



The Scribe

A publication of the Medical Society of Metropolitan Portland

PHYSICIAN PROFILE

Virtual surgical planning pioneer



Bryan Bell, MD, DDS, discusses advances in treating head and neck cancer.

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OFF HOURS

Delivering laughs



Physician delves into the 'learned skill' of improv comedy.

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November 2019

OHSU study tests effectiveness of flu shot for already-ill patients

Research will complement networks' efforts, help CDC weigh resource distribution in event of epidemic

By Cliff Collins
For The Scribe

Since the 2003–04 flu season, the federal government has been working with researchers at universities and hospitals to estimate how well influenza vaccines work.

These evaluations center on whether seasonal vaccines prevented people from getting the flu. Now, the Centers for Disease Control and Prevention wants to further those investigations by finding out if administering a flu shot once patients are sick enough to go to the intensive care unit helps prevent them from the severe manifestations of influenza infection, such as organ failure and death.

Oregon Health & Science University is set to play a key role in that effort. OHSU's Pulmonary and Critical Care &

Sleep Medicine research team, led by Akram Khan, MD, (MBBS), an associate professor of medicine, will be a part of a multicenter study beginning this month called Influenza Vaccine Effectiveness in the Critically Ill. It is a prospective observational study designed to determine flu vaccine efficacy in patients hospitalized with signs and symptoms of severe acute respiratory infection.

Previously, the CDC has not sponsored large, formal studies that "looked at people critically ill" and "how effective was the vaccine for people sick enough to be admitted to the ICU," Khan said.

OHSU and nine other centers collectively will enroll approximately 700 adults during the 2019–2020 influenza season who are hospitalized with signs and symptoms of severe

acute respiratory infection, including approximately 500 ICU patients and 200 non-ICU patients. The study will break down these numbers into four groups: of those who test positive for the flu, patients who were vaccinated and patients who were not; and of those who test negative for the flu, patients who were vaccinated and patients who weren't vaccinated.

The study will run from November to April, and depending on the findings and whether the agency considers them of value, the CDC "may end up making this an ongoing, long-term project for them," Khan said. "The goal is to lower death rates."

According to Vanderbilt University Medical Center, which is leading the multicenter study, researchers want to determine if the flu shot will attenuate the severity of the disease, which causes thousands of hospitalizations and deaths each year.

In announcing the study, Vanderbilt reported that the CDC conducted preliminarily flu vaccine effectiveness studies to assess how well the vaccine works in preventing ICU admissions: "A previous study led by Mark Thompson, PhD, a lead CDC influenza scientist, was conducted over four flu seasons (2012-2015) and found that flu vaccine prevented severe disease. They found the flu vaccine prevented influenza-associated ICU admission." The current study is intended as a follow-up to Thompson's CDC study, according to Vanderbilt.

The CDC works with three networks

FOCUS ON GIVING BACK



Photo courtesy of Terri Schmidt

A helping hand in Haiti

Terri Schmidt, MD, MS, an emergency medicine physician and professor of emergency medicine at the Oregon Health & Science University School of Medicine, is among several Portland-area health care providers who have traveled to Haiti with Global Health Teams.

Schmidt, who has been to Haiti about a dozen times since her first trip in 2004, said the volunteer medical teams treat about 200 patients a day, many of whom walk for hours to reach the clinic because the nearest hospital is miles away.

Turn to page 8 for more articles as part of The Scribe's annual Giving Back focus.

Khan encourages providers to participate in Oregon's ALERT Immunization Information System – or ALERT IIS – a statewide immunization registry that collects immunization data from the public and private health care sectors.

This information helps health care providers, parents and individuals keep track of immunization status, even if those immunizations were given by more than one provider.

See **FLU SHOT**, page 6

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In August 2019, MSMP transitioned our publications to an all-digital format not only to evolve with industry trends, but to give readers optimized readability. As a result, we also fine-tuned our Media Kit to reflect these changes. We have continued to enhance our digital media presence to meet the needs of both our readers and advertisers.

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Bell: Immunotherapy transforming oncology, head and neck cancer treatment in particular



Bryan Bell, MD, DDS, who recently was named physician executive for surgical oncology research for **Providence Cancer Institute**, is a clinical physician, teacher and researcher who has been devoted primarily to surgery for patients with head and neck cancer.

He is also a pioneer in the use of virtual surgical planning, and was one of the first surgeons on the West Coast to perform transoral robotic surgery for the treatment of oropharyngeal and laryngeal cancer.

Bell earned his medical degree at the University of North Carolina–Chapel Hill and his dental degree at Creighton University. In addition to leading physicians in Head & Neck Associates, he has been serving as co-director of Providence Head and Neck Cancer Program and Clinic at Providence Cancer Institute and Earle A. Chiles Research Institute at the Robert W. Franz Cancer Center.

Since his recruitment as medical director in 2010, his research efforts have focused primarily on immunotherapy to enhance

the effectiveness of surgery. Using his surgical practice to run phase I and phase II trials studying reversal of immunosuppression with monoclonal antibodies, Bell bridges basic, translational and clinical activities, according to Providence.

In addition, Bell has been appointed or elected to leadership positions in numerous professional societies, boards, foundations and committees, including the National Institutes of Health. He is a recipient of the William F. Harrigan Award for major contributions to surgery, an Honorary Professor of Dental and Maxillofacial Surgery at Faculty of Health Sciences, Syddansk University, Odense, Denmark, and was the 2019 Presidential Lecturer at the International Association of Oral and Maxillofacial Surgeons Annual Meeting in Rio de Janeiro, Brazil.

Bell recently spoke with *The Scribe* about how he chose his practice specialty, the advances he is seeing in the treatment of head and neck cancer, and how his clinical practice, teaching and research complement each other.

The Scribe: What made you want to pursue careers in medicine and dentistry?

Bell: My father, who like me was educated by Jesuits, taught me the importance of a purposeful life in service to others. Dad was an academic oral and maxillofacial surgeon-scientist, who treated patients and ran a lab focused on revascularization and wound healing following facial reconstructive surgery. His work bridged both medicine and dentistry, laid the foundation for a new type of reconstructive surgery called “orthognathic surgery” and ignited my interest in the field.

I was encouraged to train in both dentistry and medicine, as it would provide me the best foundation for diagnosing and treating problems in the head and neck region, one of the most complex areas in the human body. No other region in the body contains so many senses in such a confined space: your ability to speak, chew, taste, swallow, smell, see, hear, as well as your facial appearance and self-esteem, are all potentially affected by any number of acquired or developmental disorders of the head and neck — or the related treatments. Since the teeth and jaws are often affected directly or indirectly by a number of major medical problems, training in dentistry has enhanced my ability to provide comprehensive care to patients with head and neck cancer and other problems as well.

How did you decide to specialize in head and neck cancer?

Not long after starting dental school, I realized that I was most fascinated by the study of oral, head and neck cancer, a disease which, at the time, was still marred by radical, disfiguring surgery, severe radiation complications, unpredictable reconstructive techniques, and a poor prognosis.

In the early 1990s, the field of oncology was just beginning to gain an understanding of the biologic

hallmarks of cancer; new reconstructive methods were being described; better methods of radiation delivery were being developed; chemotherapy was being incorporated into treatment; and there was simply so much room for improvement in how we managed patients with oral/head and neck cancer that I thought it was an area where I could have an impact. At the very least, I knew a career in head and neck oncologic surgery would provide a fulfilling and challenging life’s work in which I could be of some service to others in need.

What do you enjoy most about your clinical work?

I most enjoy the privilege of caring for patients with cancer, in which I am humbled to witness the courage, verve and determination that exemplifies the human spirit at its best. It is an awesome responsibility to meet another human being with a life-threatening disease – almost always a stranger – who puts their trust in you. I love getting to know my patients and their families and strive to deserve their confidence. There is simply no greater privilege or reward than to lead a cancer patient on a successful journey through diagnosis, treatment and survivorship.

Why is teaching rewarding for you?

I learn as much from our fellows, residents and students as they learn from me. All of them inspire me to stay sharp, focused and determined to make treatment for our patients better. It is incredibly rewarding to see my fellows and residents move on to successful careers in academic or private practice settings, and know that I had a small role to play in their lives. It is equally as satisfying to develop lifelong professional relationships with them. Some of my best friends are former fellows or residents that I had the privilege of training years ago.

How do your clinical practice and teaching complement your research?

My father taught me never to be satisfied with the status quo. I try to convince my fellows and residents that while they have to know certain surgical fundamentals, they should not be lulled into a dogmatic approach to cancer treatment. Our knowledge of the disease is changing so rapidly. When Rom Leidner and I were first developing the head and neck program at Providence, we made it our goal to change the standard of care for the better. That is no small task considering the standard treatment for head and neck cancer hasn’t changed much in more than 50 years until very recently.

What advances are you seeing in the treatment of head and neck cancer?

Technological advancements in surgery (transoral robotic surgery and virtual surgical planning) and radiation therapy (intensity modulated radiation and stereotactic body radiation therapy) have made treatment less invasive and more predictable and, in many cases, have resulted in improved quality of life for patients with head and neck cancer.

However, it is advances in immunotherapy that are currently transforming the practice of oncology in general, and head and neck cancer in particular. In 2016, two immunotherapies – nivolumab and pembrolizumab – were approved by the FDA for treatment of recurrent/metastatic head and neck cancer, based upon a doubling of overall survival compared to chemotherapy. While not enough patients respond to the treatment (only about 15–17%), many of those who do receive lasting benefit. While more long-term data is needed, we believe that some

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OHSU and Medford clinicians, former state epidemiologist among OMA honorees

The Oregon Medical Association in September installed its 145th president, **Kevin Ewanchyna, MD**, and presented annual awards and honors to health care providers, including Oregon Health & Science University and Medford clinicians and the state's former epidemiologist.

The OMA's Doctor-Citizen of the Year Award went to **Kerri Hecox, MD**, a family medicine physician and co-founder, director and physician for the Oasis Center of the Rogue Valley in Medford.

The OMA recognized Hecox for founding the Oasis Center, which provides integrated, long-term health care and social services for women working through addiction, as well as their children. Hecox received her medical degree from University of Colorado Denver School of Medicine. The award recognizes doctors who commit their time and energy to community activities and work to further the art and science of medicine, and who have made outstanding contributions to health care policy.

The recipient of the OMA's second-ever Physician Assistant-Citizen of the Year Award is **Juliana Bernstein, PA-C**, a physician assistant and assistant professor in the OHSU Division of General Internal Medicine and Geriatrics.

Bernstein has been an advocate for the geriatric community throughout her career, and started an in-patient geriatrics consult service to help serve the unique needs of this population both medically and socially. She has also been a champion for the physician assistant profession. She has volunteered with NE Village, helping seniors stay in their homes. Bernstein completed her undergraduate degree at Brown University in 2003 and earned her PA-C at OHSU in 2008.

The Physician Assistant-Citizen award recognizes a physician assistant who has generously donated their time to community activities and who exemplifies the highest values of a patient-centered, team-based medical practice. Awardees demonstrate outstanding volunteer service to their local community, going above and beyond the call of duty in providing care for patients as a collaborative partner of a clinical

team, and as a champion in advancing professional opportunities for physician assistants.

John Moorhead, MD, a physician and professor in OHSU's Emergency Medicine and Public Health departments and a member of the **Medical Society of Metropolitan Portland**,

received the OMA's 2019 George E. Miller Patient Safety Award for his leadership of the American Board of Medical Specialties and its work in developing, refining and providing guidance for the Maintenance of Certification program as it grows in importance. He was also instrumental

in both the development and passage of Oregon's Early Discussion and Resolution program.

Moorhead, a past OMA president, has during his career demonstrated a deep commitment to the

See **OMA HONOREES**, page 6



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OMA HONOREES, from page 5

highest quality patient care, OMA noted. During his 30-plus years in OHSU's Department of Emergency Medicine, he has held many positions including director of the Emergency Medicine Residency program for 13 years and chair of the department for six years. He completed his MD at Queens University Medical School, Kingston, Ontario, in 1975.

The award is named for **George E. Miller, MD**, a pediatrician and advocate for improving patient safety. The award is presented to a physician, health care provider, health care professional or community member who demonstrates leadership in promoting and implementing safe patient care, innovation in patient safety and quality, and commitment

to significant and sustainable improvements in patient care.

OMA Presidential Citations – presented only occasionally to recognize individuals who have gone above and beyond the call of duty in service to the OMA – went to **Michael Graham, MD**, for his behind-the-scenes work aiding in the management of the association's finances; and to **Katrina Hedberg, MD, MPH**, for what the OMA described as her excellent work at the Oregon Health Authority, where she was the state epidemiologist and state health officer in the Public Health Division, joining forces with the OMA to address public health challenges such as firearm injury prevention, prescription drug monitoring and opioids. ■

PHYSICIAN PROFILE, from page 4

of the responding patients are even cured. This simply did not happen in the pre-immunotherapy age. I'm proud of the fact that we at Providence have had a major role to play in developing all of these advances.

Still, we have to do better. To improve response rates and benefit more patients, we are leveraging immuno-genomic information from the patient's tumor to test novel combinations of immunotherapies, targeted molecular therapy, and highly personalized adoptive cell therapies. We are also focused on integrating immunotherapy into the upfront treatment setting, rather than waiting until the cancer has metastasized. We believe that boosting anti-tumor immunity prior to conventional treatments, such as surgery and radiation therapy, will lower the recurrence rate and result in better overall survival and improved quality of life. With more than two dozen immunotherapy clinical trials in head and neck cancer alone, our patients have more options than ever before.

What are your goals as physician executive for surgical oncology research at Providence Cancer Institute?

My first priority is to ensure that Providence cancer patients throughout the country have access to the best and most promising clinical trials and technology. I also aim to expand surgical oncology research at Providence Portland Medical Center, align our interests across the health system in support of Providence scientists, increase our NIH funding, and foster our partnerships with industry, philanthropy and the state legislature to grow Oregon's cancer research footprint.

Providence Cancer Institute already has world-class scientists with unique expertise in immunotherapy. By investing further in immuno-oncology programs, we can attract some of the brightest minds in the field to join Oregon's burgeoning biotech sector and develop new and better therapies for the patients it is our privilege to serve. ■

FLU SHOT, from page 1

to estimate vaccine efficacy: the U.S. Flu VE Network, the Hospitalized Adult Influenza Vaccine Effectiveness Network, and the New Vaccine Surveillance Network. The U.S. Flu VE Network currently consists of five study sites across the country that measure the flu vaccine's effectiveness at preventing outpatient medical visits due to laboratory-confirmed influenza. The other two networks consist of four and seven study sites, respectively, that measure the flu vaccine's effectiveness at preventing hospitalizations due to influenza. The New Vaccine Surveillance Network tracks hospitalizations among children age 6 months to 17 years old.

Khan said the OHSU study will complement these existing networks' work and will help the CDC weigh "how to distribute resources" if the nation were hit with a flu epidemic similar to the devastating one of 1919. He explained that the CDC evaluates effectiveness each February to help the agency "determine what to do every year" when formulating the next season's vaccine.

Khan encourages providers to participate in Oregon's ALERT Immunization Information System – or ALERT IIS – a statewide immunization registry. The registry collects immunization data from both the public and private health care sectors. This information helps health care providers, parents and individuals keep track of immunization status, even if those immunizations were given by more than one provider.

According to the Oregon Health Authority, at the population level, ALERT IIS guides public health action to reduce vaccine-preventable disease through improving vaccination rates.

Khan said large health systems are consistently reporting to and using the ALERT IIS, but that he thinks some smaller clinics and practices might not be.

If small practices "sign up for the state immunization information system, it will help improve care in Oregon for everyone," he said. "Anecdotally, I have noticed that I am unable to find immunization information from ALERT IIS for people who have their vaccinations done through pharmacies in grocery stores. There is not consistent reporting by drugstores."

"It's important to immunize," he said. If participation in ALERT increases, it will lead to "better care and better health." ■



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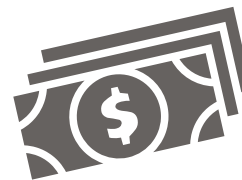
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MMFO grant to help Boost Oregon reach out to Slavic community

By **Barry Finnemore**
For *The Scribe*

Boost Oregon, the nonprofit organization that educates families about the safety and benefits of childhood vaccinations, is planning its first formal outreach to Portland's large Slavic community, a project made possible in part by a grant from the **Metropolitan Medical Foundation of Oregon**. **Nadine Gartner**, Boost Oregon's founding executive director, said it's vital to build bridges with the Slavic community given its low vaccination rates and to counter misinformation online.

The need also is great due to the community's insular nature and general distrust of government and the medical establishment – an understandable posture given the persecution it endured in the former Soviet Union, she said.

The funds from MMFO, the **Medical Society of Metropolitan Portland's** charitable arm, will support translation, design and printing of a parents' guide, and translation services and space rental

for parents' workshops spearheaded by Boost Oregon, which said its educational approach is to listen to parents' concerns, refrain from judgment, shun scare tactics, and focus on providing accurate, unbiased information.

Gartner said the workshops, due to be held prior to year's end, will be led by Boost Oregon's physician volunteers. The outreach, she said, is a first step in a "many-years" journey and could serve as a pilot that could be replicated in Slavic communities throughout Portland and beyond.

"This is relationship building ... to strengthen ties with families in the Slavic community," Gartner said.

Gartner said Boost Oregon is raising awareness about the workshops through Portland's Immigrant and Refugee Organization and the Mother & Child Education Center. In addition to the MMFO, the project has drawn foundation, trust, and corporate and individual donor support.

Boost Oregon noted in its MMFO grant application that Oregon – among 17 states where philosophical childhood vaccination exemptions are legal – has the country's highest kindergarten vaccine exemption rate.

Boost Oregon

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WHAT IT DOES Boost Oregon aims to promote vaccination against childhood diseases and disrupt the dangerous cycle of misinformation about vaccines by providing evidence-based education without fear or degradation.

WEB boostoregon.org

"The threat to 'community immunity' – the minimum critical rate of immunization that protects people who may not be able to get vaccinated (e.g. infants or those with compromised immune systems) – has never been greater, as evidenced by the recent measles outbreak," Boost Oregon wrote in its application. An unvaccinated boy in the Clark County, Wash., Slavic community was connected to that outbreak in the region.

The project will help meet the need for cultural-specific, language-appropriate educational resources for what is one of the largest immigrant groups in Oregon.

The workshops will give families the opportunity to have conversations with, and ask questions of, health care providers, Gartner said.

"It's a real opportunity to build an impactful and trusting relationship with parents and build up trust so they know there are medical professionals who want the same thing they want: healthy, thriving kids," she said. ■

For information and updates about the workshops, please visit Boost Oregon's website, boostoregon.org.



Jay Rosenbloom, MD, PhD, is among the physician volunteers with Boost Oregon. The nonprofit organization will follow its model of partnering with volunteers who are health care providers to reach out to Portland's Slavic community about childhood vaccinations.

Photo courtesy of Boost Oregon

Medical students spread warmth to underserved people in Portland

By Barry Finnemore

For The Scribe

As cold and wet weather descends on the Portland area this fall and winter, a growing number of homeless people and others in need will don warm, handmade hats and other protective clothing, thanks to a project led by Oregon Health & Science University medical students.

The project, spearheaded by a group known as **Suturing from the Heart**, is the brainchild of **Nishad Sathe** and fellow fourth-year student **Sasha Narayan**, with assistance from third-year student **Isabel Cylinder**.

Sathe said the project is emblematic of what he and other medical students believe is their role as future health care providers: not only diagnosing and treating illnesses, but also looking upstream at the factors that negatively influence health and finding ways to help address them.

"I hope this project continues to reinvigorate the spirit of volunteerism that brought most, if not all, of us into medical school in the first place – that altruistic spirit," he said.

The group, which received a \$500 grant to support the project in mid-2019 from the **Medical Society of Metropolitan Portland's** charitable arm, the **Metropolitan Medical Foundation of Oregon**, said in its grant application that it wants to "start a movement."

"We want to embrace these individuals as our neighbors that we want to care for beyond the scope of their particular medical illness (and embrace) their care from a holistic perspective ...," the application noted.

Sathe, an MSMP student member who is a past recipient of the organization's annual Student Award, said he and fellow student volunteers are partnering with leaders of the Bridges Collaborative Care Clinic, a free, interprofessional health clinic run by medical, nursing, dentistry, public health, pharmacy and other health care students from OHSU, Portland State University and Oregon State University, identifying participants – as the clinic's underserved patients are known – who could benefit from warm gloves, hats and scarves.

The Bridges clinic was "thrilled at the prospect of free clothing to give to individuals who come in for care," Sathe said. "Their illnesses are exacerbated by the cold and hunger they experience in their situations."

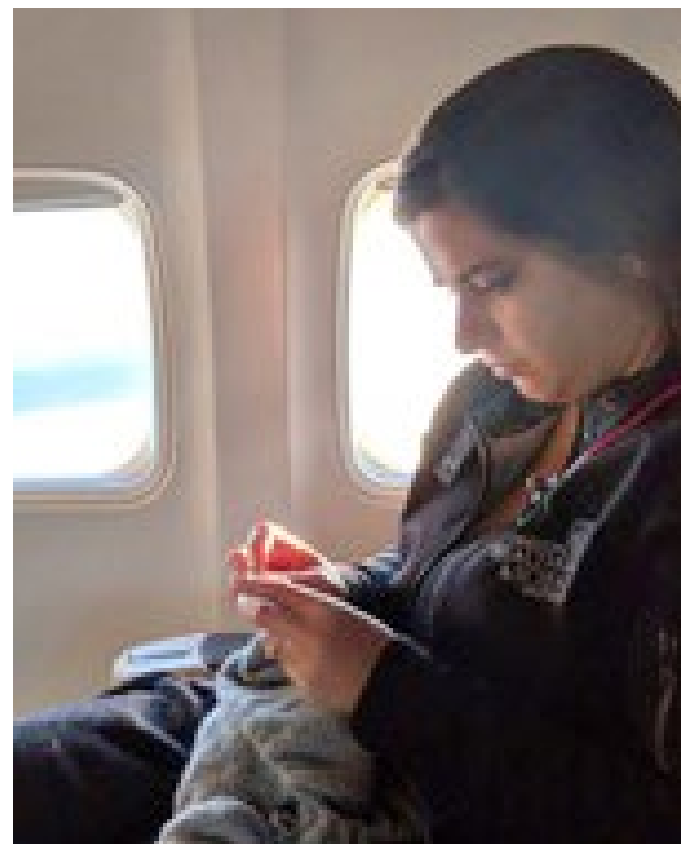
Suturing from the Heart volunteers hope to distribute the items via other community clinics that care for underserved people in the metropolitan area as well.

Sathe said the project aims to help homeless people while giving medical students interested in surgical specialties the practice they need because the hand movements in knitting are similar to those used in suturing and knot-tying in the operating room.

A handful of medical students have begun making the items and hope to produce them in the hundreds, Sathe said. The goal is to make the project self-sustaining by continuing to recruit younger students making their way through school and train them to lead it.

A Pennsylvania native whose parents emigrated to the United States from India, Sathe initially had an interest in health care research, but volunteering at community health centers in southern California ignited his interest in clinical care. "I saw (providers') creativity in using resources to affect change," including caring for immigrants, he added.

Sathe, who has a master's degree in gerontology, said he'd like to pursue a specialty where he cares for older people. He is due to graduate this spring, but in the meantime, his focus is on his studies and building up the knitting project, which so far has drawn interest from about 30 students, he said. ■



OHSU fourth-year medical student Sasha Narayan knits warm clothing for underserved people through a project devised with fellow medical student Nishad Sathe. The project, **Suturing from the Heart**, aims to help address the upstream factors that negatively influence health.

Photo courtesy of Nishad Sathe

"I hope this project continues to **reinvigorate the spirit of volunteerism** that brought most, if not all, of us into medical school in the first place – **that altruistic spirit.**"

–Nishad Sathe



Study leader hopes findings improve care for military veterans

By **Barry Finnemore**
For *The Scribe*

Improving health care delivery and quality has long been a focus for **Molly Andreason, MD**. That focus informed her decision to spearhead a study this year of military veterans to determine adherence to oral anticancer medication.

The Oregon Health & Science University hematology/medical oncology fellow noted that a key impetus for the research was the paucity of data concerning rates of adherence to oral anticancer medication among veterans. Although medication costs to veterans often are less compared with costs paid in the private sector, veterans have higher rates of medical and psychosocial co-morbidities, which may contribute to impaired adherence.

The study, which involved some OHSU faculty members and other fellows and was conducted with veterans served by the VA Portland Health Care System, found what Andreason described in her project evaluation as “statistically significant associations” of nonadherence with patients who were either current smokers, current drug users or who also did not follow up on other recommended interventions such as lab tests and imaging, and follow-up appointments. The research also found nonadherence among veterans who were not married and who were younger.

Andreason said she hopes the findings help providers and pharmacists better identify patients at risk for nonadherence.

She and her colleagues are working toward publishing the results, which were presented at the Association of VA Hematology/Oncology’s annual meeting in Minneapolis in September.

The research was funded in part by the **Metropolitan Medical Foundation of**



“I absolutely loved that – the interactions and relationships with patients, especially in oncology. That’s still my favorite part of my job.”

–*Molly Andreason, MD*

Oregon. The MMFO, the charitable arm of the **Medical Society of Metropolitan Portland**, provided a \$500 grant toward the project. The study also garnered support from **Vinay Prasad, MD**, an OHSU associate professor of medicine and a hematologist-oncologist who has an interest in oncology outcomes research, Andreason noted in her project evaluation.

Andreason, a trainee member of MSMP, grew up in Minneapolis and earned her undergraduate degree at the University of St. Thomas, a private liberal arts school in St. Paul. She said she’d always had a “peripheral interest” in medicine, but as an undergrad basic science appealed to her more. She joined a medical oncology office in Wisconsin as a medical assistant, an experience that proved profound for her.

“I absolutely loved that – the interactions and relationships with patients, especially in oncology,” Andreason said. “That’s still my favorite part of my job.”

She graduated from medical school at the University of Wisconsin-Madison in 2014, and relocated to Portland to complete a residency in internal medicine and the fellowship at OHSU.

Andreason, who is on maternity leave after she and her husband, Eric, recently had a baby boy named Malcolm, will wrap up her fellowship at year’s end and is looking forward to exploring the next phase of her career helping advance care quality and delivery.

“Health care is a complex system,” she said, “and there’s always room for improvement.” ■

MSMP MEMBER EXCLUSIVE

Don’t miss this article!

As *The Scribe’s* Giving Back focus section highlights how the Portland metro area’s medical community goes above and beyond in volunteering their time and expertise to help underserved people in a variety of ways, this month’s Members Only article features the support provided by local health systems through their foundations and other charitable programs.

To read more, please visit www.MSMP.org/MembersOnly.





Global Health Teams lends a helping hand in Haiti

By **Melody Finnemore**

For The Scribe

Global Health Teams incorporated in 1985 as the Seattle-King County Disaster Team and its initial disaster response mission was to open the first “open door clinic” in a Mexico City barrio following a major earthquake that year.

The organization changed its name and provides health care internationally and within the United States, but since 1998 has focused on rural Haiti. It opened its first clinic in Leon, Haiti, and now provides coordinated medical services and staffing year-round for that clinic. It also has expanded to other remote areas and provides support and training for other groups in the Grand’Anse province.

Terri Schmidt, MD, MS, an emergency medicine physician and professor of emergency medicine at the **Oregon Health & Science University School of Medicine**, is among several Portland-area health care providers who have volunteered their time and expertise in Haiti. Schmidt has traveled to Haiti about a dozen times since her first visit in 2004 and has seen a range of conditions.

“It’s an incredibly poor location and people have no other access to health care, so a lot of it is very simple things like, ‘My head hurts or my neck hurts because I work in the fields,’” she said,

noting chronic conditions like hypertension are common and the medical teams treat more serious cases such as meningitis, malaria and debilitating injuries.

Global Health Teams’ volunteers typically see about 200 patients per day during their visits, which occur for one week every February, June and October. Many of the patients travel from long distances and wait for hours to be seen. While they don’t have much money, they are rich in other ways, Schmidt noted.

“In some ways, it’s amazing what people do in communities. People in this little village may not have homes, but they’re not homeless like people in America because they take care of each other,” she said, adding one family of eight living in a two-room concrete slab home took in more relatives who lost their home during the 2010 earthquake.

“Although people are poor and don’t have the things we have, they have things we don’t have. They were also incredibly interested in taking care of us,” Schmidt said. “I am also humbled by the trust people have in us and how much I have to learn about their culture, their day-to-day experience.”

Schmidt noted that she and other providers would not be able to join Global Health Teams if it weren’t for the “village” that supports them. “Those of us who take off to provide care to others

Terri Schmidt, MD, MS, meets with patients in rural Haiti as part of Global Health Teams. The volunteer medical teams see about 200 patients each day during their week-long visits, which occur every February, June and October. The organization is seeking more health care providers to join in its mission of treating people with little to no access to medical care, many of whom are recovering from natural disasters.

Photo courtesy of Terri Schmidt

Global Health Teams

FOUNDED 1985

WHAT IT DOES Global Health Teams supports health care clinics in Haiti and other countries, as well as the United States. To help others improve their practice, it also provides health care education and publishes its research findings.

WEB globalhealthteam.org

could not do it without the help of our families who pick up the pieces at home and our coworkers who cover for us while we are away. They do not get enough credit.”

Local providers who also have volunteered for Global Health Teams include **Fred Cirillo, MD; David Craig, MD; Donna Hammar, NP; Eric Holden PA-C; Christian Molstrom, MD; Becca Palmer, MD; Alysia Privrat, PA-C; and Emily Rogalette, PA-C.** ■



High school students watch John R. Handy Jr., MD, HonD, and his team perform surgery as part of Providence's Chest Watch program. Providence's surgical viewings began in 2002 with renowned heart surgeon Albert Starr, MD, leading Heart Watch, and have evolved to include Chest Watch, Ortho Watch and Brain Watch. The programs introduce hundreds of high school students to possible careers in medicine each year. *Photo courtesy of Providence*

Providence's surgical viewings

FOUNDED 2002

WHAT IT DOES The program broadcasts heart, chest, brain and orthopedic surgeries in real time to high school students in Providence auditoriums around the state. It also allows students to interact with a variety of health care professionals.

FOR MORE INFO Email orregprovidenceschool@providence.org or call the Providence School Outreach Program at 503-893-7485

Providence's surgical viewings foster medical careers

By **John Rumler**
For *The Scribe*

Surgical viewings provided by **Providence Medical Center** allow high school students from Oregon and Southwest Washington, particularly those interested in pursuing medical careers, to observe surgeries in an interactive setting and in real time from an auditorium at a Providence site. The purpose of the viewings is to help develop a future pipeline of health care workers, with specific outreach to diverse and rural populations.

"Setting foot in a major medical center, talking to health care professionals, and viewing a live surgery is above and beyond any expectations most students have during high school," says **Paula Jacobs**, a health careers instructor with the **Beaverton School District**. "It's a great opportunity for them to see how many professionals are involved in the care of a single patient, and it helps them understand the importance of the team approach in health care."

The surgical viewings began in 2002 with renowned heart surgeon **Albert Starr, MD**, leading Heart Watch, and have evolved to include Ortho Watch (generally hip or knee replacements), Chest Watch (often lobectomies), and Brain Watch (frequently aneurysm clippings).

Providence usually hosts between seven and nine surgical viewings each year. Students and their teachers come to auditoriums at Providence St. Vincent, which accommodates 125 viewers, or Providence Portland, with seating for 174. In addition, real-time remote broadcasts go to Providence Seaside and Providence Medford medical centers.

Director of thoracic surgery and a regular surgeon for the viewings, **John R. Handy Jr., MD, HonD**, said Chest Watch, which started in 2005 and has been viewed by more than

4,000 students, is set up to demonstrate chest disease management to high school juniors and seniors who are interested in the team care aspects of health care careers.

"While we prepare the patient in the operating room, colleagues such as OR nurses, anesthesiologists, pathologists, basic science research scientists, social workers, and physician assistants all briefly present their job and share with the students what they contribute to the care of the patient, the chest disease program, how cool their job is and how it provides meaning to their life."

Once the surgery begins, Handy explains, it is telecast into the auditorium where he and the students can talk back and forth. "Anesthesia and OR nursing or another facilitator will also narrate, talking them through key points and answering questions, especially when I am focused on the actual performance of the surgery."

Immediately following the surgeries, Handy holds a debriefing and fields questions. Later, teachers will follow up with class discussions, having students write essays about the experience, and giving quizzes to reinforce the relevancy of math and science classes as well as the professional behavior conducted in a health care setting.

As the demands for health care specialists are projected to increase well into the future, Providence's surgical viewings will continue growing in importance and popularity, says **Julanne Sandoz**, manager of Providence School Outreach for the Oregon Region.

"We have many former students who are now MDs, RNs, pharmacists, OT/PTs and other specialties," Sandoz says. "Some go on to enter premed programs while others realize that a health care career is not for them, which is just as much of a win." ■



Paul Duwelius, MD, (left) an orthopedic reconstruction specialist affiliated with Providence St. Vincent Medical Center, founded Freedom to Move, now called Operation Walk Freedom to Move. Since 2010, its all-volunteer medical team has performed more than 500 total hip and knee replacement surgeries in the Dominican Republic alone.

Photo courtesy of Providence

Operation Walk Freedom to Move improves lives through joint replacement

By John Rumler
For The Scribe

Operation Walk Freedom to Move is an all-volunteer team of orthopedic surgeons, anesthesiologists, scrub techs and surgical nurses who perform joint replacement surgeries in impoverished and rural areas in the Dominican Republic and other places in need.

The nonprofit agency Freedom to Move was founded by **Paul Duwelius, MD**, an orthopedic reconstruction specialist affiliated with Providence St. Vincent Medical Center. While earning his medical degree at Creighton University School of Medicine, Duwelius' participation in volunteer medical mission trips to the Dominican Republic through Creighton's Institute for Latin American Concern (ILAC) led to his forming Freedom to Move.

The medical-surgical outreach mission was first founded in Santiago, Dominican Republic, in the 1970s as an international Christian collaborative health care and educational outreach, and has since evolved. Since 2010, Operation Walk Freedom to Move has performed more than 500 total hip and knee replacement surgeries in the Dominican Republic alone.

"Our medical teams are transforming the lives of

people living in the Dominican Republic in poor, rural communities who are unable to move without pain," Duwelius said.

Freedom to Move, which assembled its original team of volunteer surgeons, anesthesiologists, nurses, OR technicians and Peace Corps translators (to begin treating patients at the ILAC surgery center) more than 15 years ago, partners with other community-based outreach programs to access no less than 130 remote villages throughout the Dominican Republic.

Besides providing orthopedic surgeries, Freedom to Move teams also pass on knowledge and expertise to local medical staff so that they can perform the same life-changing operations long after Freedom to Move has returned to the United States.

Since 2010, in the second week of January, about 25 volunteers, with supplies and implants, first meet at the Jesuit mission town of Santiago, then move to the city of La Vega, where approximately 60 knee and hip replacement surgeries are performed at the Juan Bosch Hospital over 12 days.

Freedom to Move joined forces with Operation Walk nine years ago to enhance its work in the Dominican Republic. Founded in 1994, Operation Walk surgeons, nurses and health professionals

Operation Walk Freedom to Move

TWO ORGS. MERGED IN 2010

WHAT IT DOES A non-profit team of doctors and nurses that travels to the Dominican Republic each year to perform hip and knee replacement surgeries for people who would otherwise never have the opportunity to be pain free.

WEB operationwalkftm.com

have operated on more than 3,000 patients in Russia, Cuba, Nepal, China, the Philippines, Nicaragua, Panama, Mexico, El Salvador, India, Ecuador, Peru and the United States.

Duwelius said donations would help fund medical/surgical education and training and medical supplies, and defray volunteers' travel expenses. ■

DELIVERING LAUGHS

Physician delves into the ‘learned skill’ of improv comedy

By Jon Bell
For The Scribe

Peter Banitt, MD, FACC, has been a cardiologist for more than 25 years. He earned his medical degree from the University of Iowa, did a residency at Beth Israel Deaconess Medical Center in Boston and was a cardiology fellow for three years at Brigham and Women’s Hospital. He’s practiced as an interventional cardiologist in Portland for the past two decades and feels right at home, completely comfortable even, treating patients with the most complex of cardiac complications.



Put him up on a stage in front of an audience of strangers and ask him to perform an improvisational sketch, however, and that’s when the nerves really kick in.

“Being on stage is unfamiliar territory for me,” said Banitt, who’s currently a cardiologist with **The Oregon Clinic** in Tualatin. “I am less nervous taking care of an acute myocardial infarction patient than I am on stage sometimes.”

And yet, getting up on that stage and performing improv comedy is just what Banitt has been doing – and

enjoying – for the past four or five years, ever since his wife encouraged him to take a class at a comedy club in Portland.

“It’s definitely a fun diversion,” he said. “I tell patients that if laughter is the best medicine, nothing is better than having a few laughs, literally, and being a supporter of live theater at the same time.”

Raised in a medical family – his mother was a nurse and his father was an internist – Banitt said he almost always knew that he would grow up to be a doctor. He was drawn to the dynamic, multifaceted nature of cardiology and so pursued that area of specialty in his studies.

Banitt met his wife, now Susan Pease Banitt, while he was in Boston. The couple moved first to Tacoma and then to Portland about 20 years ago.

A performer and dancer in her younger days, Pease Banitt had been looking to get back into performance, which led her into the local improv scene. That, in turn, resulted in Banitt giving it a try with a class at a club called ComedySportz in Portland about five years ago. He’s since taken many classes, dabbled in different clubs such as Curious Comedy and Deep End Theater, and now rehearses and performs on a regular basis with his team at ComedySportz.

Not to be confused with standup comedy, which typically involves a



Peter Banitt, MD, FACC, right, performs improvisational comedy last year with Alan Baird. Banitt said he and his comedy counterparts don’t usually perform in costume, but this was for a special Halloween performance. Photo courtesy of Peter Banitt

single person getting up on stage and running through a series of memorized jokes, improv comedy is just as the term suggests: unrehearsed and spontaneous. It usually features a group of performers who take the stage and throw together a short, humorous sketch based off a random suggestion from an audience member.

Banitt said one of the basic fundamentals of improv comedy is known as “Yes, and . . .”, meaning that one performer accepts what another has said and then builds on that for the next piece of the sketch.

“You create from that principle who the characters are, what the relationships are, why they are there and so on,” he said. “You try and build toward a crescendo and an ending.”

Though the performances are all spontaneous and unplanned, there are certain skills and talents that performers can hone for better improv, thus the classes that Banitt takes. Listening, for example, is key, as is responding to your partner and agreeing with them rather than shutting them down. You also have to develop relationships and learn how to build scenes on the fly with other people.

“When you see it and it’s funny, it looks effortless,” Banitt said. “But it’s actually a learned skill like playing the piano.”

Though he has some performance experience in his background – he played trombone and has sung in multiple choirs – getting up on stage was new for Banitt – and something that was out of his comfort zone. But all in all, it’s been beneficial to him.

Much of improv is also in direct opposition to how physicians provide care. In medicine, Banitt said, you’re constantly following rigid guidelines and procedures aimed at producing

similar results time after time.

“In improv, it’s the opposite,” he said. “There are no guidelines. It’s different every time, and you can fall flat on your face. It really is a different mindset than work. It’s kind of uncomfortable at first, but it’s fun and it’s really expanded my horizons.”

At the same time, there are certain aspects of medicine that sync well with improv, namely the relationship building and connections made with other people.

“In improv, the best scenes are where you are closely connected to your scene partner, you’re agreeing and complementing each other,” Banitt said. “That’s good for life and work and anywhere, really.”

And like anything, the more you do it, the more natural it becomes.

“Improv can be anxiety-provoking, but you just trust yourself and your partner and use the skills you’ve learned – and I still have a lot to learn,” Banitt said. “As with medicine, it’s like you walk into whatever procedure and once you’ve studied it and done it a few times, it becomes more comfortable.”

As for ambitions beyond the improv stage in Portland, Banitt said he’s not really seeking the limelight in New York City or Hollywood. For one, he’s got a family, a day job and other pastimes, including horseback riding. He’s also happy with the improv path he’s been on and where it’s led him thus far.

“I enjoy my day job and do not aspire to move to New York and join Saturday Night Live,” he said, “but I do wish to keep making people laugh here in Portland with my improv friends and colleagues . . . I like meeting new people who are into creating community and who are fun to be with.” ■

“Improv can be anxiety-provoking, but you just trust yourself and your partner and use the skills you’ve learned – and I still have a lot to learn. As with medicine, it’s like you walk into whatever procedure and once you’ve studied it and done it a few times, it becomes more comfortable.”

– Peter Banitt, MD, FACC



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