Second Annual Donor Symposium

Friday, April 26, 2013
12:30–5:00 p.m.
Biological Sciences Learning Center
General Message

The Bucksbaum Institute for Clinical Excellence welcomes you to the Second Annual Bucksbaum Institute Donor Symposium. The Keynote Lecture entitled “Shifting Paradigms: The Oldest Art Became the Youngest Science” will be given by Dr. Jerome Lowenstein, the Director of the Medical Humanism Program at New York University. We are also honored to have Dr. Arnold P. Gold, founder of the Gold Humanism Foundation join us today to discuss the work of the Foundation. Later in the symposium, you will meet Bucksbaum Institute Scholars—students and faculty—who will present their work on the doctor-patient relationship.

The Bucksbaum Institute is growing and thriving and now in our second year, we have appointed more over 50 active members dedicated to research, teaching and developing clinical programs aimed at understanding and improving the doctor-patient relationship.

Thank you for joining us at the symposium and for supporting the mission of better patient care through strengthening the doctor-patient relationship.

Mark Siegler, MD  Matt Sorrentino, MD
Executive Director  Associate Director

About the Bucksbaum Institute

Mission

The Bucksbaum Institute for Clinical Excellence will improve patient care, strengthen the doctor-patient relationship and enhance communication and decision-making through research and teaching programs for medical students, junior faculty and master clinicians.

Achievements

The Bucksbaum Institute for Clinical Excellence at the University of Chicago was created in September 2011 with a $42 million gift from the Mathew and Carolyn Bucksbaum Family Foundation. To achieve its mission, the Institute has appointed six Student Scholars, four Junior Faculty Scholars, thirty Associate Junior Faculty Scholars, twenty-four Senior Faculty Scholars, and two Master Clinicians. In addition, it has also launched a pilot grant program for its Associate Junior Faculty Scholars; developed an annual lecture and seminar series; designed a new course for fourth year Pritzker School of Medicine students; and created a new academic clinical excellence track in partnership with the University’s undergraduate college.
Agenda

12:30 p.m.  Registration and lunch

12:50–1:00 p.m.  Introductions
Mark Siegler, MD
Lindy Bergman Distinguished Service Professor of Medicine and Surgery and Executive Director, Bucksbaum Institute for Clinical Excellence

1:00–1:45 p.m.  Keynote Lecture
Shifting Paradigms: The Oldest Art Became the Youngest Science
Jerome Lowenstein, MD
Professor of Medicine, Edward C. Franklin Firm Chief, and Founder and Director of the Program for Humanistic Aspects of Medical Education at New York University

1:50–2:15 p.m.  Lecture
The Gold Humanism Foundation: Past, Present, and Future and its Relationship to the Bucksbaum Institute
Arnold P. Gold, MD
Professor of Clinical Pediatrics & Neurology, Neurological Institute Columbia University College of Physicians and Surgeons and Founder Arnold P. Gold Foundation

2:15–2:25 p.m.  2013 Pritzker Poetry Contest Awards Presentation

2:25–2:40 p.m.  Break

2:45–4:30 p.m.  Research Presentations by Bucksbaum Institute Faculty and Student Scholars
Engineering Patient-Oriented Clinic Handoffs (EPOCH)
Amber Pincavage, MD (Department of Medicine)
Potential Roles for the Master Clinicians and Senior Faculty Scholars in the Bucksbaum Institute
Ross Milner, MD (Department of Surgery)

Endometrial Cancer Survivorship: A qualitative approach to understanding healthy lifestyle change in African American endometrial cancer survivors and their support network
Nita Lee, MD (Department of OB/GYN)

Operationalizing the Virtues for Good Doctor-Patient Relationships
John Yoon, MD (Department of Medicine)

Psychiatric disorders, high-risk behaviors, and chronicity of homelessness in Chicago youth
Anne Lauer, MS2 (Pritzker School of Medicine)

The Power of Daily Prognostication of Outcome in the Pediatric Intensive Care Unit
Elizabeth Rhinesmith, MS2 (Pritzker School of Medicine)

Shared Decision-Making Preferences and Behaviors Among Hispanic and Non-Hispanic White Patients with Diabetes
Robert Sanchez, MS2 (Pritzker School of Medicine)

4:30–5:00 p.m.  Bucksbaum Institute Advisory Board Panel Discussion
Jordan Cohen, MD
Professor of Medicine and Public Health, George Washington University; President Emeritus, American Association of Medical Colleges; Chairman, Academic Affairs, Morehouse School of Medicine; Chairman of the Board, Gold Humanism Foundation

Laura Roberts, MD
Katharine Dexter McCormick and Stanley McCormick Memorial Professor; Chairman, Department of Psychiatry and Behavioral Sciences, Stanford University

Arthur Rubenstein, MBBCCh
Professor of Medicine, Former Dean and EVP for the Health System (2001–11), Raymond and Ruth Perelman School of Medicine, University of Pennsylvania

5:00 p.m.  Adjourn
Speaker Biographies

Jerome Lowenstein, MD
Professor of Medicine, Edward C. Franklin Firm Chief, and Founder and Director of the Program for Humanistic Aspects of Medical Education at New York University

Dr. Jerome Lowenstein is Professor of Medicine and the Edward C. Franklin Firm Chief, as well as the Director of the Program for Humanistic Medicine at New York University School of Medicine.

Dr. Lowenstein is a distinguished physician-scientist as well as an accomplished medical humanist and prolific author. In 1979, Dr. Lowenstein started the Program for Humanistic Aspects of Medical Education that encouraged medical students to examine their clinical experiences at a time when medical education was increasing focused on the extraordinary achievements of the past 50 years. His experiences with this humanism program led to one of his most widely read books, The Midnight Meal and other Essays about Doctors, Patients, and Medicine, which was published by Yale University Press in 1997 and reissued by University of Michigan Press in 2005.

Dr. Lowenstein’s other works include medical textbooks, such as Acid and Basics: A Guide to Understanding Acid-Base Physiology (Oxford University Press, 1993), and more literary writings, including Henderson’s Equation (North River Press, 2008). In addition, in 2001 he became one of the founding editors of the Bellevue Literary Review and founded the Bellevue Literary Press in 2005.

Complementing his literary activities, Dr. Lowenstein is a senior nephrologist who continues to maintain a busy clinical practice and a full teaching commitment. He was the recipient of New York University’s 2009 Distinguished Teaching Award.

Arnold P. Gold, MD
Professor of Clinical Pediatrics & Neurology, Neurological Institute Columbia University College of Physicians and Surgeons; Founder Arnold P. Gold Foundation

Dr. Arnold P. Gold is Professor of Clinical Neurology and Pediatrics at the Neurological Institute at Columbia University College of Physicians and Surgeons. Dr. Gold’s clinical practice has focused on pediatric neurology with specific attention to child development, autism, cerebral vascular conditions, and neurocutaneous disorders.

Dr. Gold is Founder and Chair Emeritus of the Arnold P. Gold Foundation whose mission is to “promote humanism in medicine.” The Gold Foundation has established programs at 94% of American Medical Schools and Schools of Osteopathy. The Arnold P. Gold Foundation seeks to place people and relationships at the center of every healthcare interaction, and to improve patient care and healthcare outcomes by training doctors in the “habit of humanism.” It does so through multiple collaborative projects with medical schools around the United States, ranging from the White Coat Ceremonies to awards recognizing doctors who focus on doctor-patient relationships and the medical humanities.

Dr. Gold is author of more than 80 published articles and several books in the field of pediatric neurology. Dr. Gold is also the recipient of many special awards and visiting professorships. In 2003, the Dr. Arnold P. Gold Child Neurology Center at the Morgan Stanley Children’s Hospital of New York was dedicated. In 2005, Dr. Gold received the Lifetime Achievement Award from the Child Neurology Society, and in 2006 he received the American Medical Association Foundation’s President’s Award.
The mission of the Pritzker Poetry Contest is to foster compassionate care for our patients and to enhance the therapeutic caregiver-patient relationship throughout our medical center.

Second annual Pritzker Poetry Contest winners

Open Poem Entry

FIRST PLACE: One More Cut
by Lindsay Poston, First Year Medical Student ($1,000 award)

SECOND PLACE: Maybe
by Julia Mosqueda, Research Assistant, Hospital Medicine ($500 award)

Six Word Poem Category

FIRST PLACE: Fear
by Gini Fleming, MD, Hematology/Oncology ($500 award)

SECOND PLACE: (untitled)
by Sandra Shi, Third Year Medical Student ($250 award)

One More Cut
by Lindsay Poston

Memory slits grimace,
recalling days she was the clown
And days she sang the Morning Star
with a voice that rang
strong and clear as the morphine drip
now pinned through flailing forearm,
thinned enough to show two bones.

Belly scars inscribe a life,
of babies born, then ovaries torn,
of kidneys lost and gained.
And with the newest cut, she’s lost
a knee that bounced those giggling babes,
a leg that danced the days she sang.
Where once that sturdy leg was bent,
fresh stitches stretch flesh ‘round bone’s end.

Drip runs dry, the Morning Star fades.
One grandchild on the phone,
fighting doctors, calling home.
Saying three weeks left—
unless they carve out something new.
Amidst murmurs of some-ectomy,
anesthetized, she speaks her plea:

Fear
by Gini Fleming

Alone, I see darkness. Stay near.

(untitled)
by Sandra Shi

A shaky hand in mind. Squeeze.

They just cut, cut, cut,
it ain’t nothin’ new.
They just cut, cut, cut
where the bad cells grew.

Doctor, no,
I’m tired, I’m through.
One more cut ain’t gonna heal,
one more cut ain’t gonna do.
Maybe
by Julia Mosqueda

He slipped into a coma.
I never heard his voice.
I never saw his eyes.
I don’t know who he is.

Years translated into wrinkles
And I wonder who he was, who held him as a child?
Who was the man who kissed his sores?
Who was the God that kept him still?

Maybe he awoke on Christmas
To see the bike he desired.
And maybe he wished and prayed
That spring would come early
To allow adventures to finally begin.

Maybe his father died at a young age,
Forcing him to be the man he was not yet.
Still a young boy, he didn’t have a plan.

Maybe he got drafted at the age of 18
To go to a war he did not yet understand.
And as he left he maybe begged to stay.
But America only kissed him good-bye.

And maybe in that war he lost his best friend
Along with the fears and hopes that still made him a child.
When he came back, he was made into a man.
He grew old with his children far from home.
Maybe his joints hurt with every step.
Maybe it was love: the only reason to live.

Of none of this I am sure.
I enter and leave as his chest rises and falls.

Today he counts on us.
He has neither words nor sights.
He may be a common man or a hero.
All I can do: honor this man
For the man that he might be.

Research Presentations by Bucksbaum Faculty and Student Scholars

Ross Milner, MD (Department of Surgery)
Bucksbaum Institute Master Clinician
Potential Roles for the Master Clinicians and Senior Faculty Scholars in the Bucksbaum Institute (See page 11)

Nita Lee, MD (Department of OB/GYN)
Bucksbaum Institute Junior Faculty Scholar
Endometrial Cancer Survivorship: A qualitative approach to understanding healthy lifestyle change in African American endometrial cancer survivors and their support network (See page 12)

John Yoon, MD (Department of Medicine)
Bucksbaum Institute Junior Faculty Scholar
Operationalizing the Virtues for Good Doctor-Patient Relationships (See page 13)

Amber Pincavage, MD (Department of Medicine)
Bucksbaum Institute Associate Junior Faculty Scholar
Engineering Patient-Oriented Clinic Handoffs (EPOCH) (See page 10)

Anne Lauer, MS2 (Pritzker School of Medicine)
Bucksbaum Institute Medical Student Scholar
Psychiatric disorders, high-risk behaviors, and chronicity of homelessness in Chicago youth (See page 14)

Elizabeth Rhinesmith, MS2 (Pritzker School of Medicine)
Bucksbaum Institute Medical Student Scholar
The Power of Daily Prognostication of Outcome in the Pediatric Intensive Care Unit (See page 15)

Robert Sanchez, MS2 (Pritzker School of Medicine)
Bucksbaum Institute Medical Student Scholar
Shared Decision-Making Preferences and Behaviors Among Hispanic and Non-Hispanic White Patients with Diabetes (See page 16)
ABSTRACT: While patients are especially vulnerable as they transition to care by a new physician, patient input into the resident clinic handoff process is lacking. To create a patient-centered process, we interviewed patients shortly after their transition for suggestions. Using this input, two months before the 2012 handoff, patients were sent a “transition packet” with a welcome letter from the new resident with their picture and personal information (i.e. hobbies), a certificate of teaching recognition, and a visit preparation tool. In 2012 (post-packet), patients were interviewed by phone on the impact of the packet. In 2011 and 2012, charts were reviewed to examine outcomes. The majority of patients post-packet (99%) were aware of the handoff. Of the 44% of patients who remembered the packet, most (70%) reported that it helped them build rapport, acknowledged their role as a teacher, and helped them prepare for their first visit. Fewer patients missed their first visit with their new physician (43% 2011 vs. 31% 2012, p<0.01) or were lost to follow-up six months after the handoff (22% 2011 vs. 12% 2012, p<0.01). A patient-centered clinic handoff was helpful to patients and may have encouraged patients to return for care after the handoff.

This research was completed in part with a grant from the 2012 Bucksbaum Institute Pilot Grant Program.

Potential Roles for the Master Clinicians and Senior Faculty Scholars in the Bucksbaum Institute

Ross Milner, MD (Department of Surgery)
Bucksbaum Institute Master Clinician

ABSTRACT: The role of the Master Clinician and Senior Faculty Scholars is to support and develop outstanding physicians. As the Bucksbaum Institute grows in experience, this role is evolving. The tow Master Clinicians and 24 Senior Scholars will participate in developing programs in both the undergraduate college and in the medical school to assist students to establish strong doctor-patient relationships.

Dr. Ross Milner is the first appointed Bucksbaum Institute Master Clinician. Dr. Milner attended medical school at the University of Pennsylvania and then completed his residency training in General Surgery as well as fellowship training in Vascular Surgery at the Hospital of the University of Pennsylvania. He received numerous teaching awards during his time as a resident and fellow at Penn. At the end of his fellowship, he was awarded the Marco Polo Fellowship from the Society for Vascular Surgery. As the Marco Polo Fellow, Dr. Milner worked at the University Medical Center, Utrecht, The Netherlands, studying aortic aneurysmal disease and endovascular therapy. He performed the initial work investigating the value of remote pressure sensor use for surveillance of aneurysms after endovascular repair. Following the fellowship, he joined the faculty at Emory University first as Assistant Professor and later as Associate Professor and Program Director of the Vascular Surgery fellowship. He moved to Chicago in 2009 after accepting the position of Chief of Vascular Surgery at Loyola University Medical Center. In January 2012, he was recruited to the University of Chicago Medicine as Associate Professor and Co-Director of the Center for Aortic Diseases. He is passionate about the care of patients and maintaining a strong clinical and research focus on aortic aneurysm disease.
Endometrial Cancer Survivorship: A qualitative approach to understanding healthy lifestyle change in African American endometrial cancer survivors and their support network

**Nita Lee, MD** (Department of Obstetrics and Gynecology)
*Bucksbaum Institute Junior Faculty Scholar*

**ABSTRACT:** Endometrial cancer is the most common gynecologic malignancy, affecting 43,000 women each year. Women with endometrial cancer are likely to be diagnosed early and cured of their disease. Despite a positive cancer outcome, the major risk factors for the disease, which include obesity and diabetes, persist long after the cancer diagnosis, placing these women at high risk for future morbidity and mortality. Sixty to eighty percent of women are overweight or obese at the time of diagnosis. Thus, a new diagnosis of endometrial cancer becomes a compelling reason to promote nutrition, healthy behaviors, and weight loss in individual patients and their families.

The objective of this pilot proposal is to better understand knowledge, attitudes, and behaviors regarding endometrial cancer, obesity, and feasibility of lifestyle change among African American women with endometrial cancer and their female family and social network using qualitative research methodology. A cancer diagnosis can be a teachable moment in which the clinician can influence obesity-related behaviors. Themes and concerns elucidated via moderated focus groups will build the foundation and drive future patient-centered interventions supporting cancer education and healthy lifestyle change among African American women.

*This research is being completed in part with a grant from the 2012 Bucksbaum Institute Pilot Grant Program.*

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Operationalizing the Virtues for Good Doctor-Patient Relationships

**John Yoon, MD** (Department of Medicine)
*Bucksbaum Institute Junior Faculty Scholar*

**ABSTRACT:** Delivering compassionate, patient-centered care remains a key aspirational goal of the medical profession and is central to good doctor-patient relationships. But can such professional virtue be taught and assessed? In our previous work funded by the Science of Virtues project at the University of Chicago, we have surveyed a nationally representative sample of medical students clustered within schools. With support from the Bucksbaum Institute, we conducted qualitative interviews with purposively sampled subgroups in order to test and refine the methods and measures that will be deployed in a future longitudinal study. One sub-group was medical students inducted into the Gold Humanism Honor Society. The other sub-group was medical students who were not nominated for the Gold Humanism Society. Overall, 21 students were interviewed (10 from Gold subgroup, 11 from non-Gold subgroup). Currently, interviews have been transcribed and are being coded for thematic analysis. We hypothesize that role models (clinical exemplars) play a major formative role in those nominated for the Gold Humanism Honor Society. The current project contributes to research on the doctor-patient relationship by developing physician-specific measures of certain professional virtues and by generating novel insights about character development and moral enculturation among physicians-in-training.

*This research was completed with a grant from the 2012 Bucksbaum Institute Pilot Grant Program.*
**Psychiatric disorders, high-risk behaviors, and chronicity of homelessness in Chicago youth**

**Anne Lauer, MS2** *(Pritzker School of Medicine)*  
*Bucksbaum Institute Student Scholar*

**ABSTRACT:** This study investigated the relationship between psychiatric and substance-related disorders, high-risk behaviors, and the duration and frequency of homelessness among homeless youth. It was hypothesized that rates of these adverse effects will be positively correlated with increased duration, frequency, and early onset of homelessness.

Sixty-six homeless youth (mean age 19.3; 56.1% female; 80.3% African American, 3.0% Caucasian, 3.0% Latino), were recruited from two shelters.

Each participant was administered a demographic questionnaire, the Wechsler Abbreviated Scale of Intelligence (WASI-I) and the Mini-International Neuropsychiatric Interview (MINI 6.0), and the CDC’s 2011 National Youth Risk Behavior Survey.

Increased frequency (0.319, p<0.01) and duration (0.279, p<0.05) of homeless episodes correlated with higher rates of psychiatric diagnoses. Increased number of psychiatric diagnoses positively correlated with high-risk behaviors. Participants with MINI diagnoses of: Current Suicidality (p=0.024), Manic Episodes (p=0.023), Obsessive Compulsive Disorder (p=0.018), Substance Abuse (p=0.024), and Psychotic Disorder (p=0.034) had higher numbers of total lifetime homeless episodes.

Significant differences shown between the three time parameters suggest that stratification of data by time variables is needed in such research to characterize homeless youth populations overall, providing better context and targets for interventions.

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**The Power of Daily Prognostication of Outcome in the Pediatric Intensive Care Unit**

**Elizabeth Rhinesmith, MS2** *(Pritzker School of Medicine)*  
*Bucksbaum Institute Student Scholar*

**ABSTRACT:** The ability of clinicians to predict morbidity and mortality in the Pediatric Intensive Care Unit (PICU) is poorly described. The objective of this study was to determine the accuracy of such prognostication. We hypothesized that daily predictions would have limited value in distinguishing in-hospital survivors versus nonsurvivors and functional morbidity after discharge.

Data from 143 patients (ages 0–18) from The University of Chicago PICU (June 2012–present) were analyzed. Clinicians were asked to predict survival or death for each patient. If survival was predicted, the clinician was asked to estimate the patient’s functional morbidity. For both questions, the clinician rated his or her confidence in the prediction. Predictions were correlated with patient outcomes assessed by telephone survey at one month after discharge.

Complete mortality data was available for the first 110 patients, including (104 (94.5%) survivors and 6 (5.5%) non-survivors). Prediction of death by any member of the care team was not predictive of mortality (PPV = 0.5) but improved with any agreement across the team (PPV=0.75) and over time (PPV = 0.67 >2 days). There was limited concordance between attending physician predictions during admission, parent global assessment, and a validated functional outcomes measure (the latter two assessed at 1 month after discharge).

We report the first analysis of physician prognostication regarding morbidity and mortality in the PICU and after discharge. Continued enrollment and analysis of 6-month outcomes will increase knowledge of the accuracy of clinician prognostication with the potential of improving physician-patient communication.
Shared Decision-Making Preferences and Behaviors Among Hispanic and Non-Hispanic White Patients with Diabetes

Robert Sanchez, MS2 (Pritzker School of Medicine)
Bucksbaum Institute Student Scholar

ABSTRACT: Shared decision-making (SDM) is an integral part of quality health care linked to positive health outcomes. In the United States, Latinos/Hispanics are more likely to experience lower quality patient-provider communication, a trend that may contribute to racial/ethnic health disparities.

I compared the attitudes and behaviors of Hispanics and non-Hispanic White patients with diabetes on key aspects of SDM.

Quantitative data were collected from a cross-sectional survey administered to patients from 34 community health centers serving low-income populations.

In bivariate and multivariate analyses, Hispanics were less likely to prefer a shared decision-making role than non-Hispanic whites (OR: 0.38 [0.27, 0.55]), but there was no statistical difference in reported patient involvement in shared decision-making, as measured by initiating discussions about 6 areas of diabetes care measures.

This multi-ethnic study found that Hispanics differed in preference for shared decision-making compared to non-Hispanic whites, preferring a more passive role in the process. In contrast, Hispanics were just as likely to initiate discussions with their doctors about their diabetes-related care. Future studies are warranted to explore this complex relationship to gain a greater understanding of the sociocultural values that could impact these beliefs and practices.

Bucksbaum Institute Advisory Board Panel Discussion Biographies

Jordan Cohen, MD
Professor of Medicine and Public Health, George Washington University
President Emeritus, American Association of Medical Colleges
Chairman, Academic Affairs, Morehouse School of Medicine
Chairman of the Board, Gold Humanism Foundation

Jordan J. Cohen, M.D. is president emeritus of the Association of American Medical Colleges (AAMC). He also serves as chairman of the board of the Arnold P. Gold Foundation for Humanism in Medicine.

As President and Chief Executive Officer of the Association of American Medical Colleges (AAMC) from 1994 to 2006, Jordan J. Cohen, M.D. led the Association’s support and service to the nation’s medical schools and teaching hospitals. He launched new initiatives in each of the association’s mission areas of education, research and patient care; and established many initiatives for improving medical education and clinical care. As the voice of academic medicine for more than a decade, Dr. Cohen also spoke extensively on the need to promote greater racial and ethnic diversity in medicine, to uphold professional and scientific values, and to transform the nation’s health care system.

Dr. Cohen has worked and taught at the State University of New York at Stony Brook, the University of Chicago, the Michael Reese Hospital and Medical Center and George Washington University.

Dr. Cohen currently serves on the board of the Morehouse School of Medicine, the Accreditation Council for Graduate Medical Education, and the Sidra Medical and Research Center in Doha. He also serves on the Editorial Board of the Journal of the American Medical Association (JAMA). He chairs the VA’s National Academic Affiliation Council and is co-chair of the Institute of Medicine’s Global Forum on Innovations in Health Professional Education.

Dr. Cohen is a graduate of Yale University and Harvard Medical School and completed his postgraduate training in internal medicine on the Harvard service at the Boston City Hospital.
Laura Roberts, MD

Katharine Dexter McCormick and Stanley McCormick Memorial Professor
Chairman, Department of Psychiatry and Behavioral Sciences, Stanford University

Dr. Roberts serves as Chairman and the Katharine Dexter McCormick and Stanley McCormick Memorial Professor in the Department of Psychiatry and Behavioral Sciences at the Stanford University School of Medicine. She is an internationally recognized scholar in bioethics, psychiatry, medicine, and medical education, and is identified as the foremost psychiatric ethicist in the United States. Dr. Roberts has performed a series of studies on the ethics of research and clinical care in the context of serious mental illness, focusing particularly on schizophrenia. Her work has led to advances in our understanding of ethical aspects of physical and mental illness research, societal implications for genetic innovation, the role of stigma in health disparities, the impact of medical student and physician health issues, and optimal approaches to fostering professionalism in medicine.

Dr. Roberts has written hundreds of peer-reviewed articles and other scholarly works, and she has written or edited several books in the areas of professionalism and ethics in medicine, psychiatric research, professional development for physicians, and clinical psychiatry. Dr. Roberts has been the Editor-in-Chief for the journal Academic Psychiatry since 2002 and serves as an editorial board member and peer reviewer for many scientific and education journals. Dr. Roberts has received numerous awards for leadership, teaching, and science, including the Lifetime Achievement Award from the Association for Academic Psychiatry in 2010.

Having received her Bachelor of Arts in History and Master of Arts in the Conceptual Foundations of Science from the University of Chicago, Dr. Roberts then completed her medical degree and a fellowship in clinical medical ethics at the University of Chicago Pritzker School of Medicine.

Arthur Rubenstein, MBBCh

Professor of Medicine, Former Dean and EVP for the Health System (2001–11), Raymond and Ruth Perelman School of Medicine, University of Pennsylvania

Dr. Arthur H. Rubenstein is Professor of Medicine, Division of Endocrinology at the Raymond and Ruth Perelman School of Medicine at the University of Pennsylvania.

Previously, Dr. Rubenstein was the Executive Vice President of the University of Pennsylvania for the Health System and Dean of the Raymond and Ruth Perelman School of Medicine. These entities make up Penn Medicine, a $3.6 billion enterprise, dedicated to the related missions of medical education, biomedical research, and excellence in patient care.

Dr. Rubenstein is an internationally-prominent endocrinologist recognized for clinical expertise and groundbreaking research in diabetes. Well-known for his inspired teaching, Dr. Rubenstein has served in numerous academic leadership positions during his career including the Lowell T. Coggeshall Distinguished Service Professor of Medical Sciences and Chairman of the Department of Medicine at the University of Chicago Pritzker School of Medicine.

Author of more than 350 publications, Dr. Rubenstein is the recipient of many awards and prizes, including the highest honor of the Association of American Physicians (AAP), the George M. Kober Medal, and the highest honor from the Association of Professors of Medicine, the Robert H. Williams Distinguished Chair of Medicine Award. Among his other honors are the John Phillips Memorial Award from the American College of Physicians; the Banting Medal from the American Diabetes Association; and the David Rumbough Scientific Award from the Juvenile Diabetes Association. In 2009, Dr. Rubenstein was awarded the prestigious Abraham Flexner Award for Distinguished Service to Medical Education from the Association of American Medical Colleges.

Born in South Africa, Dr. Rubenstein received his medical degree from the University of the Witwatersrand in Johannesburg.
In 2012, our first year, the Bucksbaum Institute started a new pilot grant program for Associate Junior Faculty Scholars. This program was designed to advance research, teaching, and clinical programs relating to the doctor-patient relationship and clinical decision-making. All Associate Junior Faculty Scholars were eligible to apply for pilot grants. In 2012, 14 of 20 Associate Junior Faculty Scholars submitted pilot grant applications. A selection committee awarded funds for the pilot grants, totaling nearly $70,000.

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University of Chicago Adult Sickle Cell Care Team
“Patient-centered Self Management Tools”
Gina Dudley, MD (Department of Medicine)

**ABSTRACT:** With the support of the Bucksbaum Institute Pilot Grant, the University Of Chicago Medicine Adult Sickle Cell Program has implemented a project to develop a patient-centered self-management tool for improved disease control. The purpose of the project is to improve patient/provider communication by creating a portable medical record for sickle cell patients. This tool features specific details of care individualized for each patient, serving as a communication tool when patients present to acute care facilities, hospitals, and outside clinics. Central to this tool is input from patients, as provided in a focus group that allowed clinic participants to brainstorm about revisions to previous iterations of the card. By incorporating patient recommendations, the tool emphasizes the importance of the patient-doctor dyad.

Understanding the Psychology of Thyroid Cancer
in an Era of Increasing Incidence
Raymon Grogan, MD (Department of Surgery)

**ABSTRACT:** Incidence rates of thyroid cancer have increased worldwide for several decades. In a recent study our group estimated that by 2019, thyroid cancer will be the 3rd most common cancer in women of all ages, and the second most common cancer in women under the age of 45 in the United States. Despite the increasing incidence, thyroid cancer survival has remained relatively stable in recent years. The prognosis for thyroid cancer is good as the 10-year survival rate for papillary thyroid cancer is as high as 97% in some studies. A high rate of survival, a relatively younger age at diagnosis, and the rising incidence is resulting in a greater prevalence of thyroid cancer survivors. In another recent study our group found that 11% of thyroid cancer recurrences and 17% of deaths occur more than 20 years after diagnosis. This leads to a lifetime of follow-up and the knowledge that once diagnosed, a person will never be fully cured of their cancer. Unfortunately, the psychology of thyroid cancer survivorship has been neglected and understudied. Our recent findings confirm that there is a clear need for a comprehensive evaluation of the psychological impact of thyroid cancer on survivor QoL so that physicians can be better equipped to help patients cope with these lifelong consequences.
Improving Patient Perception During Disclosure Conversations of Unanticipated Outcomes Utilizing Disclosure Training for Anesthesiology Residents and Critical Care Medicine Fellows: A Novel Approach

Allen Gustin, MD (Department of Anesthesia)

ABSTRACT: Since the 1999 landmark Institute of Medicine report “To Err is Human,” evolving healthcare innovations have intended to reduce harmful patient events through education and systems improvements. Many organizations have been advocating for patient safety by instituting quality measures meant to create environments of transparency and encourage disclosure practices. Educational disclosure training programs are slow to grow and currently seem to be limited to cognitive exercises via electronic learning modules. I proposed a simulation study employing “real time” simulation disclosure training within the University of Chicago Medical Center. Simulation training has proven a viable training modality in sustaining changes in communication behaviors. To date, no investigator has validated the relationship between educational disclosure training and the perceptions of trained actors acting as patients after disclosure of harmful events. I propose this novel project with the following specific aims: to characterize the relative effectiveness of simulation disclosure conversations using Effective Arts actors and using the “Attend-To’s” methodology, to characterize the relative effectiveness of simulated disclosure conversations after simulated unanticipated outcomes using utilizing real time disclosure simulation as best practice as assessed by pre and post simulation assessments, and to characterize the relative experiences of participants using post evaluations and reflective practices after each RT unanticipated outcome simulation.

Communication Skills Training Program for Oncology Trainees: Small Group Skills Practice

Olwen Hahn, MD (Department of Medicine)

ABSTRACT: Effective communication is crucial to successful physician-patient encounters. Cancer patients report unmet communication needs for information about disease extent, prognosis, and treatment options. In communicating with patients, physicians tend to focus on technical and cognitive information, and they often omit key communication tasks such as eliciting patient’s perceptions and tailoring information to meet patient’s needs. Several studies have demonstrated that effective communication is not an innate talent, but a learned series of skills. Communications skills training (CST) is a vehicle to learn and solidify skills that improve doctor-patient interactions and professionalism. Only 5% of practicing oncolgists have received formal training in communication and most fellowship programs do not offer CST. In 2010, a CST curriculum was initiated for the University of Chicago’s Hematology-Oncology fellows. The teaching methods include didactic lectures and workshop-based sessions. The Bucksbaum Institute’s grant provides an opportunity to augment this program by piloting a critical component of CST for trainees: experiential role-play of common oncology topics with standardized patients. The grant funds small-group practice sessions with standardized patients, faculty facilitator, and trainee. Topics to be covered include: breaking bad news, family meetings, and transitions to hospice. The goal of this educational initiative is to improve the communication skills by oncology trainees and improve their interactions with patients. If successful, our program could be adopted by other graduate training programs at University of Chicago.
ABSTRACT: The Bucksbaum Institute Pilot Grant was awarded for the creation of guidelines and a curriculum that would empower physicians to be first line responders against human trafficking. Nearly one-third of victims interact with medical providers at least once during their captivity, yet the victims are not identified as victims and are instead returned to captivity. Human trafficking affects up to 200 million people worldwide. In Chicago alone between 2006-2007, an estimated 16,000-25,000 women were victims of trafficking. These victims are at high risk for illness, severe mental trauma, violent physical trauma, and sexually transmitted disease. Physicians are in an ideal position to screen and identify victims of human trafficking and to intervene to help them obtain medical care. Physicians can also work with other disciplines including social services, psychology departments, and the law to help victims obtain safe shelter, counseling, and legal aid. The ultimate goal is to restore human rights to the victims, bring the captors to justice, and end human trafficking. The grant money was designated towards education to create awareness on this topic, and to develop a lecture series to empower young physicians to identify, and intervene to help trafficked victims.

ABSTRACT: Patients are routinely challenged by complex medical decisions regarding when to undertake preventive, acute, or chronic care. Evidence from the UKPDS has suggested that, among adults with newly diagnosed diabetes, early tight hemoglobin A1C (A1C) control has benefits both at ~10 and ~20 years, while tight blood pressure (BP) control may have benefits only while tight control is maintained. For patients with established diabetes, more recent trial results have suggested that pursuing very tight A1C control may have little benefit, or even cause harm. Thus the timing of A1C and BP control may have important clinical consequences for patients with diabetes. A fundamental question is raised by these timing effects: what do patients believe regarding when medications are needed for tight A1C and BP control, when benefits from tight A1C and BP control are expected to accrue, and whether the timing of tight A1C and BP control alters benefits. I will conduct semi-structured interviews with 40 patients with diabetes from diverse clinical settings, in order to: Aim 1. Describe patients’ beliefs regarding when medications are needed for tight A1C and BP control, when benefits from tight A1C and BP control are expected to accrue, and whether the timing of tight A1C and BP control alters benefits. Aim 2. Explore how patients evaluate a given treatment regimen in the context of new information about the timing effects of tight A1C and BP control.
Communication during Pediatric Resuscitation: a pilot simulation training program for pediatric critical care and emergency medicine fellows

Diana Mitchell, MD and Alisa McQueen, MD (Department of Pediatrics)

**ABSTRACT:** One of the most stressful events for medical providers is the resuscitation of a critically ill child. And of course, such an event is unthinkable for parents. However, survey shows that parents wish to be present during the resuscitation of their child. We developed a simulation-based resuscitation curriculum to train fellows in pediatric critical care and emergency medicine how best to carry out a pediatric resuscitation in the presence of a family member. Each case uses a high-fidelity mannequin to guide fellows through advanced medical interventions and procedural skills in the resuscitation of a pediatric patient. During the scenarios, fellows communicate with standardized patients acting as parents. Program evaluations rate the sessions as highly realistic. All fellows report they plan to change their management of patients based on the sessions. Self-assessment of skills before and after each session indicate that fellows feel more comfortable with parental presence during a resuscitation, explaining medical interventions, communicating with family members, and answering hard questions (i.e. “is my child going to die?”) after completion of the sessions. Future directions include implementing the curriculum as a mandatory component of fellow training and development of a best practices video so that key skills can be disseminated across other training programs and medical disciplines.

The 1200 Patients Project: Evaluating How Results Delivery in the Genomic Era Might Promote Communication in the Doctor-Patient Relationship

Peter H. O’Donnell, MD (Department of Medicine)

**ABSTRACT:** “Personalized medicine” has been practiced for centuries, but with sequencing of the first human genome in 2000, the expectation became that ‘personalized medicine’ would also mean inclusion of genetic information. The field of pharmacogenomics has permitted discovery of genetic polymorphisms for many drugs, but thus far, information has infrequently been utilized due to poor physician knowledge about drug-gene relationships, limited avenues for testing, and time delays to receive results.

This project aims to overcome these barriers to realize the promise of pharmacogenomics. We are prospectively enrolling 1200 adults receiving routine outpatient care from early-adopter physicians at The University of Chicago. Patients are preemptively genotyped across a panel of polymorphisms selected based upon clinically relevant evidence of their pharmacogenic role. Patient-specific results are made available to early-adopters through a created research portal (the “genomic prescribing system”) which provides instantaneous pharmacogenomic consultations. Through this individualized health care model, we are studying how pharmacogenomic results are utilized by physicians if timely, interpretable results are provided, and whether inappropriate or high risk medications are less likely to be prescribed in patients for whom pharmacogenomic results are known. Importantly, we are studying how the availability of pharmacogenomic information impacts the nature of the doctor-patient relationship.
The Power of Daily Prognostication of Outcome in the Pediatric Intensive Care Unit

Neethi Pinto, MD (Department of Pediatrics)

**ABSTRACT:** Limited data exists regarding the accuracy of clinician predictions of morbidity and mortality in the Pediatric Intensive Care Unit (PICU). Our objective was to determine the accuracy of such prognostications. We hypothesized that predictions, obtained daily from members of the clinician care team (attending physician, fellow, resident/nurse practitioner, and bedside nurse) would have limited predictive value for distinguishing survivors versus non-survivors. We expected the positive predictive value of prognostication to increase with level of experience, confidence in prediction, concordance among the team, and if the outcome measure included severe functional morbidity. We enrolled 143 children and obtained 3266 intuitions from clinicians over 978 patient days. Our preliminary results indicate that a prediction of death by any member of the care team was not predictive of mortality, but increased when agreement existed across the team, with serial predictions over time, and with experience. Regarding functional outcome at 1 month, there was limited concordance between attending predictions, parent assessment, and a validated scoring tool. Expansion of enrollment and analysis of 6 month outcomes will increase knowledge of the accuracy of clinician prognosis with the potential of improving overall physician-patient communication during an especially stressful time for families and their critically ill children.

Enhancing the patient satisfaction and patient-doctor relationship through various ways of education

Tao Xie, MD, PhD (Department of Neurology)

**ABSTRACT:** Patient education is very important to enhance patient-doctor relationship, patient satisfaction and their quality of life as well. Patient education in movement disorders could help patients understand and manage better their motor and non-motor symptoms and take best advantage of the state-of-the-art treatment option such as deep brain stimulation (DBS). Patient education, however, was not well addressed here and in many other places. We therefore have conducted a serial of patient education initiatives. We prepared written materials and video clips on various movement disorders, including Parkinson’s disease, tremor and dystonia, particularly on the DBS treatment. We also routinely videotaped the pre-surgical status of the movement disorders for post-surgical comparison, which helps the patient to appreciate and enjoy better the post-surgical function improvement and has particular benefit for those patients who somehow do not recognize the improved function capacity even with the significant improved motor symptoms on objective post-surgical evaluation, cases so far difficult to be treated otherwise. In addition, we have more education and outreach- ing activity in April to benefit more patients including those currently not under our care.

Through these educations, we have enhanced patient satisfaction and patient-doctor relationship, delivered quality of care, and improved quality of life.
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