Remembering Abhinav Kapur

Dear Students, Alumni, Faculty, and Staff:

The Pritzker community suffered a tremendous loss on March 25, 2012 as we learned of the death of one of our third-year medical students, Abhinav Kapur. We are only just beginning to grapple with the shock and profound sadness of this loss, and in the days and weeks ahead we will work with his family and friends to find the right way to memorialize and honor his life and his time with us. When I sat down to write this letter to you, however, Abhinav was so much on my mind that I thought that I would use this particular outlet to talk about some organizations and initiatives that meant a great deal to him – the New Life Volunteering Society and international humanitarian work.

The New Life Volunteering Society (NLVS) is a national organization whose mission is to “serve those in need through community service, education, and health care with an ultimate goal of achieving peace, love, and happiness amongst the community at the local, regional, national, and global levels.” In Chicago, students from all six medical schools collaborate on a variety of service projects. Abhinav’s particular passion within this group was the student-run free health clinic, operating in West Rogers Park. Serving a diverse, uninsured patient population, the clinic provides primary and secondary prevention services for those with chronic medical conditions. Within a community that is 200% below the poverty line, you can imagine the impact and value of such service. Abhinav certainly did – and his tireless work to organize student volunteers led to his election to the NLVS Free Health Clinic Executive Board this year. His leadership will be greatly missed.

Abhinav was also keenly aware that service in the 21st century must acknowledge our global interdependence. His international humanitarian work consisted of both scholarship and service, and Pritzker offered multiple opportunities for him to engage in both – through student-run groups such as REMEDY as well as global opportunities in the Summer Research Program. Abhinav’s commitment to international humanitarian work predated his experiences in community research in Hyderabad, India in the Summer Research Program. As an undergraduate, he was part of DukeEngage, which organizes immersive international service experiences, as well as with Engineers Without Borders, using his technical expertise to bring practical and sustainable contributions to communities worldwide.

I share these remarks not to distill Abhinav’s accomplishments, but to offer those of you who did not have the chance to meet this remarkable young man a bit of insight into his life and to share some information about work which clearly meant so much to him. His touching commitment to improving the lives of those throughout our local and global community serves as a powerful reminder to all of us of the remarkable impact of a single human life.

Sincerely,

Holly J. Humphrey, MD’83
Professor of Medicine
Dean for Medical Education

In Remembrance
In honor and celebration of Abhinav Kapur’s life, Abhinav’s friends and family will organize donations in Abhinav’s name. The funds collected will be distributed to those organizations in which Abhinav was deeply invested and engaged. Further details about this effort will be available soon at https://www.facebook.com/InLovingMemoryOfAbhinavKapur
The 2012 AΩA Induction Ceremony: Honoring Those Who Excel and Inspire

On Tuesday, February 28, 2012, faculty, friends, and family gathered to celebrate those students named to the Alpha Omega Alpha Honor Medical Society, an esteemed professional organization that recognizes the highest levels of excellence in scholarship, leadership, professionalism, and service. In addition, those newly inducted student members recognized faculty and residents whom they deemed to be inspirational educators and mentors worthy of honorary membership in this venerable society.

The keynote speaker for the evening was Thomas Fisher Jr., MD’01, MPH, Vice President of Healthcare Management for Healthcare Service Corporation, and Clinical Associate within the University of Chicago’s Section of Emergency Medicine. Dr. Fisher stressed to the newly minted AΩA students to find “what is meaningful to you,” reminding them that while the delivery of patient care may not always yield great joy in the face of illness and disease, helping those in need and – for him – giving a voice to the voiceless can prove to be extraordinarily satisfying.

The evening also proved to be a celebration of the exceptional educators who inspired and bolstered the graduating class of fourth-year students. Through their respect for the learning process, their ability to create a sense of inclusion for medical students on the patient care team, and their genuine displays of compassionate concern for their patients, these residents and faculty both challenged and motivated Pritzker students to succeed.

Congratulations to all those who were honored!

2012 Alpha Omega Alpha Inductees

Jessica Beaman, MPH
Kevin Chang
Melanie Clark
Andrew Cohen
Emily (Wenrich) Davidson
Colleen Denny
Adam Edelstein
Kyle Karches
Philip Knollman
Andrew Levy
Patrick Lyons
Michelle Martinchek, MPH
William Parker
Nicole Phillips
Sophie Shay
Geoffrey Stetson
Chad Teven

2012 Alpha Omega Alpha Honorees

Anoop Appannagari, MD
Scott Egggener, MD
Susan Glick, MD’90
Dennis Groothuis, MD’72
Loren Hutter, MD*
Juan Piantino, MD
Debra Stulberg, MD, MA’07
Angela Weingarten, MD
* Volunteer Clinical Faculty
The 2012 Gold Humanism Honor Society: Celebrating the Ideals of Humanism in Medicine

On March 6, 2012, a surprisingly warm evening in Chicago, members of the Pritzker community gathered to celebrate the equally warm spirit that permeates those students from the Class of 2012 selected for induction to the Gold Humanism Honor Society. This group, guided by chapter advisor Dr. Mindy A. Schwartz, represents a cadre of medical students celebrated for their “demonstrated excellence in clinical care, leadership, compassion, and dedication to service.”

Dr. Peter Angelos, the Linda Kohler Anderson Professor of Surgery, served as the keynote speaker for the evening and relayed a poignant story about visiting one of his patients each day in the hospital, even after the patient was no longer under his care:

“Although my technical skill as a surgeon is the reason my patients come to me, my concern for them as individuals should not end when my surgical expertise is no longer needed. In fact, for this patient, being a good doctor had nothing to do with my surgical expertise and everything to do with being someone who cared about him as a person. Curing disease is important, but our responsibilities as doctors go beyond the specialized care we give our patients.”

Rebecca Levine, MS4 and Dr. Poj Lysouvakon were honored as the Leonard Tow Humanism in Medicine Award recipients – members of the medical community who demonstrated the Arnold P. Gold Foundation’s highest ideals of compassionate care, respect, and clinical excellence.

With great admiration, we celebrate all those who were honored!

2012 Gold Humanism Honor Society:

Jessica Beaman, MPH
Manuel Diaz
Tien Dong
Adam Edelstein
Enrique Escalante
Laura Hodges
Sarah Horvath
Andrew Hughey
Chidubem Iloabachie
Kyle Karches
Philip Knollman
Grace Lee
Rebecca Levine
Andrew Levy
Patrick Lyons
Margaret (Moore) Nolan, MS
Laura (Dilly) Stephens
Geoffrey Stetson
Philippe-Gerard Tapon
Maureen Willcox
An Interview with Dr. Thomas Fisher

By Jessica Beaman, MPH, MS4

On February 28, 2012, Thomas Fisher, Jr., MD’01, MPH, Vice President of Healthcare Management for Health Care Service Corporation, joined alumni, faculty, residents, and the Alpha Omega Alpha Class of 2012 as the AΩA Visiting Professor and keynote speaker for the annual AΩA induction ceremony. Dr. Fisher also delivered the Department of Medicine Grand Rounds lecture “Health Care for the Vulnerable: From Communities to the Nation” earlier that afternoon.

Amidst his busy day on campus, Dr. Fisher sat down with me to discuss his roots in the Hyde Park community, his experience in Washington, DC, and the future of health care.

JB: What was it like growing up in Hyde Park and how has that impacted your career?

TF: Few people grew up with the type and extent of diversity that I did. Hyde Park is not a homogenous community. It has clearly rubbed off on me in many ways. The University community has always challenged me to think and not take for granted the commonly held paradigms that we believe in. I had exposure to people who taught me about the worlds they lived in and the lives they led. I was lucky to have that very early on.

I truly believe that we are a function of our experiences. I was raised by parents who chose to live in a community such as Hyde Park. My father is a physician and my mother is a social worker. I was raised to think about the intersection of medicine and society. It became intrinsic to me. It is hard to identify a greater influence than my parents and how they raised me. My community in Hyde Park encouraged me, empowered me, and provided me with tools to aspire to a career in an interesting field and to approach challenges in novel ways.

JB: How did you become interested in racial disparities in health and health care?

TF: When I applied to medical school, the idea was that family practice was going to save American medicine. A conversation had been started about underserved communities and what the provision of primary care was going to do to address inequities. I was interested in the conversation and I found mentors who encouraged me to pursue the questions that I had. It is wonderful to see that this close mentorship remains a unique aspect of Pritzker today.

JB: You hold a MPH from the Harvard School of Public Health. How did you decide to pursue this graduate degree?

TF: During medical school, I went to the University Community Service Center in the Reynolds Club and asked them about opportunities to get involved in serving my community. Through this center, I became involved in the Summer Links Internship Program and worked on various public health projects with Dr. Eric Whitaker. This experience taught me that the continuum of medicine spans from populations to individuals and includes communities and families. It is a concept that I did not fully understand until I was able to get out into the community and work with individuals and family members.
During my summer working with Dr. Whitaker, we held focus groups with African-American men about their health concerns and found that their concerns were different from what we had initially anticipated. That summer I learned that there was a potential for doctors to forget this difference between their patients and themselves. I learned that patients have a distinct role in the doctor-patient relationship as agents in the production of their health care and health care experiences. Witnessing this firsthand solidified my dedication to serving the community.

**JB:** You returned this past summer from serving as a White House Fellow for President Barack Obama. What are some of the lessons you will take from your time in Washington, DC?

**TF:** I applied to be a White House Fellow as I was interested in medicine as a social justice issue. I knew that in order to influence what I wanted to in Chicago, I had to get out of my comfort zone and be a part of the changes that were being made in Washington. My mentor informed me of the opportunity. I applied, and I got lucky.

I learned that the disagreements that occur in the political realm are, at the root, not caused by nefarious plans, but are usually just disagreements. Individuals on either side of a political decision may demonize one another but ultimately the public sector needs the private sector, which needs academia that needs the greater community. The question lies in how to have these various areas and key stakeholders interact and work together in a seamless fashion. Rather, how do you create partnerships to have the sum be greater than the parts?

**JB:** Your career has had many pivotal points. What advice do you have for current medical students?

**TF:** A lot of pivotal points can sound cliché. Letting your career decisions evolve over time is extremely valuable. Your goals in life may change considerably with time. One of the keys to this process is to take the time to understand what are some of the things that make you tick and what your motives and goals are in general for your life. At some point in your career, you should recognize that you will likely be able to be happy in more than one field and that many of the fields have significant overlap. You will also have the opportunity to make more than one decision.

The University of Chicago is about questioning, learning, and thinking. A breadth of experiences will definitely add to your career but it is important to think carefully about what your long-term goals are. During the process of medical school, it is important to question oneself about how you would like to use your medical degree to contribute.

Overall, I would say: Do not forget people. By that, I mean, those in your family, yourself, and your patients – as people not patients. Do not forget to be whole and recognize the wholeness in others, which includes their strengths and their flaws.

**JB:** What are your current interests and what can we expect to see from you in the future?

**TF:** I am currently the Vice President of Health Care Service Corporation, which has given me the opportunity to align the business world with that of health care providers and individuals from the community. The health care system is changing in unprecedented ways. These changes are allowing for new ideas to be inserted and I am seizing that opportunity through my current position.

I am interested in creating a better, higher quality, and more just health care system. The key to this will be taking the questions of justice and disparities out of their relegated silo as an aside to medicine and implanting them into daily medicine and making the terms a part of our everyday lexicon.
Dr. Melissa Gilliam: Continuing the Vision of Diversity at Pritzker

On January 1, 2012, Dr. Melissa Gilliam, Professor of Obstetrics and Gynecology and Professor of Pediatrics, was named Associate Dean for Diversity in the Biological Sciences Division. Recently, Cassandra LaMar, MS2, had the opportunity to speak with Dr. Gilliam about her goals in her new role, as well as how she plans to work with faculty and students throughout the Division to achieve those goals.

CL: How long have you been at the University of Chicago? Where did you train?

MG: I have been at the University of Chicago for six years. I completed medical school at Harvard and then came to U of C for one year in general surgery. At that time, I decided to complete my MPH at UIC. Then I attended Northwestern to complete my residency in Ob/Gyn.

CL: What are your goals within this new position? What do you hope to accomplish within the next year?

MG: I have a number of goals. First, we really need to think about creating a comprehensive vision of what diversity means to us as an institution and work to create that climate of diversity. Second, we hope to work with faculty and staff to focus on developing our diverse faculty along with creating a climate of inclusion. Third, I hope to continue communicating the broad nature of disadvantages and diversity. By creating a climate of diversity, we hope to produce science that is applicable for many people, and to develop medical students who can work with a broad range of people. Lastly, this position has created a very unique opportunity for Dr. Monica Vela (Associate Dean of Multicultural Affairs), Dr. William McDade (Deputy Provost for Research and Minority Issues), and me because we now have a multi-tiered group of people working on diversity issues. Eventually, I truly believe this climate of diversity will pay off in how we work with our patients and in understanding how we can give better care.

CL: How do you, in your new role, envision collaborating with Dr. McDade and Dr. Vela?

MG: Dean Polonsky truly values these issues, so the vision is coming all the way from the top and that is incredibly powerful. First, we all know and like each other a lot, so we have such a great foundation. Second, Dr. Vela will continue to work on creating opportunities to link the medical students to the faculty. Third, Dr. McDade will continue to move forward with faculty recruitment and hiring, which is such a central responsibility. We will collaborate on developing a network and create new programs to get the most benefit out of all of our resources.

CL: You have also established a new institute for women’s health. Can you tell me more about the goals of your institute? Are there roles for PSOM students in the institute?

MG: We haven’t launched the center yet, but we are very close. We are currently hosting a series of round tables to set the final agenda. We are focusing on interdisciplinary research affecting the reproductive health of women and children. We are thinking about everything from the biological phenomenon of birth to the broader framework that someone’s socioeconomic status provides. We are examining these issues from a cross generational perspective to understand how the problems beginning in childhood are exacerbated in adulthood. We will be developing a listserv when the launch of the center nears. By joining the listserv, students will be able to learn about ways to get involved!
In 1913, Albert Schweitzer, a physician-musician-philosopher-missionary, founded a hospital in Lambaréné, Gabon, to put into practice his philosophical principle of “reverence for life.” Today, the hospital is home to departments of pediatrics, internal medicine, surgery, and obstetrics, as well as an internationally renowned research center.

From August to November of 2011, I served as a medical student fellow at the Albert Schweitzer Hospital. Four U.S. medical students and three public health students each year are invited to complete a three-month rotation at the hospital. I had decided to pursue a career in medicine after serving as a Peace Corps volunteer in Guinea. Returning to Francophone Africa to do medical work had been a goal for years, and Pritzker was very supportive of my application.

Work at the hospital was rewarding and challenging. The rudimentary hospital infrastructure meant that the medical team was much less insulated from our patients’ basic needs. Families were responsible for feeding and bathing patients, but solitary patients became the responsibility of the medical team. Costs, too, were very explicit. Most patients paid for services out-of-pocket, and we were expected to know the cost and utility of each test and medication ordered. Though these issues were difficult, it forced me to think about the emotional and financial implications of hospitalization to a family. The medical team was much more conservative in ordering tests and pursuing aggressive treatment in gravely ill patients. This approach was not only based on resource availability, but also on a more accepting view of illness and death.

Despite the numerous obstacles, there was a genuine desire to give patients compassionate care. As with all hospitals, the suffering could be overwhelming, but I tried to cherish the human interactions. There were usually 32 patients in the medicine department. A selection from a typical day of rounds looked something like this:

1. **Léonie, 81**, a grandmother, put a stick in her ear to flick out a stray insect. An abscess the size of an orange collected behind her earlobe. After a week of antibiotics, she was almost back to normal.

2. **Alberta, 46**, had been in an AIDS-related coma for three weeks. Her family managed to feed her yogurt mixed with crushed up pills. Occasionally she blinked her eyes, seemingly in response to questions.

3. **Jean-Pierre, 73**, was hospitalized for heart failure. We put him on two diuretic medications and attempted to place a catheter to monitor urine output. “Oh no you don’t,” he said.

4. **Harriet, 62**, was in a private room. Her son-in-law, a local VIP, brought her in. “There is always something wrong with her,” he complained. “This time it’s diarrhea. Last month it was shingles. Please just do all the tests.” We did. She was HIV-positive.

Continues on the following page
| 6. | **Felicien, 25,** was bothering other patients with loud puking in the communal bathroom. I went to check on him. He wasn’t vomiting. He was coughing up bright red blood from his lungs. He had TB and his HIV test was pending. |
| 7. | **Jean, 34,** had sickle cell disease and had been in the hospital five times in a year. His wife and mother were always at his bedside. Usually he was warm and friendly, but the pain infantilized him. Holding him in their laps, the women sang to soothe him. |
| 8. | **Adèle, 31,** a mother of three, with AIDS and TB, was dangerously anemic. Unfortunately, her blood type was rare: O-negative. Her family recruited a dozen donors, but none matched. After ten days, we found a hospital employee willing to give. She got the transfusion, but died two days later. |

Outside of my hospital duties, I worked on a world map mural project with children from the hospital’s school and helped organize the hospital’s first blood drive. I became close with several nurses and midwives who taught me how to cook traditional dishes. A fellow medical student had served as a Peace Corps volunteer in Gabon several years before. At the end of our fellowship, we visited his village and traveled to one of Gabon’s famous national parks, Loango.

Despite the many challenges, working at the Schweitzer Hospital was a tremendous learning experience. Not only did I learn about the treatment of tropical diseases, but I was also able to see how the international effort to combat HIV/AIDS and TB worked in practice: patients did not have to pay for any medications and were, for the most part, very compliant with complex drug regimens. It was also interesting to work in a hospital that had such a strong moral mission. While the hospital does not have an official religious affiliation, faith plays a central role in the lives of most patients and medical providers. I believe that my time in Gabon will inform how I practice medicine in the United States, and I hope to return to the hospital during my residency.
As a joint degree student (MD-MBA), I was first introduced to Agile Diagnosis while in my first year at the Booth School of Business. I had finished my last third-year clerkship rotation at Pritzker only a few months prior and since then had been immersed in industries far from health care as a business school student. Given my background in medicine and involvement in entrepreneurship, I was asked to join a meeting regarding a new project of Dr. Scott Stern.

When Drs. Scott Stern, Diane Altkorn, and Adam Cifu set out to create their textbook, *Symptom to Diagnosis*, they wanted to provide medical students with guidance on the methodical, evidence-based approach to diagnosis. Now starting its third edition, the book has been highly acclaimed and is being used in top-notch institutions, including Stanford, Tufts, and Harvard. I was certainly a fan of the book during my third year. After all, the hardest part about clinics was figuring out what pivotal clues to look for in evaluating a patient. “S2D,” as students affectionately refer to it, gives you just that. However, textbooks have their limits (e.g. they don’t fit in white coat pockets), and as mobile smart phones and tablets have emerged onto the scene, these three professors wanted to increase the impact of their work by creating an “app.”

In early January, I began engaging in dialogue with the professors and several other business school students who had come from previous roles that included developing software at IBM, statistics and data mining for consumer product retailers, consulting for healthcare companies, and engineering orthopaedic medical devices. With the team solidified, we set out with a common goal: to create a web/mobile application that effectively delivers step-by-step clinical guidance at the point-of-care in the form of interactive clinical algorithms.

While some critics fear an age of “cookbook medicine,” others such as Drs. Peter Pronovost, Atul Gawande, and Brent James have already shown the potential for improved outcomes and decreased costs from checklists and algorithms. These tools can serve as cognitive guideposts, encouraging a healthy level of standardization in a craft rife with practice variation. For Agile Diagnosis, the first step was to create a tool that teaches medical students the methodical approach to clinical reasoning while on the wards.

Support for our cause began to pour in as Agile Diagnosis won first place at the Booth School of Business New Venture Challenge, first place at the Chicago Biotech Consortium Competition, and a grant from the University of Chicago Innovation Fund. Then, in May, we were invited to join the most renowned start-up incubator in the world, YCombinator, for its 2011 summer program. We were off to Silicon Valley.

Continue story on next page
After my last exam at Booth, I flew to Silicon Valley and spent my first night in typical garage start-up fashion: sleeping on top of a cardboard box on the ground of an empty apartment. The next morning, the real work began. While the prototype had been built weeks before, we now had to build the first real app. We spent most of our waking hours building Agile Diagnosis and communicated closely with Drs. Stern, Altkorn, and Cifu as we worked to translate their expertise into detailed, granular clinical algorithms that were easy to use, visually engaging, and comprehensive. Being in the middle of Silicon Valley made a world of difference from a technology standpoint. Through YCombinator (YC) and other connections, we constantly received design, development, and start-up mentorship from the very figures contributing to the successes of our generation’s iconic companies: Facebook, Google, and Twitter.

Today, Agile Diagnosis continues to work on improving the application for students and clinicians. Each day, I feel so grateful to be at Pritzker. That I am able to work on this project with the full support of its staff and professors is a testament to the sincerity that underlies the institution’s mission statement: “At the University of Chicago, in an atmosphere of interdisciplinary scholarship and discovery, the Pritzker School of Medicine is dedicated to inspiring diverse students of exceptional promise to become leaders and innovators in science and medicine for the betterment of humanity.” From the advisors who pushed me to pursue my passions, to the staff who made my transition to business school seamless, to the countless open-ended opportunities that allow one to conduct research, get second degrees, or get involved in interdisciplinary projects, Pritzker has created an environment where the future generation of health care leaders can freely explore, challenge, and innovate.

Finally, I wanted to give special thanks to my fellow classmates at Pritzker. Your feedback and contributions have been innumerable, invaluable, and inspiring. As the YC motto goes: “Make something people want.” Thanks for helping us do just that. Agile Diagnosis has truly been a collaborative effort among special people at a special institution.

Try us out: www.AgileDiagnosis.com

Honors and Awards

Michael Drazer, MS4 is the first author of a poster entitled “Impact of U.S. Preventive Services Task Force Recommendation on Screening for Prostate Cancer in Men Age 75 or Older,” which was presented at the 2012 Genitourinary Cancers Symposium in San Francisco this February. Michael’s work is part of his research project for the 2011-2012 Fentress Research Fellowship. Dr. Scott Eggener served as his mentor.
Both **Chid Iloabachie, MS4** and **Melanie Odeleye, MS4** were selected to participate in the **2012 GE/National Medical Fellowships (NMF) Medical Scholars Program**, which will allow each student to complete a two-month elective in Africa. Chid will be traveling to Uganda to complete the program, while Melanie will conduct her clinical work in Ghana this spring.

**Ashoke Khanwalkar, MS1** has been selected to participate in the **Eighth Annual Telluride Patient Safety Educational Roundtable and Student Summer Camp** entitled “The Power of Change Agents: Teaching Caregivers Effective Communication Skills to Overcome the Multiple Barriers to Patient Safety and Transparency.” The goal of the program is to join experts in patient safety and health science education with patients and consumers to discuss, develop, and refine health science education that supports a culture of patient safety, transparency, and optimal outcomes in patient care. Ashoke was selected “because of his leadership accomplishments and strong interest/passion in patient safety/quality improvement.” The camp will take place this June.

**Shamsiideen Musa, MS3** has been recognized by the **Aetna Foundation/NMF Healthcare Leadership Program** for his commitment to the health of underserved communities. Shamsiideen’s recognition stems from a multitude of achievements and projects, including the development of a weekend science curriculum taught by Pritzker medical students to urban teenagers interested in science and medicine, as well as his founding of a student program, Big Sibs-Little Sibs, through which medical students from minority backgrounds mentor minority undergraduates interested in medicine.

**Daniel Reynolds, MS2** has been selected to present an abstract on “Unfogging the Future: Predicting 6-Month Outcomes While Patients Are Still in the MICU” at the **2012 American Thoracic Society International Conference** poster session, to be held in May in San Francisco. Dan conducted this research during the Summer Research Program and was mentored by **Dr. William Meadow**.

**Gabrielle Schaefer, MS3** is the first author of a letter to the editor entitled “Magnetic Resonance Imaging Monsters and Surgical Vampires,” which appeared in the November 2011 issue of **Archives of Surgery**. The letter, which includes contributions from co-authors **Dr. Vineet Arora** and alumna **Dr. Celine Goetz** (Class of 2011), relates to Gabrielle’s Scholarship and Discovery project.
Five members of the 2010-2011 Maria Shelter Clinic Board participated in the Society of Student-Run Free Clinics Conference, which was held in Long Beach, California in early February. The conference included representation from approximately 40 student-run clinics from all over the world. These second-year Pritzker students delivered the following presentations during the meeting, which were based on their experiences on the Maria Shelter Clinic Board under the guidance of faculty mentor Dr. Andrew Davis:

- “Filling the Primary Care Gap for Homeless Women and Children in a Resource-Limited Setting;” Oral presentation by Jasmine Taylor, Marie Adachi, and Erica MacKenzie
- “Maria Shelter Clinic: Working to Provide Holistic Care for Homeless Women and Children;” Poster presentation by Paul Kukulski, Jasmine Taylor, Erica MacKenzie, Marie Adachi, and Nina Gupta
- “Yoga at the Maria Shelter Clinic: Addressing the Holistic Care of our Patients;” Poster presentation by Nina Gupta (with research contributions by Saba Berhie and Xuan (Susan) Han)

Share your good news!

If you would like your recent achievement to be highlighted in the next issue of the Pritzker Pulse, please visit the Pritzker website at pritzker.uchicago.edu and click “Submit your Pulse update!”

If you would like to share weddings or births with your fellow Pritzker students, email Caroline Kraft (ckraft@bsd.uchicago.edu).

Calendar of Events

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