

CLASS NOTES

'80s

If you stop by Pitt's orthopaedic surgery department this fall, be sure to admire a bust of the late Albert Ferguson, former chair. The sculpture was created by **Vincent Russo** (Orthopaedic Surgery Resident '81), a surgeon based in Scottsdale, Ariz., specializing in joint replacement. Russo says he crafted the bust to commemorate a legend who inspired him. (Ferguson, who died in 2014, trained generations of surgeons, including 30-some department chairs and leaders of programs worldwide.) Creating sculptures that represent personalities, relationships, and the human experience is integral to Russo's life. His patients appreciate his artistic side. He says they seem comforted by the idea that "if I can do a sculpture, I can probably do their surgery."



Russo

'90s

The family of **Marjorie Brennan** (Anesthesiology Resident '92) left Haiti when she was a toddler. After the 2010 earthquake, Brennan flew to Haiti for 10 days to provide medical assistance to survivors. She founded the JDT Foundation later that year. (JDT are the initials of Joseph Denis Thomas, Brennan's grandfather.) The foundation offers scholarships to Haitian students studying the health sciences and funds projects aiming to restore Haiti's natural environment and agricultural practices. In addition to leading the foundation, Brennan is an assistant professor of anesthesiology and critical care medicine and of pediatrics at George Washington University and medical director of the Children's National Health System Montgomery County Ambulatory Surgery Center in Rockville, Md.

Bhargavi Gali (Anesthesiology Resident '96, Critical Care Medicine Fellow '97) has been thinking a lot about the safety of robot-assisted hysterectomies versus traditional open hysterectomies.



Gali

An assistant professor of anesthesiology and perioperative medicine at the Mayo Clinic, Gali and colleagues posited that patients undergoing the robotic procedure could "have higher incidences of pulmonary complications" because surgeons must inflate the abdominal cavity with carbon dioxide to see what they're doing, in turn increasing pressure on the lungs. (It's not necessary to inflate the abdominal cavity during open hysterectomies.) Higher transpulmonary pressures—the force lungs feel from surgical ventilation—are typically associated with negative patient outcomes, Gali explains. Contrary to expectations, she found no significant difference in patient outcomes between hysterectomy type, as published in *Anesthesia & Analgesia* in January. Now, she's planning studies asking why patients of robot-assisted hysterectomies don't have more complications.

Magnetic resonance imaging has only been in the clinic for a few decades, says **Gulay Alper** (Pediatric Neurology Resident '96), yet today doctors rely on it for diagnosing and monitoring patients with acquired demyelinating disorders—such as multiple sclerosis (MS)—because there are no blood tests to characterize the diseases. Alper, Pitt associate professor of pediatrics and director of the Clinical Neuroimmunology Program at Children's Hospital of Pittsburgh of UPMC, uses MRIs when working with children with multiple sclerosis, noting that, not too long ago, "people didn't realize [MS] existed in kids." Children often struggle with cognitive problems—even the children with MS who appear to have no motor impairment, who are able to walk and talk. Alper is participating in clinical trials of adult MS therapies in children to learn how to combat these issues.



Alper

In response to brain injuries **Elad Levy** (Surgical Intern '98, Neurosurgery Resident '04) saw in patients who had played youth football, he founded the Program for Understanding Childhood Concussion & Stroke. Levy, chair of the University at Buffalo's Department of Neurosurgery, says the organization provides video resources and research to parents and kids to spread concussion awareness and prevent injuries. Since 2011, "we raised half a million dollars, and all that has gone back to the community," he notes. Levy is a neurotrauma consultant for the Buffalo Bills. And last year, Levy and the team he oversees as medical director of Neuroendovascular Services at Gates Vascular Institute made news by successfully using a stent that hadn't been used previously in children to reconstruct blood vessels in the brain of a boy who'd been attacked by dogs.



Levy

'00s

How much weight gain is healthy during pregnancy? Pitt's **Lisa Bodnar** (Reproductive Biology Fellow '04) has been studying that question since she served on an Institute



Bodnar

of Medicine (now the National Academy of Medicine) committee in 2009 that revised gestational weight gain guidelines. She realized there was still a lot to learn, so she is working to increase the evidence base for future guidelines. She has demonstrated that weight gain below national recommendations may not be adversely associated with poor outcomes for obese mothers or their babies. In January, she published charts for classifying maternal weight gain in twin pregnancies. Bodnar—vice chair of research in epidemiology and associate professor of obstetrics, gynecology, and reproductive sciences—says she loves being a researcher because you can "ask a research question, design a study, and then answer it for yourself."

Patients with prostate cancer may require different treatments, depending on their biology, says **Nima Sharifi** (MD '01), director of the Center of Excellence for Prostate Cancer Research at the Cleveland Clinic. His team's January 2018 write-up in *Cell Reports* confirms there is a link between gene *HSD17B4* and treatment-resistant prostate cancer. He hopes that research will lead to personalized therapies. Sharifi, who holds the Kendrick Family Chair for Prostate Cancer Research, was named a 2017 Fellow of the American Association for the Advancement of Science. The recognition is encouragement to keep working, he says. "It's a long road. There's not a lot of immediate gratification in science."

'10s

As a Pitt student, **Julie Boiko** (MD '16) noticed something. Although half her peers were women, the composition of grand rounds speakers skewed toward men. She wondered: "Maybe the lack of women physically at the podium at these lectures sends the message to younger trainees that this isn't a place where my gender's presence is normative." After looking at 200 grand rounds series at institutions nationwide, she reported in a 2017 *JAMA Internal Medicine* paper that women presented only 28 percent of the time, even though 36 percent of the faculty are women, as are 46 percent of residents. Now a pediatrics resident at UC San Francisco, she won the UC San Francisco Chancellor Award for Advancement of Women and is investigating factors that could increase the number of women at the podium.

—Charlotte Couch, Evan Bowen-Gaddy, Adrianna Moyer, and Sara Whitlock

ALUM INTEL

RACE, BIAS, AND OTHERNESS IN MEDICINE

The School of Medicine diversity office—over the decades led by William Wallace, Carolyn Carter, Nancy Washington, Paula Davis (who is now assistant vice chancellor for diversity), and, for the past several years, Chenits Pettigrew—has been home base for generations of students seeking friendship, guidance, and assurance that they belong. In April, *Pitt Med* hosted a dialogue between alumnae who are now diversity and inclusion officers at schools and hospitals around the country. Student Nia James, president of Pitt's Student National Medical Association, moderated the conversation that touched on the stakes of unconscious bias, student dilemmas, and what's working well at their institutions. Check out highlights here. You can read more of the conversation online at *www.pittmed.health.pitt.edu/story/alum-intel.*

Nia James: Is there a part of your job that surprises you?

Margaret Larkins-Pettigrew: I need to continue to check myself about where *my* bias lies.

Stephanie White: Lots of schools have made it pretty far being well-intentioned. To really continue to push issues forward, there need to be

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Burnett-Bowie


James

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White

standardized ways of accomplishing things—and metrics for evaluation.

Mia Mallory: I am often surprised that not everyone believes in the importance of diversity in the health care workforce, especially given that the population of the patients that we are caring for is becoming increasingly diverse.

"There's such empathy that's inherent in the choice to provide relief of suffering. Sometimes people make the mistake of thinking, *I can't be biased, because I'm in this pursuit*."

NJ: What is trending in the world of diversity and inclusion offices?

Sherri-Ann Burnett-Bowie: There is a significant conversation that's ongoing around supporting learners and faculty with disabilities. The idea that you have to be perfect is a real barrier to both seeking wellness and seeking accommodation.

SW: Students are coming in with more experience dealing with social justice. Think about the key events that took place in their formative years with Trayvon Martin and the inappropriate deaths of black males. This has been in their lives for as long as they remember, and it's really hard as faculty to keep in mind that they do think about things differently. We're going to have to bridge that gap, because they're going to continue to want to talk about it.

MM: We've been seeing an uptick in patients who display biases against our students and physicians for a variety of reasons, whether it's because they belong to a certain racial group, ethnic group, gender group, or sexual identity group. Now we are working to develop standards to educate and empower our students to combat the biases they are facing.

MLP: We just recently changed our patient bill of rights, because we had so many cases where our patients refused to have people, who are of the Jewish faith or African American, take care of them. We have decided to have a no-tolerance response. We say to a patient that we are all diverse, and this is a training institution, but if you are uncomfortable here we will transfer you at cost to another institution.

SW: If faculty members hear their students encountering something, they need to speak up for them at the time and not just ignore it, because that can be very demeaning. Students are in a difficult place, because in most situations, their grades and evaluations depend on their actions, and they don't necessarily know what the attending would think if they verbalized their concerns.

NJ: Are there challenges that may be more significant than what you already listed?

MLP: I still feel that we can talk about all the "isms" that exist in our world today—as it relates to our LGBT population, our women—but at the end of the day, the people who are dying in my field [obstetrics and gynecology] are black women and black babies. Part of our responsibility is to recognize that unconscious bias does kill, and it can kill at the bedside.

SBB: Physicians and health care providers—not just physicians—sometimes need convincing that we have bias, because there's such empathy that's inherent in the choice to provide relief of suffering. Sometimes people make the mistake of thinking, *I can' t be biased, because I'm in this pursuit. . . .*

There is so much upheaval in our geopolitical context that it's a hard time to be a student who is concerned about social justice. I have sent out e-mails about what

"Students really want change, like, yesterday. They are much more social-justice minded, and they're pushing academic medicine educators to think about how we're doing everything."

I think are really heartbreaking national tragedies—after Charleston [church massacre], after Orlando [gay nightclub massacre]—where I share that I'm struggling with what has transpired, and that I would anticipate that they would be struggling as well, and that there are resources here to help them.

SW: Students really want change, like, yesterday. They are much more social-justice minded, and they're pushing academic medicine educators to think about how we're doing everything within the classroom, clinics, and medical school environment.

—Compiled by Cara Masset

Comments have been edited for length, style, and clarity.