1 cup experience
+ 1 cup caring =

a winning recipe to get Columbia baker Jeanne Plumley back to business

page 6
Welcome to the fall issue of MU Health, our award-winning magazine, featuring stories about patient care, education and research at University of Missouri Health Care.

This issue is all about growth and expansion. This summer, we kicked off a major expansion and renovation of the University Hospital ER — a project that will help us provide quality care for even more people. Meanwhile, down the street from the ER, the Missouri Orthopaedic Institute continues to improve patients’ lives through innovative orthopaedic treatments and leading-edge research. At the same time, our Family Medicine, Ophthalmology and Ear, Nose and Throat services are expanding to better serve mid-Missouri and beyond.

You also can read about how the schools of Medicine, Nursing and Health Professions are adding facilities and programs to train the newest generation of health care workers, many of whom end up working at MU Health Care.

Do you have a story to tell or feedback to offer? Let us know on social media or at muhealth.org. We look forward to hearing from you.

Jonathan Curtright
CEO
University of Missouri Health Care

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A local business owner appreciates the expertise of the Emergency Department staff who helped get her back to baking pies after a health scare. The Emergency Department not only has exceptional staff, but is also undergoing an expansion project that will add 17 exam rooms, and a brand-new triage area.

Read more on page 6.

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MU Health is published for patients, alumni and friends of University of Missouri Health.

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‘Raising spirits with humor and kindness’

Just want to say “thank you” to the oncology nurses and oncology physicians who continue to go above and beyond in helping me. They perform their obligatory duties well, but they go above and beyond in helping me emotionally, too. They have made the difficult times of my cancer journey easier — even pleasant at times — by raising my spirits with humor and kindness. I have referred this facility to many people and will continue to do so.

Lisa Whittom

‘A shining star’

Where do you find the most wonderful medical team at the University? At Woodrail Clinic, with Dr. Robert Lancey and his fantastic right-hand nurse, Gayla Lewellen Barton, RN. Gayla is the kind of nurse who quickly becomes your friend. She is there whenever I go in to see Dr. Lancey and is always on top of my diagnosis and treatment plan. She goes way above what is expected. For instance, when we were adding a short-term insulin to my long-term insulin, she was available 24/7 for me via phone. I would call her before each meal, give her my numbers and we would decide how much of the new insulin I needed. She didn’t just do this during regular office hours. When I started on Friday, she was there with me completely through the weekend. Morning, afternoon and evening. She was so encouraging. She helped me be proud of my progress and made me want to succeed. Gayla let me know that I wasn’t alone, and that I could always call her. In the office, it is the same. She quickly responds to any emails or calls I make, and she is always there to answer any questions I hadn’t thought of for Dr. Lancey. She shares with him any concerns I have. Gayla always goes out of her way and way above what is expected of her! I can’t say enough about this wonderful nurse! She is a shining star in every way! Couple this with her vast medical knowledge, and you have one of the best nurses in the MU Health Care system.

Deanna “Joyce” Wesseldine
COLUMBIA, MISSOURI

High-caliber staff

I was treated by PA Jess Godsey and RN Cameron W. on a Friday evening as a result of a back injury. I was in extreme pain, and these two were true professionals and provided the best customer service. No one is happy to be in the ER, but their kindness and compassion were much appreciated at a pretty painful time. I am sure that they deal with some very difficult situations, but they remained patient and positive in their dealings with me and others. I would like to recognize their good work, calming presence and positive attitude. Please express my sincere appreciation for the care they provided me during my time. While I hope to not have to return to the ER anytime soon, I hope that I encounter staff of their caliber if I do.

David Roberts
COLUMBIA, MISSOURI

‘Leading by example’

Shortly before retiring from the United States Marine Corps about two years ago, I was diagnosed with ulcerative colitis. For the most part, we were able to keep the disease under control with a few different medications. However, last July the disease progressed very aggressively into my colon, which landed me in the emergency department at [General Leonard Wood Army Community Hospital]. Shortly after spending time in the back of an ambulance, I was on my way to Columbia. I underwent the final surgery to reverse the ileostomy that saved my life. I cannot begin to tell you the amount of respect I have for the level of professionalism that has been demonstrated by the staff of this hospital. Compassion for the patient was demonstrated time and time again with just about every staff member going out of their way to make sure that I was taken care of. The staff, including the residents, were the epitome of what a medical professional should be. I wish that I could remember all of the names of those staff members who were directly involved with my recovery and thank them, but sadly I cannot. Keep doing what you are doing. You are definitely leading by example.

Dain Doughty
SAINT ROBERT, MISSOURI

‘No detail too small’

Neither my wife nor I have been a patient in a hospital in 35 years; however, it was necessary for my wife to be admitted in January 2017 — her first time since our son was born in 1981. My wife does not like to see doctors and have tests, so she was pretty nervous on the drive up to Columbia for the admit.

After her arrival day had passed, she looked and felt relaxed. We had a great time just visiting with the staff, each other, laughing, and just doing nothing. Turns out, aside from small pain from lumbar puncture and blood draws, her inpatient stay was a non-event. The facility and staff were excellent. I have a newfound respect and admiration for nurses and nurse technicians. Each person was equally polite, empathetic, respectful, caring, quick to respond to my wife’s needs. I know I will miss a few, but Courtney, Anna, Deb, Kaitlyn, Perish and several others are outstanding examples of what we thought a nurse should be. I was impressed with the consistent care throughout shift changes, an event when critical details could be lost. However, no detail of her case was too small nor lost. Amazing. When I roamed the hall looking for a straw, technicians not assigned to our room were eager to help.

The night teams that take vitals and pull blood were quiet and efficient. In and out in the blink of an eye. This helped my wife get good rest and be alert during the day.

I don’t have words to describe how pleased I am with this encounter other than to say a job well done by all involved: MRI tech, transportation, nurses, docs, EEG tech and others. As I mentioned to Deb when she walked us to the lobby, I hope I don’t see her again ... but I will always remember all we encountered under their good care.

Gerald Duncan
CAMDETON, MISSOURI
Karen Harris describes her position as a patient engagement coordinator at MU Health Care.

**About Me**

I grew up in a little town in rural Southeast Missouri where everyone knows everyone! I’ve been married to my husband, Richard, for 43 years, and we have two daughters and four grandchildren. Living in a small town, warm welcomes were just expected! Even strangers wave at one another and offer a friendly “good morning” when walking by. I became a registered nurse more than 40 years ago and have had the pleasure of working at MU Health Care for the past 18 years in various roles. My mission has always been to ensure our patients have the best possible experience while in our care.

**About My Role**

As the patient engagement coordinator, I provide education and training to faculty and staff focused on building relationships with patients and families.

**Favorite Part of My Job**

The relationship I have with staff and faculty and being a part of their team.

**Culture of YES**

Our Culture of YES values and the behaviors we strive to live offer a roadmap to improve the patient experience with every interaction. Patients want to feel cared about while being cared for. Every patient has a story, and when we interact with our patients and their families, regardless of our role, we become a part of their story. At the end of the day, our ultimate goal is to have a positive impact on that story while they are in our care!

“My mission has always been to ensure our patients have the best possible experience while in our care.”

- Karen Harris, RN
ER EXPANSION
**1 cup experience + 1 cup caring =**

*a winning recipe to get Columbia baker Jeanne Plumley back to business*

As the owner of Peggy Jean’s Pies, Jeanne Plumley is used to having a lot on her plate. In June 2017, she and her husband were selling their 30-acre retreat at the Lake of the Ozarks and moving into a new home in Columbia. Jeanne was managing her home life while still working 12- to 14-hour days running her store and baking pies. So, when she spent a full day staining her deck, she wasn’t surprised when she didn’t feel well that night.

“I figured that I had just overdone it again,” Jeanne said. “I am a workhorse. I tend to just keep going no matter what.”

But she didn’t bounce back after a good night’s rest. In fact, a few days later, she couldn’t breathe and could barely move. “It was incredibly scary,” Jeanne said. “I couldn’t walk more than a step without getting completely out of breath. I knew something was really wrong.”

Jeanne’s husband took her to the emergency room at University Hospital. Jeanne’s care team, led by Betsy Borsheski, DO, emergency physician at MU Health Care, checked her heart to rule out a possible heart attack. Borsheski then ordered tests to determine the cause of Jeanne’s severe symptoms. A CAT scan revealed that Jeanne had multiple blood clots in the arteries in her lungs. These blood clots can be life-threatening if not treated quickly. Jeanne was admitted to University Hospital and transferred to the intensive care unit to get the more advanced care she needed.

“Dr. Borsheski actually called me personally that morning,” said Rebecca Miller, Jeanne’s daughter. “I was so surprised and happy. Dr. Borsheski asked how my mom was doing and also asked if I was holding up all right. We were already so pleased with how everyone cared for my mom. But when I got that personal phone call from the ER doctor, it showed me just how much her doctor cared.”

Jeanne made a full recovery after a 10-day hospital stay. Both Jeanne and Rebecca say what started out as a health scare actually turned out to be a blessing. And after a lifetime of smoking, Jeanne says she left the hospital with a completely smoke-free. “I can’t tell you how many times I tried to quit. After 10 days in the hospital, I am completely smoke-free. I’m so thankful — it’s a double miracle.”

“When I got that personal phone call from the ER doctor, it showed me just how much her doctor cared.”

- Rebecca Miller, Jeanne’s daughter

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To read more patient stories like Jeanne’s, visit [www.muhealth.org/our-stories](http://www.muhealth.org/our-stories).
Mary Mason is an athlete who enjoys a bevy of exercises. Several years ago, she and her husband moved to Linn Creek near the Lake of the Ozarks so they could spend their days waterskiing.

Her desire to stay fit took a serious turn in 2013 when she experienced a brain aneurysm. Surgery kept her from having a stroke, but her doctors warned her that staying active would be more important than ever.

“I always had good blood pressure and heart rate,” Mason said. “It was quite a shock to find out I had an aneurysm. After my recovery, I took my physical health extremely seriously. I knew good nutrition and regular exercise were key for helping me keep the risk of another aneurysm at bay.”

Mason continued her active lifestyle, ignoring the hip pain that began soon after her recovery.

“It started as an ache in my thigh and groin, so I thought it was my muscles and it would eventually go away,” Mason said. “Instead, it just kept getting worse.”

Her pain got so bad that she developed a limp, couldn't sleep on her left side and had trouble getting in and out of her car.

But for Mason, the worst part about her increasing pain was that it was keeping her from exercising.

“I was pretty terrified,” Mason said. “I felt like I had to exercise or I would be putting my life on the line. I wanted to do everything I could to keep from having another aneurysm, but the pain was so bad I just couldn't stay active.”

Mason sought help at University of Missouri Health Care in Columbia. Benjamin Hansen, MD, orthopaedic surgeon at the Missouri Orthopaedic Institute, told her that her pain was caused by arthritis and cysts that had developed in her hip. The best course of treatment: a complete hip replacement.

Three weeks after her initial diagnosis, Mason underwent a total hip replacement. Hansen chose to perform the procedure through the front of Mason's hip instead of the traditional posterior approach.

“There are several advantages to using an anterior approach for a hip replacement,” Hansen said. “This technique allows surgeons to avoid cutting through major muscles at the back of the hip. Leaving those muscles uncut allows for a quicker, less painful recovery. It also reduces the risk that the new hip will dislocate because those posterior muscles naturally hold the hip joint in place. The anterior approach also allows the patient to recover more range of motion. So for an active patient like Mary, this was the best option.”

Mason was shocked at how quickly she recovered from her surgery.

“I immediately noticed the pain I was used to disappeared,” Mason said. “I felt so good I was ready to go home the next day. I was so thankful that Dr. Hansen and his team listened to me. I felt like they gave me the personalized care I needed.”

Mason was able to start physical therapy just a few weeks after surgery. Since then, she's been able to gradually increase her activity level. She started with yoga and walking on the treadmill. She eventually graduated to weightlifting, spin classes, hill climbing and the rowing machine.

Hansen says Mason's case isn't atypical.

“I see patients respond like this almost every day,” Hansen said. “This is why we do these total joint replacements. We are able to give our patients a pain-free, high-quality life. It's extremely rewarding.”

And Mason agrees.

“They really have given me back the quality of life I had been missing for some time. I am absolutely pain-free, and my mobility is wonderful,” Mason said. “I’m so thankful for everything that Dr. Hansen, the nurses and all of the other caregivers did for me.”

Pain from arthritis and cysts in her hip kept Mary Mason from the active lifestyle she enjoyed. After a total hip replacement, Mason’s back to daily exercise.
Thompson Lab for Regenerative Orthopaedics

A cornerstone of the Missouri Orthopaedic Institute expansion is the Thompson Center for Regenerative Orthopaedics, made possible by a generous gift of $3 million from William and Nancy Thompson.

The Thompson Center for Regenerative Orthopaedics is the world's largest comprehensive orthopaedic research center housed within a stand-alone orthopaedic hospital. The lab provides approximately 12,000 square feet of research space for a 37-member research team comprised of engineers, physicians, molecular biologists, anthropologists, anatomists, pathologists and veterinarians.

Here, researchers collaboratively pursue discoveries in orthopaedic medicine. By working side-by-side at this center, surgeons and researchers are able to translate their discoveries directly to patient care.

Recent research into regenerative orthopaedics at MU includes the development of a better method to store donor tissue, and improved procedures for repairing torn knee ligaments and other joint injuries. These breakthroughs led to the establishment of the Mizzou BioJoint® Center, where patients can have joint replacements using natural tissue grafts of tendons, ligaments, cartilage, menisci and bone.

Since the Missouri Orthopaedic Institute opened in 2010, patient volumes have steadily increased. The recent expansion added clinical space for surgical, inpatient, outpatient and physical therapy services.

To learn more about treatments provided at the Missouri Orthopaedic Institute, visit www.muhealth.org/orthopaedics.
Primary care is now more available to mid-Missourians through the opening of MU Health Care’s Family Medicine clinic in Ashland.

MU Health Care and the Southern Boone Chamber of Commerce celebrated the opening of the new 3,790-square-foot clinic with a ribbon-cutting ceremony in August.

The new facility, located in the Redtail Professional Building, 101 Redtail Drive, Suite C, features seven exam rooms and a lab for basic testing for problems like strep throat and urinary tract infections. Luke Stephens, MD, MSPH, a family physician at MU Health Care, leads a team of providers at the clinic that includes a nurse practitioner, a licensed practical nurse and a patient service representative.

“As primary care providers, I and my colleagues know that good access to primary care can help us live longer, feel better and avoid disability and long absences from work,” Stephens said. “By focusing on patient-centered care, we are improving access when we make health services available within our more rural communities.”

“This feels like I’m home. It’s a privilege to be able to serve my community.”

– Luke Stephens, MD
At MU Health Care, we offer three different levels of care to help you. Explore our levels of care to learn which is right for you. Visit www.muhealth.org/level-of-care.

To make an appointment with a provider at the Family Medicine clinic in Ashland, please visit www.muhealth.org/ashland or call 573-882-9060.

Before returning to MU, Stephens worked at Advocate Illinois Masonic Hospital and Advocate Lutheran General Hospital in Chicago.

“I’m really excited to be back in Missouri,” Stephens said. “I grew up on a farm in Stoutland, which is south of the Lake of the Ozarks, and received my master’s degree, medical degree and resident training from MU. So this feels like I’m home. It’s a privilege to be able to serve my community.”

Stephens is a fellowship-trained, board-certified family physician at MU Health Care and assistant professor of family and community medicine at the MU School of Medicine.

MU Health Care family physicians provide high quality, patient-centered care to a diverse patient population that includes pregnant women, children, adults and the elderly. MU Health Care family medicine serves mid-Missourians through approximately 160,000 outpatient visits each year.

MU Health Care has six Family Medicine clinics in Mid-Missouri:

- Ashland 573-882-9060
- Fayette 660-248-2217
- Fulton 573-642-5911
- Keene Street 573-882-8000
- Smiley Lane 573-884-8980
- South Providence Medical Park 573-884-7733

Additional walk-in services include:

Mizzou Urgent Care
Located in the South Providence Medical Park
573-882-1662

Mizzou Quick Care
Located in all three Columbia Hy-Vee stores
Broadway 573-884-0036
Conley 573-884-0169
Nifong 573-884-0146

MU Health Care’s Family Medicine clinic in Ashland opened in August. The 3,790-square-foot clinic is located in the Redtail Professional Building, 101 Redtail Drive, Suite C.
When it comes to your eyesight, you want eye care specialists you can trust. University of Missouri Health Care’s Mason Eye Institute offers the most advanced eye care in central Missouri. As the mid-Missouri population grows, and the demand for vision care increases, we’re adding new specialists to meet your needs.

“Our community is underserved,” said Frederick Fraunfelder, MD, MBA, director of MU Health Care’s Mason Eye Institute and chair of the Department of Ophthalmology at the MU School of Medicine. According to Fraunfelder, communities should have one ophthalmologist for every 20,000 people. Since 2015, Fraunfelder has recruited providers to the MU Health Care eye and vision team. Now, he’s focused on recruiting physicians in high-demand specialties.

“We are targeting areas where the majority of our patients need care,” Fraunfelder said. “These include providers specializing in retina, glaucoma and cornea issues, as well as general ophthalmologists.”

Demand for these services is growing — mainly because of an aging population. More and more baby boomers are becoming susceptible to age-related eye diseases such as cataracts, glaucoma and macular degeneration, Fraunfelder said. Additionally, new assisted-living facilities in Columbia are attracting a large number of retirees.

Although many of Fraunfelder’s recruits will benefit an aging patient population, he also notes another important regional need: a pediatric ophthalmologist. Among Fraunfelder’s many recruits is Mohannad Al-Samarraie, MD, who recently joined the pediatric ophthalmology clinic — the only clinic of its kind in the region.

Al-Samarraie specializes in surgery to correct amblyopia, or lazy eye. In addition to being able to provide routine care for conditions such as pediatric cataracts, glaucoma, retinopathy of prematurity (ROP), and strabismus or crossed eyes, Al-Samarraie also performs surgical procedures. This means pediatric patients don’t have to travel hundreds of miles to get surgery, and they can be treated by one doctor in a location close to home.

“As one of the largest eye departments in the state, we are excited to add these physicians to our team so we can better meet the needs of our patients,” said Fraunfelder.

“We are targeting areas where the majority of our patients need care. These include providers specializing in retina, glaucoma and cornea issues, as well as general ophthalmologists.”

- Frederick Fraunfelder, MD, MBA
To schedule an appointment, call **MASON EYE INSTITUTE** at 573-882-1506 or **UNIVERSITY EYE INSTITUTE EAST** at 573-882-1506.
ENT Health For Kids: 4 Things You Should Know

When is it time to see a specialist?

Pediatric ear, nose and throat (ENT) disorders remain among the primary reasons children visit a physician, according to the American Academy of Otolaryngology-Head and Neck Surgery. Most pediatricians are prepared to handle an ear infection or a runny nose — but how do you know when your child needs to see a specialist?

If your child snores or has recurrent ear infections, it may be time to see a specialist.
4 THINGS TO KNOW

1. Snoring is not normal.
“Snoring is not normal,” said Eliav Gov-Ari, MD, an associate professor of otolaryngology-head and neck surgery and pediatrics. “When a child snores persistently, it isn’t cause for immediate concern but warrants further evaluation by a pediatrician or ENT doctor.”

2. A recurring cold doesn’t always turn into a sinus infection.
“Colds are usually viral, so antibiotics won’t help,” said Gov-Ari. “If your child’s cold symptoms last longer than seven days, call their pediatrician.”

3. Consider ear tubes for recurring ear infections.
Ear tubes can help prevent future ear infections, Gov-Ari said. “If your child has had more than three ear infections in six months, they may benefit from ear tubes.”

4. Ear, nose and throat doctors treat more than ear infections and tonsillitis.
It’s true that ear infections, runny noses, and tonsillitis are common reasons parents bring their children to a pediatric ENT specialist. However, pediatric ENT specialists at MU Health Care also treat everything from head and neck cancer, to hearing loss or impairment, facial fractures, swallowing disorders, balance disorders and more.

MU Health Care’s Pediatric ENT clinic treats children and youth with:
- Airway obstructions or malformations
- Balance disorders
- Chronic ear infections
- Cleft lip and palate problems and related speech disorders
- Gastroesophageal reflux disease (GERD)
- Head and neck masses
- Hearing loss or impairment
- Hemangioma and vascular malformations
- Infant feeding issues
- Jaw (mandibular and maxillary) cysts
- Laryngeal and tracheal anomalies
- Sinus, laryngeal, thyroid and esophageal disorders
- Sleep apnea and snoring
- Speech disorders
- Swallowing disorders
- Voice disorders

MU Health Care’s pediatric ENT team is a group of highly trained experts, including a dedicated nurse practitioner, audiologists, speech therapists, nurses and social workers. If you think your child would benefit from seeing a pediatric ENT specialist, talk to your child’s pediatrician or call 573-817-3000.
OTOLARYNGOLOGY - HEAD AND NECK SURGERY PROVIDERS

CW DAVID CHANG, MD
ENT and Allergy Center of Missouri

JEFFREY JORGENSEN, MD
Ellis Fischel Cancer Center

LAURA DOOLEY, MD
Ellis Fischel Cancer Center
ENT and Allergy Center of Missouri
MU ENT, Hearing & Balance Center

DAVID KROPF, MD
MU ENT, Hearing & Balance Center

CHRISTINE FRANZESE, MD
ENT and Allergy Center of Missouri

GREGORY RENNER, MD
Ellis Fischel Cancer Center
ENT and Allergy Center of Missouri

TABITHA GALLOWAY, MD
Ellis Fischel Cancer Center
ENT and Allergy Center of Missouri

ARNALDO RIVERA, MD
MU ENT, Hearing & Balance Center

ELIAV GOV-ARI, MD
ENT and Allergy Center of Missouri

ROBERT ZITSCH III, MD
Ellis Fischel Cancer Center
ENT and Allergy Center of Missouri

PLEASE CALL THE LOCATIONS BELOW TO SCHEDULE AN APPOINTMENT.

Ellis Fischel Cancer Center  573-882-8445
ENT and Allergy Center of Missouri  573-817-3000
MU ENT, Hearing & Balance Center  573-882-7903
New learning space prepares students to become better physicians

Second-year medical student Sam McMillen didn’t particularly enjoy the windowless basement labs where he spent his first year at the MU School of Medicine. “It felt a little hard to spend extended time in that environment,” McMillen said.

But McMillen and other first-year medical students did spend a lot of hours – 10 to 12 each school day – in that dark, crowded learning space.

Now as a second-year medical student, McMillen is among the first students to learn in a new medical education building, the Patient-Centered Care Learning Center. Although the new building has better aesthetics and more natural light, it’s the student-focused design, features and technology that will enhance student learning and prepare McMillen and his classmates to become better physicians.

“There are so many implicit themes in the building’s design and purpose,” Lauren Gillespie, another second-year medical student, said. “The open floor plans support the qualities that make up patient-centered care: communication, collaboration, partnership and openness.”

You won’t find a traditional lecture hall in the building. Instead, flexible classrooms and study areas have movable tables and chairs that students easily can reconfigure to accommodate discussion groups. In the anatomy labs, instructors can magnify and display what they are doing so all students can see clearly. Previously, students crowded around the dissection tables to observe.

Laine Young-Walker, MD, an alumna and Associate Dean for Student Programs at the school, said the labs where she learned as a student in the 90s and later taught could be isolating for students.

“As a psychiatrist, I know the environmental impact on motivation, drive and desire is huge,” she said. “The aesthetics of the new building promote more engagement and more positivity. Now, there’s increased comradery and opportunities to meet people the students might not have had opportunity to otherwise. They can study with and learn from others – experience more diversity and inclusivity.”

Communication and collaboration are key traits students will need as physicians, and opportunities to practice those skills are embedded within the curriculum, Young-Walker said.

In patient-based learning, students work through clinical cases in small discussion groups. Later, students practice their interviewing and diagnostic skills with role-playing patients. The new building provides additional room for these activities – from more discussion rooms to technologically equipped exam rooms – so instructors can observe students’ conversations with the patient actors.

“Patient-based learning is a very memorable way to learn — learning things in the context of real patients,” Gillespie said. “It fosters qualities and communication skills throughout the process that are going to be instrumental to how we practice as physicians in the future.”

The building’s design and decorative elements also remind students of the people they’ll serve as physicians.

On the fifth and sixth floors, artistic overlays on glass doors feature real Missourians. The images represent the diversity of patients cared for by Missouri-trained physicians and serve as constant reminders to put patients first.

“Patients are the whole reason we’re in medicine,” McMillen said. “If we’re not bringing it 100 percent for them and what they need, then it’s not worth it. We’re set up early with exposure to how to practice medicine.”

“[Patient-based learning] fosters qualities and communication skills throughout the process that are going to be instrumental to how we practice as physicians in the future.”

- Lauren Gillespie, second-year medical student
‘Life-Changing’ Care
Rare treatment means a new lease on life for pediatric patient

Most people will never have to ride inside an ambulance, but for 11-year-old Tayden Washburn, an ambulance used to be his main mode of transportation.

When Tayden was five years old, he was diagnosed with dystonia, a movement disorder that causes muscles to contract uncontrollably. By age nine, Tayden’s body had developed such an abnormal posture that he was no longer able to sit in a wheelchair or ride in a car. “He was so stiff,” said Hailee Washburn, Tayden’s mother. “He couldn’t move his arms or legs.”

If Tayden needed to get to a doctor’s appointment in Columbia, he had to take an ambulance for the two-and-a-half-hour drive from his home in Kahoka, Missouri. Tayden’s dystonia was so severe it made completing routine tasks almost impossible.

“We couldn’t get him dressed or do something as simple as going out to get groceries,” Washburn said. “We could not live a normal life.”

Tayden’s doctor, Jane Emerson, MD, associate professor of clinical physical medicine and rehabilitation, had tried almost everything to help with Tayden’s dystonia.

“We tried all of the ‘normal’ treatments,” Emerson said. “Multiple medications and a high-dose baclofen pump weren’t treating Tayden’s tightness. They were just making him sleepy.”

When it seemed like nothing would help, Emerson had one more suggestion: deep brain stimulation, or DBS.
“Before surgery, we couldn’t do much at all besides sit at home. Now, we can do all the things Tayden loves, like go swimming and shopping. It has definitely been life-changing.”

- Hailee Washburn, Tayden’s mother

Finding New Solutions

DBS is used to treat a variety of adult neurological issues such as Parkinson’s disease and tremor, but it is not commonly used in children. Emerson said that it is estimated that less than 1,000 children worldwide have had the procedure.

“It is an invasive procedure and treatment, but for the right patient, it can be life-changing,” she said.

Tayden was 7 years old when Emerson first suggested DBS, but his parents were hesitant.

“Dr. Emerson talked to us about DBS for a couple of years, but we just weren’t ready,” Washburn said. “It finally got to the point where Tayden was becoming worse and worse each and every day. DBS was our last hope for him.”

In 2016, as Tayden was getting ready to turn 10, his parents made the decision to move forward with DBS.

“No matter what treatment or medication we tried, everything was failing,” Washburn said. “It all kept leading us back to DBS.”

The only remaining question was: Where would Tayden have the surgery?

Deciding Factors

“We went to treatment centers in St. Louis, Kirksville and Iowa City,” Washburn said. “We even went to the Mayo Clinic, but they didn’t have the answers we needed.”

Dr. Emerson suggested Tayden’s parents meet with Tomoko Tanaka, MD, a neurosurgeon at MU Health Care and assistant professor of neurosurgery at the MU School of Medicine.

Tanaka met with the family in February of 2016. She explained that DBS surgery is done in two phases. The first phase is when the wiring equipment is installed. The second phase is when the wires are connected to the battery, or pulse generator.

Because this was the first surgery of its kind for children at MU Health Care, Tanaka said there were a few extra steps compared to adult DBS procedures.

“The challenge with pediatric DBS is the head size of the patients,” she said. “We wanted to be certain that the surgery halo fit Tayden perfectly and that everything would be as seamless as possible.”

Life After Surgery

Tayden had the first phase of DBS surgery on July 22, 2016. Of the nearly 20 surgeries he has had in his lifetime, his mom said this was the easiest.

“We were so nervous leading up to surgery, but it went a lot smoother and more quickly than we thought.”

Even before the pulse generator was connected, Washburn said she saw improvement in Tayden.

“Just putting the electrodes in caused a good reaction,” she said.

About a week after his first DBS surgery, the pulse generator, or battery, was placed. A few days later, Tayden got to go home — this time without an ambulance.

According to his mom, Tayden’s life after surgery is “1,000 percent better.”

“Before surgery, we couldn’t do much at all besides sit at home,” she said. “Now, we can do all the things Tayden loves, like go swimming and shopping. It has definitely been life-changing.”

More than a year after surgery, Tayden still makes the trip to Columbia every four to six weeks to see Dr. Emerson. These days, when he sees an ambulance pass by … he just smiles.
Graduates of the University of Missouri Sinclair School of Nursing are among the best in the country — their first-time pass rate for NCLEX, the national nursing licensure and certification exam, exceeds the national average. Although graduates find jobs at hospitals all over the nation, many choose to make a difference at University of Missouri Health Care.

In the past year, 40 recent nursing school graduates have joined the MU Health Care staff in a variety of units, including medical and neurological intensive care units, cardiology, labor and delivery, and emergency services.

Erika Buchheit is one such alumna. While an undergraduate, Buchheit knew she wanted to work in an emergency department. Toward the end of her studies, she knew she wanted to work at MU Health Care.

“University of Missouri Health Care strives to provide a learning environment in each and every one of its hospitals,” she says.

Buchheit joined the team in the emergency room at Women’s and Children’s Hospital in June. She sees the emergency room as exciting but knows her patients do not see it that way.

“We see people on some of their absolute worst days,” Buchheit says, “This motivates me to make every ER visit as positive as possible.”

The nursing school prepared Buchheit for her job in the Emergency Department.

“The Sinclair School of Nursing prepared me for my role as an ER nurse through continuously reinforcing the importance of critical thinking and autonomy in nursing.”

- Erika Buchheit, Sinclair School of Nursing alumna

To learn more about nursing opportunities at MU Health Care, visit [www.muhealth.org/jobseeker/nursing](http://www.muhealth.org/jobseeker/nursing).

Erika Buchheit graduated from the University of Missouri Sinclair School of Nursing and stepped right into a nursing career at MU Health Care. Buchheit is one of many nursing school alumni who choose to work at MU Health Care.
New Degree Programs Continue Growth at MU School of Health Professions

The University of Missouri School of Health Professions is renowned for its exponential enrollment growth. In the past year, the school’s growth has also come in the form of new academic programs that provide highly skilled and in-demand graduates in health care areas with critical shortages.

**Applied Behavior Analysis**

Applied behavior analysis, or ABA, is one of the most effective treatments for children with autism, and providers are in demand across Missouri and the nation. A new master’s degree in ABA is providing much-needed training for behavior analysts. The degree program was developed by SungWoo Kahng, Ph.D., associate professor and chair of the Department of Health Psychology and director of applied behavior intervention services at MU’s Thompson Center for Autism and Neurodevelopmental Disorders. It combines rigorous coursework with an intensive clinical practicum to train students to become exceptional practitioners of ABA-based interventions to improve the quality of life for people with behavioral needs.

**Bachelor’s Degree in Public Health**

The school’s Department of Health Sciences added a new bachelor’s degree in public health in response to student interest and the critical need for a trained public health workforce in Missouri and beyond. It is the only bachelor’s program in public health at a public university within 300 miles of Columbia. Public health is an interdisciplinary field and attracts students and practicing health professionals who are interested in health promotion, health policy, health communication, epidemiology and environmental health. MU’s interdisciplinary Master of Public Health program also is housed within the MU School of Health Professions, making the school a comprehensive, collaborative public health destination.

**Certified Health Education Specialists**

Certified Health Education Specialists are among the most in-demand professionals in health care, with job growth of more than 13 percent expected through 2024. Faculty in the Department of Health Sciences have identified coursework to allow students in the health and wellness emphasis area in the Bachelor of Health Sciences program to become eligible to take the Certified Health Education Specialist examination required for certification.

Visit [www.healthprofessions.missouri.edu](http://www.healthprofessions.missouri.edu) or [www.facebook.com/MizzouSHP](http://www.facebook.com/MizzouSHP) to learn more about degree programs at the MU School of Health Professions.
Breast Cancer Risk Factors

Doctors don’t know exactly what causes breast cancer, but here are five things that can increase your risk.

**Being a Woman**
Being a woman is the biggest risk factor for developing breast cancer. Although men can develop breast cancer, less than 1 percent of all new breast cancer cases occur in men.

**Age**
Your risk of breast cancer goes up as you age. Nearly 67 percent of invasive breast cancers are found in women ages 55 and older.

**Family History**
If a first-degree female relative — such as a sister, mother or daughter — has had breast cancer, your risk is doubled.

**Genetics**
Up to 10 percent of breast cancers are thought to be hereditary. This translates to approximately 76,500 to 153,000 new cases each year. Through a hereditary risk assessment and genetic testing, men and women can understand their likelihood of developing certain types of cancer.

**Race/Ethnicity**
White women are more likely to develop breast cancer than African-American, Hispanic and Asian women. However, African-American women are more likely to develop more aggressive and advanced-stage breast cancer that is often diagnosed at a young age.

**Breast Cancer QUICK FACTS**
- **No. 1** most common cancer in women
- Regular mammograms increase your breast cancer survival rate by **30%**
- Breast cancer affects **1 in 8** American women
- Self-exams aren’t enough. Mammograms can detect a lump **2 years** before you can feel one.

**CALL 573-884-4082 TO SCHEDULE YOUR SCREENING TODAY AT ONE OF OUR LOCATIONS.**
Ellis Fischel Cancer Center
Women’s and Children’s Hospital
South Providence Medical Park
The mammography van provides the same screening services available at Ellis Fischel Cancer Center, including 3-D mammography.

Mammography Van Brings Screening to You

It might be hard to find time for a screening mammogram, but making time is important — it could save your life.

The MU Health Care mammography van, or Mamm Van, makes it easy.

The van is a full-service mobile breast health clinic that offers the same top-quality care you’ll find at our imaging centers. The Mamm Van offers:

- Mammograms, breast exams and breast health education
- Fast appointments — you can be in and out in less than 30 minutes
- Private exam rooms
- Free breast cancer screening for those who meet certain financial guidelines

To bring the Mamm Van and its valuable services to your community, please call Ellis Fischel’s Cancer Screening Services at 573-882-8511.

See more stories about the Mamm Van at www.youtube.com/MUHealthCare.
Access your health info. WHEREVER. WHENEVER.

Sign up for your online account at MUHEALTH.ORG/PATIENT-LOGIN

Once registered, DOWNLOAD OUR APP.