to see what happens at the end."

Dr. Cudnik says at the ambulatory care clinic, she can see what impact medication is having. "This isn't just career-changing for pharmacists, this is life-changing for patients."

Getting patients to adhere to medications can also be a problem. But not so much when the pharmacist is involved in their care.

"You know I think that's where I feel like a lot of my best conversations with patients are really about getting down to the bottom of why they aren't taking their medications," said Dr. Cudnik. "I don't just say, do you have any questions about the medication? I ask them questions about them. What makes you nervous? Why are you here today? How's your family doing? Let me tell you about this vaccine."

Patient care can be more work for pharmacists, who are already experiencing burn-out like so many other health professionals, but Dr. Cudnik doesn't see it that way.

"We see team-based care as rewarding. We're doing what we were trained to do. We think, 'gosh, I'm helping somebody. I'm making a direct impact on the patient because she's right here in front of me. She's more than just a name on the medication bottle.'"

Read more at [neomed.edu/ignite](http://neomed.edu/ignite).



# THE PRICELESSNESS OF PRIMARY CARE: **GARY PINTA**

BY RODERICK L. INGRAM SR.

**W**hen the president of Pioneer Physicians Network, Gary Pinta, M.D., talks about his practice, he first stresses his physician-owners' "passion for primary care."

Fifty-five physicians. Eighteen clinical locations. Three Ohio counties — Medina, Stark and Summit. All primary care.

The group narrows its primary care to family medicine, internal medicine and pediatrics. No obstetrics-gynecology nor are any of them specialists.

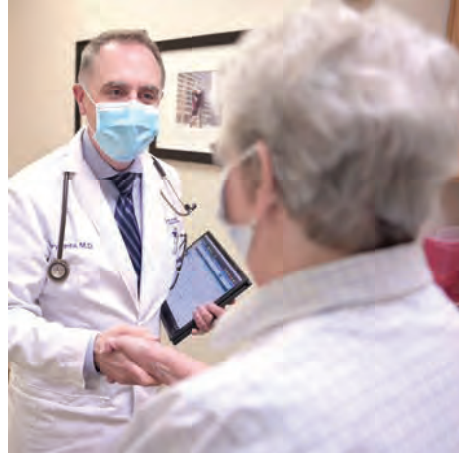
"We really love it. Trying to get people to understand the value of primary care was a big push with NEOMED when I was a medical student," Dr. Pinta said. "Not all students were sold on it. But many of us believed in it and embarked on a journey. We wanted to foster that relationship, that long-term friendship between a primary care doctor and their patient."

Dr. Pinta graduated from NEOMED's College of Medicine in 1994 and matched at Summa Health System for residency.

"I felt like I could make a name for myself as a student at NEOMED as opposed to the larger schools like Ohio State University and as a physician working in this area, instead of a larger city like Cleveland."

Everything was happening as he envisioned, but Dr. Pinta knew early on that he didn't just want to go into medicine. He also wanted to own a business.

He began making plans to start a practice at a Summa Health facility that he hoped would open in Macedonia, Ohio. But the opening never occurred.



## TRUST YOUR INSTINCTS

The health system's change of plans was devastating. Fortunately, around that same time, he was introduced to the Pioneer Physicians Network. It felt like the perfect opportunity but the supportive words from a colleague who had been somewhat of an adversary gave him pause. Then the colleague told Dr. Pinta to trust his instincts about this opportunity for ownership. That he should go for it.

He was right.

Dr. Pinta said, "We believed that we could drive positive health care change by strengthening primary care doctors and their relationship with patients.

"And from there, everything else developed," he added.

The physician-owners formed the Ohio Independent Collaborative (OIC) — a group of the six largest primary care groups in Ohio. Dr. Pinta serves as president.

They formed a malpractice captive; a group purchasing organization to acquire supplies at cheaper prices; and group contracting for a Medicare Advantage plan with their own value-based contract platform and agreement.

Dr. Pinta added, "It's a full-risk contract for Medicare Advantage... Now we're on a value-based platform for which we take our revenue from the contract. We pay all bills for all patient expenses, and whatever is left over is put in surplus. This promotes primary care's ability to keep up in the marketplace — which is very tenuous at best."

They also created additional resources for doctors and patients by forming a team of care nurses who work for the network — not the insurance companies — to

support the patients' care throughout the spectrum.

"This [value-based care] is in contrast to where we were before with fee-for-service, where you go into your office and try to do your best at billing and coding to see as many patients as you can. With fee-for-service you don't really have a support system to help you take care of your patients and support their outcomes beyond your business."

## OUTCOMES AND INCOMES

Pioneer Physicians Network's entire team supports their primary care patients. They follow patients through their hospitals, specialists and, according to Dr. Pinta, "everything else until they contact them back — this keeps doctors in the center of it all.

"I don't think our doctors have ever been this happy."

Even before forming the OIC, the network's Net Promoter Score (NPS) was 86, which indexes higher than average of any industry and is in the top percentile.

This is a result of having dedicated primary care doctors taking care of patients.

He said they had to support the doctors too as the strains of more paperwork, reimbursement not keeping up with inflation, and so many other things like coding just added to their stress levels.

There are more than 70,000 codes for billing in health care.

It's pretty complex stuff.

For the Pioneer Physicians Network, the OIC made it less so.

Calling it, "incomes from outcomes," Dr. Pinta said, "It takes the pressure off of fee-for-service and having to see more patients. Personally, I went from seeing 25 to 27 patients a day to 15 to 17.

"Outcomes and satisfaction are simply better. This system incentivizes physicians to make that extra phone call. To ask that extra question. The old system did not."

Read more at [neomed.edu/ignite](http://neomed.edu/ignite).





## FAMILY TRADITION OF PHILANTHROPY

BY JEANNE M. HOBAN

**A**t its Sept. 2022 meeting, the Board of Trustees of Northeast Ohio Medical University approved the development of a dental college to improve health in Northeast Ohio and beyond.

Less than a month later, the NEOMED Foundation received the largest individual gift commitment in its history — \$10 million — in support of the new College.

The commitment was made by Drs. Gary and David Bitonte, directors of the Dr. Dominic A. and Helen M. Bitonte Family Foundation.

Bitonte is a familiar name to the NEOMED community — the brothers are the sons of Dr. Dominic A. and Helen M. Bitonte (both deceased), whose photo hangs in the Bitonte Family Atrium.

The \$10-million commitment will support the areas of greatest need restricted to the establishment, ongoing staffing, support and endowment of the College. In honor of the Bitonte Family Foundation's commitment, the College will be named the Dr. Dominic A. and Helen M. Bitonte College of Dentistry.

### SUPPORT FOR NEOMED

The Bitontes have been longtime supporters of NEOMED through both philanthropy and volunteering.

Gary Bitonte, M.D., is a clinical associate professor of anatomy at NEOMED and teaches in the Wasson Center for Clinical Skills Training, Assessment and Scholarship. David Bitonte, D.O., M.B.A., M.P.H., is a clinical assistant professor

of family and community medicine and serves on admissions committees, interviewing prospective new students for the University.

So it's not surprising that the Bitonte brothers were quick to show their support upon hearing the news of the Board's approval of a new College. However, their consideration had been long in the making since they first heard that NEOMED was looking into the feasibility of a dental college — nearly two years in the making, in fact.

"Gary and I talked about it and we said, 'wow, this is a fabulous thing for NEOMED. It's a fabulous opportunity for the community and for Northeast Ohio,'" Dr. David Bitonte said. "And to add a third dental school to the state of



Ohio, which is in need of dentists, we thought that was a wonderful way to honor our parents. We didn't quite know how we would do it or what we would do [if NEOMED moved forward]. But we held a number of meetings with NEOMED to arrive at the opportunity that's presented today."

## A FAMILY COMMITMENT

With a dentist for a dad, the Bitonte brothers grew up appreciating the importance of oral health.

"In fact, I remember my parents giving out toothbrushes and toothpaste for Halloween, and sometimes children would look at that and they'd go, Why are they giving me this? But you know their parents appreciated it!" Dr. David Bitonte recalled.

Dr. Dominic Bitonte practiced dentistry with his brother, Robert, in downtown Youngstown for 35 years.

"We have another uncle, their older brother, Joseph Bitonte, who was a prosthetics specialist. His degree was in engineering, and an honorary Ph.D., but he was also on the faculty of the Ohio State [University] College of Dentistry. My daughter, Gina Bitonte, is also a practicing dentist, and we have numerous relatives that are dentists, too. So we've been around the dental profession all of our lives, even though David and I are physicians," Dr. Gary Bitonte said.

The family matriarch, Helen, was also heavily involved in the family dental practice. She strongly supported the practice and was part of the dental auxiliary — a group composed of the dental spouses who would go into schools and other settings to talk about proper oral care.

## SUPPORT FOR EDUCATION

"My mother and father were always interested in advancement of education, and we always were informed that it is a very valuable thing to have," Dr. Gary Bitonte noted. "My grandparents also were



Brothers David (left) and Gary Bitonte discuss their family commitment to philanthropy.

immigrants from Europe [Italy] and they worked in the steel mills. Even though they were not highly educated, they were also aware of the value of an education."

"Our father was at the forefront of so many things, but my mother certainly was one of those people supporting him and all the dentists in the area with her outreach that would promote proper dental care," Dr. David Bitonte added. "Our parents...believed that they had a wonderful life together and they were rewarded richly in many ways. One of the ways to give back to the community and support it, and young people going to school, was to provide monies that would encourage their education and finance their education."

The Bitonte Family Foundation supports a variety of philanthropic causes, "mainly universities because of the educational aspect," Dr. Gary Bitonte noted. The foundation has also supported hospitals, churches and related religious orders, and cultural institutions.

"Our parents always felt strongly about philanthropy," Dr. David Bitonte said. "And in fact, that's the reason that they set the foundation up many years ago."

Other educational beneficiaries of the family foundation include the Bitonte College of Health and Human Services at

Youngstown State University and the Ohio State University College of Dentistry, where Dominic earned his D.D.S. degree and which established the Bitonte Society to recognize gifts from major donors to its capital campaign.

## INTERSECTION OF MEDICINE AND DENTISTRY

While the Bitonte brothers practice medicine, they are quick to point out the intersection of dentistry with overall health and well-being.

"It's been known for a long time that there is a correlation between oral health and general health and there are several examples of that. For instance, if there are detrimental bacteria in the oral cavity, the bacteria can migrate through the bloodstream and attach to the valves of the heart, which subsequently gives severe cardiac problems," Dr. Gary Bitonte said.

"So that's one instance. And another one... If a person has difficulty chewing their food, then digestive and nutritional problems will ensue and that will lead to general overall deterioration in their health. Those are just two examples. There are many times when the two specialties come together," he added.





Photo courtesy of Salt Fork Lodge and Conference Center

## REDISCOVERING **CAPACITY AND PURPOSE**

BY JEANNE M. HOBAN

**D**arcia Simpson, Ph.D., M.Div., describes herself as “a caregiver at heart.”

As a spiritual care coordinator for Hospice of the Western Reserve in Cleveland, Ohio, Dr. Simpson spends her days helping others address the grief, emotional distress and existential pain that frequently accompany the end-of-life journey.

She spends her evenings and weekends caring for her 98-year-old mother.

Somewhere in between, she finds time to work as an ordained minister and teach human values courses as an assistant professor in the College of Medicine at Northeast Ohio Medical University.

“So just life and career and all of those stressors going on,” she said.

When everyone in her home ended up with COVID-19 — including hospital stays for Dr. Simpson and her mother — she finally realized she might need a break.





There is a well-established link between burnout and negative outcomes for providers across the spectrum including suicide, mental health issues and substance abuse.”

- Margy Sanders, M.A., LSW



Margy Sanders and Denise Kropp

## A NATIONAL ISSUE

In 2019, the National Academy of Medicine reported that between 35 and 54 percent of U.S. nurses and physicians “have substantial symptoms of burnout.”

And that was before the pandemic hit.

“Some of the usual buffers against burnout, such as family and social support, have been upended during the COVID pandemic,” Margy Sanders, M.A., LSW, project director, Geriatric Workforce Enhancement Program, and assistant professor of family and community medicine at NEOMED, noted. “There is a well-established link between burnout and negative outcomes for providers across the spectrum including suicide, mental health issues and substance abuse. Ultimately, burnout leads to poor patient outcomes, decreased patient safety, lower productivity and increased medical errors. COVID-associated burnout has resulted in significant increases in staff turnover and provider shortages.”

She added, “This is especially concerning in rural settings due to the pre-existing shortages, resulting in decreased access to care for those patients.”

The problem became so large that in 2022 the U.S. Surgeon General Vivek H. Murthy, M.D., released an advisory, *Addressing Health Worker Burnout*, with recommendations for addressing the public health crisis of burnout among the U.S. health workforce. One of the recommendations includes the Healer’s Art program, an innovative discovery model course developed in 1991 by Rachel Naomi Remen, M.D., of the Remen Institute for the Study of Health and Illness (RISHI) focusing on the affective domain.

The Healer’s Art curriculum is at the heart of a resiliency project developed by Sanders.

Healer’s Arts retreat participants. (from left)  
 Back row: Joanie Webster, M.D.; Sabrina Ben-Zion, M.D., FAAP; Sladjana Courson, D.O.; Ellen Harrington, Ph.D.; Tracey Schaub, D.O.; Michele Gareri, B.S.N., R.N.; Kathleen Rossman.  
 Front Row: Laura Miller, M.D., M.P.H.; Maria Ramundo, M.D.; Renee Markovich, M.D.; Evangeline Andarsio, M.D.; Margy Sanders, M.A., LSW; Sibley Strader, M.D.





“She is probably one the most wise and sage people that you will ever meet. I have been a Rachel Naomi Remen groupie forever,” Sanders joked.

In early 2022, Sanders received a three-year, \$2.17 million grant from the U.S. Health Resources and Services Administration under the Health and Public Safety Workforce Resiliency Training Program.

Through the grant, Sanders and Denise Kropp, project manager, organize weekend retreats for health professionals at Salt Fork Lodge in Cambridge, Ohio, where participants spend the weekend exploring what Sanders calls “the two main drivers of burnout: loss of meaning and isolation,” and find renewed satisfaction in their daily work.

Dr. Darcia Simpson was one of the health professionals to take advantage of the retreat.

“I was filled up to the point I didn't have any capacity left,” she said. The retreat “is all about rediscovering meaning and purpose. And it just validated my years of practice.

“I feel like I have space in me to do again,” she added. “And I'm not talking just, you know, rest from a weekend, which is good, too. I'm talking about capacity. Just, oh my goodness, I didn't know I was that full!”

Sanders and her team recognized that the Healer's Art would be a conduit to improving resiliency and, hopefully, impacting burnout for interprofessional health care providers, students and first responders.

“We chose to hold the retreat trainings at a state park to capture the ambiance of an idyllic setting,” Sanders said.

The retreats are facilitated by Evangeline Andarsio, M.D., director of RISHI at Pure Healthcare in Dayton, Ohio.

Dr. Andarsio leads the retreat participants through a modified and abbreviated version of the Healer's Art program. The program opens with the discovery model and generous listening. The second day focuses on resiliency and meaning of service work, sharing grief and honoring loss, wrapping up with mystery and awe.

For Dr. Simpson, the retreat helped her rediscover meaning and purpose in her career as a spiritual care coordinator working with people at the end of life.

“It allowed me — and this may seem weird — but it allowed me to realize that, you know, I am comfortable with suffering and grief. I'm equipped for that. So I don't try to run away from it. I don't necessarily run towards it. Well, you know what I'm gonna say? I do. Because the firefighter rushes toward the fire and we don't question it. I run toward the suffering and the grief and I don't run away from it. So I don't want to apologize for that anymore,” she shared.

The final day of the retreat is spent creating a collective calling commitment statement and reviewing the self-care tools presented throughout the program.

Eight retreats were held throughout 2022 for resident faculty, interprofessional faculty, first responders, health professionals, paraprofessionals and caregivers. More than 200 individuals have taken part in the retreats. The impact though could go far beyond that number.

“Our hope is that trainees will take this back to others,” Sanders said. “And it's extremely important how many patients will be impacted.”

In addition to the programs at Salt Fork, the team offered a four-hour session with first-year medicine students at NEOMED. Another session was held at Camp Christopher for first-year residents at Akron Children's Hospital.

The team is working with Salt Fork State Park to schedule retreat workshops for 2023.

And to help sustain the program beyond the grant period train-the-trainer Healer's Art sessions are being held.

While pre- and post-tests and evaluations will reveal quantitative measures of the program's effectiveness, for Sanders the value of the program is measured in a less tangible way.

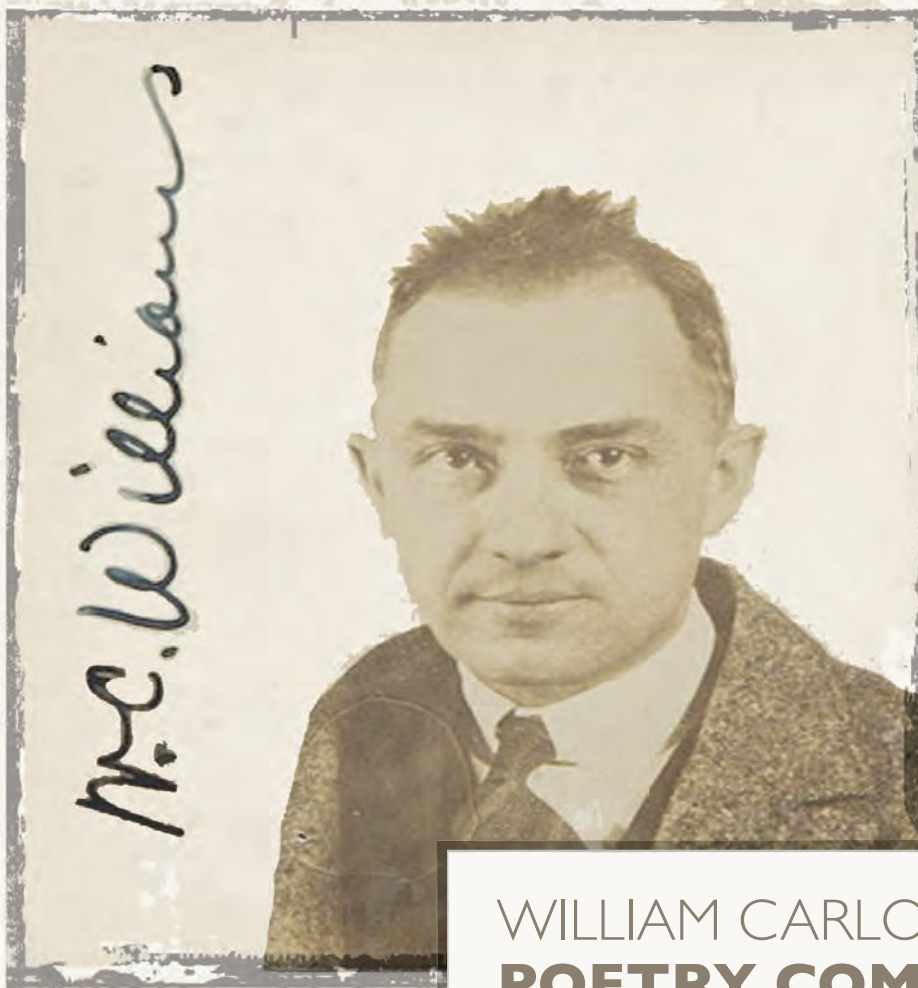
“I think success for me personally would be if the programs are being used and trickle down to the next generation, so they too can use them as prevention and as a balm to treat whatever they are dealing with,” she said.



**I was filled up to the point I didn't have any capacity left.”**

**- Darcia Simpson, Ph.D., M.Div.**





## WILLIAM CARLOS WILLIAMS POETRY COMPETITION

**E**ach year, the William Carlos Williams Poetry Competition receives hundreds of entries from students enrolled in schools of allopathic or osteopathic medicine located in the U.S., Puerto Rico and Canada. Named for the renowned physician-poet, the competition is now in its 41st year.

The top three prize-winning poems are selected by judges from the Wick Poetry Center at Kent State University. Each receives a monetary award and is considered for publication in the *Journal of Medical Humanities*. In this year's competition, the first-, second-, and third-place prize winners will be invited to read their work alongside a featured speaker in the annual awards ceremony, which will be held during the Health Humanities Consortium Conference in March 2023 in Cleveland, Ohio.

Last year's speaker was "Comic Nurse" and innovator in the field of graphic medicine, MK Czerwiec. Past featured speakers include the physician writers Rafael Campo, John Stone, Audrey Shafer, Dagan Coppock, David Watts, Jay Baruch and Amit Majmudar (2003 NEOMED graduate and Ohio's first poet laureate).

The competition accepts entries through midnight eastern time on Dec. 31, 2022.

Submission details, eligibility criteria and online entry are available at [neomed.edu/wcw-poetry-competition](http://neomed.edu/wcw-poetry-competition).





## WHEELED TO **SERVE**

BY RODERICK L. INGRAM SR.

**O**n a route to school that was filled with experiences destined to inform her future, Cynthia Uzoukwu (pronounced oo-Zah-oo-kwoo) found her passion. While pursuing her post-baccalaureate degree at the University of Pennsylvania, she lived in the city of Philadelphia, just a few miles away from the campus community of both Penn and Drexel University that’s so big, it is called University City. And like many large university communities in urban areas, it is connected to impoverished neighborhoods. Uzoukwu’s commute passed a homeless shelter and a soup kitchen. On many occasions, she would see a homeless man in a wheelchair. Same location every time, any time of day.

Some might look away from those who are homeless, whether out of respect for another’s dignity or out of discomfort. But Uzoukwu is observant. While passing by, she noticed that the man’s wheelchair was missing a wheel. “How can a person use a wheelchair without a wheel?” Uzoukwu recalled wondering.

Her commute became a rite of passage — a social movement to her North Star.

The condition of the person, as well as the social conditions that may have contributed to him being there, became clearer.

She started working with homeless shelters and soup kitchens. She also started a group called Affecting Social Justice in Medicine, which partnered with area restaurants to donate food they didn’t sell. The group would collect the food and take it to the soup kitchens.

The walk to Penn was Uzoukwu’s first real exposure to the depth of poverty impacting the underserved. It also convinced her of the best pathway to her North Star of caring for the underserved — becoming a Doctor of Medicine.

### AFFECTING SOCIAL JUSTICE

After graduating from Penn, Uzoukwu sought a medical school that shared her passion for helping underserved communities and that would allow her to bring positive change to issues that impacted them.

She found the perfect match at Northeast Ohio Medical University. As a first-year student in the College of Medicine, Uzoukwu became immediately engaged,

re-creating the Affecting Social Justice in Medicine group at NEOMED.

Upon starting the group, she realized that beyond just helping people locally, students could benefit from exposure to other’s cultures, as well as their countries of origin.

“America is a melting pot of people from so many different places, and although students at NEOMED are very diverse, we also have some students who have not had exposure to certain cultures,” Uzoukwu said. “And I think that putting them in positions where they’re indulged in other cultures, will help broaden — myself included — our understanding and knowledge.

“That’s when I came up with the idea of a global health trip.”

### “IT’S AFRICA, I KNOW WHAT’S GOING ON.”

Until she was 15, Uzoukwu lived in Nigeria and was exposed to a health care system that wasn’t nearly as developed as it is in the U.S.

She noted that although there were improvements to be made to the U.S.



health care system, the challenges were very different from those in a developing country where anything related to mental health or neurodegenerative diseases, for instance, was not well understood.

“We had people [suffering from mental illness] who would just walk around the streets without receiving any care,” Uzoukwu said. “I knew there had to be a better alternative.”

Seeing people so grossly underserved was painful to her. And her longing to help them never waned.

As she neared the end of her first year as a medicine student, she organized a global health trip to Kenya, in partnership with Bernard Fassl, M.D., NEOMED’s director of the Center for Global Health Innovation.

Although Kenya is on the opposite coast from Nigeria, the chance to help on the continent of Africa was appealing. Uzoukwu felt it would fulfill her decade-long desire to help in a developing health care system, in a place with which she thought she would be familiar.

“I had never been to Kenya,” Uzoukwu added, “but I was like, ‘I grew up in Nigeria, so the culture and experience should be similar.’”

In fact, the contrasts were eye-opening. Approximately 2,000 miles from Nigeria, the countries are very different. The first place Uzoukwu visited was a place in Nairobi, called Kibera, the largest slum in Africa and one of the biggest in the world.

The global health team of which Uzoukwu was a part worked with a Mully Children’s Family (MCF), a non-profit that provides holistic care and protection to vulnerable children including orphans, child mothers and others who are neglected, abused, abandoned or simply do not have access to basic needs.

“We visited the mother of a rescued child, along with the child who was rescued,” Uzoukwu recalled. “When I got

there, it was beyond anything I could’ve expected. His mother had [five] other children. I believe two of them were her own and the other three were from family members who had passed away. She was raising them in a small house not as big as a standard office in the United States, and yet was so welcoming and willing to share everything she had.

“Seeing her child, she teared up when she talked about how many opportunities he had now that she would have been unable to provide him,” Uzoukwu added. “I think that was our first real wake-up call.”

### **DRIVE. RESILIENCE. HOPE.**

Later, Uzoukwu and team stayed at an orphanage, where they would meet and hear the stories of so many more children.

With her eyebrows rising and voice echoing every inflection point in the children’s horrific lives, Uzoukwu recalled her discussions with them. And as she described how they would so calmly tell the stories of where they came from, where they were at present and where they hoped to go, it became evident that their hopefulness and positivity had a huge impact on her.

Uzoukwu’s team was able to mentor the children and determine ways to make the MCF facility more sustainable for the children and the community. This included assisting in the development of a new level 4 community hospital. However, their main takeaway was much bigger.

“Toward the end of the trip, [the team] felt like we had gotten so much more from the trip than we had come there to give,” Uzoukwu said.

Upon leaving the orphanage, Uzoukwu’s group visited another side of Kenya: metropolitan Nairobi.

Staying in the business district of Nairobi, Uzoukwu recognized that all of Kenya was not without resources. The buildings, the place they stayed — all were

beautiful. They met the Maasai people and learned about their culture. They also went on safari and observed different animals.

The contrasts with Kibera reminded her that sometimes it’s not necessarily that a country doesn’t have money. Sometimes it’s because what a country has is not being distributed adequately.

### **SHARED STORIES. SHARED KNOWLEDGE.**

The one-month global experience left Uzoukwu with an even deeper understanding of other cultures and self.

“It definitely has impacted who I will be as a physician,” Uzoukwu said. With an emphasis on the importance of Community Needs Assessment, she added, “There’s no one-size-fits-all to address health care issues. Now that we’ve done something in rural Kenya, we cannot simply implement it in suburban Kenya or Nigeria. They are quite different.”

Uzoukwu, now in her second year as a medical student, plans to work with her student group, Affecting Social Justice in Medicine, to partner with an organization in Cleveland, Ohio, called Refugee Response.

She says that it’s important for anyone, especially children, to know that horrible things have “happened” to them, but such things do not define them.

“Whatever their circumstances were, that’s not their identity,” said Uzoukwu. When one girl who had just begun college felt taunted if not haunted by questions such as, “How does it feel growing up as an orphan?” Uzoukwu said her story resonated so much with her that she shared her own story. “I said to her, ‘Take pride in your story because it brought you where you are today.’ I could tell that she really took it in.”





Second-year pharmacy student Sophia Santos (right) and her mother, Cora.

## FLAN WITH A **FILIPINO TWIST**

BY JEANNE M. HOBAN

**S**ophia Santos has fond memories of family gatherings as a child. The second-year student in the NEOMED College of Pharmacy enjoyed seeing relatives and friends, of course. But maybe more than that, special occasions meant her mother would be making leche flan, a traditional Filipino version of the custardy dessert.

“My mom would get so mad at me when I was a kid because we go to these Filipino get-togethers and she would make three or four of these standard-sized molds for like a whole party. And I would take like half of them. She’d say ‘you just can’t do that. You have to share,’” she recalled.

Santos and her mother, Cora, visited the NEW Center catering kitchen to share the family’s flan recipe with *Ignite*.

They explained how the traditional Spanish dessert found its way to the south Pacific.

“The Philippines has a multitude of different cultures all mixed together. So most of the influence that we have was from Spain and Japan and China, but mostly Spain. That had the most influence on our language, on food and fashion,” Santos noted.

While versions of flan can be found in many countries with Hispanic or Latino heritage, the Filipino version is different from most others. “The Philippines has a different kind of a

twist on our end, it [flan] has a different texture. It’s different from Cuba, from Puerto Rico, from Spain,” Mrs. Santos said.

The difference is in the eggs. Most flan recipes call for whole eggs. The Filipino version uses the yolks only, creating a richer texture.

The dessert is steamed in special molds called llaneras. Mrs. Santos brought a small part of her collection of the molds to cook the leche flan.

### A DIFFERENT TWIST

Santos had heard about NEOMED from family friends who attended. She originally planned to pursue a Doctor of Medicine degree. She took all the biology and pre-med courses she could as an undergraduate at the University of Akron, which she attended while serving in the Army National Guard.

“Then I worked at a pharmacy when I was in college, and I realized I really did love pharmacy,” she said.

She quickly became active at NEOMED, is a member of the student curriculum council and was selected by her peers to be a Student Coater at the White Coat Ceremony for the College of Pharmacy Class of 2026.

She was also happy to share her Filipino culture — and leche flan — during the University’s Multicultural Festival.





## LECHE FLAN

RECIPE BY CORA SANTOS

The use of egg yolks, rather than whole eggs, makes the Filipino leche flan richer than most flan from other cultures.

*Makes about 20 servings*

### INGREDIENTS

- 10 eggs yolks
- 1 can of sweetened condensed milk
- 1 can of evaporated milk
- ½ teaspoon pure vanilla extract
- White sugar

### DIRECTIONS

1. Coat the bottom of two medium-sized llanera leche flan molds with sugar. Place over low heat and stir until sugar melts and turns golden brown. (“If the sugar burns, it gets bitter,” cautions Cora.) Set aside to cool and harden.  
*Note: if you don’t have a llanera, melt sugar in a saucepan, continuously stirring until golden brown. Immediately pour into ramekins or a flat cake pan to cover the bottom. Set aside to cool and harden.*
2. Fill the bottom of a stove-top steamer with water (make sure water does not touch the bottom of the steamer insert) and place over high heat to boil.
3. While water is heating up, separate 10 eggs, placing the yolks in a large mixing bowl. Save the eggs whites for other recipes.
4. Lightly beat egg yolks with a whisk.
5. Add sweetened condensed milk and mix thoroughly.
6. Add evaporated milk and mix thoroughly.
7. Add vanilla and mix thoroughly.
8. Strain mixture through a fine sieve to ensure a silky texture.
9. Pour strained mixture into llaneras, making sure it is evenly distributed.
10. Place llaneras into steamer insert, cover and reduce heat to medium. Steam leche flan for about 30 minutes or until firm. An inserted toothpick or skewer should come out clean.
11. Remove llaneras from heat and allow to cool. Run a knife along the edge of the leche flan to loosen it. Invert a serving plate on top of the llanera and turn the leche flan out onto the plate. If any caramelized sugar remains in the bottom of the pan, drizzle it on top of the leche flan.
12. Let cool completely, and cut into bite-sized portions to serve.

Watch a video of Sophia Santos’ method for separating eggs at [neomed.edu/ignite](https://neomed.edu/ignite)





## SHOWCASING STUDENT RESEARCH AND INNOVATION

BY JEANNE M. HOBAN

**D**uring her admissions interview for the NEOMED College of Medicine, Trinity Samson discussed her vision for a student-led medical journal.

With the help of Fayez Safadi, Ph.D., professor of anatomy and neurobiology and Ohio research scholar, Samson turned her dream into a reality.

Now a Ph.D./M.D. student, Samson is chief editor, president and founder of the *Journal of Medical Sciences at NEOMED*, an online, student-led, peer-reviewed scholarly journal that provides a platform for NEOMED students, faculty and affiliates to publish original research, opinion pieces, editorials, reviews, abstracts and other research.

Volume 1, Issue 1 of the journal was published in Fall 2022 and includes 11 manuscripts, highlighting research projects led by NEOMED students, faculty and alumni.

## A LENGTHY PROCESS

After Samson was accepted into the College of Medicine in 2020, she and Dr. Safadi met for many hours to begin the process of creating the journal. They researched existing journals and their processes, worked collaboratively with various departments across the University, and considered all ethical components of creating a medical journal. They also crafted journal guidelines, workflows, required documentation such as author's publishing agreements and copyright agreements, and acquired all legal approvals with the support of NEOMED legal counsel.

Initially, there was some pushback on the creation of the journal.

"We learned creating a new scholarly peer-reviewed journal is a lengthy and cumbersome process," Samson said, noting the many hurdles that needed to be overcome before the journal could publish. "We are determined to make it happen, continuing to enhance our processes. Perseverance has been key and keeping our vision in mind. Hard work has paid off."

The final hurdle was funding for the project. The idea of the new journal was submitted for strategic initiative funds — a pool of resources available to faculty, staff and students to finance innovative projects that align with the University's Strategic Plan. Samson and Dr. Safadi received a total of \$11,050 to launch the new journal.

## CREATING OPPORTUNITIES

"There is incredible and noteworthy research at NEOMED being conducted by students, faculty and health care affiliates that is currently not being published," Dr. Safadi noted. "The *JMS* highlights our University and the research being performed at our institution and by NEOMED affiliates. It is an incredible opportunity for students, faculty and affiliates to take on leadership positions, to be responsible for overseeing articles through the peer-review process and be part of reviewing articles."

The growing journal team continually works to improve the publication's processes. Samson and second-year medicine student Max Gilliland, who serves as a vice president on the

editorial board, completed a Yellow Belt Lean Six Sigma project to develop an enhanced and expedited workflow for articles as they move through the review process. They continue to update other processes to enhance the quality of the publication and to improve the experience of student peer reviewers by updating the management team structure, providing additional mentoring and education opportunities, and continued assessment of processes.

Among the improvements made, faculty and affiliates are now more extensively involved in the publication as editorial board members. This enables student editors and reviewers to work directly with faculty and other health professionals who provide mentorship and expertise.

"All student executive board members are required to attend our manuscript writing workshops and complete the Course on Fundamentals of Peer Review by Springer Nature," Samson noted.

The writing workshops are delivered by experts in the field who share their experience and knowledge regarding how to write and shape different aspects of a manuscript and discuss other considerations such as statistical analysis and the ethics of research. Dr. Safadi led the first workshop in November

2021, exploring scientific manuscript writing and submission as well as the logistics of shaping and writing each section of a manuscript. Other workshops have focused on the dos and don'ts of writing a manuscript's introduction and the process of providing a peer review.

The *Journal of Medical Sciences* has already grown since its first edition was published. The student executive board has increased from 13 to 26 members, with an increasingly diverse group of students participating.

"Moving forward we will be expanding to include an innovation edition of the journal and are currently working toward indexing," Samson noted.

*JMS* leadership are also sharing their work outside the walls of NEOMED. The team presented during a Women in Medicine and Science poster reception at Learn Serve Lead 2022, the annual conference of the Association of American Medical Colleges held in Nashville in November 2022.



**Perseverance has been key and keeping our vision in mind. Hard work has paid off."**

**- Trinity Samson, Ph.D./M.D. student**





## DEVELOPING SOLUTIONS

BY JARED F. SLANINA

**E**xcessive bone growth commonly occurs following invasive surgery, leading patients to experience severe pain, reduced mobility and, in extreme cases, paralysis.

A group of students at Northeast Ohio Medical University is working to develop a solution.

Gabrielle Robinson and Ernesto Solorzano, Ph.D. candidates in the College of Graduate Studies, third-year medicine student Mohammad Islam and first-year medicine student Jacob Douglas comprised the Saccavi team in NEOMED’s NEOvations Bench to Bedside competition under the direction of faculty advisor Fayez Safadi, Ph.D., professor of anatomy and neurobiology. The team took home the first-place award at the first annual Bench to Bedside competition in 2021. They continue their work as a “legacy team” to expand on their project, to help create stronger bones and reduce overgrowth, a common problem for bone-strengthening products currently on the market.

The NEOvations Bench to Bedside program helps students learn the initial process of creating medical technology to meet

the needs of the patient through research, innovation and understanding the regulatory environment and commercialization. Students interact closely with mentors, such as physicians, health care providers, clinical partners and industry leaders to identify a patient’s need at the bedside and aid in the search for a medical solution. The program provides the intellectual environment, resources and education on entrepreneurship and commercialization to successfully develop novel medical solutions.

Saccavi is a system that extracts the patient’s blood prior to surgery, isolates Osteoactivin, a protein involved in bone growth, then injects the concentrated Osteoactivin into the patient at the surgical site during surgery. This is accomplished using a metal/polymer-based cage, which incorporates the Osteoactivin protein with a carrier. According to the team, the technology could have the potential to isolate other proteins as well.

The device can be used in most orthopedic surgeries that involve bone damage. It helps lead to stronger bones post-

1. The Saccavi team poses with the check in recognition of their first-place finish.
2. Gabrielle Robinson and Ernesto Solorzano celebrate the announcement of their team's first place award at the Inaugural NEOvations Bench to Bedside Competition in July 2021.



surgery, eliminates overgrowth of bone, and results in speedier recovery times. It not only helps the individual get back on their feet with much less pain, it also has a positive impact on the health care system as patients are able to leave the hospital and get back to their lives much quicker, the team said.

Saccavi focuses on the development of a new method to concentrate specific osteogenic proteins circulating in blood, bone autogenous grafts and bone marrow. The targeted delivery of the bone cells and other local osteoinductive (stem cells to bone) and osteoconductive (matrix for exciting bone cells) substances is critical to the success of this technology. It is expected that the technology under investigation will address the issue of delayed bone healing and reduce rates of mortality and morbidity, hospital stays, surgery and hospital costs. It also offers an easy to apply, sterile medical device to facilitate accelerated fracture healing.

Autogenous bone grafting procedures have long been considered the “gold standard” among graft materials. Using the patient's own bone is more expensive, because it includes two surgical sites as well as hospitalization and anesthesia. The main advantage of human autogenous grafts is that this type of graft has osteoinductive and osteoconductive properties while synthetic grafts have only osteoconductive properties.

The team is currently exploring further advancement of technology development and manufacturing options that will ultimately impact the direction of the project.

“Things can get tricky once it gets to the manufacturing phase,” said Robinson. “There are many aspects to consider, so we have some work and decisions ahead of us. But we’re excited about all the possibilities that will help both patients and the health care industry as a whole.”



3. Gabrielle Robinson explains her team's medical device to a guest at the Inaugural NEOvations Bench to Bedside Competition.



There are many aspects to consider, so we have some work and decisions ahead of us. But we’re excited about all of the possibilities that will help both patients and the health care industry as a whole.”

- Gabrielle Robinson, Ph.D. candidate in the College of Graduate Studies



## 1981



**Mark Bezbatchenko, M.D.**, reports a recent move: “Having a new grandson (Oliver Michael, born May 6, 2022) made me relocate from Buffalo, New York, after 37 years to part-time work in the Columbus, Ohio, area!”

## 1984



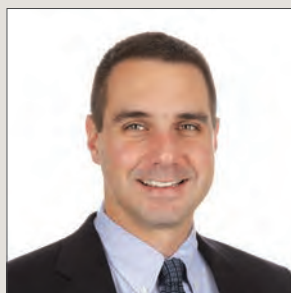
**Crystal Mackall, M.D.**, was recently elected as a new member of the National Academy of Medicine. Dr. Mackall was one of 100 inductees, including 90 members from the U.S. and 10 international members. The Academy recognizes individuals who have demonstrated outstanding professional achievement and commitment to service.

## 1985



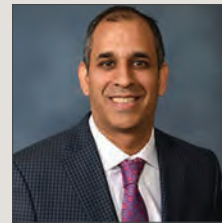
**Duane J. Taylor, M.D.**, was selected to be the 2022 William R. Hudson, M.D., Endowed Lectureship Speaker on June 17 for the Duke University School of Medicine. Dr. Taylor, medical director at Le Visage ENT & Facial Plastic Surgery, spoke on “Leadership: Option, Opportunity, Obligation.” The annual Hudson Lecture is given by outstanding experts in the field of otolaryngology and honors the legacy of Dr. Hudson who served as a professor and division chief for almost 30 years.

## 1994



**Don Deep, M.D.**, has been named CEO of Central Ohio Primary Care Physicians Inc., effective Jan. 1, 2023. He has served as senior medical director since 2014, and has been with the practice since 2001. “I would like to see COPC embrace a larger role in improving the health of our central Ohio population,” Dr. Deep said in a news release. He also emphasized the need to stay innovative to keep up the quality of patient experiences amid industry staffing shortages.

## 1996



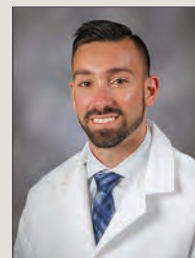
**Babur B. Lateef, M.D.**, has been appointed chair of the Health System Board of the University of Virginia Board of Visitors.

## 2003



**Elizabeth DeVos, M.D., M.P.H.**, was elected to the executive board of the International Federation for Emergency Medicine as director of academic activities in June 2022. She was also promoted to professor of emergency medicine at the University of Florida in July 2022. She practices at the UFCOM-Jacksonville and serves as the UFCOM director of global health education programs.

## 2015



**Joseph N. Miladore, M.D.**, joined Salem Regional Medical Center as a family medicine physician at SRMC Primary Care.

## 2016 and 2019



Newlyweds and former NEOMED sweethearts **Rahul Damania, M.D. ('16)**, and **Khooshali Shah, M.D. ('19)**, celebrated their recent nuptials with fellow graduates and some faculty members.

## 2016



**Chelsey Kirkland, Ph.D., M.P.H.**, graduated with a doctorate in public health from the Kent State University College of Public Health. She is now a researcher within the Center for Public Health Systems in the School of Public Health at the University of Minnesota.

## 2018



**Emma Coleman, Pharm.D.**, started a new position as a clinical pharmacist at the Cleveland Clinic Mercy Hospital in Sept. 2022. She is also an adjunct professor of pharmacology at Walsh University.

## 2022



Photo: Boesiger with fellow stagehand, John Bryg

**Brandon Boesiger, M.D.**, is in residency in psychiatry with the Summa Health System/ NEOMED Psychiatry Residency Program.

Before his journey to NEOMED, Dr. Boesiger was a school psychologist in the Cleveland Metropolitan and Medina City School Districts. He also has been an International Association of Theatrical Stage Employees (IATSE) Local 48 stagehand for nearly 20 years.

“As soon as I was eligible, I transitioned to stage work from my seasonal role as an usher at Blossom Music Center. My grandfather, Charles Wolfe, began as a stagehand in the late 1960s to early 1970s, around the time Blossom opened its doors. My father, mother, stepfather, stepsiblings, aunt and cousins have all worked as Akron-Canton stagehands at one time or another over the years. Stagehands playfully assign one another nicknames, and one of mine early on was ‘Legacy,’” he shared.

That work included many shows at Akron’s E.J. Thomas Hall. When he returned to E.J. Thomas for commencement in May, some of his former stagehand coworkers were on hand to congratulate him.



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