



A UNIVERSITY FOR ALL SEASONS

ROSALIND FRANKLIN UNIVERSITY *of* MEDICINE AND SCIENCE

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THROUGHOUT OUR 106-YEAR HISTORY,

Rosalind Franklin University has pursued an expansive and inclusive vision of health care through strong investments in education, research and service, and a determination to prepare clinicians and scientists who will, above all, strive to meet the needs of patients and transform systems that do harm.

Our commitment to the advancement of human health and well-being is rooted from our very founding in 1912 in our rejection of the ethnic and racial enrollment quotas once common in higher education. It continued with our embrace of an integrated health professions educational model in the 1960s and our bold shift in the early 2000s to interprofessional, team-based education and collaborative practice. Those and many other initiatives, including 21st century reinvestments in our research enterprise, simulation technology, program expansions, including pharmacy and population health, and expanded clinical and community partnerships — all made possible by sound financial management — offer evidence of our fidelity, our resilience and an excellence that spans generations.


Today, we advance with confidence and purpose through rapidly evolving healthcare and political landscapes, preparing practitioners and scientists who will lead the innovations that improve health and well-being. This Year in Review highlights our multifaceted, integrated approach to achieving that goal, beginning with the recognition that as a health professions university built on scientific research and scholarship it's our responsibility to help shape the future of health and healthcare delivery.

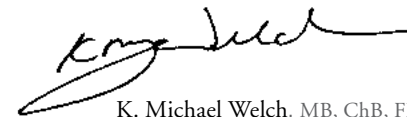
RFU is a leader in the national push to improve the health of populations, the patient experience of care and a reduction in the per capita cost of care. We're working locally and nationally to achieve those goals through our Institute for Interprofessional Education, our Center for Interprofessional Evidence-based Practice and our Center for Advanced Simulation in Healthcare, the latter which provides professional development to both our students and licensed practitioners.

We're working to expand opportunity by building a stronger, more diverse and inclusive healthcare employment pipeline through our Interprofessional Healthcare Workforce Institute and our leadership of the regional Health Professions Education Consortium. We continue to build pathways for the recruitment of a highly diverse student body that helps broaden our perspective, deepen our understanding and ensure high-quality care for underserved populations.

Recognizing that our university, like the knowledge we both impart and create, cannot be contained by four walls, we continue to expand local, national and global partnerships that teach us invaluable lessons about the health of our populations, the shifting needs of acute care and the growing burden of chronic disease.

Rosalind Franklin University continues to evolve, to teach and learn, and to model commitment to community as we prepare a healthcare workforce that foresees and meets the increasingly complex challenges to health and well-being.

Our leadership and resolve are strengthened through every change and challenge by the energy and commitment of our faculty, students, alumni and benefactors. From season to season, our compass remains true. 



K. Michael Welch, MB, ChB, FRCP
President and CEO



Frank H. Mynard
Chair, Board of Trustees



“HEALTH SYSTEMS RECOGNIZE THAT THEY NEED
CONTINUOUS TRAINING AND PROFESSIONAL
DEVELOPMENT — AND PAYERS ARE DEMANDING IT —
BECAUSE IN OUR FIELD CHANGE HAPPENS SO QUICKLY
THAT YOU’RE NEVER FINISHED LEARNING.”

WENDY RHEULT, PT, PhD, FASAHP, FNAP



TOWARD INTERPROFESSIONAL COLLABORATIVE PRACTICE

Rosalind Franklin University is at the forefront of a new paradigm for health professions education and health delivery, one that prioritizes interprofessional collaborative learning and practice, health promotion and wellness, and population health-based interventions aimed at reducing inequitable burdens of chronic disease. Our students learn to see the big picture of health care through curriculum and practical experiences that, in addition to population health, include health policy, health administration and health education.

We are compelled to expand our vision for health professions education by economic, technological and social forces and by our unflagging belief in our mission of service, which infuses our students, faculty, alumni — and our many valued clinical partners who are so crucial to the training of our students and residents. As we move together toward a future in which success is measured not by increased clinical services and patient admissions but by quantifiable improvements to the health of the populations in our care, we extend our commitment and expertise.

“The lines are blurring among the academy and health systems and payers,” said RFU Provost Wendy Rheault, PT, PhD, FASAHP, FNAP. “Each used to be siloed, doing its own thing. Now hospitals are turning to us and we’re turning to them. Health systems recognize that they need continuous training and professional development — and payers are demanding it — because in our field change happens so quickly that you’re never finished learning. We’re well positioned to meet that need because we’re not limited to one hospital or academic health center. That makes us nimble, able to innovate with our partners and champion best practices for improved patient outcomes.”


Trends in the healthcare industry, including the merger of health systems with insurance providers, are aligning financial incentives and fueling changes in reimbursement that are driving new models of care, including active “care management” aimed at keeping patients healthy and reducing hospital admissions.

“We continue to push the interprofessional paradigm by looking at health care as a team enterprise with an ever-expanding number of options for team collaboration,” said Sandra Larson, PhD, CRNA, associate provost for clinical partnerships. “Healthcare providers must learn to collaborate with business, insurance, technology and community leaders to create transformative models of care provided outside the hospital. Only then can we realize the type of transformation essential to achieving health parity across zip codes and a system in which increased access and quality can be accomplished at a lower cost.”

RFU is training members of the American Hospital Association and Illinois Chapter of the American Academy of Pediatrics how to improve communication and other crucial interprofessional teamwork skills. The university offers clinical training through its Center for Advanced Simulation in Healthcare. Our Center for Interprofessional Evidence-based Practice is working to

inform clinical decision-making at the point of care. We’re helping recently merged systems implement, translate and evaluate best practices. We have also expanded training on interprofessional collaborative practice to our partners through our preceptor education program.

“It’s our vision to become a leader in partnering with healthcare systems to create better supported ecosystems between academia and health care,” Dr. Larson said. “It’s about us thoughtfully reaching out, saying, ‘Let’s engage in discussions to create those strategies that support access, quality, efficiency and innovation in our organizations for the benefits of those we serve.’”

“Interprofessional collaborative care and population health go hand in hand,” Dr. Rheault said. “They’re both about keeping costs down and quality up — fulfilling the Triple Aim. That’s what our clinical partners are seeking. And that’s how we can partner.” 

OPPOSITE PAGE: Dr. Wendy Rheault at the Provost's Town Hall, held Sept. 25.

EQUITY DEFINED

has a fair and just opportunity

such as poverty, dis

POP HEALTH GOAL : HEALTH EQ

- Health equity means that everyone has the same opportunity to be as healthy as possible.

requires removing obstacles to health equity, such as those that place some populations at greater risk of poor health outcomes. It requires addressing powerlessness



QUITY DEFINED

as a fair and just opportunity to be as

o health such as poverty, discrimination, and
ness and lack of access to good jobs with fair
ments and health care.

ROSALIND FRANKLIN UNIVERSITY

LEADING THE FUTURE OF HEALTH CARE

We're educating professionals who will lead the growing movement for health equity by prioritizing improvements in the health of the population.

CARING FOR A COMMUNITY

David Feinberg, MD '89, and Andrea Feinberg, MD '90, are leading visionary change at Geisinger Health.

Chicago Medical School graduates are transforming the experience and quality of care for more than 3 million people in the 45 counties served by PA-based Geisinger Health System by combating chronic diseases with population health-based approaches.

Geisinger President and CEO Dr. David Feinberg, who has been hired by Google to organize its health initiatives beginning in 2019, and Dr. Andrea Feinberg, Geisinger's chief health officer for innovation, have improved health outcomes for people with diabetes by tackling widespread food insecurity. They instituted the Fresh Food Farmacy, an informatics-driven initiative that next year will provide 1.5 million healthy meals.

"We're seeing significant reductions in hemoglobin A1C levels by providing free nutritious food to people with diabetes and their

"WE ARE LITERALLY CARING FOR A POPULATION, SERVING A COMMUNITY."

DAVID FEINBERG, MD '89

family members, who often share the same genetic and behavioral risks," Dr. Andrea Feinberg said. "We've brought our staff together in a medical home model to support the patient and provide resources that give them hope and the tools to be successful."

Geisinger has made news with other bold actions that include expanded genetic testing and the use of data analytics for the prevention and diagnosis of Lyme disease, the resistant staph infection MRSA and respiratory problems related to the boom in natural gas drilling in Pennsylvania — data that informs patient care.

"We are literally caring for a population, serving a community," Dr. David Feinberg said. "What's really important, in addition to our hospitals and clinics, is understanding our people's genetic code and, further, their zip code, so we can make changes that ultimately keep them out of our hospitals."

The Feinbergs are leaders in a national movement to improve health outcomes and lower costs by addressing inequities in the social determinants of health — food, housing, education and transportation.

"If you don't have those things, it's harder to hear what your providers are saying, harder to participate in your care," Dr. Andrea Feinberg said. "You're worrying about bigger problems."




Both physician executives support RFU's collaborative, team-based approach to health professions education and practice.

"It's all about the team," Dr. David Feinberg said, noting that Geisinger earned a "best in the world" ranking for the effective use of blood thinners by putting pharmacists in charge of the treatment.

"When we decentralized control, care got better," he said. "Now you see our teams huddling together to discuss patient care. That's very different than when I was in school and it's absolutely crucial."

Health professionals need "a basic belief in humanity," said Dr. Feinberg, who recalls a powerful illustration of population health shared 30 years ago during his rotation in psychiatry on Chicago's South Side.

"If your patients come in with rat bites and you just fix their bites, you're not a good doctor," Dr. Carl Bell told him. "You've got to go into the community and kill the rats." 

ABOVE: The Fresh Food Farmacy provides fresh fruit, vegetables, whole grains and lean protein to patients with diabetes and their households. Anna Ziegler, RDN, LDN, stocks a fridge.



“WE’VE BROUGHT OUR STAFF TOGETHER IN A MEDICAL HOME MODEL TO SUPPORT THE PATIENT AND PROVIDE RESOURCES THAT GIVE THEM HOPE AND THE TOOLS TO BE SUCCESSFUL.”

ANDREA FEINBERG, MD '90

ABOVE: Chicago Medical School alumni Dr. Andrea Feinberg and Dr. David Feinberg hope to see the Fresh Food Farmacy model replicated across the country.



“EDUCATION IS BEST AS A SHARED EXPERIENCE
BETWEEN COMMUNITY AND CLASSROOM.”

ALEX KENDALL, MS, PA-C

ABOVE: Alex Kendall, MS, PA-C, center, developed the Population Medicine course for first-year PA students with strong interprofessional input from RFU faculty and community partners.

POPULATION MEDICINE

Early in their RFU experience, PA students make the city of North Chicago their classroom, a formation they won't soon forget.



ABOVE: Members of the Physician Assistant (PA) Class of 2020 meet with North Chicago High School students. The class also visited one of five shuttered schools in the city's public school district, which was subject to a state takeover in 2012. TOP, RIGHT: Mental health and addiction activist Chelsea Laliberte Barnes, MSSA, and Mundelein Police Chief Eric Guenther speak to PA students during a panel discussion on the Lake County Opioid Initiative.

The Physician Assistant (PA) program wastes no time in introducing its first-year students to the complex reality faced by socioeconomically challenged communities through a first-semester summer course in population medicine.

Built with epidemiological, theoretical and hands-on classroom experiences, the course gives students an understanding of the social, political and personal forces that impact the health of patients in RFU's home community of North Chicago.

Alex Kendall, MS, PA-C, developed the course with interprofessional input from population health and health administration faculty and community partners, with a strong focus on the social determinants of health — the conditions in which people are born, grow, live and work. In addition to interactive lectures and small group, case-based classwork, the course features an immersion field trip that includes dialogue with North Chicago stakeholders on the community's strengths, challenges and opportunities. This year's class visited a rent-subsidized senior high-rise, high school students, the park district and a county forest preserve. Students also attended a panel discussion on the Lake County Opioid Initiative, a community effort to battle the opioid epidemic.

"Education is best as a shared experience between community and classroom," said Mr. Kendall, former director of curriculum and instruction for the program. "We aim to offer a balanced view of the positives and negatives of living in North Chicago — or any community — to help students understand the many factors that affect their future patients' health and the areas in which PA professionals can make an impact."

Students learn about the power of community and shared identity. They learn how the community struggled after losing manufacturing jobs in the 1990s and how high unemployment led to crime and illicit drug use. They learn that a walking trail is a positive for health, but only if people know it's there and use it. They learn that a food desert means heading to the liquor store for a gallon of milk and how that feels.

"PAs often lead care in underserved communities, so it's crucial we learn about the health challenges of people in those communities," said Ezra Hunter, CHP '20. "The fact that RFU includes a class like this so early on in our curriculum says they really value community health, population medicine and the lived experience of underserved communities."



ABOVE: Jon Ashworth, health equity coordinator for the Lake County Health Department and Community Health Center, outside Marjorie P. Hart Elementary School in North Chicago, which closed in 2012.

The course relies heavily on RFU's partnership with the Lake County Health Department and Community Health Center's Live Well Lake County initiative and its accessible trove of community health data.

Jon Ashworth, LCHD health equity coordinator, said PA students peppered him with questions about North Chicago's health data and how it compared to county averages — higher in obesity, diabetes, hypertension and mental illness.

“WE TEND TO BLAME CHOICES AND BEHAVIORS, BUT RESEARCH SHOWS CHOICE IS JUST 20 PERCENT OF THE EQUATION.”

JON ASHWORTH, LCHD health equity coordinator


“We’re trying to model for them the importance of pushing themselves throughout their professional careers to be aware of larger issues that impact communities, such as public policy and systems of transportation, education, housing and employment,” Mr. Ashworth said. “They must understand that the patient they see before them is impacted by the cumulative effect of those systems. We want them to be ambassadors of that mindset in the clinical setting.”

Mr. Ashworth urges students to recognize their implicit bias, to think deeply about where people are coming from and what equitable opportunity looks like.

“We tend to blame choices and behaviors, but research shows choice is just 20 percent of the equation,” he said. “The environmental, social and economic factors that created the menu of options is 80 percent.”

RFU's participation in Live Well Lake County, a community-driven approach to health assessment and improvement, and its clinical partnership with LCHD allows faculty, clinicians and health professions students to join forces in looking at big issues through quantifiable and qualitative assessment. Together they examine the contributing factors that create health and well-being at both an individual and community level.

“We’ve pushed to be more involved with our community and Alex put that into action,” said Jason Radke, MMS, PA-C, interim chair and PA program director. “We’ve developed new ties in North Chicago and among community stakeholders, and reinforced our partnership with the health department. The Population Medicine course tees-up our students, gives them a frame of reference for the social determinants of health and frames the need for health access.

“We hope that as our students approach patients in their rotations and future professional settings, they add that depth, take a more holistic view and bring what they’ve learned in North Chicago to every interaction.” 

FRANKLIN FELLOW

SAMUEL BUNTING, CHP '19, CMS '21

IMPROVING ACCESS FOR PEOPLE AT RISK OF HIV



"WE HAVE TO MEET PEOPLE WHERE THEY ARE. IT'S NOT OUR JOB TO TELL THEM HOW TO LIVE THEIR LIVES, BUT HOW TO LIVE SAFER, HEALTHIER LIVES."

SAMUEL BUNTING, CHP '19, CMS '21

The Franklin Fellowship project implemented by Samuel Bunting, CHP '19, CMS '21, with an interprofessional group of 11 RFU students, "PrEP Education for Community Healthcare Providers: An Interprofessional Approach," is improving care for some of the most vulnerable people in Lake County.

Pre-exposure prophylaxis, or PrEP, is a once-daily antiretroviral medication shown to be up to 99 percent effective in preventing new HIV infection. But recent estimates suggest fewer than 10 percent of the estimated 1.2 million people at risk for HIV in the United States are taking it. Disparities in access to PrEP are profound: just 1 percent of eligible African-Americans and 3 percent of eligible Latinos are prescribed.

"Providers aren't prescribing PrEP, patients aren't asking for it and pharmacies aren't working to make it affordable," said Sam, who designed and led workshops about HIV risk and PrEP for multidisciplinary care teams at the Lake County Health Department and Community Health Center.

Post-workshop health department data revealed an increase in PrEP prescriptions, according to Sam, who said students worked closely with community partners in developing the curriculum, which was also shared in Spanish for community health workers through the Waukegan Public Library.

"We ensured our work was community-focused and specific, so the education we provided to practitioners was pragmatic, actionable and realistic," said Sam, who is taking his place in the vanguard of LGBTQ+ practitioners advocating for equality and serving as resources for their fellow clinicians.

"Marginalized people face the biggest barriers to health," he said. "We have to meet people where they are. It's not our job to tell them how to live their lives, but how to live safer, healthier lives." ®





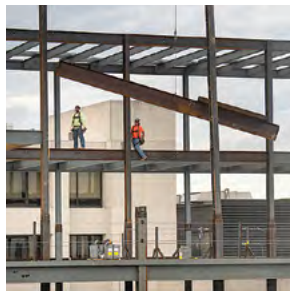
ROSALIND FRANKLIN UNIVERSITY

SHAPING THE HEALTH OF OUR COMMUNITY

*Study by study, patient by patient, our faculty researchers, clinicians
and residents build knowledge and understanding that lift humankind.*

ADVANCING THE SCIENCE OF PARKINSON'S

RFU researchers, including Judith Potashkin, PhD, are pushing the edge of knowledge and exploring new avenues and collaborations for biomedical discovery.



ABOVE: Mithun Raje, PhD, research associate, at work in a lab in the Department of Pharmaceutical Sciences. Construction of the Innovation and Research Park on the north side of the university campus is expected to be completed by summer 2019.

The university's basic scientists, many who will move their labs by summer 2019 to RFU's new Innovation and Research Park, are driven by questions about the biological and chemical processes of life, the opportunity to test their ideas, broaden their perspective and hone their experiments with cutting-edge tools, all with the goal of discovering knowledge that will improve health and well-being.

Molecular biologist Judith Potashkin, PhD, one of a team of five primary investigators in the Center for Neurodegenerative Diseases and Therapeutics, has spent the last 12 years of her 28-year career at RFU looking for biomarkers of Parkinson's disease (PD), a chronic, debilitating, often misdiagnosed illness that affects 1 to 5 percent of the population over the age of 60.

"There's no cure," Dr. Potashkin said. "By the time it's diagnosed the neurons in the brain are already dead, so it's irreversible. When I first learned about it I was horrified. I began to obsess over the problem and wondered if someone trained as a molecular biologist studying gene expression could make a contribution."

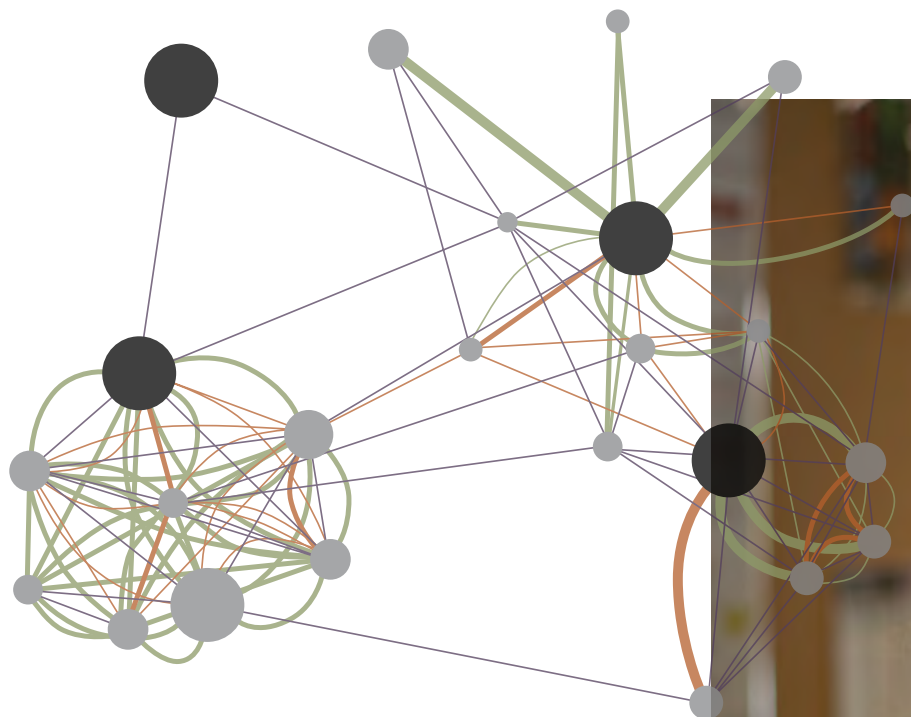
She mulled the way PD is typically diagnosed, by looking for motor symptoms — tremors, rigidity, postural instability — that manifest later in the disease.

"A tremor in the hand? It's too late," she said.

Long before motor problems, PD patients may lose their sense of smell, experience sleep problems and constipation, all symptoms that aren't specific to PD. Dr. Potashkin reasoned that what was really needed was a way to detect the disease before the onset of motor symptoms. When she proposed studying human blood samples to identify pre-motor system and progression RNA markers for PD, doubters wondered why something occurring in the blood would reflect what's going on in the brain.

"I maintained that it didn't matter to me whether it was the same thing going on, as long as it was reproducible and could be identified as PD with a high amount of accuracy," said Dr. Potashkin, whose project, funded by the Department of Defense, helped reveal a crucial insight: Inflammation is a risk factor for PD.

Her search for biomarkers of PD has been useful in distinguishing atypical Parkinsonian disorders and subcategories of PD patients, which could make the disease easier to diagnose. It also helped reveal a molecular mechanism by which PD and diabetes might be related. Clinical trials using diabetes medication to slow the progress of PD have shown some promise.



Dr. Potashkin foresees a potential collaboration with fellow center researchers who study neurodegenerative diseases often associated with some form of dementia. Her search for a biomarker to distinguish different dementias associated with diseases including Parkinson's, Alzheimer's and mild cognitive impairment recently earned funding from the National Institutes of Health (NIH).

In addition to the NIH, the Michael J. Fox Foundation, CurePSP and The Cure Parkinson's Trust, all which have either funded or approved funding for Dr. Potashkin's research, have climbed aboard the discovery train for markers of PD.

"The interest in our work just keeps increasing," said Dr. Potashkin, who is a member of the NIH advisory committee that is seeking feedback from scientists and taking action on that feedback. "We're moving the science forward, faster." ®

ABOVE: Dr. Potashkin takes a network-based approach in her search for biomarkers of Parkinson's disease. The identification of genetic interaction networks, protein interaction networks and co-expression interactions, each depicted here in a different color, reveals molecular mechanisms underlying the disease.



"THE INTEREST IN OUR WORK JUST KEEPS INCREASING. WE'RE MOVING THE SCIENCE FORWARD, FASTER."

JUDITH POTASHKIN, PhD



“OUR RESIDENTS VERY MUCH
TAKE OWNERSHIP OF THE CARE
OF THEIR PATIENTS, BUT THEY
HAVE A TEAM — ALWAYS.”

JOSHUA NATHAN, MD, FAPA

ABOVE, FROM LEFT: Dr. Joshua Nathan, medical director for behavioral health at the Lake County Health Department (LCHD) and Community Health Center, and LCHD psychiatrist Dr. Hargurmukh Singh, a CMS instructor.

ANSWERING THE CALL FOR MORE MENTAL HEALTH PROVIDERS

RFU psychiatry residents provide a valuable source of care for an underserved population in Lake County.



ABOVE, FROM TOP: Gayatri Baker, MD, with CMS Assistant Professor George Gettys, MD, center, and Amit Bhatia, MD, during the annual Psychiatry Residents Poster Competition, held April 12. Marci Manna, MD, R '18, with Professor Jeffrey Bulger, PhD, CMS director for bioethics and humanities.

Chicago Medical School residents are helping the Lake County Health Department and Community Health Center (LCHD) increase access for behavioral health patients. According to county data, 18 percent of adults suffer from depression and the need for drug and alcohol treatment and rehabilitation continues to rise.

"People don't think of addiction in terms of underserved populations, but we need to," said Paul Hung, MD '10, R '14, CMS psychiatry residency program director, who also trained at the health department. "People with mental health issues can also have related comorbid conditions. It can be difficult for them to care for themselves, to make and attend appointments. Our residents learn that the more we can improve the mental health of their patients, the more we can improve their overall health."

CMS residents who work at LCHD — a Federally Qualified Health Center among 1,400 across the United States that provide affordable primary and preventive care for more than 27 million patients — see the strong interplay of social determinants of health in many of their patients, some who arrive straight from jail.

Dr. Madiha Shabbir, who served as psychiatry chief resident last year, worked with a probation officer who visited the clinic to

assist with and provide background information for probationers who required psychiatric evaluations.

"My work at the health department reinforced quite a few things," said Dr. Shabbir in a call last summer from Dubai. "As clinicians, we have to treat the patient as a whole person, instead of focusing on the disease aspect alone. You can't forget where they're coming from and how feasible different treatment options might be. I encountered resistance, stigma and medication noncompliance, which can be very frustrating. But we can't force people to take medication or come see us.

"I saw the very serious psychosocial challenges in my patients' lives, like incarceration and homelessness," Dr. Shabbir said. "I learned to discuss insurance options for people with no coverage and to provide discount coupons for generic medications. I learned to look beyond the textbook treatment, to take the time to find out what was going on in the lives of the people in front of me."

A good psychiatrist listens in a nonjudgmental, empathic way, a way that takes years of training and practice to hone. They create an environment of trust, an atmosphere of comfort, a space where stigma does not exist.

“If you can create that space, you can do wonders for a person,” said Joshua Nathan, MD, FAPA, LCHD behavioral health medical director.

Dr. Nathan oversees the work of CMS third- and fourth-year psychiatry residents who strive to create that therapeutic relationship for the patients they treat every Monday over a yearlong longitudinal outpatient clinic.

“This is community mental health, which means the county, by virtue of its mission, turns no one away,” said Dr. Nathan. “It’s a model that’s important to psychiatry and to health care in general.”

“I LEARNED TO LOOK BEYOND THE TEXTBOOK TREATMENT, TO TAKE THE TIME TO FIND OUT WHAT WAS GOING ON IN THE LIVES OF THE PEOPLE IN FRONT OF ME.”


MADIHA SHABBIR, MD

Behavioral health is a top priority of the county’s Community Health Improvement Plan, along with cardiovascular disease, obesity and diabetes. The department has been inundated over the past few years with patients seeking behavioral health treatment as local and regional programs have closed or cut capacity due to state budget woes.

Residents learn the power of the multidisciplinary, interprofessional approach at LCHD, where the primary care clinic sits across the hall from behavioral health and young doctors can walk over to ask about a patient whose blood sugar levels are out of control.

“Our residents very much take ownership of the care of their patients, but they have a team — always,” said Dr. Nathan, who serves as president of the Illinois Psychiatric Society. “Residents’ offices are interspersed among nurses, therapists and other healthcare staff, and team members discuss patient cases, ask for help, give advice. In our field that’s fairly unique.”

Dr. Silu Lohani, also a resident last year and now a staff psychiatrist for the Rosalind Franklin University Health Clinics, relied on the team when treating patients with a history of substance use.

“Plenty of people relapsed, but the good thing is there’s a therapist in the house, a social worker, access to crisis counseling, a residential treatment program and inpatient drug and alcohol detox and rehab,” she said. “The ability to make those referrals was a huge help. Certain things can wait but some need addressing urgently. Mental health is best handled by a team.” 

AT RIGHT, FROM LEFT: *Chicago Medical School psychiatry residents Dr. Derek Ho, Dr. Ladan Khazai and Dr. Smitha Aailaboyina, chief resident, with Dr. Joshua Nathan, LCHD medical director for behavioral health.*



DIRECTOR OF THE CENTER FOR LOWER EXTREMITY AMBULATORY RESEARCH (CLEAR)
at the DR. WILLIAM M. SCHOLL COLLEGE OF PODIATRIC MEDICINE

STEPHANIE WU, DPM, MSc, FACFAS

NEW THERAPIES FOR WOUND HEALING

Stephanie Wu, DPM, MSc, FACFAS, is working to advance the medical and surgical management of chronic wounds that cause untold suffering and an estimated cost to the U.S. healthcare system of more than \$30 billion per year.

Decades ago, wounds caused by acute injuries were treated with skin grafts and flaps taken from the patient's own body, a process that caused pain and scarring. Dr. Wu is among a new generation of physician scientists inventing and using more humane and effective technologies, including tissue, bone and blood supply regeneration aided by stem cells, and grafts using various tissue grown in the lab.

"The goal in developing these new modalities is to avoid taking a piece of our patient's own tissue," said Dr. Wu, who is principal investigator in a clinical trial that has demonstrated complete wound healing and increased blood supply in patients with peripheral arterial disease and deep diabetic foot ulcers to the level of tendon and bone.

"Despite all the technology we've developed to treat wounds and fill deficits, I've learned that not every wound responds," Dr. Wu said.

She has now turned her attention to the search for biomarkers to understand why some people heal and others don't; why some people are more prone to wound infections; and why some with diabetes develop wounds, but not others.

"We want to identify people who have the propensity for developing non-healing wounds and infections so that we can better prevent, detect and treat them," Dr. Wu said. "This will not only help the general population but, given the escalating threat of highly resistant pathogens associated with overseas military operations, our work can eventually be used to lessen the suffering from wounds and infections and improve the lives of our service personnel." ®

"WE WANT TO IDENTIFY PEOPLE WHO HAVE THE PROPENSITY FOR DEVELOPING NON-HEALING WOUNDS AND INFECTIONS SO THAT WE CAN BETTER PREVENT, DETECT AND TREAT THEM."

STEPHANIE WU, DPM, MSc, FACFAS







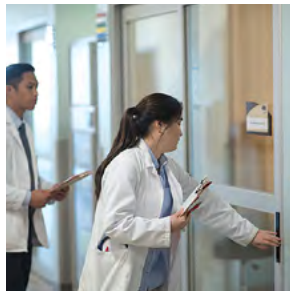
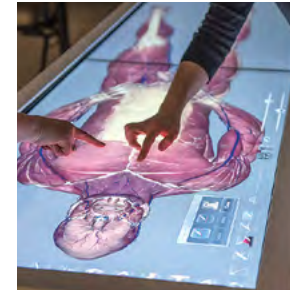
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TRAINING A ROBUST HEALTHCARE WORKFORCE

RFU is preparing compassionate healers and adaptable professionals who embrace lifelong learning as a philosophy of care.

DEVELOPING SOLID CLINICIANS

Simulation-based training engages students in the crucial, repetitive process of learning and application.



RFU was an early adopter of simulation-based learning in the training of future healthcare clinicians, from low-fidelity patient cases on paper for student-teacher review, to interactions with patient actors, to computerized patients that can be programmed to display signs and symptoms of stroke, heart attack, major trauma and response to medications. The latest innovations include fully simulated immersive surgeries and team-based scenarios.

James Carlson, PhD '12, MS '01, vice president for interprofessional education and simulation, who has helped lead “sim” at RFU for 16 years, said the approach helps develop clinical skill sets throughout all levels of training, from engaging students in understanding the physiology and anatomy of the body and applying that knowledge to the patient “in front of them.”

“Patients have more and more information, their questions are increasingly sophisticated and the range of treatment options has never been greater,” Dr. Carlson said. “The role of the provider is to explain those options, help understand the patient’s point of view and to partner with them through whatever adversity they face. Simulation helps them practice that.”

The true power of simulation, according to Dr. Carlson, is its ability to meet a learner exactly where they’re at in their education and create a meaningful, customized experience that helps them to advance the skills they need — an approach health systems can also use to keep their clinicians current in their skill sets.

“We want our students to understand that their education doesn’t stop when they leave RFU,” Dr. Carlson said. “It’s actually just really beginning. They must have the capacity to reflect and to grow throughout their career. That’s what it takes to be a solid clinician.”

Sim and other tools, including checklists, have helped improve the culture around safety in health care, but work still needs to be done around diagnosis, Dr. Carlson said.

“Providers are human and they’re going to make flawed decisions,” he said. “But we can always do better. We continue to focus on reflective strategies around diagnostic safety: Pause. Reflect. Ask, ‘Is there something I’m missing here?’ We can teach that through simulation. We want our students to commit to a diagnosis and to go through reflective strategies. It’s metacognition — thinking about what you’re thinking about — and using tools to go back and reflect, and refine and augment.”

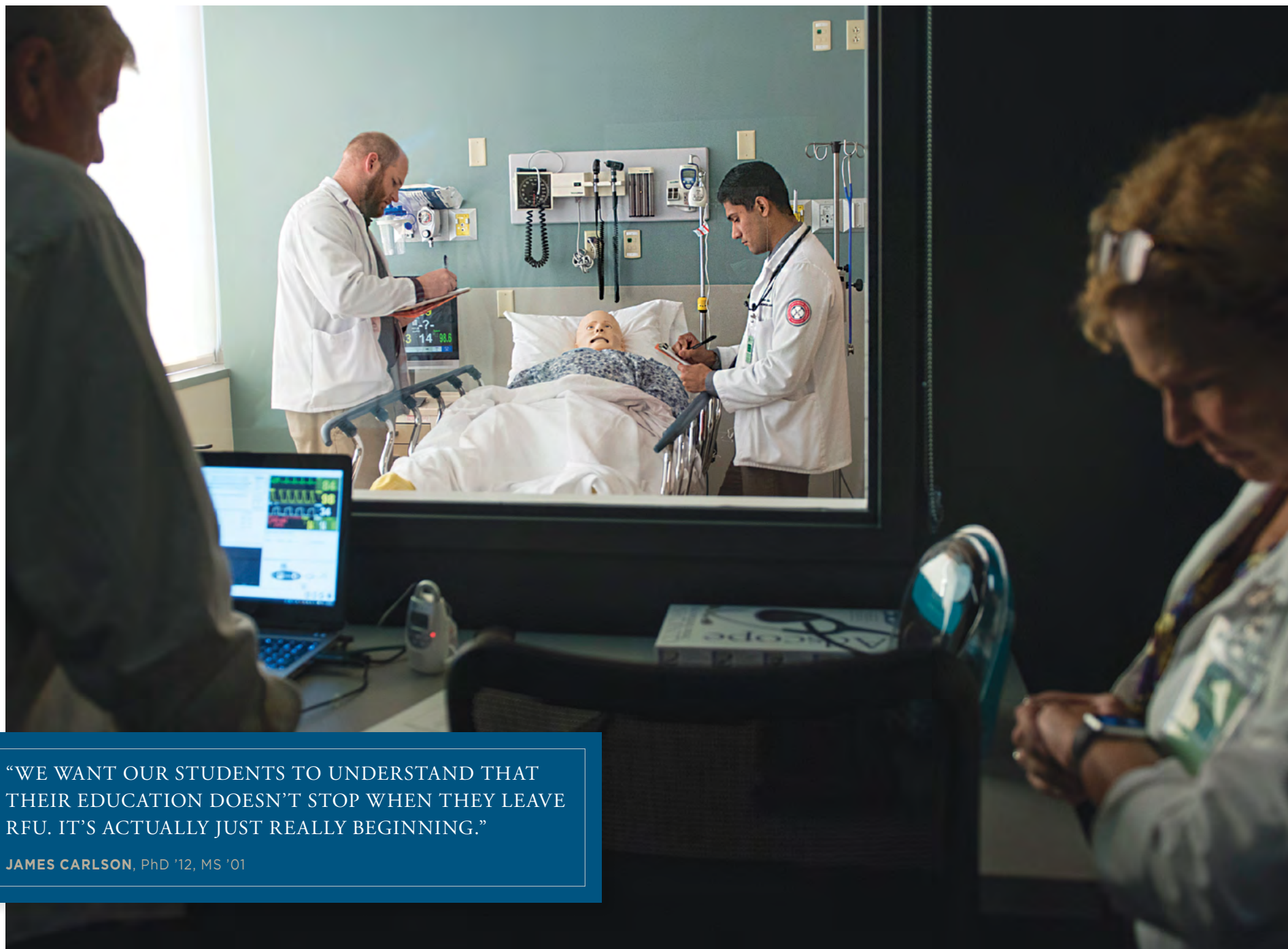
The repetitive process of learning and application modeled through sim, according to Dr. Carlson, is also the process health professionals must use in practice with actual patients to make more accurate decisions and offer safer care.

“Sim,” Dr. Carlson said, “is really a technique to get the best out of our learners, to help them acquire not just technical skills for proficiency but the wisdom and practice habit to always want to improve and be better.” 

TOP: Students learn at the Anatomage 3D virtual dissection table.

ABOVE: James Carlson, PhD '12, MS '01, vice president for interprofessional education and simulation, leads a training session in the ambulance bay at RFU's Center for Advanced Simulation in Healthcare at Northwestern Medicine Huntley Hospital in Huntley, IL. Medical students at the center enter an exam room.

OPPOSITE PAGE: Justin Foley, CMS '19, and Sobaib Amjad, CMS '19, train with a programmable patient simulator.



“WE WANT OUR STUDENTS TO UNDERSTAND THAT THEIR EDUCATION DOESN’T STOP WHEN THEY LEAVE RFU. IT’S ACTUALLY JUST REALLY BEGINNING.”

JAMES CARLSON, PhD '12, MS '01



"ALL THE THINGS WE WANT TO ACCOMPLISH IN HEALTH, IN HEALTH CARE AND IN WELLNESS CANNOT BE ACCOMPLISHED UNLESS WE BETTER TRAIN MORE WORKERS."

WILLIAM "BILL" RUDMAN, PhD

ABOVE: Sylvia Schneiderman, a research technician in microbiology and immunology, conducts a pH lab experiment with children during national Take Our Daughters and Sons to Work Day.

THE SKILLS TO ADVANCE

The health of our community is strengthened when we help build the workforce.



ABOVE AND TOP: RFU is a lead partner in the Health Professions Education Consortium (HPEC), which works to expand opportunities in medical and health sciences education and careers. HPEC members meet quarterly in the Rothstein Warden Centennial Learning Center.

The education, training and retention of a skilled healthcare workforce is a major challenge in the United States and around the world, according to estimates by the World Health Organization that show 20 to 40 percent of all healthcare spending is wasted as a result of workforce inefficiencies and weaknesses.

Rosalind Franklin University, ever mindful of its mission to serve the population, with particular care for those who are underserved, is working to expand education and job opportunities through pathways and programs that can begin with entry-level skilled positions and lead to the health professions.

“Health care is different from many occupations because it has a well-defined career pathway at almost any point you enter,” said William “Bill” Rudman, PhD, executive director of RFU’s Interprofessional Healthcare Workforce Institute. “Individuals who don’t have the opportunity or financial wherewithal for college can get training and experience in entry-level healthcare jobs and as they show promise, the clinical and technical upskilling they need to grow. They can start to create their own career pathway. It may take longer, but they can take that opportunity to make a difference.”

That opportunity, Dr. Rudman said, includes all the knowledge

about healthy behaviors that a job in health care brings and that is passed through generations to make families and communities healthier.

The university is also working through HPEC, the Health Professions Education Consortium, which it helped found to meet regional healthcare needs by improving college and career readiness. HPEC has helped build entry-level pathways for community health workers, home health aides and jobs in health informatics.

“The goal is to help people figure out that first step, how to access a health career pathway, whether that’s home health, health informatics or certified nurse assistant, then lead them into our more established programs, certification and degree,” said Bruce Neimeyer, PhD, HPEC executive director and vice president for university planning.

A tight labor market means more opportunity for people who want to advance. More companies are offering credit for experience and investing in training modules for their employees, Dr. Rudman said. The institute is working with a major pharmacy retailer on a new curriculum to help pharmacy technicians meet new requirements for certification.

“The curriculum has to go beyond teaching for the test to develop soft skills and leadership skills,” Dr. Rudman said.

Pharmacy technician education and training is just one example of a viable pipeline opportunity for RFU, according to College of Pharmacy Dean Marc Abel, PhD, who envisions a partnership with a local community college to help students meet the new, more stringent requirements.

“We can help with awareness of career opportunities in pharmacy and additional educational resources,” Dr. Abel said. “That’s important from both a pipeline aspect and to ensure the profession has better trained pharmacy technicians.”

As the role of the pharmacy tech expands to responsibilities that include some compounding, immunizations and point-of-care testing services, pharmacists will be freed up to focus on patient-related activities that call for clinical judgment but that they can’t make time for in a fast-paced community setting.


“THE GOAL IS TO HELP PEOPLE FIGURE OUT THAT FIRST STEP, HOW TO ACCESS A HEALTH CARE PATHWAY, WHETHER THAT’S HOME HEALTH, HEALTH INFORMATICS OR CERTIFIED NURSE ASSISTANT, THEN LEAD THEM INTO OUR MORE ESTABLISHED PROGRAMS, CERTIFICATION AND DEGREE.”

BRUCE NEIMEYER, PhD

Dylan Moe, PharmD '15, a member of the inaugural class of RFU’s College of Pharmacy, worked as a pharm tech for seven years before enrolling in the College of Lake County and methodically taking the prerequisite coursework for pharmacy school. He continued to work full-time behind a Walgreens pharmacy counter while taking 12 to 16 credit hours per semester.

“You learn a lot as a pharm tech,” Dr. Moe said. “I liked having the knowledge and getting to know the patients. That was a big plus and still is. Overall, it was a sense of helping.”

Dr. Moe, who last year was a preceptor for RFU pharmacy students, started at Walgreens as a photo technician. He did on his own what RFU and its partners hope to help others do, especially those underrepresented in the field: take the step to pharm tech, work while acquiring the necessary credentials to advance and move ever closer to the PharmD degree.

“We have to build those pipelines,” Dr. Rudman said. “All the things we want to accomplish in health, in health care and in wellness cannot be accomplished unless we better train more workers. But it’s about so much more than going to a job or creating a career. It’s about sharing the key to opportunity and knowledge that will be passed down through the generations.” 



ABOVE: Dylan Moe, PharmD '15.

PRESIDENT OF ADVOCATE CHRIST MEDICAL CENTER

MATTHEW PRIMACK, PT '99, DPT '04, MBA

LEADING COLLABORATIVE PRACTICE AT THE BEDSIDE



“NEW GRADUATES FROM ALL SECTORS OF HEALTH CARE ARE COMING TO OUR SYSTEM MORE INNOVATIVE AND EFFICIENT, INCLUDING RFU MEDICAL STUDENTS AND RESIDENTS, WHO ARE FAR ABOVE THEIR PEERS IN TERMS OF THEIR INCLUSIVE, COLLABORATIVE MINDSET.”

MATTHEW PRIMACK, PT '99, DPT '04, MBA

Matthew Primack's leadership of Advocate Christ Medical Center in southwest suburban Oak Lawn, IL, is informed by more than a decade of experience as a doctor of physical therapy on the front lines of care.


“I'm hyperaware of what's needed at the bedside,” said Dr. Primack who, like many in the business of care delivery, is looking for solutions in the face of financial constraints.

“One of our biggest challenges is matching the right services with the right resources at the right time with the right patients,” he said.

Advocate Christ clinicians are critical to implementing best practices. The emergency department staff works to educate patients with sore throats, ear infections and sprained ankles on more cost-effective places to access care. A renewed focus by physicians on the medical history and physical exam has resulted in a decline in high-dollar diagnostics.

“New graduates from all sectors of health care are coming to our system more innovative and efficient, including RFU medical students and residents, who are far above their peers in terms of their inclusive, collaborative mindset,” Dr. Primack said. “They're taking a more global approach to health care — considering the patient and their environment.”

That's an important strategy, given that many patients who come to Advocate Christ “are struggling to live,” said Dr. Primack, who sees an opportunity to improve post-acute care through treatment plans designed with patient demographics in mind.

“We need to train clinicians who ask, ‘What are my resources and how do I better educate?’” Dr. Primack said. “It's a different way to practice and a different mindset.” 





ROSALIND FRANKLIN UNIVERSITY

CREATING ACCESS, BUILDING HEALTH EQUITY

*Increasing opportunities for underrepresented students strengthens
the health and wellness of underserved groups in our communities.*

CONFRONTING INSTITUTIONAL BARRIERS TO HEALTH

Increasing the diversity of our students, faculty and staff expands perspectives, increases understanding and challenges norms that harm health.



ABOVE AND OPPOSITE PAGE: Franklin Fellow Maritza Martin, CMS '21, offered four presentations on Latino health and culture to the RFU community. Franklin Fellow Sam Bunting, CHP '19, CMS '21, assembled an interprofessional student team that offered PrEP education for community healthcare providers.

Rosalind Franklin University recognizes that a more diverse healthcare workforce is key to achieving health equity for underserved populations. Our pipeline and pathway programs are aimed at increasing the diversity of our student body, which in turn strengthens the quality of our interprofessional healthcare education.

“RFU creates access to care by educating individuals who have been traditionally underrepresented in the healthcare workforce,” said Rebecca Durkin, MA, vice president for student success and inclusion. “This creates a more diverse workforce that treats a broader spectrum of the population. We’re not only changing who’s treating, but how professionals treat by expanding perspectives in an inclusive educational environment.”


Students from diverse ethnic, racial and socioeconomic backgrounds and with differences in gender identity, gender expression and sexual orientation are helping to create cultural awareness and challenge norms around patient care and education. Franklin Fellows who are bringing their values and personal experience to bear include: Maritza Martin, CMS '21, who organized learning sessions for RFU students to create cultural awareness about the local Latino community; Matthew Diamond, SCPM '21, who provided community education on the long-term effects of sports-related head injuries; and Sam

Bunting, CHP '19, CMS '21 [see profile, page 15], who used his Franklin Fellowship project to lead a team of students in working with public health providers to improve prevention of HIV infection among at-risk populations.

“I’m one cog in a growing effort to make health care more accessible and more equitable,” said Sam, who recently earned the inaugural student Interprofessional Achievement Award at the National Center for Interprofessional Practice and Education Nexus Summit 2018. “We’re seeing an integration of medicine, a tremendous focus on figuring out how to tailor services to meet people where they are rather than asking them to change.”

“Sam used his fellowship to educate healthcare professionals by expanding perspectives,” Ms. Durkin said. “That’s why it’s important that we attend to diversity in our classrooms in the context of education. By challenging traditional perspectives within that educational framework, we advance everyone’s knowledge.”

Sam draws hope from his peers, who are determined to see patients as people, in all their physical and social complexity, not as the sum of their biological parts.

“We’re one of the most accepting and open of generations,” Sam said. “We don’t see diversity as a problem, but as a fact of life — a gift.” 



“SO MANY LATINO FAMILIES LACK ADEQUATE HEALTH AND SOCIAL SERVICES. THEY’RE IN SURVIVAL MODE. UNDERSTANDING THAT REALITY IS THE FIRST STEP IN IMPROVING THEIR HEALTH.”

MARITZA MARTIN, CMS '21



ABOVE: Laura Rodriguez, CMS '22.

WIDENING THE PATH

RFU's post-baccalaureate Pre-Matriculation Program guided 17 students underrepresented in medicine into the Chicago Medical School Class of 2022.



ABOVE, FROM TOP: Students underrepresented in medicine attend a welcome event on Aug. 23. First-year medical student Laura Rodrigues gathers with her class after the White Coat Ceremony.

Among first-year Chicago Medical School (CMS) students is Laura Rodrigues from nearby Waukegan, where county health data shows all the earmarks of an underserved population, with perhaps none more telling than third-grade reading proficiency — a worrisome 21 percent.

Laura knows well the challenges to health and well-being in her community — lower rates of high school completion, higher rates of diabetes and obesity, homeowners who must decide between paying their medical bills and their property taxes.

“I’ve seen these issues up close and lived through some of them,” Laura said. “My goal is to not only get my MD, but to come back to my community and be a voice for change.”

Rosalind Franklin University is working to attract, prepare and mentor students like Laura from surrounding underserved communities for entry into graduate health professions programs as a means to eliminate racial and ethnic disparities in health and health care. Research shows that health professionals are more likely to go back to the communities where they grew up to deliver a high standard of care. It also shows that racial and ethnic diversity strengthens the quality of education and enhances learning and cultural competency among healthcare professionals.

“MY GOAL IS TO NOT ONLY GET MY MD, BUT TO COME BACK TO MY COMMUNITY AND BE A VOICE FOR CHANGE.”

LAURA RODRIGUES, CMS '22

Both Laura and Alfonso Gomez, CMS '21, came through RFU's Pre-Matriculation Program (PMP), a non-degree curriculum track of medical school-level coursework for disadvantaged students, aimed at increasing the diversity of university enrollments in medicine and other health professions programs. Laura, Alfonso and his brother Luciano Gomez, who gained admission to the College of Health Professions' master's in clinical counseling program, first came to RFU in 2014 as volunteer interpreters in the Interprofessional Community Clinic (ICC).

“I liked my job but I loved my work at the ICC,” said Laura, who earned a degree in sociology from UIC then went to work as the first Spanish-speaking market analyst in the Waukegan Township Assessor's office.



**“IT’S ONE THING TO GLIMPSE
SOMEONE WHO LOOKS LIKE
YOU IN HEALTH CARE, BUT
IT’S IMPORTANT TO HAVE
A MENTOR TO GUIDE YOU
THROUGH THE PROCESS IT
TAKES TO GET THERE.”**

ALFONSO GOMEZ, CMS '21

Laura was pre-med in college, but after struggling with science courses an advisor suggested she switch tracks. Her interactions in the ICC and her participation in RFU’s Problem-Based Learning course, a model that helps students integrate basic science concepts into clinical medicine, awakened a dormant dream.

“It took a lot of reflection,” she said. “I already had a career. I’d already been told I was not good at this. But I wanted passion in my work. If I was going to make this a real decision, I needed to think about the time, the commitment — not only financial, but emotional — because this was going to be big, not only for me, but for my family.”

Laura, who notes that her pursuit of a medical degree runs counter to her experience of cultural expectations for first-generation Latinas, spent two years taking night classes at the College of Lake County to fulfill CMS prerequisites.

“Laura’s experience speaks to the layered effect of populations underrepresented in the health professions in terms of race and ethnicity, but also of communities that lack a norm and expectation of higher education and a support network that leads students down that path,” said Rebecca Durkin, MA, vice president for student success and inclusion.

RFU is meeting that challenge by extending its pipelines and outreach to local students in primary and secondary education, including our nationally recognized INSPIRE mentoring and summer research program.


Alfonso, who like Laura, did well in high school but encountered barriers in college where other students were “way better prepared to learn,” is a student mentor for both PMP and INSPIRE.

“We can advocate for our communities and be a bridge to access — to both better care and the health professions,” Alfonso said. “It’s one thing to glimpse someone who looks like you in health care, but it’s important to have a mentor to guide you through the process it takes to get there.”

Strong mentoring from current students can show prospective underrepresented students that careers in the health professions are achievable. Laura took part last summer in a Careers in Health Care panel for INSPIRE students.

“I told them they can turn to student mentors like me,” Laura said. “They don’t have to take the same detour I did. They can ask for the guidance they need to overcome any obstacles.”

Jesus Ruiz, RFU community relations and special projects officer, said thoughtful outreach to local students helps feed the pipeline of care that can improve health.

“The students we help to succeed will give back and make the path wider,” Mr. Ruiz said. “Our reward is producing health professionals who mirror the community they serve.” 

ABOVE: Laura Rodriguez, CMS '22, and Alfonso Gomez, CMS '21.

ALBERT SCHWEITZER FELLOW

JALEESA HARRIS, CMS '21

EDUCATING FOR HEALTH



**"I GREW UP IN A FORGOTTEN COMMUNITY.
THAT'S WHERE I WANT TO PRACTICE MEDICINE."**

JALEESA HARRIS, CMS '21

The power of Jaleesa Harris's service project for her Albert Schweitzer Fellowship flowed as much from her presence as from the "mystery" organs she transported throughout the 2016–2017 academic year from RFU's Gross Anatomy Lab to put into the hands of elementary students in Chicago's Austin neighborhood.

"I chose this project for the very reason that I could stand before these kids and share my story, tell them, 'I'm from your community and I'm pursuing a career in medicine,'" Jaleesa said. "I wanted to do more than just teach them about health. I wanted to show them what they can achieve through good choices, hard work and perseverance."

Fifth- and sixth-graders held and respectfully examined a spongy pink lung and a stiffened lung spotted from a buildup of cigarette tar. They exclaimed at the unexpected shape of an enlarged heart and a massive, flaccid liver. They asked smart questions and excelled at anatomy "Jeopardy," a game devised by Jaleesa to evaluate their knowledge retention.

"Seeing and handling actual internal organs while learning about the diseases that harm them helps lift a barrier to health and wellness," Jaleesa said. "The decisions these students make, whether informed by education or the lack of it, will determine their health."

More than 30 percent of Austin residents live in poverty. The West Side community is also challenged by a legacy of discriminatory housing, gun violence and lack of access to healthy food.

"I grew up in a forgotten community," Jaleesa said. "That's where I want to practice medicine." ®





ROSALIND FRANKLIN UNIVERSITY

EMPOWERING ACCESS TO EDUCATION

Your support helps Rosalind Franklin University expand access to the highest quality education and training, which in turn expands access to the highest quality care and improves our collective health and well-being.



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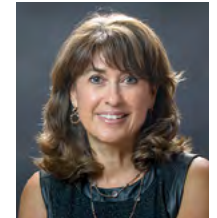
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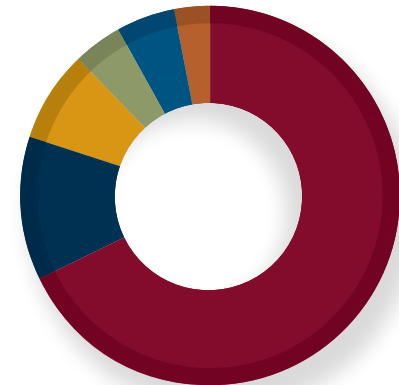
FINANCIAL REPORT

Fiscal year ended June 30, 2018

OPERATING REVENUES

\$ in millions

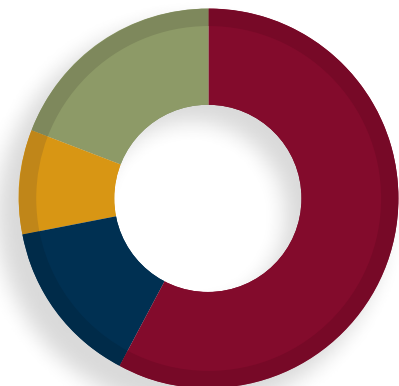
		TOTAL ALL FUNDS
Net tuition and fees	\$ 79.2	68%
Grants and contracts	14.3	12%
Patient care	9.2	8%
Endowment support	4.3	4%
Contributions	5.2	5%
Other	3.9	3%
Total	<u>\$116.1</u>	



OPERATING EXPENSES

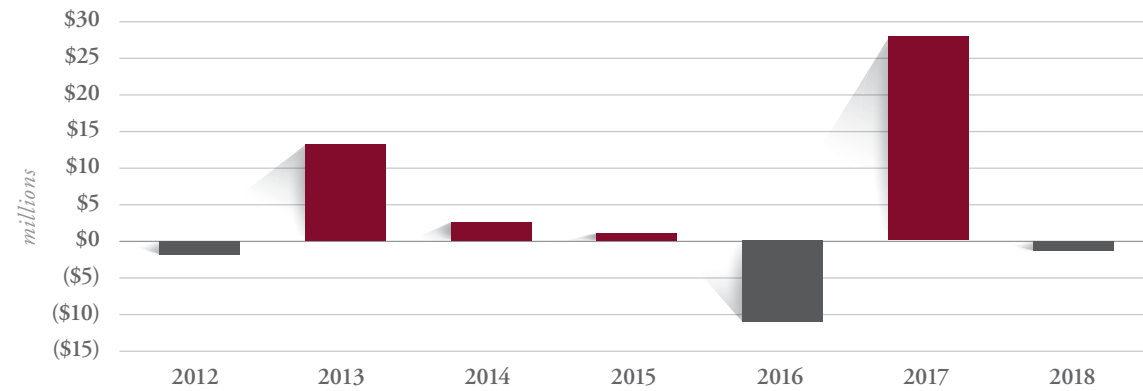
\$ in millions

		TOTAL ALL FUNDS
Instruction	\$ 68.8	58%
Research	16.0	14%
Patient care	11.2	9%
Institutional support	22.3	19%
Total	<u>\$118.3</u>	
Excess over expenses	\$ (2.2)	



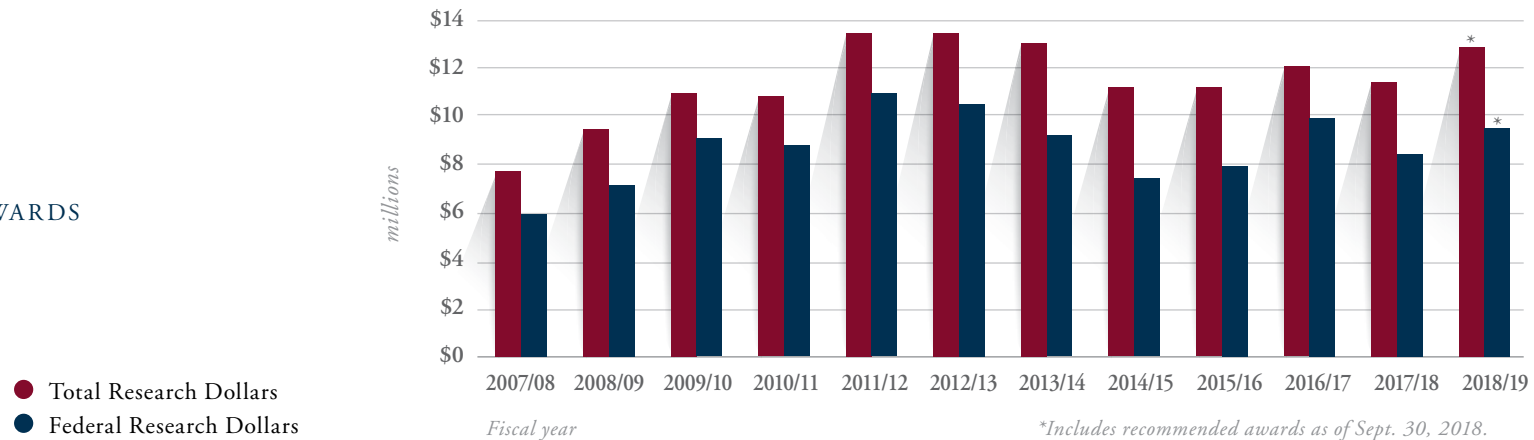
Excludes nonoperating revenues and expenses, including realized and unrealized gains and losses on investments.

CHANGE IN TOTAL NET ASSETS



Reflects, on an annual basis, the increase or decrease of assets minus liabilities.

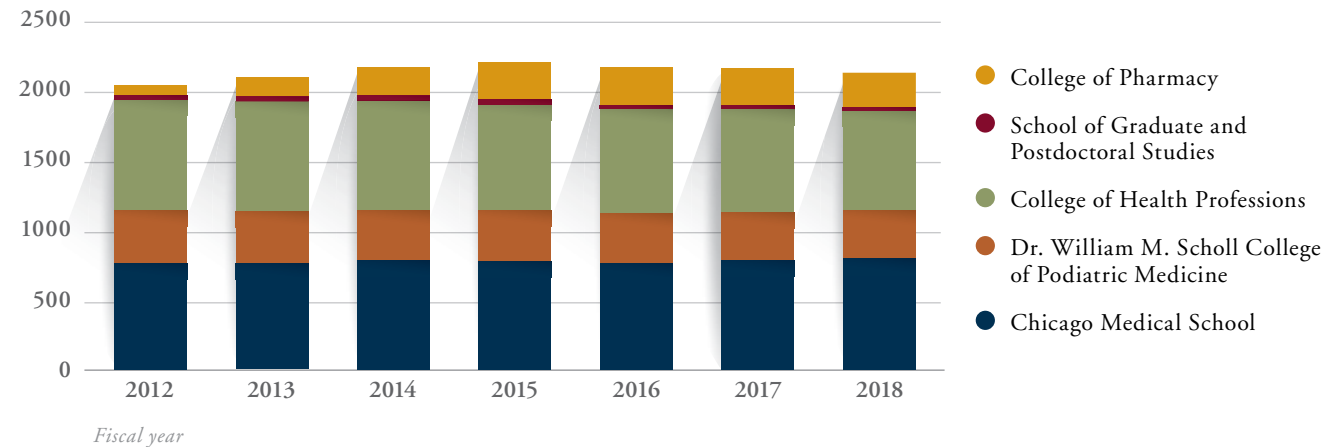
RESEARCH AWARDS



Fiscal year

**Includes recommended awards as of Sept. 30, 2018.*

STUDENT ENROLLMENT



Fiscal year



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Do we accept the status quo in healthcare education and biomedical discovery
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Buoyed by your support, we're choosing to:

INCUBATE INNOVATION *in healthcare education and
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ENGAGE NEW AND EXISTING CLINICAL AND
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the creation of new therapeutics, while simultaneously addressing
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The background features a large, faint, circular seal of Rosalind Franklin University of Medicine and Science. The seal contains a portrait of a woman, presumably Rosalind Franklin, and the text "ROSALIND FRANKLIN UNIVERSITY" and "of MEDICINE AND SCIENCE" around the perimeter.

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