

inside VIEW



A LOOK INTO THE WORLD OF HEALTH SYSTEM FACULTY AND STAFF

PROFILE

WELCOME WAGON

Med School Admissions help talent breed talent

It's 12:01 a.m. on Oct. 15, an important date and time if you've applied to medical school. At that time the University of Michigan Medical School sends a 90-second video e-mail to applicants notifying them of their admission status. UMMS is the only medical school to contact applicants as soon as the clock turns. Students appreciate the expediency and the cool video.

The Medical School Admissions team works hard to help identify the best candidates. Of the 6,000 hopefuls who apply to UMMS, only a fraction are admitted. In fact, our admitted students have MCAT scores in the top 5 to 6 percent in the nation. The majority of medical students accepted at Michigan have also been accepted at other top medical schools. According to Robert Ruiz, director, Medical School Admissions, UMMS has until May 15 to sell students on the complete Michigan experience.

"The students who visit us have incredible choices," Ruiz says. "When we admit someone, we have our work cut out for us."

Ruiz compares the admissions team to a successful matchmaking service. They begin a period of relationship building with students. They learn students' interests and connect them with leading-edge faculty. They determine student



The UMMS admissions team processes 6,000 applications to enroll approximately 170 new medical students each year. The team includes (from the left) Robert Ruiz, April Daniels, Carol Teener, Steven E. Gay, M.D. and Kellie Paich.

needs, such as childcare or married housing, and provide the right resources. They organize chat rooms, send birthday messages and provide admission counseling. They sell the students on U-M, its medical school and the culture of Ann Arbor.

"In addition to research opportunities, residency outcomes, reputation and diversity, quality of life as a medical student in Ann Arbor has become a major asset," Ruiz says. "We have interesting and stimulating people in a tight-knit community."

UMMS carefully plans and implements 19 "Interview Days," where up to 50 students visit campus each day to meet faculty and experience the flavor of Ann Arbor. This is a recruitment opportunity. "We're keenly aware they're eyeing us," Ruiz says.

Inspired by
YOUR SUGGESTIONS

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@ ON THE WEB To learn more about Medical School Admissions, visit www.med.umich.edu/medschool/admissions.

The Medical School Admissions Team

- Jeanne Beland, admissions counseling
- April Daniels, office management and administrative support
- Sandy Davis, business analyst
- Steven Gay, M.D., dean
- Kellie Paich, general admissions support
- Sarah Romanski, general admissions support
- Robert Ruiz, director
- Carol Teener, event planning

AROUND UMHS

The **University Hospital branch of UMHS Financial**, a service of MidWest Financial Credit Union, is now a Shared Branch. This means members of other credit unions across the country who participate in the Shared Branching network—like U-M Credit Union and Huron River Financial—can take care of their financial business at the UH location without paying “outsider” fees. The UH branch of UMHS Financial is located on Level 2, down the hall from the Cafeteria. The branch is open 7:30 a.m. to 6 p.m. Monday through Friday, and there are two 24-hour ATMs. Learn more about shared branching at:

www.mwfcu.org

C+W Construction Project Update:

While construction moves forward on our new Women and Children’s facility, the campaign to raise funds to support the effort continues successfully with events like the June 13 radiothon hosted

by U-M Athletics that raised \$100,000 and the 2008 Mott Golf Classic that pledged \$1 million for the in-hospital Ronald McDonald House. Next milestone? The official beam signing! For the latest news and details on the project, visit:

www.med.umich.edu/mott

Celebrate Ergonomics Awareness Month

this October with Michigan Healthy Community incentive awards and grants. Do you need funding to implement strategies that make your workplace safer? If so, look into the Ergo Grant Incentive Program. Do you deserve recognition for changes you’ve implemented to improve the safety of your unit? Apply for an Effective Ergonomic Solutions Award. Both programs close Oct. 31, 2008. Raise your Ergo awareness:

www.hr.umich.edu/mhealthy/improve/ergoindex.html



The new Mott Active Book keeps kids who are in the hospital busy with writing and drawing activities, sudoku and short stories.

Being in the hospital is many things, but fun is rarely one of them. So how do you provide teens with an entertaining and creative way to pass their time in the hospital? Follow Child and Family Life’s expert example and create an original, interactive resource like the new **Mott Active Book**. The book includes how-to pages, sudoku, writing and drawing activities, essays and short stories, and much more—all contributed by professional local artists, writers and others. CFL provided funding for the project, including hosting a benefit show at Ann Arbor’s Neutral Zone teen center that raised \$1,500 for production and printing. Learn more about the book:

www.med.umich.edu/mott/cfl

The Medical School’s ENCORE performance

When University of Michigan Medical School graduates began their residencies last summer, they put into practice what they’ve learned during lectures, clinic experiences and on their iPods.

For some years now, lectures for first- and second-year medical students have been available as MP3 downloads just hours after the lecture ends.

ENCORE, a group of educators working to develop an experimental new path towards a medical degree while augmenting the medical student curriculum, is looking closely at advantages digital media can offer for the teaching and learning environment.

The group’s work is part of a medical education initiative by U-M Medical School Dean James O. Woolliscroft, M.D., to refine the way we prepare students today to care for

the world’s patients tomorrow.

The strategy is simple: Define what students are expected to know and do once they graduate, and design the program backward, says Rajesh S. Mangrulkar, M.D., associate professor of Medicine and Medical Education, and director of ENCORE.

“Go to lecture. Complete a self-directed study module. View a Webcast. There will be an expectation of what students need to know, but they will be mainly responsible for getting themselves there,” he says.

The new program, still a couple of years from implementation, shifts the focus of instruction to the learner instead of the teacher, while leaving room for close mentoring and supervision. Success in this type of curriculum relies heavily on students’ demonstration of what they

can do as opposed to just measuring what they know.

The timing could change also. Medical students will see those first two years of lecture and discussion include more and earlier exposure to the clinical setting and reasoning drills that usually make up just the last two years of schooling.

With the motto, “Ensure Competence and Inspire Excellence,” ENCORE will be organized around a set of 126 clusters of patient symptoms, and work to create outcomes that students must be able to demonstrate.

Is a patient’s fatigue a heart problem or thyroid related? Is it a sign of anemia or depression? What ways can technology help me sift through information I need to know?

“These aren’t just expectations, but teachable skills,” says Mangrulkar.

DIGITAL Study hall

clerksatwork

A day in the life of inpatient and outpatient clerks

They are the first smiling faces patients and visitors see when they arrive for appointments. They perform behind-the-scenes work that ensures clinicians have all the necessary information and support they need. And they are the last set of helping hands a patient experiences before leaving.

They are inpatient and outpatient clerks and they keep the Health System running smoothly.

Lori Lathers is a senior training specialist in Central Staffing Resources who trains inpatient unit clerks. She says that working inpatient is one of the most stressful, but important, jobs there is.

"They touch and support almost every aspect of care on the floors. They are the inpatient customer service rep for the unit, the 'go-to' person for everything. Doctors order tests but inpatient clerks coordinate getting those tests done," she says.

It's not uncommon for an inpatient clerk to manage hundreds of transactions per day—from phone calls to patient orders.

"We help everybody keep going—from scheduling admissions and transfers to ordering equipment and answering phones," says Natasha Battle, a floating inpatient services

assistant. "It would be hard for nurses to stop and do everything. We help them move more freely and help things along the way."

There are more than 300 inpatient unit clerks and thousands of outpatient clerks who support business operations for the more than 1.6 million clinic visits and 43,000 admissions in the Hospitals and Health Centers per year.

"These jobs are very critical," says Latoya Griffin, clinic office manager for the Cardiovascular Center clinic on floor 3. "When patients walk into the clinic, my staff—check-in and check-out clerks, medical records clerks, billing clerks, surgery schedulers—are the people who greet patients, direct them where to go and make sure appropriate business and demographic information is captured and coordinated to ensure patients make it through their visits seamlessly from check-in to check-out."

Whether it's helping patients find their way or scheduling complicated follow-up appointments, customer service drives the work they do.

"I like the challenge of trying to get the tests scheduled on the same day and to coordinate everything for their benefit to make it easier for [patients]," says MaryAnn Byrnes,



Latechia Howard, patient services assistant, is one of the clerks at the CVC who helps with greeting and directing patients and making sure office visits run efficiently.



HOME SWEET HOME Housing Bureau for Seniors: Empowering older adults to live well

Carol Frye, 63, has health issues but wants to live independently. A housemate was the perfect solution, but how could she find a trustworthy person for companionship and help around the house?

Then Frye's social worker told her about HomeShare, a housemate matching service offered at no cost to the public through the U-M Health System's Housing Bureau for Seniors. Frye found her roommate Laurie, 48.

"Laurie and I get along so well," says Frye. "In fact, she's almost like my sister."

The key, says Ryan Cowmeadow, M.S.W., HomeShare program coordinator, is drawing out areas

of compatibility such as location, price and occupation.

HomeShare is just one part of the Housing Bureau for Seniors, which provides assistance to residents throughout Washtenaw County. With a team of seven and many interns and volunteers, HBS helps more than 1,000 seniors each year. Additionally, well over 300 people attend its educational programs and workshops in the community on topics such as handling finances, tax preparation and caring for older relatives.

Other HBS programs include:

Elderly Eviction Prevention

Led by Harriet Bakalar, M.S.W., this program serves vulnerable clients at risk of losing their homes

due to many issues, including memory problems, physical conditions or mental health issues. The program works directly with landlords to resolve issues and helps clients identify community support services and other resources. Bakalar has helped many clients with hoarding—a disorder characterized by the excessive collection of possessions that may result in unsafe living conditions and eviction risks.

Foreclosure Prevention

Working with seniors and non-seniors, Foreclosure Prevention advocates for clients at risk of losing their homes to property tax or mortgage foreclosure. In some instances, loan payments are modified,

loan terms are adjusted or other options are identified to help people keep their homes. Around one-third of foreclosures in the area involve homeowners 55 years or older. The Foreclosure Prevention program offers small loans, education and outreach, and tax preparation assistance.

Housing Counseling

Justine Bykowski, Housing Counseling program coordinator, says Housing Counseling aims to provide successful long-term care planning with an emphasis on personal finances. It also helps clients find companion care for housekeeping, meal preparation and other basic needs.

big wheels keep on turnin'

Wheelchair Seating staff participate in UCP Wheels for Humanity



Natasha Battle, floating inpatient services assistant, (above) and MaryAnn Byrnes, patient services assistant in the Cardiovascular Center clinic, (left, seated with Carol Rizkallah, L.P.N.) are two of the many clerks who help keep operations running throughout UMHS.

patient services assistant in the Cardiovascular Center clinic. "Sometimes the job feels like being a social worker too because patients need someone to talk to. In my conversations, I often learn about things and realize we have additional help to offer. I can then get them in touch with the help they need."

This past spring, rehabilitation engineers Cory Wernimont, A.T.S., M.P.T., and Mike Barner, A.T.S., C.R.T.S., spent their vacation time in Thessaloniki, the second largest city in Greece. Instead of soaking up the sun, however, they were busy volunteering for UCP Wheels for Humanity, a nonprofit organization that refurbishes donated wheelchairs and hand fits them to children and adults with

disabilities in developing nations.

Over a four-day period, Wernimont and Barner, who work for U-M Wheelchair Seating Services, properly fitted about 90 children and adults, ages 3 to 65, with wheelchairs. No longer would the men and women have to pull themselves along the ground or, in the case of the children, be carried on their mothers' backs.

The pair got the idea from coworker Chris Savoie, A.T.S., C.R.T.S., a rehabilitation engineer who delivered 167 wheelchairs to adults and children in Vietnam in 2002. Savoie spent 10 days in Saigon and Danang, fitting about 100 children—a third of whom were amputees due to land mines, according to Savoie.

During these trips, the volunteer rehabilitation engineers trained

other physical therapists in proper wheelchair seating techniques and left tools, equipment and wheelchairs behind for future use. They also used their own vacation time, paid for their own airfare and meals, and donated equipment they bought specially for the trip.

Like Savoie, Barner and Wernimont would love to go back. For now, though, they have their eyes on another prize—working with California-based UCP Wheels for Humanity and its partner FedEx to find a way to bring a semi to Ann Arbor to transport donations of used wheelchairs and equipment from Michigan staff, families and suppliers back to the West Coast.

"That," Wernimont says, "will be a thing of beauty."



@ ON THE WEB For more information about UCP Wheels for Humanity, visit www.wheelsforhumanity.org. To learn more about Wheelchair Seating Services, visit www.med.umich.edu/homecare/wheelchair.



WHAT THEY'RE SAYING

Inspired by
YOUR SUGGESTIONS

■ ■ WASHTENAW COUNTY LANDLORD — "I didn't want to evict one of my elderly residents who faced problems with clutter and apartment upkeep. The Elderly Eviction Prevention Program connected her with community resources to solve her problems. **What a great community service!**"

■ ■ FORECLOSURE PREVENTION CLIENT — "When I fell way behind on my property tax payments, **HBC counselors worked with me for months to help me save my home.**"

■ ■ HOUSING COUNSELING CLIENT — "I knew nothing about the Housing Bureau for Seniors until my mother needed help and I had no idea what to do. **The housing counselor helped so much.** And, now my mom is happy and safe."

■ ■ HOMESHARE PROVIDER — "I wanted someone to be here in the evenings and on weekends when I didn't have anyone. Plus, I needed help around the house. **The Housing Bureau for Seniors will work hard to find you the right housemate.**"

@ ON THE WEB Learn about the Housing Bureau for Seniors array of services: www.med.umich.edu/seniors.

FROM BENCH TO BEDSIDE



CAN YOU HEAR ME NOW?

U-M scientists research effectiveness of nutritional supplements for preventing hearing loss

About 9 million Americans suffer from some degree of noise-induced hearing loss. In children, hearing impairment can affect their education. In adults, it compromises job opportunities, productivity and satisfaction. And, in the elderly, it can lead to isolation.

University of Michigan researcher Josef M. Miller, Ph.D., a professor in the Department of Otolaryngology at the Medical School, and Colleen Le Prell, Ph.D., a research investigator formerly at the U-M Kresge Hearing Research Institute, are working to develop a way to prevent noise-induced hearing loss. They have led animal studies that show a hearing-protection tablet, or nutritional supplement, can prevent permanent noise-induced hearing loss.

Colleen Le Prell, Ph.D., and Josef M. Miller, Ph.D.



1 The Concept

In the past 10 years, scientists have learned that noise-induced hearing loss occurs in part because cell mitochondria in the ear produce damaging free radicals in response to loud sounds.

“People would likely benefit by consuming a pill or nutritional bar before going to work in noisy environments.”

A combination of high doses of vitamins A, C and E, and magnesium, taken one hour before noise exposure and continued as a once-daily treatment for five days, was very effective at preventing permanent noise-induced hearing loss in animal studies.

According to the U-M researchers, pre-treatment presumably reduced the excessive free radicals that form during and after noise exposure and noise-induced constriction of blood flow to the inner ear. The nutrients may also reduce the damage to auditory neurons that can occur due to over-stimulation.

Free radical formation continues to occur as much as three days after exposure. The study suggested a “morning after” treatment that might minimize hearing damage for soldiers, musicians, pilots, construction workers and others—even if they don’t take it until after they experience dangerous noise levels.

2 Trials Under Way

Michigan researchers were recently awarded a \$2.7 million grant from the National Institutes of Health to test the effectiveness of the nutrients, a formulation called Auraquell™, in preventing noise-induced hearing loss in adults.

The antioxidant vitamins and magnesium used in the studies are widely used dietary supplements, not new drugs. Therefore, they don’t require the extensive safety tests required for new drugs prior to use in clinical trials.

The first two trials will assess Auraquell’s potential for reducing temporary hearing loss in two groups:

Swedish military officers undergoing urban warfare training in which they fire an automatic weapon and college students at the University of Florida—where LePrell now works—listening to MP3 players.

The second two trials will determine if Auraquell can prevent permanent hearing loss among military personnel working at an air base and

workers in a stamping factory.

The results of the trials will be evaluated at U-M. Miller, along with two neurobiologists, have formed a start-up company called OtoMedicine Inc. that holds the license for developing products that may come from the research.

3 Treatment Tomorrow

“Ultimately, we envision soldiers will have a nutritional bar with meals to give them adequate daily protection,”

Miller says. Similar bars with other formulations are already given to soldiers to help them withstand hot weather and other war zone conditions.

“People would also likely benefit by consuming a pill or nutritional bar before going to work in noisy environments, or attending noisy events like NASCAR races or rock concerts, or even using an iPod or other music player,” Le Prell says.

The U-M study also lends strength to research efforts happening in many research centers to learn how these nutrients might be used to treat other illnesses.

“Similar combinations have been very effective in preventing macular degeneration, and many of these agents have been used with Alzheimer’s and Parkinson’s diseases, stroke-like ischemia, and other conditions involving neural degeneration,” Le Prell says.





The Comprehensive Cancer Center Clinical Trials Office implemented lean strategies to reduce the amount of time between receiving notification of a clinical trial and approval to enroll the first patient from around 200 days to about 150. Front: Jeannie Kain, Theresa Royce-Westcott, Cari Krzyzaniak, Linda Beekman, Mary Louise Good, Dennis Cooperson, Monica Orians, Janet Tarolli, Tina Wilbee. Back: Kristen LaVasseur, Matt Innes, Shelagh Elliot, Fabian Rollins, David Browning, Pam James, Marlon Wardlow.

Cancer Center Clinical Trials Office goes lean

BLAZING A NEW TRIAL

In addition to reducing waste in time or materials, going “lean” improves staff satisfaction and customer service. Just ask Linda Beekman, R.N., M.B.A., administrative director of clinical research for the Comprehensive Cancer Center Clinical Trials Office.

“There were delays in the activation of new studies and we didn’t always know where things were in the process. We wanted to streamline what we were doing to improve customer service to research teams,” says Beekman.

Along with Marcy Waldinger, Cancer Center chief department administrator, David Smith, M.D., CTO director, Marlon Wardlow, lean coach, and the Cancer Center CTO management team, Beekman implemented lean strategies to reduce

the amount of time it takes to activate a trial (the time between receiving notification of a clinical trial and approval to enroll the first patient).

The Changes

The Cancer Center CTO now starts each trial with a feasibility meeting—a meeting in which regulatory, finance and data management staff meet to discuss various aspects of trial conduct and identify potential obstacles with respect to budgets, space, IRB approval and equipment needs.

The team also created an online database that staff can access to find out exactly what is happening in the trial, and keep the principal investigator and study team informed of the project’s status.

Calendars are being developed

for all new studies, enabling the data managers and study teams to know when required testing is to be performed, and ensuring study compliance. This also will streamline billing and potentially reduce protocol deviations.

The Results

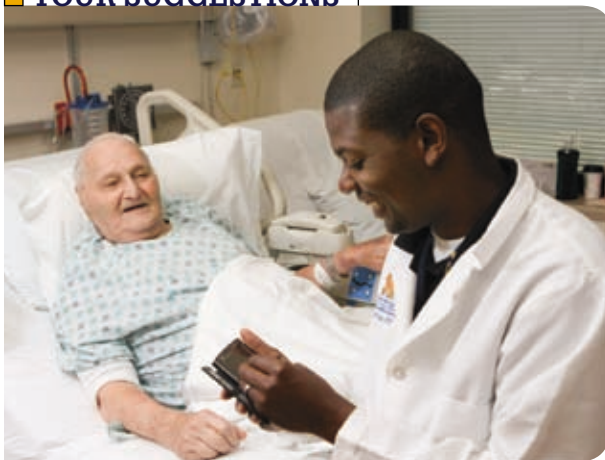
The gains achieved by the process were significant. Beekman estimates that lean processes may have saved approximately \$260,000 in new staff hires, while noticeably improving staff morale and greatly reducing the lead time needed to get a trial up and running. She notes that her office has achieved about a 25 percent reduction in the timeline. What used to take around 200 days now takes about 150—and the gap is

continuing to close.

This effort is one of the first Michigan Quality System projects dealing with research and one of more than 70 MQS projects under way in various Health System units and departments in the past year.

@ ON THE WEB To read about other lean initiatives, visit www.med.umich.edu/insideview. To learn more about the Michigan Quality System, visit www.med.umich.edu/mqs. For information on the Cancer Center’s CTO project, contact Linda Beekman at **734-763-4011** or lbeekman@umich.edu.

Inspired by YOUR SUGGESTIONS



Dietetic technician, Brian Fortson, D.T., uses a Palm Pilot to take a patient’s meal order. The Bedside Menu Entry program will go live in December.

over in University Hospital and the Cardiovascular Center when a new Bedside Menu Entry program goes live in December.

may I take your order?

Bedside Menu Entry program improves the patient dining experience

Imagine feeling ill in the hospital and having to order all your meals for tomorrow right now. Then tomorrow comes, and you feel much better. In fact, you’re ravenous, but all you have is soup. Those days will be

Currently, dietetic technicians typically deliver printed menus to patients—and then pick them up when the patients finish making their selections, about 24 hours before their meal arrives.

With Bedside Menu Entry, dietetic technicians will read the day’s menu to the patient, and make the selection on a Palm Pilot. Patient menu selections can be made up to 4 hours before mealtime instead of 24 hours before.

Bedside Menu Entry keeps track of patient diets and bed changes, helps make sure food choices match

the patient’s diet, tracks servings of food ordered to help limit food waste and reduces paper usage. The system even supports HIPAA compliance by eliminating recycled menus that contain patient names.

@ ORDER UP For more information, contact Deby Yonkoski, Nutrition Services associate director, Patient Food & Nutrition Services, at **734-936-5199**, or deby@med.umich.edu.

 **Inspired by
YOUR SUGGESTIONS**

TAKING CARE OF OUR OWN

by Caroline Reinhart, M.A.,
Wellness Coordinator, MFit
Employee Wellness Program

Managing stress and taking time to care for ourselves are the keys to creating and sustaining healthy and productive work lives. But at the Hospitals and Health Centers where high capacity and busy work environments are the norm, finding places to de-stress during the day can be difficult. While a certain amount of stress is a normal part of life, too

much can have negative effects on one's health and quality of life.

To help our faculty, staff, patients and visitors address the need for a calming, relaxing environment, the MFit Health and Wellness Resource Center in University Hospital Room 2C223 now offers the Stress-Free Zone—a relaxation area where visitors can:

- Explore personal stress reactions
- Learn new relaxation techniques
- Spend time in quiet reflection
- Take advantage of the various relaxation tools available

Whether sitting in a massage chair, visiting a tropical island by watching a virtual vacation DVD or simply taking advantage of this quiet place to unwind, visitors find that within a few sessions their stress levels begin to decrease. First-time visitors fill out surveys rating their stress from 1 to 10, and wellness coordinators on staff create stress-reduction plans to meet individual needs—all for free. Coordinators also provide consultation and resources for units to create stress-free zones in their own areas.

- WHAT WILL YOU FIND IN THE ZONE?**
- Reclining massage chair
 - Light therapy lamp for seasonal affective disorder
 - Virtual vacation DVDs
 - Relaxing Music/Guided-imagery CDs
 - Books
 - Individualized stress assessments



it's ok to
ZONE OUT

Relax in the Stress-Free Zone

@ TAKE IT EASY Hours: Monday and Friday, 9 a.m. to 5 p.m.; Wednesday, noon to 8 p.m. Walk-in visits are available; appointments are recommended. Call **734-936-8924** or stop by to reserve a space.



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