

DREXEL UNIVERSITY

College of Medicine

ALUMNI MAGAZINE



IN THEIR OWN WORDS
HEALERS
IN THE MILITARY

THE ART OF INVESTIGATION:
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Investing in the Future



Dorothea R. Johnson, MD '56, and her husband, the Rev. Harry Johnson

To find out more about **planned giving** and The Arch Street Legacy Society, please contact David Toll, associate vice president of gift planning, Institutional Advancement, at 215.895.4982 or dt49@drexel.edu.



Looking back on her career of innovation in occupational medicine as vice president of health affairs and corporate medical director at AT&T, Dorothea R. Johnson, MD '56, says she has more than the Woman's Medical College of Pennsylvania to thank. Today, she thanks Drexel University College of Medicine for keeping the school's legacy alive.

"I got an excellent education at Woman's Medical College," she says. "The professors were good mentors and I was well prepared for my future work in occupational medicine."

While serving as corporate medical director at AT&T, Dr. Johnson initiated the first culture-based health promotion program in the corporate world. Total Life Concept (TLC), as it was called, extended the notion of risk factors and offered lifestyle-improvement courses and activities to promote health.

"At Woman's, we had courses in nutrition and public health in the mid-1950s. This was about the only medical school with these forward-looking courses," she says.

When Dr. Johnson learned about Charitable Gift Annuities, she liked the fact that they offered guaranteed annual income for life. What's more, they allowed her to create a significant future gift.

She now has three Charitable Gift Annuities with Drexel and enjoys the financial security that they provide. Dr. Johnson chose to apply the remaining balance as an unrestricted gift to the College of Medicine, ensuring that Drexel medical students will have the resources they need to meet the demands of the future.

"I am proud to count the College as one of my most deserving recipients," she says. "I am just so thankful for the fine leadership and integrity of the Drexel administration."

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ON THE COVER:
 Zachary Hoffer, MD '08,
 photographed by Ron Wurzer



COVER STORY

HEALERS IN THE MILITARY IN THEIR OWN WORDS

College of Medicine alumni have served in the military since the time of the Civil War. A dozen of them recently agreed to share their stories.

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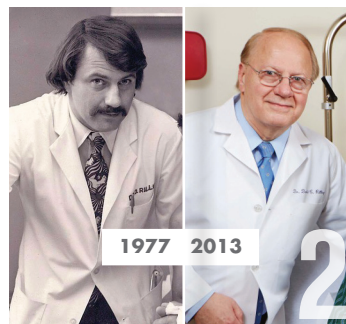
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David Rilling, MD,
 HU '66, recalls a
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 and two other
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 made history.

Yearly Applications and Entering Class Size

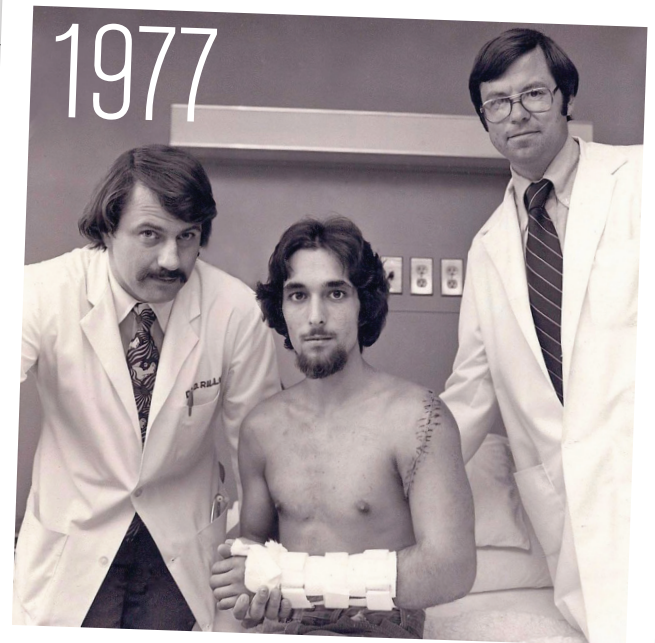


LETTERS

I am a graduate of Hahnemann Medical College, class of 1966. Last spring I gave a presentation regarding a historic medical feat that took place at Grand View Hospital in Sellersville, Pa., in 1977. Dr. Dennis L. Moyer, one of the other surgeons involved, is also a Hahnemann graduate, class of 1968. I thought this would be interesting for the medical school alumni publication.

On June 9, 1977, one of the world's first successful arm reattachment surgeries was performed at Grand View Hospital by a trio of young surgeons: Dr. Moyer, Dr. David C. Rising, and me. The left arm of a 19-year-old Pennsburg man, who worked in a furniture factory, had been completely severed at the shoulder by an electric circular saw. What followed was the amazing story of Jesse Masarjian's successful arm reimplantation and heroic recovery.

David C. Rilling, MD



When Jesse Masarjian (center) arrived at the hospital, his arm was attached by a strip of skin. Orthopedic surgeon David C. Rising, MD (right) reattached the humerus while Drs. Dennis L. Moyer and David C. Rilling (left), general and vascular surgeons, began the painstaking task of reconnecting the arteries and veins, and repairing the muscles. Lastly, Dr. Rising reconnected the nerves. They had a copy of Gray's Anatomy brought into the OR to guide them.



Doctors and patient had a reunion in May 2013 (left, l-r: Rilling, Masarjian, Rising, Moyer). They had also met to celebrate the 25th anniversary of the surgery in 2002. Today, Masarjian's arm looks like any other man's. He can drive a car and bait a hook. After he had dinner with Rilling and his wife last spring, Masarjian serenaded the couple with "Amazing Grace," accompanying himself on his Dobro guitar.

WE WELCOME YOUR LETTERS

Correspondence may be mailed to Editor, Drexel University College of Medicine Alumni Magazine, 1601 Cherry Street, Suite 1050, Philadelphia, PA 19102, or emailed to jtracy@drexelmed.edu. Please include your contact information. The magazine staff reserves the right to edit for space and style.

Welcome to the New Alumni Magazine

Greetings! It is my pleasure to introduce to you the first print issue of the *Drexel University College of Medicine Alumni Magazine*. Now that we are comfortable with all things electronic and digital, we can admit that sometimes we like to read an actual book or magazine. Sometimes the old is new again.

The College has had a tradition of innovation from its beginnings in our legacy schools. During the past year, we created the Graduate School of Biomedical Sciences and Professional Studies within the College of Medicine. The new school will expand on the excellent post-baccalaureate and master's programs we have, and prepare doctoral students for diverse careers, both in industry and academic settings.

Similarly, medical education needs to look to the future. Our faculty has continuously engaged in creative work in pedagogy and experiential learning. Now we will explore how we may best shape the curriculum to prepare new generations of physicians for a changing health care environment. I believe we will be leaders in this effort. At the same time, you can be sure we will hold fast to our values. We are very proud both of our roots and of what we are today, as the articles in this issue show.

The alumni of our legacy schools and our more recent graduates are leaders in so many areas of medicine, research, education and service; I believe you are the very best role models and mentors for our students. I hope you will take the time to read about the people and programs with whom you are familiar, to learn about those that are new, and then to visit the campus and meet today's students.

Cordially,



Daniel V. Schidlow, MD
Walter H. and Leonore Annenberg Dean
Senior Vice President of Medical Affairs





The Art of Investigation:

Jim Greipp

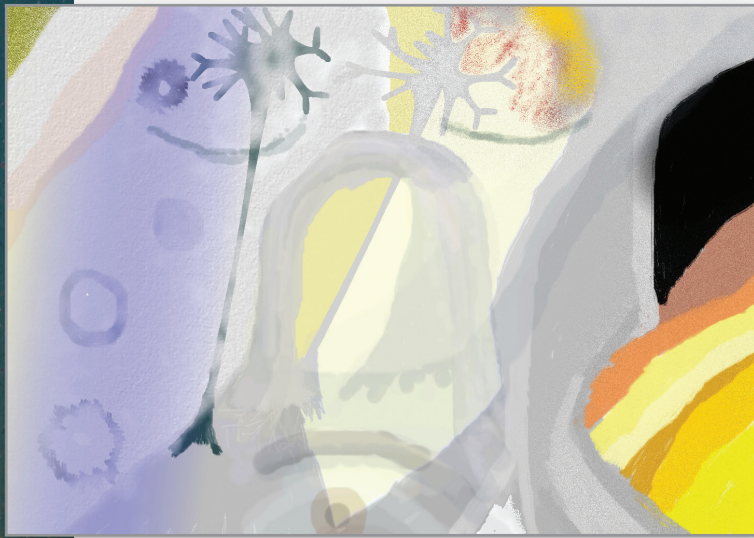
BOTROS SHENODA MD, MSC

By Catherine McCorkle

Describing his creation Rheumatoid, Botros Shenoda says, "Red pain is everywhere." Understanding mechanisms and pathways in clinical states of pain is the goal of his lab work.

One has to wonder if doctoral candidate Botros Benjamin Kostandy Shenoda, MD, MSc, is a physician dabbling in art, or an artist who happened to pursue a medical career. Shenoda, a second-year student in the College of Medicine's Pharmacology and Physiology Department, sees the world differently from most. "In order to be an investigator, you have to see what others can't see," he asserts. A globe-trotting scholar, Shenoda has found a home at Drexel from which to continue his quest for knowledge and his pursuit of medical secrets.

Shenoda was born in Assiut, Egypt, the middle of three children, to a physician mother and engineer father. Even in high school, Shenoda was interested in solving big problems. When it came time to choose among Egypt's elite universities, he selected one in which he could pursue a medical career. Although he didn't realize it then, he says, "the reason I joined medicine [was there are] problems that need somebody to solve them."



Shenoda explains We Are Born Old: "All that we have will end in gray — vessels, hair, eyes, brain. Or it may be gray from the start, and what we have right now is just a temporary discoloration. This is why I think that we might be born old. Are we? We don't know (closed eyes), but we may realize this late in life (open eye on the bottom)."

“Artists can see what others can't see. I don't see a difference between the doctor, the researcher, and the artist. The three are investigators. The three can see what others cannot see.”

Once in medical school at Assiut University, Shenoda became fascinated with the nervous system as well as its reactions to various drugs. He thought, “Maybe one day I can find a drug that can play on the stage of the nervous system and help us with something we can't treat.” He became particularly interested in the behavioral and pharmacological aspects of pain. Always thinking like an investigator, he can say, “Pain is my friend.”

After he earned his medical degree, Shenoda pursued his master of science in pharmacology, focusing on analgesics. He juggled his coursework with teaching at his medical alma mater and completed a five-year residency in an intensive care unit. By this time, he also had a wife and young son. But Shenoda was not satisfied. “This was not the end,” he says of his accomplishments. “If you want to do strong research, you have to come to the U.S.”

Encouraged to apply for a Fulbright Scholarship, Shenoda won the prestigious award in 2012. The Fulbright committee instructed him to research American universities and decide where to pursue his education. He chose Drexel University College of Medicine.

From his first Skype interview with the pharmacology faculty, Shenoda says, he was impressed with the College, and felt he could be very happy in the department. The College has been welcoming to him and his family, helping greatly with their international transition.

The culture overall is very open to diversity, Shenoda says, and several nationalities are represented in his department. “American society, American culture allows us to work in harmony,” Shenoda explains. “It's like an orchestra — [different instruments] all are playing the same theme, although everybody has their own sound.”

In the laboratory of Seena Ajit, where Shenoda works, the theme is pain, or more accurately, the study of pain and pain relief at the molecular level.

Shenoda's goal in the lab is to “understand mechanisms and pathways in clinical states of pain” by studying complex regional pain syndrome. If the lab can create a hypothesis about CRPS, he says, then the scientists “can think about therapy. When you know what is going on, you know where you're going to attack the disease — you can build your drug. You can't attack something you don't know.”

Ways of Knowing

Shenoda's hobbies speak to this desire to know more, to fully explore the many facets in which a disease or problem may reveal itself. One of his main interests is putting his thoughts “into colors.” He explains, “I'm not an artist, and I can't claim to be an artist. I just know how to put my ideas in colors.”

Using his computer, Shenoda represents diseases such as rheumatoid arthritis or Alzheimer's disease. The “problems” assume a color and intensity as well as shape. At the end of the process, he has a stunning visual representation of the mysterious disease or knotty problem. Shenoda sees his professional calling as interwoven with his art. “Artists can see what others can't see. I don't see a difference between the doctor, the researcher, and the artist. The three are investigators. The three can see what others cannot see.”

As for his long-term goals, Shenoda laughs. “My long-term goals have no end,” he says. “My main goal is to know more. I know that I won't get everything, but I'd like to know as much as I can, investigate as much as I can. When I stop dreaming, then I am done.”

Hundreds of College of Medicine alumni have served in the military. The noun *military* is monolithic and anonymous, but the experience of the military is singular. There are as many different stories as there are alumni to tell them.

Yet certain themes emerge: camaraderie; pride; joy in service; and, most surprising to the civilian, tremendous gratitude.

Military medicine combines the values of two honorable professions — physician and officer, notes Zachary Hoffer, MD '08 (right). "I take very seriously the responsibilities and values of these two professions, and I try my best to live up to the oaths I've taken that are central to each one: the Oath of Hippocrates, and the Oath of Office," Hoffer says. "I'm proud to have been granted the privilege to take and practice the tenets of these oaths each day."

Here, a dozen alumni who have served — some during peace, some during war — share their experiences in their own words.



Ron Wurzer

ZACHARY HOFFER, MD '08

Zachary Hoffer, MD '08, is a captain in the U.S. Army Medical Corps at Madigan Army Medical Center near Seattle. He is currently finishing the second year of a two-year neuropathology training program at the University of Washington and Harborview Medical Center.

I joined the military for several reasons. First, my family has a history of military service, and on my father's side I'm a third-generation officer. My paternal grandfather was a major in the Army during World War II, and my father (R. Scott Hoffer, MD, HU '76) was a psychiatrist in the Army from 1976 until 1985, also attaining the rank of major. After September 11, I felt a strong urge to serve this country, and the Health Professions Scholarship Program gave me the opportunity to do that. (I always advise students interested in military medicine to consider the broader implications of the scholarship; that is, to serve as an officer practicing military medicine with possible combat deployment and frequent relocations.)

At the end of the first year of medical

school, I attended Officer Basic Leadership Course for six weeks with a number of my classmates. My third and fourth years were punctuated by rotations at Army hospitals. Then, a month after graduation, I arrived at Ft. Lewis, Washington, to begin my residency in pathology at Madigan Army Medical Center.

My interest in neuropathology began during my PhD training in neuroscience [prior to medical school]. The neuropathology fellowship is a rigorous program, and I have seen a wide variety of unusual neuropathological diseases. The first year was entirely clinical; the second year is divided between basic science research and the neurodegeneration service. My basic science research is focused on finding blood biomarkers diagnostic of mild and

moderate traumatic brain injury. As you can imagine, the Army is quite interested in this.

My experience in military medicine has affected me on multiple levels. Obviously, seeing young men and women with war injuries is disturbing, especially because the severity of the injuries is so much worse than those commonly encountered in civilian medicine. During my time on transfusion medicine, I saw these injuries firsthand; and as a medical student on neurosurgery service at Walter Reed, I saw the wounded soldiers only days after they were hurt, and those are images I'll never forget.

Military medicine has deepened the meaning of words like *honor*, *duty*, *service* and *courage*. Although I plan on making a career of military medicine, someday I'll be a civilian again. When that day comes, I take with me the diagnostic skills of a trained neuropathologist, the leadership skills of a senior Army officer, the values of the Army, and the satisfaction of having served my country.



FRANK L. MILLER, MD, HU '41

Frank L. Miller, MD, HU '41, who turned 99 on December 15, was a frontline battle surgeon in World War II, assigned to the 104th Infantry Division "Timberwolves," which saw nearly 200 days of fighting in northwestern Europe. Miller, newly married, enlisted at the age of 28. He received Silver and Bronze Stars, and was recommended for the Medal of Honor up to the highest levels, where it was determined that because he was not a fighting man, he was not eligible.

The day I graduated from medical school I was made a first lieutenant in the Medical Corps. [After combat medic training, in 1942 it was off to war. After docking in Cherbourg, the first battalion to reach the coast of France,] we joined the Canadian and the British armies in helping liberate Belgium and Holland. Our divisions were attached to them.

[From there the Timberwolves moved on to North Rhine-Westphalia, Germany.] Then we really started to participate in quite a few battles until we got to the Rhine River. [In one action], all hell broke loose and artillery were firing all around. This soldier was in an inn where the troops were getting ready to attack and I had to amputate his foot. There were shells all over the place. We had to do what we could to patch them up.

I went up the street and told the Colonel I was going to set up an aid station, when a shell came into the middle of the street, killed the Colonel, wounded another soldier behind me, and I wasn't touched at all. I was just lucky. [The Silver Star was awarded for Miller's "complete disregard for his personal safety ... in the face of intense artillery barrage."]

Excerpts from "Battlefield Memories Recalled by Whitpain Area Veteran" by Gary Puleo (Times Herald, Dec. 9, 2013)



Adrianna Hoff/Times Herald Staff



KELLY LYNN MCCOY, MD, HU '98

Kelly Lynn McCoy, MD, HU '98, is a surgeon in the Division of Endocrine Surgery and the Division of Surgical Oncology at UPMC and an assistant professor of surgery at the University of Pittsburgh. Her father was in the Air Force, her uncle was in the Navy, and her aunt was one of the original Navy Waves.

I was in the Navy for 12 years. After medical school at Hahnemann, I trained at the National Naval Medical Center in Bethesda, Md., in general surgery. I spent nine of my active duty years at Bethesda, two at Naval Hospital Naples, Italy, and one year in Pittsburgh completing an endocrine surgery fellowship.

In 2008, I deployed to Al Anbar Province with the 1st Medical Battalion in support of the Marines. Beyond the outstanding surgical training I received and the camaraderie unique to the military, the time spent in Iraq caring for our injured Marines was one of the most profound periods of my life. It was an honor to serve alongside the Marines, who willingly sacrifice everything, expecting little in return.

My Navy training left me with an amazing sense of pride and unique surgical skills and confidence that have shaped my practice today. Ultimately, when I reflect on my career, my Navy years will be some of my most proud memories.

THOMAS A. ROZANSKI, MD, HU '83

Thomas A. Rozanski, MD, HU '83, retired from the Army with the rank of colonel in 2004. He is a practicing urologist and a professor in the Department of Urology at the University of Texas Health Science Center at San Antonio. His father is Thomas Rozanski Sr. (below).

My experiences as a soldier in the U.S. Army for 21 years significantly shaped the person, physician, husband, father and educator that I am today. I lived a military career filled with opportunity. My family lived in Washington, Germany, Hawaii, Michigan and Texas.



After graduating from Hahnemann, I completed a urology residency in Tacoma, Washington. I spent a year of fellowship training at the University of Michigan, participated in surgical mission trips to Honduras and Samoa, and served as a urology residency program director and as the urology consultant to the Army Surgeon General.

Most military careers include deployments, and mine was no exception. I served tours in Bosnia, Kuwait, Afghanistan and Iraq. These experiences provided leadership, surgical and personal challenges and opportunities. I worked with dedicated and committed comrades and delivered care to a most deserving group of young American heroes.

What did I learn and appreciate during my military career? To work hard and lead by example, and to be flexible, opportunistic, efficient, proud and thankful. The unique camaraderie and teamwork shared in a military unit is unlike any other medical environment. My heartfelt thanks go out to all of the other Hahnemann graduates and families who served and are now serving in our military.

THOMAS ROZANSKI SR., MD, HU '56

Thomas Rozanski Sr., MD, HU '56, served in the U.S. Army for 11 years from 1957 through 1968. He practices ophthalmology in South Jersey. He swore his son (above) into the Army in 1979.

I joined the Army as a captain and served at bases in Texas and Georgia before deciding to specialize in ophthalmology. I applied to the Army's largest ophthalmology residency program at Walter Reed Army Medical Center in 1959, and was fortunate to be one of only two residents accepted that year. After completing my residency in 1962, I was assigned to Landstuhl Regional Medical Center in Germany, where I became chief of ophthalmology and was promoted to lieutenant colonel. When I returned to the States in 1966, I ran the ophthalmology department at Fort Dix, New Jersey, until 1968 when I decided to leave the service for private practice.

I think it would be good for our country if everyone had the experience of serving in the military for two years. You learn the importance of values such as loyalty and discipline, and you benefit in many other ways.

My wife and I have wonderful memories of traveling all over Europe in our red VW bug with our three little children. Although the Cold War was in full force, we visited a few of the communist countries such as Czechoslovakia and East Germany. We often stayed overnight with local people who rented rooms in their homes, which gave us the chance to get to know them and appreciate their culture. It was a once-in-a-lifetime opportunity.

My military service enabled me to build a successful career in medicine. Now I'm almost 83, I still practice three days a week, and I still enjoy it!



RAJ S. AMBAY, MD '02

Raj S. Ambay, MD '02, a plastic surgeon in private practice and U.S. Army reservist since 1997, has been deployed twice to Iraq, where he served as a trauma surgeon. In April 2014, he will deploy to Afghanistan with a forward surgical team on the front line at the Afghan/Pakistan border.

During my last deployment in Iraq, I traveled from village to village with an Army Green Beret unit. I'm usually the first person the soldiers see after they're injured. In that moment, I only think about one thing: I have a mission and that is to take care of these soldiers and help them get back home.

My deployments have given me a new appreciation for my wife, Aparna, who is also a 2002 graduate of the College, and our daughter. I also have a renewed appreciation for the freedoms we take for granted in the U.S. — things we do without thinking, such as going to the market. Iraqis do this with great trepidation and sometimes even risk to their lives. They never know when a bomb or IED will detonate or an insurgent will threaten them with bodily harm.

Through my military experiences, I found the meaning of my life. I became more religious, I spend more time with my family, and I cherish friendships I once took for granted. I now provide care at the VA Hospital in Tampa, Florida, where many of my patients have lost limbs during deployments to Iraq and Afghanistan. It is very rewarding to help some of them as a member of the Johns Hopkins limb transplant team. Just as important, because of my own deployments, I can connect with them in a very special way that goes beyond being their physician.

LANCE HENNINGER, MD '05

Lance Henninger, MD '05, a lieutenant commander in the Navy, is serving as the senior medical officer and ER physician at the U.S. Naval Hospital Okinawa, following a deployment to Helmand Province, Afghanistan.

Deployment finished in August and we safely navigated the two-week trip home from our little base at Combat Outpost Shukvani. We ended up having some 400 patient encounters, with more than 70 being level 1 traumas. Hopefully, deployments like that will not be needed in the future as this war thankfully comes to an end.

I joined the Navy for two reasons: a desire to serve and to help pay for medical school. I initially received a commission to the Air Force Academy but chose Drexel with a Navy scholarship instead. After internship at Naval Medical Center San Diego, I went to flight school and became a flight surgeon with the Marines in Okinawa. After three years there, I returned to San Diego for my ER residency, and was lucky enough to be stationed back in Okinawa as a staff ER physician.

I got ticketed for an Operation Enduring Freedom deployment with Charlie Surgical Company of Combat Logistics Regiment 2 in the fall of 2012. Ironically, the ER doctor I took over for, Christal Young, is also a Drexel alum, and my part of the tent had boxes addressed to David Streets, my old Drexel roommate. Looks like the College is pulling its weight over there!

Being a Navy physician has its ups and downs, and time away from my wife was definitely not easy. But we get reminded how much we are needed and how satisfying our work can be. We had a mass casualty at our shock trauma platoon after an IED blast. Watching injured U.S. Marines coming in screaming in pain is much harder than civilian trauma for me. They look younger every year I stay active duty. Taking a Marine's pain away and telling him he was not going to lose his legs from his injuries was one of the most satisfying things I did that year.

This war isn't a huge headline grabber anymore, but Americans are still going outside the wire every day trying to make a difference, some not making it back to their families. For that reason most days I'd do this job for free. America truly is a blessed place to live and that can only be appreciated when you see the lack of freedoms and opportunities available outside the protection of our democracy.



ELIZABETH H. EDMUNDS, MD, MCP '75

Elizabeth Edmunds, MD, MCP '75, retired as a part-time family physician at Healthways Family Medical Center in Exeter Township, Pennsylvania. After high school, Edmunds joined the Sisters of Mercy and taught both high school and college, while earning her bachelor's and master's degrees in chemistry. She left the convent while on active duty in 1978.

I was in the convent while attending medical school and had to work to support myself. That was becoming very hard to do and keep up with my studies, so I applied for a Navy scholarship at Christmas of sophomore year. I got a scholarship for my last two years, and in 1973, I became the first Roman Catholic nun to be commissioned in the Navy Medical Corps. At the time, there were fewer than 100 female physicians in the Navy, and I had to have an exemption to join since I was older than 30.

I served two years' active duty after my residency. My assignment was to teach family practice residents at the Naval Hospital in Pensacola, Florida. In addition to teaching, we had our own panel of patients. My experience there was superb. I had the good fortune to work with some excellent physicians who worked together well and were willing to share the wealth of their experience. Being military gave me the chance to see diseases and problems I would never have seen otherwise.

I stayed in the Reserves for another 10 years after my active duty and retired in 1990 with the rank of Commander. The experience of being in the Navy was very enriching for me both professionally and personally.

WENDY SCHOFER, MD, MCPHU '01

Wendy Schofer, MD, MCPHU '01, a pediatrician, and her husband, Joel Schofer, MD, graduated from medical school together and went into the Navy for residency. Joel is on active duty at Naval Medical Center Portsmouth. Wendy has transitioned to the Navy Selected Reserve with the rank of commander. She is a general medical officer with the 4th Marine Logistics Group.

When it was time for me to consider pursuing medicine, I heard about the Health Professions Scholarship Program. I applied to the Air Force and the Navy. I really hit it off with the Navy recruiter and I had a couple of friends who were going into the Navy at the same time so it seemed to be a fit. One of those friends turned out to be my future husband, so that kind of made a fit too.



Counting my residency, I was on active duty for seven years, two months. Joel and I were willing to go just about anywhere we could be located together. He's an emergency physician, and for a pediatrician there are a lot of places you can go. We were stationed in California and in Okinawa. Eventually, it wasn't working out so well for both of us to be on active duty. We had had children along the way and we didn't want to be deployable at the same time.

So I left the service. And I realized within the first couple of months that I missed it terribly — I felt like a fish completely out of water — so I started pursuing getting back in through the reserves.

Part of what I missed was the camaraderie. Everyone I worked with was completely different, but we had all been through similar experiences so we could relate on a particular level. We have such broad differences in our backgrounds, and it is neat how that contributes to the well-rounded nature of a unit. The corpsmen that I work with are usually people who enlisted right out of high school, went to their corps school, and got assigned with our unit. They're pretty new to medicine and I get to teach them so much.

Reserve time is one weekend a month and two weeks over the course of the year for a consolidated training. This year I'm hoping to go to Hawaii for one of the innovative readiness training programs. In these exercises, we go off to a location within the state but in an underserved area, so we can set up and work as a unit, but we are actually providing care to the people in the area. I hear there is a really tremendous need out there.

It reminds me of my deployment with the [Navy hospital ship] *Mercy*. I was stationed in California, and after the tsunami in December 2004, there was another earthquake in Indonesia in March 2005, which a lot of people don't know about. The *Mercy* was on its way home to San Diego from Indonesia and actually turned back around, but it had to be restaffed, and I was part of that group. On our way home, we stopped in different locations — in Papua New Guinea, for example — and you'd have people lined up and they were just waiting to see the American doctors.

When I got off of active duty, I got to look around and think "what do I want to do when I grow up?" What I did initially was test the waters. I did some locum pediatrics, and it quickly taught me which practices I liked and which ones I wanted to stay far away from. The funny thing is that after all is said and done, my civilian job is back at the naval hospital. I am not deployable in my civilian job, of course, and now I have part-time status so I can be around for the kids. My husband still has those active duty hours. But I get to work with families that I love — the dependents of active duty military.



Returning from deployment, Eric Farabaugh is met at BWI Airport by his wife, Dana Farabaugh, MD '03, an associate professor at the College of Medicine, and their sons.

ERIC A. FARABAUGH, MD '03

Eric A. Farabaugh, MD '03, assistant professor of emergency medicine at the College, and lieutenant commander, U.S. Navy Reserve, was deployed to Afghanistan in 2013, where he served as a trauma team leader with NATO Role 3 Multinational Medical Unit at Kandahar Airfield.

The best part of serving in the military is having the opportunity to care for the men and women of our armed services who put themselves in harm's way to provide us with the peace and security that we enjoy every day. These service members experience devastating injuries. I take great pride in being a part of a medical system that provides them with the best medical care available.

My experience reinforced for me that working and caring for a group of people who have a high sense of morals, a devotion to duty, and a commitment to sacrifice for the greater good is rewarding. I learned that my young sons are resilient and are able to overcome adversity. It was not easy to be deployed and away from home, but I hope that my sons have learned that sometimes we are asked to do things that aren't easy or convenient but, if necessary, you pick yourself up and do it.

I remain in the Navy Reserve because I enjoy working with the people and [performing] service beyond myself, and I feel it's my duty as an American to give back to the country as a whole.



TODD STAMATAKOS, MD '12

Todd Stamatakos, MD '12, is a resident in anesthesiology at Georgetown. He served on active duty in the U.S. Air Force for four years and then four more years in the Texas and New Jersey Air National Guard during college at the University of Texas in San Antonio and Rutgers University, respectively. He participated in Operation Northern Watch (Turkey, 2002), Operation Noble Eagle (Texas, New Jersey), and Operation Iraqi Freedom (Qatar, 2003).

I chose to attend medical school after I learned what a hard day's work was turning wrenches on airplanes. It's a cliché to say, but I was always interested in medicine. But as one of four children, I knew I was going to need help financing my education. The military helped provide that opportunity. My parents told me halfway through medical school that when I was a child, the staff at my pediatrician's office would schedule extra time because my appointments always ran late with me asking my doctor curious questions about medicine. I guess the fascination was always there and the military gave me a means to find out more through schooling.

I decided to go into the military partly because I knew I needed to do some growing up. I wasn't entirely sure if I was ready to sit down and commit to college. I was inclined to go into something on the medical side, but the recruiter said there weren't any slots. They told me I could wait eight months to go into something medically related or go into an open mechanical slot. I ended up being an F-16 mechanic or crew chief. If you had told me before that I would work 12 hours, 14 hours a day, I would have said no way. But it really taught me what a hard day's work was. I actually had a great time working those kinds of hours because I worked with a great group of people.

The camaraderie in the military is much akin to what it's like in medical school, and that's one of the things I really appreciated. The struggles you go through in the military, whether it's just horrible weather, or some kind of disaster like 9/11 or having to be deployed for a war, make you very close to the people around you. It's something you notice after the dust settles. It's sort of the same thing with medicine. You're constantly being challenged, and it's very humbling at times. The pressure to succeed is tremendous. But, again, once the dust settles, you say wow, I made it through, and look what I have to show for it — I've got these people that are just like my brothers and sisters.

After four years, I thought I'll just try college, and if I don't like it, I can always go back to the military; I'm well trained. So I switched over to the National Guard and I set up my VA program to help me pay for my school. Medicine was still intriguing to me, so I decided to go for biology.

I think being in the military and knowing what I did to earn the benefits I got through the VA made me that much more dedicated to my studies. That was one of the crazy things about the job I ended up doing in the Air Force. At 19 years old, I was in charge of a \$60 million airplane and someone else's life. If I missed something on an inspection and the plane crashed ... that was a lot to think about. Fast forward to medicine — I think having that responsibility at an early point helped me to manage responsibility and be accountable.

View video interview at [youtube.com/drexelmedicine](https://www.youtube.com/drexelmedicine) (search Stamatakos).

MICHAEL STAMATAKOS, MD, HU '53

Michael Stamatakos, MD, HU '53, a retired radiologist, spent his entire post-military career at Sacred Heart Hospital in Allentown, Pennsylvania, which last year named a wing for him. Like his grandson Todd, he served in the military before going to medical school. Todd asked his grandfather for some thoughts on his service.

Grandpa Doc, as we call him, served in the U.S. Army for three years, 1943–1946, in the Pacific. He was stationed in the Philippines near Tacloban. He was selected to be a Chinese linguist to assist in deciphering Japanese coded radio transmissions. Chinese seems unusual, but he says it was because they couldn't use Morse code in Japanese so they used Chinese instead.



Michael (left) and Todd Stamatakos

He says his experience in the Pacific made him "want to get home." Secondly, his military service made him eligible to use the GI Bill to fund his medical schooling and he states that had it not been for this opportunity, he most likely would not have gone into medicine and the career that he loved.

He was tickled when I told him I wanted to go into medicine. He was there to cloak me in my white coat, and four years later, he came to graduation.

Determination, Hard Work, and the Right Values:

By Catherine McCorkle

There is no magic formula for success, according to David O. Volpi, MD, HU '82. Dr. Volpi has enjoyed remarkable success in several fields, as an otolaryngologist and an entrepreneur. He attributes these accomplishments to determination, hard work, and the right values – values that he learned from his parents, Orlando and Jean Volpi.

"I love what I do," Volpi says. As an ear, nose and throat doctor, he sees a wide range of patients, from young children to the elderly, for medical care. Recently, he treated a 24-year-old patient with a chronic sinus problem; Volpi remembers putting ear tubes in the young man when he was 2. Volpi also performs many different types of surgery. "If you like doing surgery, [ENT] is a thrilling thing," he observes. Other aspects of his professional life bring a similar challenge and satisfaction.

"I love medicine. I love surgery. But I enjoy business also," Volpi says. He has always been an entrepreneur, creating and selling several successful businesses while maintaining his practice. His most recent venture is as the founder of eOs Sleep®, a network of specialized otolaryngologists and dentists who treat snoring and sleep apnea. The group now has 22 offices across the country.

While not all of Volpi's businesses have been in medicine, this one allows him to marry his two interests. "I work hard. I work a lot," he says. "But I enjoy doing this kind of stuff!"

Time management is essential as Volpi juggles his multiple roles and responsibilities. He explains, "When I'm practicing, I'm practicing. When I'm doing surgery, I'm doing surgery. And when I'm running the business, I'm running the business. It's like anything else — you've got to manage your time properly." In addition to time management, Volpi also identifies assembling the right team as a vital component of his success.

The first person he credits is his wife of 26 years,

Deborah, a pediatric dentist. "To have somebody go through life with me, and support all these crazy ideas I come up with, and allow me the latitude to pursue them is important. I wouldn't be able to do it without her."

Volpi himself is a vital team member of the College of Medicine's alumni network. In recent years, he has become very involved with the school, including serving as a member of the Alumni Board. He credits Drexel University for breathing new life into his alma mater and getting him "re-energized" about the school. "[Hahnemann] really is what it used to be, just with a different name," he says. Volpi's son, Alexander, is in his second year at the College of Medicine, making his father "even more invested" in the school, as well as bringing him to campus more frequently.

Volpi is proud and appreciative of his family. He is also deeply indebted to his parents. "I feel like I owe everything to them," he says. As testament to this, Volpi has created a need-based scholarship in their honor. "All the good things I learned, I learned from my parents. [The Orlando and Jean Volpi Scholarship] is a way to honor them in perpetuity."

From an early age, Volpi knew he wanted to be a doctor. When he was around 5 years old, his younger sister became very sick. There was only one doctor in their small town of Belle Vernon, Pennsylvania, and he became a regular presence in the family home. In Volpi's eyes, "this guy came to our house and made my sister feel better. I thought that it would be pretty cool to be able to do that." Being a physician and helping people was the "only thing I thought I would ever do," he says.

Despite his determination, it was not certain that Volpi would become a doctor. In his world, "kids from small towns went to work in the steel mill," he explains. "That's what they did. College wasn't even something that was discussed." Volpi knew, however, that he wanted something different. "I just kept plowing ahead," he says.

After earning his undergraduate degree from Penn

State, he was accepted into medical school at Hahnemann University. The day of his acceptance remains a vivid memory for Volpi. "When I got in to medical school, my Dad couldn't have been prouder. It was a shining moment in his life. It was for me, too."

Volpi has fond memories of his time at Hahnemann. He recalls the hospital as a dynamic place, a "cutting-edge institution." He began his residency in general surgery at the Medical College of Pennsylvania, with the eventual goal of becoming a cardiac surgeon. But Dr. David Wagner, a pediatric surgeon at MCP [who was soon to become chair of emergency medicine], encouraged him to take some time, work as an ER doctor, and decide on his specialty from there. That's when Volpi became interested in otolaryngology. He

went on to a residency in otolaryngology-head and neck surgery and has had his own practice in New York City for more than 20 years.

For Volpi, whatever he has accomplished harkens back to the example he learned from his parents as a child in Belle Vernon, an ethic he also wants to pass along to his own children. "It's all about hard work," he says.

"I started from this little town in Western Pennsylvania with parents that maybe made \$12,000 to \$13,000 a year in a house with four kids," Volpi observes. "I feel like with determination, hard work, and the right values, I was able to achieve a tremendous amount in this world. You very rarely get something if you're not willing to put the time and effort in."

David O. Volpi, MD, HU '82

Savaria Photography



David Volpi cloaked his son, Alexander, at the 2012 White Coat Ceremony. "The day he got in to medical school was almost as emotional as the day I got in," Volpi says.

NEW GRADUATE SCHOOL

By Nancy West

FOCUSES ON CAREER DIVERSITY

Founding Dean Elisabeth Van Bockstaele, PhD, has one overriding goal for the College of Medicine's new Graduate School of Biomedical Sciences and Professional Studies. She wants every graduate student to be able to launch their careers immediately once they receive their degrees, well equipped with skill sets that ensure success in nonacademic as well as academic health science institutions.

This goal has been driving an avalanche of initiatives since Van Bockstaele came on board in September 2013, following an illustrious 17-year career at Jefferson Medical College, where she was founding director of the graduate program in neuroscience.

"I was drawn to Drexel because of the University's reputation for innovation and focus on results — employment for graduates through its well-known co-op system," says Van Bockstaele. "Drexel is very career oriented. The money you spend to obtain a degree at Drexel provides incredible return on investment because the moment you walk across the stage and receive your diploma, you are marketable. We have a responsibility as educators to make that happen."

Careers Beyond the Bench

Van Bockstaele intends to build on the College's outstanding biomedical and professional studies programs, shaping them for an innovative 21st-century graduate education geared to the growing diversity of career choices in the sciences.

She has already launched a committee to plan "Careers Beyond the Bench," a symposium to be held in fall 2014 for midlevel and senior graduate students and postdoctoral fellows. The innovative half-day program will focus on nonacademic careers in the health sciences, discussing skill sets needed in those careers and employment opportunities.

The idea for this symposium was informed by the National Institutes of Health Biomedical Workforce Report published in 2012. "The report was sobering," notes Van Bockstaele. "It indicated that there probably wouldn't be enough tenure track positions to accommodate the plethora of PhDs that we were training for academic settings. It also indicated that academic institutions may need to broaden student experiences in science and training to accommodate different job prospects.

"The NIH findings allow academic institutions to realize that success in graduate studies is not solely dictated by one academic career track," she continues. "Our success is dictated by accomplishments in multiple areas of science and our ability to train our students to achieve various professional goals."

Van Bockstaele is quick to add that it is also extremely important to train students to be successful in academia. "We plan to offer our career symposium annually," she relates, "and our planning committee may alternate the focus between academic and nonacademic careers every other year."

Another goal of the symposium is to create a "success network" by affording students the opportunity to network with participants from business and industry. "This will give them the opportunity to hear firsthand about career paths they may never have considered or even knew existed," observes Van Bockstaele. "Having the face-to-face opportunity to listen to other people's personal stories about how their careers unfolded is invaluable."



Jim Greipp



Dean Van Bockstaele plans to expand on the College's graduate programs with a data-driven approach so that students are prepared for the growing diversity of academic and nonacademic career choices.

"This also points out the critical need for mentorship as an ongoing process," she continues. "Students might not know how to adjust in the middle of their training for another career possibility. Our faculty has a responsibility to listen to the students they are mentoring and address their professional goals continuously, and they are committed and passionate about this."

Crafting the Curriculum

The new graduate school has begun a strategic planning process with a major emphasis on designing new master's degree programs with specific targets for employment. To inform this effort, the school plans to create an advisory board of leaders from biomedical companies in the region who will share their vision for the needs of their companies in the next five years.

"This will enable us to ensure that our training programs are crafted to meet the needs of these companies so they, in turn, will know that a Drexel graduate will bring the skills needed to do the job for their company," explains Van Bockstaele.

One such program is the recently created master's program in drug discovery and development directed by Paul McGonigle, PhD, which provides students with management courses and the opportunity to pursue internships in industry, where they can learn what is required to be successful in that environment.

Two other degree programs currently being developed include a master's in patent agency, led by Karen "Chava" Hurley, PhD, and a master's in human cognition and aging, led by Drs. Barry Waterhouse, Andres Kriete and Karol Osipowicz. "We have solid data showing that law firms are looking for people with patent agency training because they are less expensive to hire than lawyers," notes Van Bockstaele. "We also know that our elderly population is growing, and we need people to work in settings that serve them. We are leveraging the College of Medicine's strength in neuroscience and partnering with the School of Biomedical Engineering, Science and Health Systems; College of Arts and Sciences; and School of Public Health to develop a program to meet that need."

Cross-Disciplinary Collaborations

Cross-disciplinary initiatives are a major emphasis of the new graduate school. To build new collaborations with other Drexel schools, Van Bockstaele has launched a Collaborative Graduate Council, which she co-chairs with Teck-Kah Lim, associate vice provost of the University's Office of Graduate Studies. "Having the ability to brainstorm ideas will be a tremendous force for collaborating and finding ways to do things better," Van Bockstaele says. "We have invited graduate students and postdoctoral fellows to serve on the council, always keeping us informed about issues that are important to them."

"Drexel University has always distinguished itself by being clear about its mission — we want to prepare you for the real world. That is my goal for the new graduate school," concludes Van Bockstaele. "The energy on campus is palpable and we're excited about the possibilities that lie ahead."

By Catherine McCorkle

PASS IT ON:

For Sarita Gopal, MD, MCP '88; Residency, MCP '92, her job as an obstetrician/gynecologist is a calling; she is passionate about the level of care she provides to her patients. Since she believes the physician's obligation to take care of people extends beyond the doctor's office, her fellow alums and future generations of physicians have benefited from her professional generosity as well. Gopal thinks it is essential for a physician to "pass it on."

Gopal arrived at the Medical College of Pennsylvania from Pittsburgh after hearing a friend, Marcela Böhm-Vélez, MD '81, rave about her own experience. "I thought, '[MCP] sounds wonderful.'" Once there, Gopal realized that she wanted to pursue obstetrics/gynecology, though she tried to dissuade herself from it at first. "It's hard to have a life, and have a family, and be an ob/gyn," she says. Her significant other, now her husband, reassured her. If obstetrics was her calling, he said, "We can make this work."

Make it work they have. Gopal has been at the same practice in Fairfax, Virginia,

since completing her residency, and she and her husband have two children. "It has been fabulous," she says of the past 20-plus years.

Gopal's colleagues at Greenbriar Ob/Gyn and Inova Fair Oaks Hospital, where she has held several leadership positions, recognize her skills, and *Washingtonian Magazine* has listed her as a top doctor. Still, the opinion that matters most to Gopal is that of her patients.

"I love that I've known [patients] for 20 years," she says. Because of their relationship, Gopal feels her patients ultimately appreciate her advice, even when they receive direction they would prefer not to follow. "It comes down to a question of whether [patients] trust you enough," she says. "They know you have their best interest at heart. My favorite thing is that my patients know I do. They know what I'm about."

Gopal cherishes her time at MCP, praising both the professional wisdom passed on by the instructors and the environment of personal empowerment. The "big picture" was always in focus,

no matter what the specific course or lesson, Gopal says. Her instructors kept the real world and the patient at the forefront of their message.

She remembers a pharmacology professor mentioning that Tagamet, which had to be taken daily, cost more than \$1 a pill. The professor, Charles Puglia, PhD, emphasized to his students that there would be a real person taking the drug; they had to think about how this would affect the patient's life, even from a financial perspective. "I don't think that's something you would have gotten anywhere else," Gopal observes.

She recalls a similar experience during her residency at MCP. When Gopal was performing her first C-section, her instructor, Dorothy Barbo, MD, said to her, "Make sure you make that line straight. That woman's going to live with that scar for the rest of her life." This ethos prevailed throughout medical school and residency. "There was never a loss of focus on the patient," Gopal attests.

Gopal also appreciates the lived example of so many of her instructors.



Savaria Photography



Sarita Gopal was recognized by Dean Daniel V. Schidlow, MD, for organizing her class's 25th reunion.

SARITA GOPAL

MD,
MCP '88,
RESIDENCY '92

"The best part [of MCP] was having so many women around who had done things," she says. For instance, she remembers that Doris Bartuska, MD (WMC '54), a revered endocrinologist, had six children. "There wasn't ever this question of whether you could have a family and a career," Gopal explains. The attitude was, "Of course you can."

In line with those role models, Gopal became the first female president of the medical staff at Inova Fair Oaks Hospital. She notes that another MCP alum, Mary Schmidt, MD '84, is the first female president of the medical staff at Inova Fairfax Hospital, also in Virginia.

Gopal expresses one regret from her time at MCP: "I wish I had spent more time with my friends there," she says. "These people are really cool!" In that vein, last year she volunteered to coordinate her

25th reunion.

For their reunion, the MCP Class of 1988 created an endowed scholarship for the College of Medicine. Although they fell short of their dollar goal, Gopal is confident they will reach it this year. She understands that some classmates may be unsure about giving since they feel more strongly affiliated with MCP than with Drexel. "The point is to try and help the next generation of physicians," Gopal says. "We can't do it for MCP, so let's go ahead and do it for students at Drexel."

Gopal believes that giving through the endowed scholarship is important for two reasons. First, it is a way to honor the professors "that we loved, and who inspired us and got us through." Second, it is a way to encourage the next generation.

"We want physicians to graduate and take care of us when we get old. So we

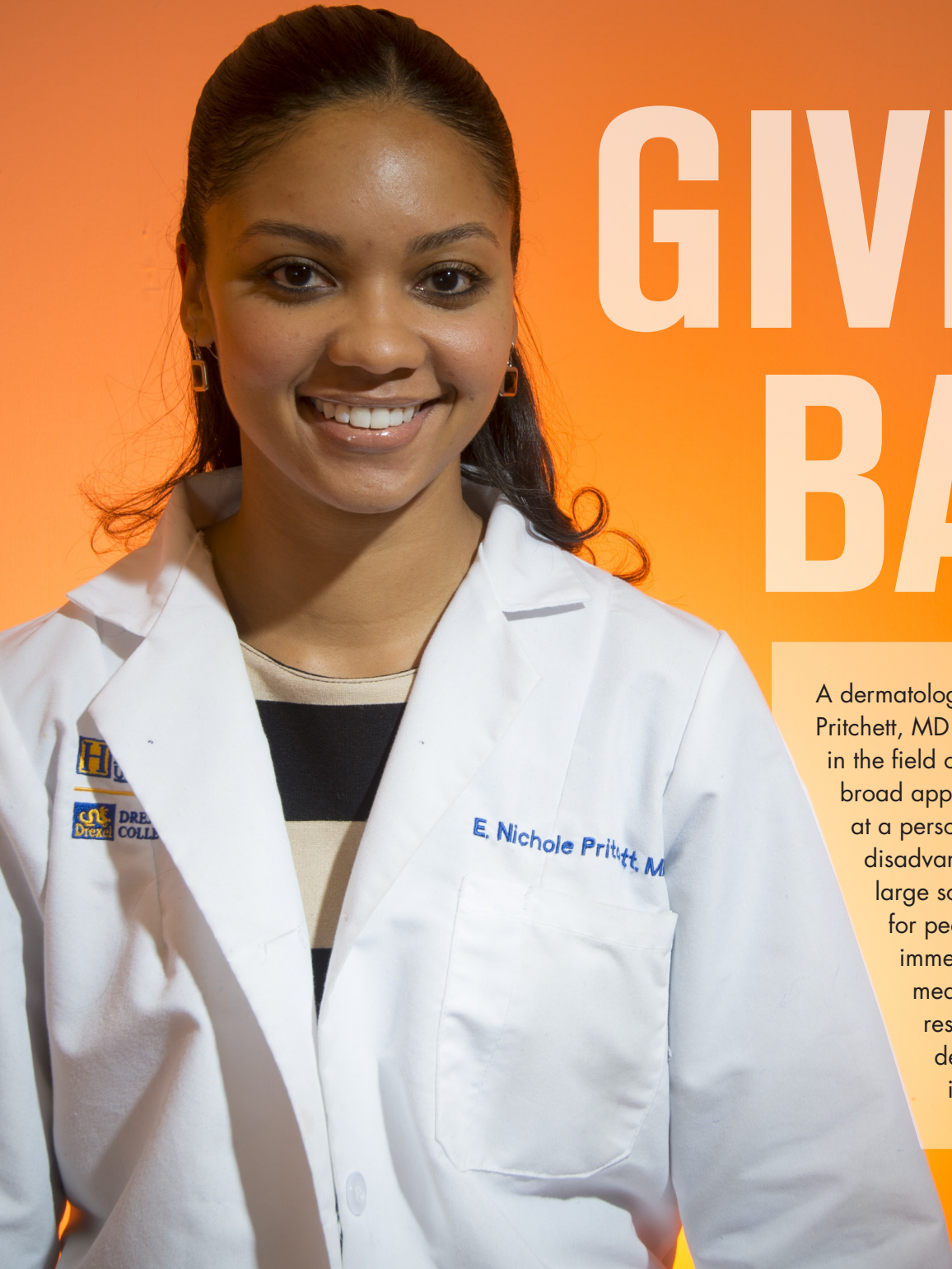
have to help them. It's hard to do it. You need to be the role model. You need to be the financial support. You need to be the emotional support. Intrinsic to being a physician is to pass it on."

According to her mother, Gopal became interested in becoming a physician at the age of 11, when her grandfather died. The girl was "very frustrated" by his death, believing that if her grandfather had had better access to doctors, he would have lived. Her mother identifies that painful experience as the moment Gopal "decided to go into medicine and fix things."

Gopal herself says, "I feel like it was such a gift to be able to go into medicine." At the same time, she acknowledges, the life of a physician can be difficult. This is why it is so important, particularly at this stage of her career, to give back and pass it on.



Classmates from 1988 enjoy each other's company at their 25th reunion (l-r): Drs. Leslie Sude, Jean Drew, Todd Lefkoe, Diane Gottlieb, Jeni Orr, David Wertheim, Sarita Gopal, James Dean, Diana Morgenstern, Patty Van Devander, and David Steinman.



GIVING BACK

A dermatologist in training, Ellen (Nikki) Pritchett, MD '11, initially had her heart in the field of public health. For her, this broad approach to medicine resonates at a personal level. She wants to help disadvantaged communities on a large scale. But her desire to care for people in a more intimate, immediate manner led her to medical school. Now a standout resident in the Drexel/Hahnemann dermatology program, Pritchett is pursuing both goals.

NIKKI PRITCHETT, MD

'11, Resident

By Catherine McCorkle

Growing up in New Castle, Delaware, Pritchett had always been interested in science. She was also influenced by two exemplary caregivers: her grandmother, Helen Pritchett, a stay-at-home wife and mother; and the family's primary care physician, whom she describes as amazing.

"What I admired most about our family doctor was his bedside manner and compassion," she says. "He often went beyond what was expected. For example, home visits weren't a regular part of his practice. However, when my grandfather became critically ill and was unable to make it to his office, the doctor visited him at home."

As Pritchett's education continued, she says, she became interested in the "behavioral and social components of health [in conjunction with] caring for disadvantaged communities." This was more than academic curiosity. "I come from an underserved community," she says, "so it stems from that." Pritchett is cognizant of the many opportunities her advanced degrees have provided. Hand-in-hand with pursuing her education was the inherent desire to give back to the community.

For Pritchett, the field of public health seemed like the best avenue to attain her goals. After graduating from the University of Pennsylvania with a degree in the biological basis of behavior, she began working at the Philadelphia Department of Public Health as a disease intervention specialist. In this hands-on role, she enjoyed the personal contact with patients. Pritchett soon went on to pursue her master of public health at Yale.

Armed with her new degree, Pritchett returned to Philadelphia's public health department, assuming various roles in the tuberculosis control program. Adept at her job, she was given more responsibilities: epidemiologist, program coordinator, director of training. But, Pritchett laughs, the more she was promoted through the ranks, the more she realized she didn't want to be distanced from her patients. She enjoyed her work, but she wanted to be more directly involved with those entrusted to her care.

Pritchett enrolled at Drexel University College of

Medicine in 2007. Soon she was leaning toward dermatology. Although medical students are not typically exposed much to dermatology, Pritchett explains that while working at the health department, she had a lot of exposure to skin manifestations of infectious diseases. Once she began her first dermatology rotation, she knew she had found her niche in medicine. The field is "what I could see myself doing," as she puts it. When she graduated, Pritchett received the award for Excellence in Dermatology.

Now in the second year of her dermatology residency, she appreciates both the breadth and depth of her field. "I enjoy dermatology because of the depth of the specialty — incorporating surgical procedures — and the opportunity to care for those of all ages," she explains. "Also, it has the potential to impact patients, because dermatologic conditions can have enormous psychosocial repercussions and adversely affect patients' quality of life. I like that you can actually see the disease process. You can see it resolve and how it progresses."

Throughout her adult life, Pritchett has been aware that her various degrees granted her privileges others may not enjoy, and she is gratified when she can use her education and skills in public service. For example, she was quick to travel to New Orleans in the wake of Hurricane Katrina in 2005. As a volunteer there with the American Red Cross, Pritchett served as an epidemiologist and helped coordinate care for those living in shelters.

During her residency, she has volunteered in an outreach program in which she mentors high school students from underserved communities who are interested in medical careers. The mentors also engage the students in activities such as visiting the Mütter Museum. Pritchett laments that she does not have as much time to devote to the group this year.

Ever grateful for her career and for the life she has been able to build for herself, Pritchett feels a tremendous responsibility to her family and to the larger community. "I feel like I've been given so many opportunities," she says. "I want to give back." That's exactly what she's doing.



Q&A

Today, medical students in the United States graduate with a median level of student loan indebtedness of \$175,000, according to the Association of American Medical Colleges (October 2013). In 2012, the College of Medicine took an innovative step to help students and alumni manage their debt burden and other personal financial issues by creating a new position in the Division of Medical Education: director of financial planning. Michael Clancy, MBA, CFP, CLU, was appointed to fulfill this important role, bringing a wealth of experience in financial planning, banking, insurance and investments. After 18 months at the College, Clancy reflects on the ways students and alumni are benefiting.

Michael Clancy, Director of Financial Planning

WHAT IS NEW OR DIFFERENT about your role at the College of Medicine?

Medical colleges typically have an individual whose focus is financial aid, not financial planning. They may offer some help with financial planning, but I don't know of any other medical college that has an individual on staff whose sole responsibility is to provide financial planning assistance. Drexel is unique and very innovative in providing this personalized resource.

WHY DID DREXEL DECIDE TO offer this resource to students and alumni?

Drexel University President John Fry recognized the high level of indebtedness faced by medical students. He saw the benefit of having a financial planner on campus to help them understand and manage the amount of money they're borrowing, not only while attending school, but as alumni when they have to repay all their loans. As a College staff member, my interest is solely in educating people about financial planning, not in selling anything. I am an unbiased adviser with an insider's view gleaned from many years of experience in the financial planning marketplace.

WHO IS eligible to use this resource?

I am available to assist current students and all alumni who received a degree from any program in the College of Medicine or its predecessor institutions, as well as residents and fellows in a College of Medicine program. I also help the families of students and alumni.

WHAT KINDS OF PROBLEMS do students bring to you?

Budgeting and student loan repayment strategies are the most popular topics of discussion. Understanding how student loans work is very important. Students usually don't realize that their room and board is the single largest expense they have control over. We can help them reduce their total debt, for example, by suggesting that they consider a roommate to share expenses. Third- and fourth-year students are focused on loan repayment strategies as they transition from student to resident. We also discuss buying versus renting housing, disability insurance, life insurance and taxes, among other topics.

Many residents think that buying a house is out of the question because they are in so much debt. We walk them through how a mortgage might be calculated to fit a residency budget. We show them the potential savings of buying versus renting.

We explain the cost to purchase and the cost to sell if they have to relocate. We also discuss the possibility of renting the property to someone else rather than selling it. We give them the information and tools to make better financial decisions.

HOW MANY STUDENTS have you advised so far?

I've met with about 420 people individually across all College of Medicine programs, including students, alumni and residents. Also, whenever students are required to be here for a mandatory session such as orientation or intersession, I'm on the agenda, so I give presentations to each of the class years covering topics appropriate to that year.

HOW CAN STUDENTS and alumni talk with you?

I am available for one-on-one meetings in my office on the Queen Lane Campus. I also visit the Center City Campus once a week, and periodically travel with clerkship directors to meet individually with students and residents at the College's affiliated hospital sites. Students can also talk to me at the mandatory sessions. Students and alumni should feel free to drop by my office — the door is always open! You can also contact me at 215.991.8595 or michael.clancy@drexelmed.edu.

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Christian Sell, PhD
- "Medical Mysteries in Music: What Killed Beethoven?
Why Was He Deaf?" Edward A. Ramoska, MD
- "Web-Based Programs to Enhance Your Patient Care"
Dennis Novack, MD, and Christof Daetwyler, MD

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