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Good Morning Sunshine

By Richard J. Gimpelson, MD

Thanks, God, for “Sunshine.” It enables plants to grow, children to play, and most people to go to work. Now we can thank the U.S. government, through control by the Centers for Medicare and Medicaid Services (CMS), to apply the Sunshine Law on all “physicians” (includes doctors of medicine, teaching hospitals, osteopathic physicians, dentists, podiatrists, optometrists and chiropractors).

The Sunshine Act is supposed to provide patients with enhanced transparency into the relationship their health-care providers (sorry for this word) have with life-science manufacturers, including medical technology companies. In other words, how much and where does the money flow? It is a shame that it is not as easy to follow the money trail to and from politicians.

The payments or transfers of value that must be reported cover a very broad area that includes any single item worth more than $10, or any item worth less than $10 when the total transferred over a year exceeds $100.

The list:

- Certain ownership or investment interests (to be decided by CMS)
- Consulting fees
- Royalty payments
- Research and clinical trial-related expenses
- Licensing fees
- Honorariums
- Grants and charitable donations
- Meeting support
- Educational items
- Expenses such as travel, lodging and meals

- Payments to another entity at the request of or on behalf of a physician or teaching hospital

After the information is captured, the following is reported:

- Name and address of covered recipient
- Form of payment
- Dollar value and date of payment
- Nature of payment
- Product associated with payment
- Other identifying information (contact type, specialty, National Provider ID)

The key dates:

- Aug. 1 to Dec. 31, 2013 – Companies collect payments/transfer of values
- March 31, 2014 – First report due to CMS
- Sept. 30, 2014 – CMS will publish reported data on publicly available websites.

continued on page 20

Dr. Gimpelson, a past SLMMS president, is co-director of Mercy Clinic Minimally Invasive Gynecology. He shares his opinions here to stimulate thought and discussion, but his comments do not necessarily represent the opinions of the Medical Society or of Mercy Hospital. Any member wishing to offer an alternative view is welcome to respond. SLMM is open to all opinions and positions. Emails may be sent to editor@slmms.org.

Jules Renard, a 19th century French author, once opined, “We don’t understand life any better at 40 than at 20, but we know it and admit it.” Yet I look at it a bit differently: We change our definition of life even as we live it. What does a 5-year-old think about being alive? I exist? Or at 20 one may say, “I am here to succeed at something.” Perhaps at 50, one may say, “I exist for my family.” And at 80, we may say that life was good, but will anyone remember mine? How will you or those who remember you define your life? There is still time to affect the definition they choose.

Dr. Knopf is editor of Harry’s Homilies. © He is an ophthalmologist retired from private practice and a part-time clinical professor at Washington University School of Medicine.
Cover Feature

Trends in Medical Education

Q&A With St. Louis’ Medical Schools

Deans comment on issues and trends impacting medical education

Features

Nominees Announced for SLMMS 2014 Officers and Councilors

Election takes place online November 1-25

Private School Directory

Educational opportunities from preschool through high school

Special advertising section

Columns

SCAM-Q

By Richard J. Gimpelson, MD

Good Morning Sunshine

President’s Page

By David L. Pohl, MD, FACR

Medical Education … The Never-Ending Story

News

Letter to the Editor

SLMMS Announces 2014 Dues Structure

Elected AMA Foundation Board President

SLMMS Welcomes New WUSM Residents and Fellows

Departments

1 Harry’s Homilies

20 Calendar

21 Happy Birthday

22 Alliance

24 SLMMS Council Minutes

26 Obituaries

28 Welcome New Members

On the Cover: Washington University associate professor Krikor Dikranian, MD, PhD, with anatomy students; a Saint Louis University medical students gives an exam to a child at the school’s free clinic; a WU student in a class lecture.

The advertisements, articles, and “Letters” appearing in St. Louis Metropolitan Medicine, and the statements and opinions contained therein, are for the interest of its readers and do not represent the official position or endorsement of the St. Louis Metropolitan Medical Society. SLMM reserves the right to make the final decision on all content and advertisements.

Do You Use Tablets or Smartphones in Your Practice?

If you do, St. Louis Metropolitan Medicine would like to hear from you. The cover feature of the December issue will explore physicians’ use of tablet and smartphone devices in their practices. This is not personal use, but use in clinical practice. Tell us what you are doing, just email to editor@slmms.org.
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Medical Education ... The Never-Ending Story

David L. Pohl, MD, FACR, Medical Society President

To most non-physicians, getting a “medical education” means going to medical school for the traditional four years. Many non-physicians do also know that there is some sort of further training (residency) after medical school, but think of it as “hands-on” practical experience. Even fewer realize, that for many physicians, additional years of training (fellowship) are undertaken. They all would agree that is what most physicians do to become a doctor. What most people don’t seem to realize is that physicians never stop learning (or training). For the profession of medicine, our training is ongoing for the remainder of our professional careers—hence, the term continuing medical education, aka CME.

Like our knowledge base in medicine, our continuing education continues to evolve and change over our careers—some changes are for the better though others are detrimental. In the past, significant portions of a physician’s CME training were garnered at large didactic conferences, often at a significant monetary cost and, more importantly, of time away from one’s practice. The emphasis was often on the direct social interaction and, indeed, a great deal of interaction and information exchange took place not just at the lectures, but more importantly in the ubiquitous side discussions. These occurred during the breaks and after the formal presentations (and, to be honest, during the lectures themselves on occasion).

With CME today, the didactic conferences of former years can still be found, but often they are much more personal than in the past. Many speakers now use interactive media during the lecture itself, to tailor it for the audience’s needs. Additionally, a tremendous wealth of CME is available online, and is especially amenable to the tailored approach allowing one to skip over that which is well understood and to spend more time concentrating on new material or upon the more difficult concepts. A major advantage today is the ability to incorporate a multi-media presentation. As many older physicians will recall, trying to visualize the three-dimensional changes taking place during embryologic development was a challenge when trying to integrate the written word with the few drawings and schematics. Now with the advent of video clips, all one needs to do is watch and learn.

However, a significant drawback to online CME is the inability to have a social interaction. New difficulties now arise in trying to determine whether a given CME activity is worthwhile in terms of the time required. Thankfully, much of the CME available is peer-reviewed and independent of support biases. It is a good habit to peruse the required financial disclosure statements.

As we continue lifelong learning, one problem for physicians is the decreasing scope of our medical education along pathways dictated by the day-to-day information requirements of our practices. Indeed, many physicians note that they spend more and more, and in many cases, the majority of their time meeting credentialing requirements. While everyone recognizes the value of a physician maintaining competency within their area of practice, many of the credentialing requirements simply mean a physician must waste their time and money satisfying a bar set by a bureaucracy. Trying to fit into the “one size must fit all” mentality of a credentialing bureaucracy means that much less time and resources are now available to pursue what the physician recognizes is necessary to know in order to maintain their individual expertise and practice standards.

The lifelong pursuit of continuing general medical education has encountered other unanticipated roadblocks in the modern world. Not that many years ago, a great deal of informal CME took place in the physician...
lunch room where physicians of every practice type would filter in and out over the course of the noon hour and fluidly discuss problematic cases, debate over diagnostic and therapeutic options, and report on previously discussed cases and their results, all of which often resulted in a deeper general understanding of the branches of medicine outside of one’s specific practice. The current time constraints and productivity requirements thrust upon many physicians in our modern world of medicine mean that many physicians now dine on the run or at their desk in an effort to keep up, thus lessening the social interaction of the past. This is to the detriment of physicians being able to see themselves first and foremost as physicians rather than as numerous different practice areas with otherwise little in common except for the patients we encounter.

Many of the most important things about medicine that I have learned over the years have come from attendance at general medical meetings—where I have heard the concerns and problems my colleagues face in their areas of practice. It challenges me to come up with ways in which my practice area can assist them. Another way is to maintain contact with medicine as a diverse profession is to step forward and serve on various hospital committees (e.g., peer review) or to attend multi-disciplinary conferences. A great way to overcome the specialty-specific nature of much of our CME is to occasionally read the review articles for other practice areas. You would be amazed to see how much your own area of practice comes up in the discussions and how you can contribute to the ongoing improvement of medicine in other arenas.

The challenge to physicians is to improve the practice of medicine. One of the best ways to do that is to be involved with physicians from all practice areas. Join and become active in your local, state, and national medical societies; get involved in your hospital’s medical activities; and talk to physicians from all areas of practice. You’ll be amazed by how much we all will learn.

Letter to the Editor

Congratulations to Dr. Arthur Gale. He is leaving a lasting legacy to the St. Louis Metropolitan Medical Society by funding the Arthur Gale Writer’s Award. The annual award is to be presented to the author of the best contributed article published in St. Louis Metropolitan Medicine. I hope the membership responds to this challenge of writing fine articles for the publication. We should always leave a legacy not only with our patients by helping them but also by improving our profession and community for future generations.

George M. Bohigian, MD

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SLMMS Announces 2014 Dues Structure

Watch for a change on your 2014 SLMMS dues statement. While dues for active and corresponding members remain at $330 annually, your statement will show a total of $350 to include an optional $20 contribution to the Medical Society’s charitable arm, the St. Louis Society for Medical and Scientific Education (SLSMSE).

SLSMSE supports a variety of important educational programs for the community, including:

- Awards to middle and high school students in the health and medicine category of the St. Louis Science Fair
- Education presentations for physicians such as the annual Hippocrates Lecture
- Support for community health education programs; among these are projects carried out by the SLMMS Alliance
- Support for the Missouri Physicians Health Program

Your contributions to SLSMSE are very much needed to sustain this important work. However, the additional $20 is optional and members not wishing to make the contribution may decline. As a 501(c)(3) nonprofit foundation, contributions to SLSMSE are tax-deductible to the full extent allowed by law.

SLMMS 2014 dues for other membership categories, including retired ($100 annually) and junior/student ($40 annually) will remain unchanged for 2014.

You will receive your 2014 dues statement in early October; dues must be paid in full before Jan. 1, 2014. If you have questions, contact the SLMMS office.

Elected AMA Foundation Board President

Edmond B. Cabbabe, MD, FACS, who is past president of SLMMS and MSMA, has been elected president of the board of directors of the American Medical Association (AMA) Foundation. A 501(c)(3) nonprofit organization, the Foundation advances public health and medical scholarship by raising philanthropic support for physician-directed initiatives.

A board-certified plastic surgeon in private group practice, Dr. Cabbabe has served on the AMA Governing Council of the International Medical Graduates as an alternate delegate and is currently the chair of the Missouri delegation to the AMA House of Delegates. Dr. Cabbabe is also a recipient of an AMA Foundation Leadership Award and the AMA Membership Outreach Recruitment Award.

“We are excited to have Dr. Cabbabe as the president of the board of directors,” said AMA Foundation Executive Director Steven Churchill. “We look forward to what he will contribute to the AMA Foundation through his expertise in the health-care industry and experience in philanthropic endeavors.”

Dr. Cabbabe’s first exposure to the AMA Foundation was through a grant he received to provide pro bono tattoo removal of gang-related tattoos to aid in rehabilitating former gang members. His public service involvement also consists of treating children referred by the Palestine Children’s Relief Fund. He is an ardent writer who has contributed to more than 110 articles in both English and Arabic.

For more information on the AMA Foundation, visit www.amafoundation.org.

SLMMS Welcomes New WUSM Residents and Fellows

Council members from SLMMS participated in the annual Washington University School of Medicine Graduate Medical Education Trainee welcome reception on Aug. 22. Karen Goodhope, MD; Robert McMahon, MD; and Jay Meyer, MD; joined SLMMS Executive Vice President Dave Nowak to staff an information table and recruit junior members to the Society. SLMMS also used the event as an opportunity to recruit the younger physicians to participate in focus groups and dialogues as part of he SLMMS strategic planning process.

From left: SLMMS Executive Vice President Dave Nowak; Karen Goodhope, MD; Robert McMahon, MD; and Jay Meyer, MD.
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Nominees Announced for SLMMS 2014 Officers and Councilors

Election takes place online November 1-25

Your Medical Society is pleased to announce the slate of officer and councilor candidates who will lead the Society in 2014. The election will take place online at www.slmms.org from Nov. 1 to 25.

Joseph A. Craft III, MD, will succeed automatically to the position of 2014 SLMMS president from his current status as president-elect. Dr. Craft is a cardiologist with Mercy Heart and Vascular and is on staff at Mercy Hospital St. Louis. He holds his medical degree from Wake Forest University and his undergraduate degree from the University of North Carolina. He served as a SLMMS councilor from 2008 to 2011, was vice president in 2012 and president-elect in 2013. He is board certified in internal medicine, cardiovascular disease, echocardiography and nuclear cardiology. Dr. Craft and his wife, Liz, have two children.

Up for election will be candidates for president-elect, vice president and secretary-treasurer along with four councilors. Councilors are elected to three-year terms; an additional 10 councilors will continue their unexpired terms.

Learn more about our 2014 candidates by reviewing their biographies that follow. To help give insight in their thoughts about the Medical Society, we have asked them to respond to the question, “How can SLMMS make the most impact to support physicians in the St. Louis region?”

Michael J. Stadnyk, MD | President-Elect


Education: M.D., UMKC School of Medicine. Internship and residency, general surgery, Truman Medical Center Kansas City; general surgery and diagnostic radiology, Saint Louis University Hospital.

Birthplace: Belleville, Ill.


Samer W. Cabbabe, MD, FACS | Vice President

Practice: Plastic surgery, Advanced Plastic Surgery, Ltd. Certified, American Board of Surgery, American Board of Plastic Surgery. Chief of plastic surgery, St. Anthony's Medical Center; assistant clinical professor of plastic surgery, Saint Louis University School of Medicine.

Education: B.A. and M.D., Saint Louis University. Internship and residency, Emory University Hospital, chief resident 2006-07. Fellowship, University of Alabama at Birmingham, 2007-09.

Birthplace: Chattanooga, Tenn.


Other Professional/Community Activities: American College of Surgeons, American Society of Plastic Surgeons, Missouri Association of Plastic Surgeons, Saint Louis Association of Plastic Surgeons.

Personal: Wife, Amy Alvarez Cabbabe, MD; children, one boy and one girl. Hobbies: golf, tennis, skiing, travel, cooking.

How can SLMMS make the most impact to support physicians in the St. Louis region: SLMMS has become complacent and has not evolved to meet the goals and expectations of current physicians. Another complicating factor has been the AMA's endorsement of Obamacare and the
resultant dissatisfaction it has caused physicians and how they perceive organized medicine. SLMMS has not been effective in demonstrating the positive changes they have pushed through in Missouri. SLMMS needs to become more visible in local hospitals and needs to be more aggressive in recruiting and keeping members. We need to prove to physicians that we provide a valuable service in a time when physicians are asked by multiple organizations within their specialty to contribute and attend functions. We can begin to do this by having physician liaisons at every hospital, by wearing something such as a patch on our lab coats that makes us more visible, by broadcasting our activities and publishing our accomplishments. We need to bring back a sense of entitlement to our organization.

Robert A. Brennan, Jr., MD | Secretary-Treasurer

**Practice:** House obstetrician-gynecologist, SSM St. Clare Health Center. Certified, American Board of Obstetrics and Gynecology. Hospitals: SSM St. Clare, Mercy Hospital St. Louis, St. Anthony's Medical Center, SSM DePaul Health Center, SSM St. Joseph Hospital West. Assistant clinical professor in the Department of Obstetrics, Gynecology and Women's Health at Saint Louis University School of Medicine.

**Education:** A.B. and M.D., Saint Louis University. Internship and residency, OB-GYN, Mercy Hospital St. Louis.

**Birthplace:** St. Louis.


**Other Professional/Community Activities:** St. Louis Obstetrical and Gynecological Society, American College of Obstetricians and Gynecologists.

**Personal:** Wife, Joan; children, four boys. Hobbies: running, archery, reading.

How can SLMMS make the most impact to support physicians in the St. Louis region: SLMMS can make the most impact to support physicians in the St. Louis region in several ways. First, it can work to see that employed physicians have a firm place in the society. The society could provide legal assistance in reviewing contracts. The society should assist our female colleagues in finding child care and nannies. The society should continue its effort in tort reform and tail coverage. The society should continue to hold wellness conferences. And if problems arise, the society should provide appropriate referrals. Finally, the society should vigorously implement the findings of the recent membership survey.

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*St. Louis Metropolitan Medicine 9*
Nominees Announced …  — continued from page 9

Ramona Behshad, MD | Councilor


Education: B.A. and M.D., Case Western Reserve University. Internship and residency, Good Samaritan Hospital, Phoenix. Mohs surgery fellowship, St. Louis.

Birthplace: Tehran, Iran.


Other Professional/Community Activities: American Academy of Dermatology (Missouri state representative to the Board of Directors, elected), American Society for Dermatologic Surgery, American College of Mohs Surgery, American Society for Laser Medicine and Surgery (Social Media Taskforce and Membership Taskforce), St. Louis Dermatology Society, Missouri Dermatologic Society. Journal article reviewer for Dermatologic Surgery; American Academy of Dermatology skin cancer screenings, Miles Against Melanoma.

Personal: Piano, swimming, biking, reading, art (pen and ink, pencil, watercolor), photography, enjoying the numerous Missouri state and local parks.

How can SLMMS make the most impact to support physicians in the St. Louis region: Practicing medicine in today's health-care environment is increasingly complex. SLMMS can support local physicians in both navigating and influencing this dynamic practice environment. In navigating health-care reform, SLMMS provides numerous resources for continuing education, practice management and networking. Beyond this, we can work side by side in our organization to influence health-care reform. The ACA has left many things unresolved, including tort reform, the SGR formula, ICD 10, and the IPAB. By amplifying local voices on these issues, SLMMS can reduce the burden of regulations that takes physicians away from seeing patients. St. Louis physicians are not alone; through our state and local medical organizations, we have the combined strength to project a voice much greater than our size and to impact outside forces.

Susan L. Dando, DO | Councilor


Education: B.S., Truman State University; D.O., Kirkville College of Osteopathic Medicine. Internship and residency, Forest Park Hospital, St. Louis.

SLMMS/MSMA/AMA Service: Joined SLMMS 2013.

Other Professional/Community Activities: Missouri Society of Anesthesiologists (speaker of the house, reference committee), St. Louis Society of Anesthesiologists (past president and treasurer), American Society of Anesthesiologists.

Personal: Husband, Todd; children, one boy and one girl. Hobbies: hiking, camping, yoga.

How can SLMMS make the most impact to support physicians in the St. Louis region: SLMMS can impact physicians in a supportive manner in many ways. Legislative activities at the state level are one way we as organized physicians can support ourselves. By being active and explanatory, we can educate our legislators and help them to make medically sound decisions. Additionally, SLMMS' outreach activities in the public enable physicians to play an active and positive role in the community, in areas other than medicine.

James W. Forsen, MD | Councilor

Practice: Pediatric otolaryngology. Certified, otolaryngology-head and neck surgery. Hospitals: Mercy Hospital St. Louis, Missouri Baptist Medical Center.

Education: B.A., Princeton University. M.D., Washington University. Internship and residency, Jewish Hospital, Barnes-Jewish Hospital.


Other Professional/Community Activities: Member, American College of Surgeons.

Personal: Wife, Janis; children, two boys, one girl. Hobbies: hunting, running, travel.

How can SLMMS make the most impact to support physicians in the St. Louis region: SLMMS can best help physicians in St. Louis by keeping them informed about medically relevant developments in the government and in the insurance and hospital industries.

Christopher Swingle, DO | Councilor

Practice: Nuclear medicine. Attending physician, West County Radiology at Mercy Hospital St. Louis. Certified: American Board of Nuclear Medicine, Certification Board of Cardiac Computed Tomography, Certification Board of Nuclear Cardiology. Hospitals: Mercy Hospital St. Louis, Mercy Hospital Washington, Mercy Hospital Springfield (Missouri).
Education: B.A., University of Kansas. D.O., Kansas City University of Medicine and Bioscience. Internship and residency, Emory University.

Birthplace: St. Louis.


Other Professional/Community Activities: Greater St. Louis Society of Radiologists (current president), Missouri Radiological Society, Society of Nuclear Medicine, Radiological Society of North America. Stewardship committee, Mary Queen of Peace Catholic Church.

Personal: Wife, Katherine; children, one boy and one girl. Hobbies: endurance running, cycling, classic car enthusiast, outdoor grilling. Celebrated graduating medical school by going skydiving for the first (and only) time.

How can SLMMS make the most impact to support physicians in the St. Louis region: Clearly, medicine is evolving at an extraordinarily rapid pace to an uncertain future. We are quite fortunate to have SLMMS as a resource for education and political representation during these times.

As the voice of medicine for St. Louis, we have a unique avenue to engage community leaders that would be impossible otherwise. An additional strength is the diversity of talent of our members; by leveraging this rich network, we can foster non-clinical proficiencies such as negotiation skills, practice management and political advocacy that will be necessary for us to shape medicine's future.

Continuing on the Council (Elected in 2011 and 2012)
- Gregory E. Baker, MD
- David F. Butler, MD
- J. Collins Corder, MD
- Karen F. Goodhope, MD
- Salim I. Hawatmeh
- Teresa L. Knight, MD
- Jay L. Meyer, MD
- Brian G. Peterson, MD
- Jason K. Skyles, MD
- Alan P.K. Wild, MD

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  St. Louis, MO 63105  www.forsythonline.com
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**Rossman School**
- 12660 Conway Rd. 314-434-5877
  St. Louis, MO 63141  www.rossmanschool.org
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  St. Louis, MO 63122  www.ursulinstl.org
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— Natalie Wong, M.D.
*St. Louis Metropolitan Medical Society Physician*

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INSIDE LOOK: Igniting a Passion for Science

Friday, November 15, 2013
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INSIDE LOOK: Acquiring Literacy

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ADMISSION OPEN HOUSE
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1:00 - 4:00p PRESENTATION AT 1:15p
Trends in Medical Education
An update from St. Louis’ medical schools

St. Louis is home to two of the nation’s leading medical schools, Washington University and Saint Louis University. Many SLMMS members are proud alumni of the schools, and many continue their relationships with the schools as adjunct faculty. Medical education is being impacted by the same forces changing medicine as a whole—technology, the expected physician shortage, the Affordable Care Act, patient safety concerns, rising educational standards and more.

St. Louis Metropolitan Medicine is pleased to share the thoughts of the deans of the WU and SLU medical schools on current trends in medical education and the latest updates from their schools.

Saint Louis University
By Philip O. Alderson, MD, Vice President for Medical Affairs and Dean, School of Medicine

Washington University
By Larry J. Shapiro, MD, Executive Vice Chancellor for Medical Affairs, Vice-Chancellor and Dean, School of Medicine
What do you see as major trends or changes occurring in medical education nationally? How are the Accreditation Council for Graduate Medical Education’s new standards affecting your school?

SLU Three years ago, we introduced resilience training for our medical students. The effort has received national attention. At most medical schools, the experience is rigorous; it is a highly competitive environment and students show the effects of that. We have been able to keep anxiety and depression, which are common among medical students, quite well controlled here. As a result, we have happier and better adjusted students who are able to handle the rigors of medical education and still keep their personal emotional balance.

WU Medical education in the United States is at a very exciting crossroad. We will see changes in the next 5-10 years the likes of which we have not seen in the last 50 years. One of the biggest changes is the move toward competency-based curricula. This means that our trainees at all levels will be expected to demonstrate proficiency in a wide range of competency areas, going well beyond the traditional domains of medical knowledge and patient care. These domains represent values that our patients and the American public as a whole have told us are important and include Professionalism, Interpersonal Communication, Systems-based Practice (i.e., learning how to practice medicine within the confines of the national, regional and local regulatory and fiscal environments), and Practice-based Learning & Improvement (i.e., continuously examining our practice to learn how we can improve our outcomes). Although these have long been values in medicine, medical education is only now developing the tools to assess competency in these areas. While these are challenging areas to measure, we believe they are important, and these efforts will lead to an improvement in medical education and ultimately patient care.

What is the biggest accomplishment or improvement that the Medical School has achieved in the past few years?

SLU One of our biggest recent accomplishments is opening the new Health Sciences Education Union two years ago. It consists of a 225-seat state-of-the-art educational classroom auditorium and a clinical skills center with 13 rooms that allow students to meet with actors portraying patients and learn how to perform an examination. These interactions are recorded so students can watch them with an instructor and learn what they did right and wrong. It also contains lounge space, food services and other associated activities. The Education Union is designed to serve all of our health-care students and is centrally located on our health campus, surrounded by the School of Medicine, School of Nursing, Doisy College of Health Sciences and Center for Advanced Dental Education.

WU Washington University’s BioMed 21 is a major initiative dedicated to rapidly translating basic science discoveries into clinical solutions. BioMed 21 is a school-wide emphasis on translational research and, in particular, it involves seven new interdisciplinary research centers founded beginning in 2007. Each center focuses its efforts around a major disease area: the brain; cancer and personalized medicine; diabetes, heart disease and obesity; infectious diseases and global health; women’s and children’s health. We continue to build on the BioMed 21 initiative and recently established the world’s first center for the study of pruritus and its link to chronic pain, allergies, cancer and diseases of the liver, kidneys and skin.

For even greater impact, these centers take aim at the specific biological malfunctions that give rise to entire disease families, with the goal of devising solutions and applying them broadly.

The centers are housed primarily in the BJC Institute of Health at Washington University School of Medicine, located on the Washington University Medical Center campus. Additional efforts associated with the BioMed 21 initiative and translational, multidisciplinary research will be housed in a new six-story research building currently under construction on our campus at the corner of Taylor and McKinley avenues.

continued on page 16
How is the student population changing? In terms of ethnic diversity and gender? How are the attitudes and goals of medical students today different from a decade ago?

**SLU** Within our current class of 177 first-year medical students, 51% of the students are women and we have 15 under-represented minorities, which is slightly above the national average. There are efforts at all schools, including ours, to have appropriate diversity within the classes. Schools compete hard to get top under-represented minority students. We have an excellent associate dean of diversity who works closely with those students to ensure they do well in the program, graduate and go on to do great things in their careers.

I’m really impressed with attitudes of students here at Saint Louis University. I see in our students more compassion, more commitment to the community and a real desire to find a career that will give them the opportunity to serve. This may be in part a SLU effect because SLU is a Jesuit university that puts great value on the ethical and moral approach to medicine and emphasizes the value of community service and care for the underserved. I believe our students are as committed to those values as any other students I’ve ever seen. Particularly in this day and age when there are so many national pressures on the field of medicine to become more cost effective, I think it is quite refreshing that our young students have these attitudes.

**WU** Nationally, women account for 46% of applicants to medical school. In increasing numbers, women occupy positions of leadership in science and medicine. At Washington University School of Medicine, women account for 51% of the 2013 entering class whereas 23 years ago, they accounted for only 27%. Medical school classes are increasingly diverse, mainly due to increasing enrollment of sons and daughters of parents who have immigrated over the past 30 years. Unfortunately, increasing the proportion of medical students from historically under-represented groups has not kept pace as the applicant pool of under-represented minorities has remained disproportionately small. For example, for the 2013 entering class, African-American men and women accounted for only 7.5% of applicants, well below their proportion in the general population.

In their annual graduation questionnaire, the Association of American Medical Colleges reported that in 2013, 78% of graduating medical school students ranked work-life balance as a moderate or strong influence in determining a specialty. It is sometimes tempting to say that medical students today do not work as hard as the “old generation.” However, medical students continue to demonstrate extraordinary levels of academic achievement and increasingly enter medical school with experiences in research, community and public health, and international service experiences. We enroll a more diverse student body with remarkable accomplishments in the humanities, arts and sciences and higher board scores than we have ever seen. As a result, there is no doubt that this next generation of doctors will be all the better prepared for practice in the new medical environment.

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**MD Students** 302  
**Students in MD/PhD and MD/MA Programs** 296  
**Paid Faculty** 2003
What advantages and selling points do you highlight in attracting prospective students?

**SLU**

We have a superb faculty, both clinical and basic science, that is dedicated to the educational efforts of our students. Every school will say that education matters, but at SLU it really is part of the fabric of the institution. We care about our students personally and do whatever we can to see that they succeed in their careers. We offer a very supportive environment and will work with them to help them enjoy their medical experience as much as possible.

“There are great opportunities for students to get engaged within the community and health care from the early parts of their medical education experience.”

Dr. Philip D. Alderson

There have been recent physical improvements to the medical campus including the Education Union that opened in 2011, and the Doisy Research Center, a state-of-the-art facility that opened in December 2007. The medical campus is a beautiful environment with lots of trees and green space and a recreational track and field that opened in 2011.

There are also great opportunities for students to get engaged within the community and health care from the early parts of their medical education experience. Casa de Salud—our low-cost clinic that opened in 2010 for Latinos and other immigrants—has expanded. We also recently opened the newest version of our free health center—the Health Resource Center. After existing in the basement of a church in the Hamilton Heights region for 20 years, the HRC recently relocated to a much larger, much nicer facility.

**WU**

Our students learn the scientific basis of medicine and its clinical applications from leaders in their fields, many of whom are at the forefront of ongoing medical advances. Student-patient contact and interactions begin within the first weeks of medical school with students receiving individual attention and tutelage from caring, compassionate physicians. Our medical education program is designed to allow our students to learn in the manner they prefer. Various learning opportunities include lectures, self-directed learning, small group discussions and demonstrations, anatomical dissections, simulations and bedside teaching guided by master clinicians. The result is learning experiences that take place at the edge of what is known, learning that equips them with skills for lifelong refinement of their knowledge, and learning through which they acquire broad-ranging technical and personal competencies including leadership.

continued on page 18

“As physicians, we have so many unknowns coming our way…

One thing I am certain about is my malpractice protection.”

Medicine is feeling the effects of regulatory and legislative changes, increasing risk, and profitability demands—all contributing to an atmosphere of uncertainty and lack of control.

What we do control as physicians: our choice of a liability partner.

I selected ProAssurance because they stand behind my good medicine. In spite of the maelstrom of change, I am protected, respected, and heard.

I believe in fair treatment—and I get it.
To help meet expected demand for physicians, the American Association of Medical Colleges (AAMC) is targeting a 30% growth in medical school student population between 2006 and 2016. Is your student population growing? If so, how are you accommodating growth?

**SLU**

We were approved four years ago to increase the number of students in each class from 150 to 175. We built the new Education Union and made additional improvements to our other facilities to accommodate the larger number of students.

**WU**

Our medical class remains stable at approximately 120 students in each class. This class size allows us to provide superb research and clinical experiences for all students and, facilitates close connections among students, faculty and student support services.

While the AAMC is targeting a 30% growth in medical students, the number of residency slots has remained unchanged. How do you see this issue? Is this all in the hands of Congress? What should be done?

**SLU**

In the last two years nationwide, 400-500 qualified medical graduates of U.S. schools have failed to match in a graduate medical education (GME) program. This is truly a new and serious problem for our country. If we are going to train more physicians, we also have to educate them during their graduate years, including subspecialty training. If we cannot do that, we have not resolved our nation’s difficulties.

**WU**

The increase in medical student enrollment without a concomitant increase in graduate medical education training positions has seen a dramatic reduction in the opportunities for American medical school graduates to find postgraduate training positions. At the time of the 2013 NRMP General Match, there were a record number of American graduating students who did not match into residency positions. Additionally, the outstanding international medical graduates who had previously been able to find training positions in the U.S. are essentially being cut out of the match. This bottleneck in medical training functionally nullifies the potential benefit of the medical school enrollment increases to address the projected shortages in physicians that will affect the U.S. in the very near future, potentially as early as 2016. Since the Balanced Budget Act in 1997 capped the number of graduate medical education positions that can receive Medicare funding, any growth in the volumes of training positions has been very limited and is unable to keep up with the numbers of U.S. medical school graduates or the projected needs of the physician workforce. Congress has been unwilling and unable to address this issue. Many medical education entities such as the AAMC and the Accreditation Council for Graduate Medical Education (ACGME) have worked to inform Congress and help them develop a fiscally responsible method to address the coming physician shortage. To date, there has been no substantial success. Congress must resolve to promptly find workable solutions to substantially increase the number of postgraduate training positions, or the looming physician shortage will have devastating consequences on the health of the nation.
The ACGME has another initiative under way to increase oversight of duty hours and enhance quality and patient safety in teaching hospitals. How is this affecting your school?

**SLU**  The limitation on practice hours means that house staff trainees won’t be worked as long or potentially overworked, and will not have the same potential to be drowsy on the job. On the other hand, it also limits their continuity of care experience and the actual number of hours they spend in clinical care. Because of this, there are people who believe that young physicians are not being as well prepared during residency training. The additional care they’re not able to provide is provided by our faculty, so they are a bit more overworked than in the past. This is a generic problem that exists around the nation, and we’re dealing with it by adjusting coverage to provide the care our patients need.

**WU**  All of our ACGME-accredited training programs have developed solutions to schedule house staff work hours to be in compliance with the ACGME regulations. All house staff and faculty receive training on recognition and mitigation of the effect of fatigue on physician performance. Our programs are actively monitored to assure compliance with the regulations and proactively address those issues that may arise. Our institution has adopted a GME-specific curriculum in Patient Safety and Quality Assurance that has been developed by experts in our faculty. Each graduating resident or fellow will be expected to achieve the outcomes in that curriculum and complete a project in Patient Safety or Quality Improvement. We are currently helping program directors identify the resources and expertise within our consortium to build this into their training programs. This effort will help us assure that all of our graduates are prepared to assume leadership roles in the medical communities they ultimately join.

Is there any other information that would be of interest to practicing physicians in the area?

**SLU**  This year, we introduced a new, restructured curriculum that shortens and streamlines the preclinical years and gives students more time to take electives in a variety of specialties before applying for residency programs in the fourth year. We are using learning communities to get students engaged with one another, as well as active learning approaches.

**WU**  For more than a decade and a half, our students have been top-rated, ranked number one student selectivity, according to *U.S. News and World Report*. Our students organize and run more than 50 group activities, which include student government, community service, sports groups and the arts. The latter include art shows, individual and group performances plus production of an annual school-wide musical. Although research is not required, more than 90% of our students participate in research at some point during medical school. Our MD/PhD Medical Scientist Training Program is the largest in the country. As physicians currently in practice look to add new associates and partners to their groups, they can anticipate that the current and future graduates of accredited training programs will have been well prepared to deal with the rapid rate of change in medicine today and to actively participate in making the health-care arena a safe and patient-centered experience for their patients. Young physicians are highly motivated to deliver the best possible care for their patients and to be fully engaged in the physician workforce they join.
You may feel reassured that physicians and teaching hospitals will be given 45 days to review the report before it is made available to the public. It is not clear how easily any corrections can be made. Everyone should feel relieved that between the CMS, IRS and NSA, the 4th Amendment does not apply to "physicians."

When times are tough and you are feeling low, a song can cheer you up. So with all respect of that great pro-government play, “Hair,” here is a medley from the musical:

**The Sunshine Law**  
(to the tune of “Aquarius”)  
When the grant is in the doctor's purse  
And education costs are paid  
The web will show your income

And cash will soon be made.  
This is the dawning of the age of the Sunshine Law  
The age of the Sunshine Law  
The Sunshine Law  
Cash (to the tune of “Hair”)  
Give a talk for cash  
Much lucrative cash  
Golden, silver  
Brilliant, teaching, preaching  
Give me a purse with cash  
Thousand bucks or higher  
Here dollar, there fifty  
Everywhere money, money

Cash, cash, cash, cash, cash, cash, cash  
Throw it, stow it,  
Long as grants can grow it  
My cash

**Good Morning Sunshine**  
(to the tune of “Good Morning Starshine”)  
Good morning sunshine,  
The Feds say hello  
You lecture before us  
We publish your dough

Good morning sunshine  
You travel and teach  
We will publish your earnings  
Your money total all will reach

Good morning sunshine  
Your lodging and food  
Are for all to see clearly  
The website makes you look no good.

**In closing:** (to the tune of “Aquarius”)  
This is the dawning of the age of the Sunshine Law  
The age of the Sunshine Law  
The Sunshine Law  
The Sunshine Law

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**SCAM-Q — continued from page 1**

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Good morning sunshine  
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The age of the Sunshine Law  
The Sunshine Law  
The Sunshine Law —
State Leadership Tackles Prescription Drug Abuse

By Gill Waltman, SLMMS Alliance

Alliance leaders met in Cape Girardeau July 16-17 for the MSMA Alliance state board meeting and a series of challenging workshops. The meeting was coordinated by Nicole Nguyen and Julie Ogles of the Cape Girardeau County Area Medical Society Alliance.

MSMA Alliance President Barbara Hover presented Greene County’s award-winning “Pills are NOT a Party” DVD. This is a sequel to the successful “Smoking Makes Me Ugly” DVD, also produced by Greene County and tackling another insidious health problem affecting the youth of today.

This 15-minute animated DVD educates middle school youth on the dangers of indiscriminate drug use. It is designed to encourage discussion and provide teaching opportunities about the dangers of abusing prescription and over-the-counter drugs, the dangers of “pill parties” and the legal and medical consequences of giving in to peer pressure. Barbara quoted data from the Centers for Disease Control showing that 20 percent of U.S. high school students have taken a prescription medication not prescribed for them.

The DVD describes how drugs work in the body and includes the possible life-threatening side effects that can occur from taking random medications. The medical crisis that occurs as one teenager has a drug-induced stroke is dramatic and almost more chilling in animation than if it had been performed by live actors. The voice-overs are in fact Alliance members who volunteered for the project.

Another workshop was given by Shelly Wood, a project coordinator for EPIC, a Southeast Missouri youth substance abuse prevention coalition. It was formed to address the growing problem of non-prescription drug abuse among 12-20 year olds in Cape Girardeau County.

Most of these teens obtained their prescription painkillers or psychotherapeutic medications free from family members and friends. The coalition informs the community of prevention methods, such as protecting medicine cabinets, counting prescribed pills and watching refill dates. Parents are advised on ways to dispose of unwanted drugs safely and legally and encouraged to talk to teens about prescription drug abuse.

The following day, additional demonstrations were given by local Alliance members. Jeri Spence shared her methods of “Juicing for a Healthier You.” Mary Ann Castillo gave a workshop on “Teen Dating and Violence Prevention.” Several members combined to present their methods for “Building a Vibrant Medical Alliance,” and Carol Jean DeFeo offered “Disaster Preparedness.”

In Memoriam – Rachel Farr Fitch, PhD

By Gill Waltman, SLMMS Alliance

Alliance members were saddened by the July 26, 2013, passing of a longtime member, Rachel Farr Fitch, after a long illness.

Rachel supported Alliance community health projects and legislative efforts on behalf of physicians and the practice of medicine. She hosted many Alliance functions at her Central West End home.

Rachel had an illustrious career in the areas of health-care reform and public health advocacy. She worked to reduce infant mortality and was chair of the Missouri Consumer Health Care WATCH from 1996 to 2002. As a director of the Missouri League of Women Voters from 1986 to 2013, she played a key role in the formation of the Missouri Foundation for Health.

She is survived by her daughters Julia Brown of Pittsburgh, Pa., and Jaquelyn Fleckenstein, MD, of St. Louis, their husbands and four grandchildren. Her husband Coy Fitch, MD, preceded her in death. Her Aug. 20 memorial service at Grace United Methodist Church was attended by many, including representatives and friends from the Alliance.
Get Fit With the Alliance and “Move Across Missouri” During October

By Sue Ann Greco, SLMMS Alliance Co-President

The SLMMS Alliance in conjunction with the MSMA Alliance is encouraging medical families across the state to get healthy and “Move Across Missouri.” The new U.S. Surgeon General Regina Benjamin inspired MSMA Alliance members at the AMA/AMAA Annual Convention last June in Chicago. Dr. Benjamin is promoting a healthy lifestyle platform not just for medical families, but all families.

The MSMA Alliance developed its statewide initiative this past summer at the MSMAA Leadership Conference held in Cape Girardeau. State President Barbara Hover encouraged Alliance members to take advantage of the wonderful walking and biking trails across Missouri. Alliance members and their families are encouraged to turn off the TV, put down cell phones and laptops, and Move Across Missouri. The goal is for medical families to adopt a more active lifestyle and increase their quality time together.

The SLMMS Alliance has chosen October as the month for members to explore walking trails in the St. Louis metropolitan area. Members of the SLMMS and MSMA Alliances are encouraged to gather their families or friends and head out on a walking trail.

Walkers are encouraged to keep track of the number of miles traveled, and take a photo of their group and submit it to the Alliance with the names of the walkers, the trail and the mile count. Selected photos will be published in a future issue of St. Louis Metropolitan Medicine and displayed at the MSMA convention next April. The hope is that Missouri’s healthy lifestyle initiative will garner the attention of Surgeon General Benjamin before next year’s convention.

Following are resources to help locate trails near you:

- St. Louis County Parks and Recreation – www.stlouisco.com/ParksandRecreation/Trails
- Great Rivers Greenway – www.greatriversgreenway.org
- Missouri State Parks – www.mostateparks.com
- Missouri Department of Conservation – www.mdc.mo.gov
- St. Louis Post-Dispatch “Trail of the Week” – www.stltoday.com/lifestyles/health-med-fit

The Alliance hopes to organize a walk in October. To join the walk or to submit photos, trails and miles, contact Co-President Sue Ann Greco at suanngreco@sbcglobal.net.

Holiday Sharing Card Supports AMA, MSMA Foundations

This holiday season, please join the Alliance in supporting the AMA Foundation and Missouri State Medical Foundation with our annual Holiday Sharing Card project. Donors to the annual appeal are listed in a mailed holiday sharing card and in the February issue of St. Louis Metropolitan Medicine. Help support the Foundations that work to strengthen the patient-physician relationship and improve the health of our communities.

Please make check payable to the AMA Foundation or the MSM Foundation. Please complete the form at right and return it with your check by Dec. 15 to:

Sue Ann Greco
7355 Westmoreland
St. Louis, MO 63130

For further information, suanngreco@sbcglobal.net.

Yes, I would like to contribute to the Holiday Sharing Card

Contributor’s Name

Address

City, State, Zip

Amount enclosed:

- $50
- $75
- $100
- $150
- $200
- Other $

Please direct your donation to one of the following funds:

- AMA Foundation
- Missouri State Medical Foundation
  - General Fund
  - Alliance Scholarship Fund
Charles H. Nicolai, MD
Charles H. Nicolai, MD, a board-certified urologist, died May 31, 2013, at the age of 91.
Dr. Nicolai practiced for 55 years, engaged in prostate cancer research and co-founded the Division of Urology at Washington University School of Medicine.
He earned his undergraduate degree from Washington University in 1943, then graduated from the School of Medicine in 1946. He completed an internship at Missouri Baptist Medical Center and then served the U.S. Navy Medical Corps from 1947–1949.
After his military service, Dr. Nicolai returned to Washington University School of Medicine, and in 1953, he co-founded the Division of Urology and served on staff.
Dr. Nicolai was also on staff at Barnes-Jewish Hospital, Barnes-Jewish West County Hospital, Missouri Baptist Medical Center, and the former Deaconess Hospital where he was chief of staff and chief of urology. From 1990 to his retirement in 2005, he practiced at Washington University and conducted prostate cancer research.
He was a founding and life member of the Society for Pediatric Urology, a fellow American Academy of Pediatrics, life member of the Eliot Society of Washington University, and a urological consultant to Shriners Hospitals for Children-St. Louis.
Dr. Nicolai joined the St. Louis Medical Society in 1946 and became a Life Member at his retirement.
The St. Louis Metropolitan Medical Society extends its condolences to Dr. Nicolai’s wife Imogene and daughter Julie Nicolai. His memorial service was private and interment was at Bellefontaine Cemetery.

Joseph W. Eades II, MD
Joseph William Eades II, MD, a board-certified plastic surgeon, died July 16, 2013, at the age of 79.
A St. Louis native, Dr. Eades completed his undergraduate studies at Amherst College, then returned to his hometown for medical school at Washington University School of Medicine, graduating in 1960.
He completed his internship and residency at North Carolina Memorial Hospital from 1960 to 1966. Dr. Eades served as a plastic and reconstructive surgeon in the U.S. Army at William Beaumont General Hospital in El Paso, Texas.
Dr. Eades was a founder of the Cleft Palate Clinic and served as chief of plastic surgery for the former Jewish Hospital. He also was an adjunct professor at Washington University. Dr. Eades was on staff at St. Luke’s Hospital, the former Deaconess Hospital and St. Louis Children’s Hospital.
Dr. Eades joined the St. Louis Medical Society in 1968 and became a Life Member at his retirement.
The St. Louis Metropolitan Medical Society extends its condolences to Dr. Eades’ wife Ginny; his children Joseph Eades III, Frazer Eades, William Eades and Elizabeth Eades; his stepdaughter Danielle Lieberman; and five grandchildren.
A memorial service was held at Central Presbyterian Church in Clayton.

J. Eugene Lewis Jr., MD
James Eugene Lewis Jr., MD, a board-certified pediatric thoracic surgeon, died July 27, 2013, at the age of 96.
He was clinical professor emeritus of pediatric surgery at Saint Louis University and former chief of pediatric surgery at SSM Cardinal Glennon Children’s Medical Center.
A native of Mountain Grove, Mo., Dr. Lewis earned his undergraduate degree from the University of Missouri-Columbia in 1938. He attended Harvard Medical School and received his medical degree in 1942.
His internship at Brigham and Women’s Hospital in Boston (1942) and Boston Children’s Hospital (1943) was interrupted by World War II. From 1943 to 1946, Dr. Lewis served as a U.S. Army Medical Corps surgeon in mobile evacuation hospitals in the European theater, including Normandy, Market-Garden and Battle of the Bulge. Attaining the rank of major, he earned five Battle Stars and the Bronze Star. After the war, he was assigned for 10 months as assistant physician to President Harry S. Truman.
In 1949 he returned to Boston to complete his surgical training at Boston Children’s Hospital. There he became convinced of the future of pediatric surgery while serving as a house officer under his mentors, William E. Ladd, MD, the father of pediatric surgery, and Robert E. Gross, MD. He trained in 1949–50 at Children’s Memorial Hospital in Chicago, then spent three years at Yale University Medical School.
In 1953, he was recruited to Saint Louis University School of Medicine as an assistant professor of surgery. While practicing and teaching, he began a pediatric surgical program at SSM St. Mary’s Health Center. When SSM Cardinal Glennon Children's Medical Center opened in 1956, Dr. Lewis became the new hospital’s chief of surgery. He was director of Glennon’s Birth Defect Center from 1967 to 1973.

Dr. Lewis was a fellow of the American College of Surgeons, senior member of the American Association of Thoracic and Cardiovascular Surgeons, charter member of the American Pediatric Surgical Association, and a founding member of both the American Trauma Society and the Lilliputian Surgical Society.

Dr. Lewis joined the St. Louis Medical Society in 1953 and was recognized as an Honor Member. He served on several SLMMS committees in the 1970s.

The St. Louis Metropolitan Medical Society extends its condolences to Dr. Lewis' children James E. Lewis III, Linda McCoy and Beth Panke, and eight grandchildren. He is preceded in death by his wife Elizabeth.

A memorial service was held at the Episcopal Church of St. Michael and St. George in Clayton with a private interment in Cheshire, Conn.

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Isaac Boniuk, MD

Isaac Boniuk, MD, a board-certified ophthalmologist, died August 1, 2013, at the age of 74.

Born in Nova Scotia, Canada, Dr. Boniuk attended Dalhousie University in Halifax, where he received both his undergraduate and medical degrees. Following his graduation from medical school in 1962, Dr. Boniuk completed his internship at Victoria General Hospital and his residency at the University of California-San Francisco. He then completed a fellowship in diseases of the retina at Washington University School of Medicine.

From 1966 to 1968, he served as a captain in the U.S. Army Medical Corps in Okinawa.

For 38 years Dr. Boniuk practiced at Barnes Retina Institute in St. Louis and was a clinical instructor in ophthalmology at Washington University. He also published numerous articles in clinical ophthalmology research.

Dr. Boniuk served on staff at Barnes-Jewish West County Hospital, St. Anthony's Medical Center, St. Luke's Hospital, Barnes-Jewish Hospital, Christian Hospital and St. Louis Children's Hospital.

He joined the St. Louis Medical Society in 1969. Dr. Boniuk also was active in many Jewish organizations.

The St. Louis Metropolitan Medical Society extends its condolences to Dr. Boniuk’s wife Isabel; his children Jonathan Boniuk, Wendy Spiegelman and Amy Brickel; and 11 grandchildren.

A funeral service was held at Traditional Congregation in Creve Coeur.

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Percival B. Salanga, MD

Percival B. Salanga, MD, board-certified in family practice, died August 30, 2013, at the age of 86.

Dr. Salanga completed his undergraduate degree at the University of Santo Tomas College of Liberal Arts in the Philippines, then received his medical degree through the university's Faculty of Medicine and Surgery in 1953.

After an internship at the university hospital, he came to St. Louis and completed an internship and residency at St. Anthony’s Medical Center. Dr. Salanga also completed residencies at the former St. Joseph Hospital in Alton, Ill., and the former Faith Hospital for anesthesiology.

Dr. Salanga served on staff at St. Anthony’s Medical Center, Christian Hospital, the former Incarnate Word Hospital and the former Lutheran Hospital. He was 1981 president of the St. Louis Academy of Family Physicians.

Dr. Salanga joined the St. Louis Medical Society in 1967 and became a Life Member at his retirement.

The St. Louis Metropolitan Medical Society extends its condolences to Dr. Salanga’s daughters Lydia Chamberlain, Mary Lou McLaughlin and Mary Ann Beranek; 10 grandchildren and eight great-grandchildren. He is preceded in death by his wife Carmen.

A memorial Mass was held at St. Catherine Laboure Catholic Church in South County. Interment was at Resurrection Cemetery.
Mark F. Adderley, DO
3003 Woodbridge Creek Drive, 63129-6414
DO, Des Moines School of Osteopathy & Surgery, 2006
Born 1970, Licensed 2007  →  Junior Internal Medicine

Zaheer Ahmed, MD
232 S. Woods Mill Road, #400-E, 63017-3417
MD, Osmania Medical College, India, 1993
Born 1968, Licensed 2011  →  Active Neurology

Somasekhara R. Bandi, MD
6435 Chippewa Street, 63109-2104
MD, Siddhartha Med College, India, 1989
Born 1965, Licensed 1997  →  Active Internal Medicine

Brain J. Bergfeld, MD
7345 Watson Road, 63119-4405
MD, Saint Louis University, 2001
Born 1975, Licensed 2004  →  Active Internal Medicine

Adriana M. Canas-Polesel, MD
1203 Sizer Med School, #106, 63026-3483
MD, LSU School of Medicine, New Orleans, 1999
Born 1973, Licensed 2004  →  Active Obstetrics & Gynecology

Edward C. Chen, MD
816 S. Kirkwood Road, #210, 63122-6056
MD, Saint Louis University, 2005
Born 1974, Licensed 2009  →  Active Family Practice

Susan L. Dando, DO
400 S. Woods Mill Road, #140, 63017-3427
DO, Kirksville College of Osteopathic Medicine, 2001
Born 1973, Licensed 2005  →  Active Anesthesiology

Kurt M. Eichholz, MD
9631 Mill Hill Lane, 63127-1652
MD, Saint Louis University, 1999
Born 1971, Licensed 2006  →  Active Neurological Surgery

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6121 N. Hanley Road, 63134-2003
MD, Wayne State University, MI, 1996
Born 1968, Licensed 1999  →  Active Family Practice

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MD, Washington University, 2000
Born 1970, Licensed 2003  →  Active Internal Medicine

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MD, Loma Linda University, CA, 1984
Born 1957, Licensed 1987  →  Active Cert: Pediatrics

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660 S. Euclid Ave., #8096, 63110-1010
MD, Hazettepe Univ., Turkey, 1994
Born 1970, Licensed 2007  →  Active Cert: Ophthalmology

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MD, Univ. of British Columbia, Canada, 1985
Born 1953, Licensed 2002  →  Active Child & Adolescent Psychiatry

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816 S. Kirkwood Road, #210, 63122-6056
MD, Saint Louis University, 2006
Born 1980, Licensed 2008  →  Active Cert: Family Practice

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13100 Manchester Road, #250, 63131-1729
MD, University of Missouri-KC, 1996
Born 1972, Licensed 2000  →  Active Cert: Family Practice

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MD, University at Buffalo, SUNY, 1993
Born 1966, Licensed 1996  →  Active Cert: Internal Medicine

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MD, Dow Medical Coll., Univ. of Karachi, Pakistan, 1982
Born 1957, Licensed 2001  →  Active Cert: Internal Medicine, Nephrology

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12266 DePaul Drive, 63044-2514
MD, University of Missouri-Columbia, 2001
Born 1974, Licensed 2001  →  Active Cert: Internal Medicine

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MD, Southern IL University, Springfield, 2006
Born 1980, Licensed 2012  →  Active Obstetrics & Gynecology

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MD, Saint Louis University, 2006
Born 1979, Licensed 2012  →  Active Orthopedic Surgery

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MD, Dow Medical Coll, Univ. of Karachi, Pakistan, 1986
Born 1963, Licensed 2007  →  Active Endocrinology, Diabetes & Metabolism

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Born 1980, Licensed 2005  →  Active Orthopedic Surgery

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MD, West Va. School of Medicine, Morgantown, 1997
Born 1973, Licensed 2001  →  Active Cert: Ophthalmology

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1400 Lemay Ferry Road, 63125-2417
MD, University of Missouri-KC, 1989
Born 1964, Licensed 1994  →  Active Cert: Surgery

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12460 Olive Blvd., 63141-6397
MD, Tulane University, New Orleans, LA, 1985
Born 1958, Licensed 1992  →  Active Cert: Facial Plastic Surgery, Otolaryngology

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MD, Emory University School of Medicine, 1996
Born 1969, Licensed 2013  →  Active Clinical & Anatomic Pathology

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MD, University of Missouri-KC, 2008
Born 1983, Licensed 2008  →  Junior Obstetrics & Gynecology

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MD, Saint Louis University, 2007
Born 1980, Licensed 2012  →  Active Ophthalmology

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10012 Kennerly Road, #300, 63128-2197
MD, Saint Louis University, 2002
Born 1976, Licensed 2004  →  Active Cert: Cardiovascular Disease
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