

# WORCESTER medicine

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# Editorial

Jane Lochrie, M.D.



**Jane Lochrie, M.D.**

*National Geographic* magazine praised Worcester's industrial culture by declaring, "Cities like Worcester make America" in 1955. Now, it's time to celebrate our city's revitalization as a center for health care and biotechnology. All you have to do is take a drive through the city to see how health care has changed the face of Worcester in the past few years. In this issue, we will take a look behind all those new (and old) buildings.

The Massachusetts College of Pharmacy and Health Sciences (MCPHS) has grown exponentially since it opened its doors in 2000. Drs. Michael Malloy and Barbara MaCauley describe the evolution from an Accelerated Doctor of Pharmacy degree program in a single building on Foster Street to 17 buildings, eight degree programs, MCPHS Online and two education programs in conjunction with the MCPHS in Manchester, N.H. The college now encompasses schools of Pharmacy, Nursing, Physician Assistant Studies, Optometry and Physical Therapy. There are 446 students currently enrolled in online program. In addition, there are programs in diagnostic medical sonography and dental hygiene, and the Outreach Program ensures that patients get the medications they need and ensures compliance.

Stephanie Chaupka, Ed.D., RN, PHCNS-BC, FAAOHN, FNAP, and her colleagues describe the many positive changes in the area colleges that concern nursing students. Many colleges are increasing the class size, expanding the curriculum and increasingly using technology in their educational courses. Massachusetts College of Pharmacy and Health Sciences will be offering a Psychiatric Mental Health Nurse Practitioner program in May 2016.

Quinsigamond Community College Healthcare and Workforce Development Center has expanded its program and moved into the former *Telegram & Gazette* building. The college has partnered

with Worcester State University to offer a Bachelor of Science in nursing to nurses with an associate's degree in nursing. Worcester State University continues to offer two options for nurses seeking graduate degrees in nursing: nursing education and community/public health. These courses are a combination of face-to-face instruction and online learning.

Jean Boucher, Ph.D., RN, ANP-BC, FAANP, et. al., depicts the expansion of the Graduate School of Nursing (GSN) at the University of Massachusetts. The GSN has added a Master of Science degree in nursing that is focused on population health and has transitioned its MS program to a Doctor of Nursing Practice (DNP). The school will continue the DNP for nurse administrators and Ph.D. and MS degree programs in nursing education. Nursing students work collaboratively with other health care professionals and learn in interprofessional teams.

Dr. Terence Flotte is excited about the changes that are happening at the University of Massachusetts Medical School (UMMS). The class size is increasing from 125 to 150, and for the first time, the college will be admitting 25 out-of-state students. The increase in class size is supported by the new education and research building that was opened in 2013 and new teaching affiliates, Cape Cod Hospital and Baystate Medical Center.

The medical students are equally pleased by the changes at the medical school. Steven Krueger, from the class of 2018, reports on some of the innovation in the form of simulation labs and imaging technology that has been incorporated into teaching sessions. He opines that the increase in class size will improve the diversity of the class and earn UMMS the national recognition that it deserves. In addition, he reminds us that the need for financial aid and scholarships is at an all-time high. Tuition for the incoming class will increase from \$21,357 to \$32,000. Please think about contributing to the WDMS Scholarship Fund.

Finally, don't close the cover on this edition of *Worcester Medicine* without reading Society Snippets, the President's Message on removing the stigma of drug addiction and the Legal Consult regarding the summary suspension process of a physician's license.



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# Successfully Combating Addiction Demands Removing The Stigma: As Every Life Is Precious

Frederic Baker, M.D.



**Frederic Baker, M.D.**

Perhaps one of the most satisfying things to witness is the transformation of a life from one of despair, sadness and life-threatening disease to one of hope, peace and wellness, particularly when it comes to patients overcoming an addiction. I recently heard a local official express how a person with cancer, unlike an “opioid addict,” is not likely to break into a person’s car to steal a smartphone.

Although, I could understand the emotions of anger, frustration and pain associated with the “self-destructive” lifestyles and consequences generated from drug addiction, such an attitude is unlikely to result in the shared objective of a better outcome. It also oversimplifies the complexity of the problem. Perhaps the best response I heard to the problem of addiction was that espoused in a video that has gone viral, featuring former prosecutor and current New Jersey Gov. Chris Christie. He recounts the story of how his mother, fully aware of the dangers of nicotine, was a smoker for her whole life. She tried to quit tobacco but remained unable to quit, as she was addicted to nicotine, and was diagnosed with lung cancer at 71. “But no one said not to treat her because she was getting what she deserved,” Christie said. “Yet somehow, if it’s heroin or cocaine or alcohol, we say, ‘Ahh, they decided that; they’re getting what they deserve.’” He also shared the story of a close friend who was a successful attorney, had a beautiful wife and a happy family, but after a back injury, this friend became addicted to painkillers and his life spiraled out of control. He lost everything and was found dead at 52 with an empty bottle of Percocet and a quart of vodka. “And as I sat there as the governor of New Jersey at his funeral and looked across the pew at his three daughters sobbing because their dad is gone, there but for the grace of God go I. It can happen to anyone. We need to start treating people in this country, not jailing them. We need to give them the tools they need to recover because

every life is precious. ... Every life is precious; every life is an individual gift from God. We have to stop judging and start giving them the tools they need to get better.”<sup>1-3</sup>

One of the most critical skills that we learn early from our health care training – and continue to refine throughout our careers – is that of refraining from passing judgment or expressing visceral emotions that could stigmatize, alienate or dissuade a patient from seeking any professional help. To remain objective, merciful, compassionate, attentive and engaged, as we carefully listen to and observe all of our patients, is key to providing patients the best opportunity for their well-being. One author notes, “Patients present with chronic diseases directly associated with their lifestyle habits and choices, yet they feel unable to improve their conditions. Often, what patients “should do” is obvious to the physician – e.g., lose weight, stop smoking or start exercising. What is not so obvious is where these patients are on their journey toward change and why they are so reluctant to take the next step. For patients at a crossroads, feeling ambivalence or frustration, this may be the perfect opportunity to introduce the philosophy and technique known as motivational interviewing.”<sup>4</sup>

To illustrate the concept, power and simplicity of motivational interviewing, I would submit for your consideration the old Aesop’s fable of the competition between the Wind and the Sun. The Wind and the Sun compete against one another to determine which one of them is stronger in their attempt to have a man remove his cloak. The Wind blows very aggressively but fails to succeed, as the man clings ever more resiliently to his cloak. Yet, the Sun, in a gentle manner, grows slowly brighter and succeeds in having the man take off his cloak, as the man, overcome with heat, comes to the realization that it is most sensible for him to not have to wear it. The Wind asks, “How did you do that?” To which the Sun responds, “It was easy. I lit the day. Through gentleness, I got my way.”<sup>5</sup>

That fable illustrates the power of positive and subtle persuasion as being more effective than a confrontational approach in influencing behavior towards a shared and positive objective. Likewise, we can positively influence behaviors and reach common objectives without surrendering to despair, anger or compromising principles by negotiating with patients in a manner that makes sense to them on their terms, as engaged



participants and not just temporary responders submitting to our demands. Motivational interviewing, a technique of patient engagement, takes a similar approach. Dating back to the 1980s, it was conceived by American psychologist William R. Miller, Ph.D., who found much success with this therapeutic approach in people with alcohol problems. It is a method that entails stimulating the patient's desire to change and giving them confidence to do so, as opposed to conventional strategies that emanate from a physician, such as counseling or education. Motivational interviewing is more focused, goal-directed and patient-centered. The motivation for change must emanate from the patient rather than the physician. Motivational interviewing starts with a collaborative, friendly relationship between the physician and patient. This requires that the physician have empathy toward the patient and recognize that a patient's resistance to change is typically evoked by environmental conditions rather than a character flaw or the desire to make the physician's life more difficult. In other words, the physician should not take it personally when a patient struggles to change.”<sup>4</sup>

One author notes, “The solution is neither easy nor clear, but as physicians working with patients with challenging diseases, it is important for us to remember how difficult it is to be a patient, especially with multiple diseases, disability and social stressors. We and our patients stand to gain much from eliminating or reducing the barriers to care, including those we've designed and implemented. ...Multiply the frustration, medications, laboratory testing, specialty referrals by multiple diagnoses. It can be overwhelming and exhausting. Our health care system is designed primarily to respond and react, not provide outreach and support.”<sup>6</sup>

I would also offer that policies must never unwittingly undermine efforts, penalize or dissuade those on a mission to serve populations that struggle to meet better outcomes due to perceived “failure to achieve outcomes,” as many variables beyond the clinician's and also beyond the patient's control impact outcomes, despite sincere documented efforts to reach noble objectives.

My wife and I found ourselves inspired by a man working at Café Reyes who told us how he made some very bad choices that hurt his wife, child and other loved ones and led to the loss of a job and a previous life on the streets consumed with drugs. Thanks to the second chance made possible through the Reyes House and Café Reyes, he has changed his life for the better and has been able to overcome his addiction, gain employment, find purpose and hope and feel productive again, all of which was previously denied by his addiction. He continues efforts to amend the wounds he has inflicted on loved ones.

Café Reyes serves as an on-site training center for residents and graduates of the Hector Reyes House. The Hector Reyes

House is a substance abuse treatment facility that started in 2009 as a result of violence in the Worcester community. The program offers multiple in-house medical and clinical services, along with life skills coaching to help men recover from their addictions. About 80 percent to 90 percent of the men are homeless upon admission, and therefore, their ability to adapt to the workforce environment is difficult because of CORIs and lack of job training and education. This wonderful program is the brainchild of WDMS member and dear friend, Dr. Mattie Castiel, who remains very active in its ongoing success.

What must not escape us is that, yes, sometimes people make horrible choices that inflict great pain on themselves, loved ones and their communities. Although illicit drugs often have the potential to carry more immediate and devastating consequences, addiction and the harms associated with it are not just limited to drug addiction, but include other toxic behaviors, such as tobacco use, alcohol excesses, caloric overindulgences and unhealthy sexual practices. We don't condone bad behaviors when we offer treatment and empathy for the patient seeking help on these and all matters. Patients must also ultimately accept responsibility and partner in their well-being. As Worcester Police Chief Gemme noted, “Removing the negative stigma of addiction and treating it like the disease that it is will make it easier for those afflicted to seek treatment.”<sup>7</sup>

Each life is worthy and capable of redemption, and lifestyles can change for the better. Let's continue to empower and inspire people to embrace healthier choices and avoid enabling or unwittingly facilitating bad behaviors. Each one of us can make a difference.

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<sup>6</sup><http://medicaleconomics.modernmedicine.com/medical-economics/news/our-patients-shoes-reducing-barriers-care-diabetes-treatment>

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# The Massachusetts College of Pharmacy and Health Sciences-Worcester: The First Ten Years

Michael Malloy, PharmD, and Barbara A. Macaulay, Ed.D.



**Michael Malloy, PharmD**

On Sept. 18, 2000, the Massachusetts College of Pharmacy and Health Sciences (MCPHS University) opened the doors to the inaugural class of the Accelerated Doctor of Pharmacy Program. The program was housed in a single building at 19 Foster St., Worcester. The newly renovated building contained state-of-the-art classrooms, laboratories and office space.

Fast-forwarding to the present, the MCPHS Worcester campus now consists of 17 buildings, eight degree programs, MCPHS Online, two distance education programs in conjunction with the MCPHS

Manchester, N.H., campus, close to 200 employees and more than 1,800 students. The following narrative provides a detailed description of the development and growth of MCPHS Worcester.

## School of Pharmacy

In response to the shortage of pharmacists nationally, President Charles F. Monahan, Jr. and the Board of Trustees from MCPHS funded the opening of a School of Pharmacy, which housed an Accelerated Doctor of Pharmacy Program, in Worcester. The inaugural class, which consisted of 126 students, was seated September 2000. The program was designed to provide a typical four-year Doctor of Pharmacy degree in two years and 10 months. Presently, the Doctor of Pharmacy Program enrolls 250 students per class.

Beginning in fall of 2010, the School of Pharmacy enrolled its first group of graduate students (three), offering graduate degrees in pharmacology and pharmaceutical sciences through the Boston School of Pharmacy Graduate Program. It houses students from around the nation and world, including students from Saudi Arabia, and has graduated several students in the field of Pharmaceutics and Pharmacology.

## School of Nursing

In January 2005, the University enrolled its first class of 44 students into the Accelerated Bachelor's of Science in Nursing (BSN) Program, in response to the national nursing shortage and to meet the ever-changing needs of our health care system. The first class graduated 28 students, all of whom found positions within the

profession. Currently, there are 62 students enrolled in the program, which continues to grow annually.

Also, in September 2010, the School of Nursing enrolled eight students in a Masters of Nursing (MSN) program, which was designed to provide working nurses an opportunity to obtain their master's degree and improve their employment options. The program strives to attract approximately 10 new students annually. The nursing programs are housed in the state-of-the-art Borysek Living and Learning Center at 25 Foster St.

## School of Physician Assistant Studies

In January 2008, the university enrolled the inaugural class in the Master of Physician Assistant Studies Program on the Worcester campus in the Borysek Living and Learning Center at 25 Foster St. The School of Physician Assistant Studies in the Worcester program is dedicated to the education of clinically competent medical professionals who are thoroughly prepared to deliver quality patient care in the context of a dynamic health care delivery system. The program was instituted to help meet the growing primary care demands in the region and the nation. It complements the existing programs on the Worcester campus and fills an educational void in Central Massachusetts. The initial class consisted of 24 students from all around the country. All graduates in the program have found employment upon graduation. The size of the class has grown to more than 200 students currently enrolled and is housed at the 10 Lincoln Square facility.

## School of Physical Therapy

The Doctor of Physical Therapy program, also located at 10 Lincoln Square, welcomed its initial class of approximately 25 students in September 2011. There are now 132 students enrolled in the program, with the first class having graduated in May 2015. The graduates from the program will help meet the regional and national shortage of physical therapists. The physical therapy program assisted in bringing about an increased opportunity for additional interprofessional collaboration among the disciplines on our campus.

## MCPHS Online

MCPHS University opened MCPHS Online on the Worcester campus in January 2011; it now offers more than 30 programs and certificates related to health care education. These programs range from degrees in public health to pharmacy and offer access to the same excellent faculty who teach in the campus-based programs across the university. Currently, there are more than 446 students enrolled in the degree and certificate programs and more are currently being designed.



## School of Optometry

The School of Optometry was welcomed to the Worcester Campus in the fall of 2012 with an inaugural class of 73 students; it now has 256 students, with the first class scheduled to graduate in May 2016. They are housed in the Living and Learning Center at 10 Lincoln Square, along with a full, state-of-the-art optometry clinic and store that services patients. They help complement the diverse group of health care programs offered on the Worcester campus by MCPHS University.

## Diagnostic Medical Sonography Program

The Diagnostic Medical Sonography Program was introduced to the campus in the fall of 2013 and currently has 31 students. It has graduated its first class and is housed in a state-of-the-art facility at 10 Lincoln Square. It helps educate students in the discipline of sonography.

## Dental Hygiene Program

Also, the Dental Hygiene Program, part of MCPHS University's Forsyth School of Dental Hygiene, was brought to the campus in 2013 and has already graduated its first class. Currently, it has 12 first-year students enrolled. It is also housed at 10 Lincoln Square and offers education utilizing the latest in equipment and care for patients and student training.

## MCPHS Outreach Program

In addition to our degree programs, MCPHS Worcester also houses the MCPHS Outreach Program. The goal of this program is to ensure that patients can get the medications they need and that these are compliant with and adherent to their therapies. By calling a toll-free help line, patients can receive personal assistance with accessing affordable prescription drug programs. They can also receive general information about medications and their side effects.

This program was established in July 2001 as the MCPHS Mass Medline Program through federal and state grants and appropriations. It was designed to service patients in Central Massachusetts, as well as patients throughout the entire state. Since its inception, the program has been very well received; it has serviced more than 42,000 patients and logged more than 149,000 patient calls.

MCPHS Worcester will continue to be the leader in developing new health-related degree programs in the future. The new programs selected will complement and enhance the existing programs at the Worcester campus while meeting the health care needs of the city, region, state and the nation. It is our desire to become one of the leaders in health care education and provide graduates who will be leaders in the delivery of health care for the 21<sup>st</sup> century and beyond.

*Michael Malloy, PharmD, is a dean at the School of Pharmacy at MCPHS University. Barbara A. Macaulay, Ed.D., is the associate provost of Online Education and CEO of MCPHS Online.*



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# Nursing in Central Massachusetts: What's New at MCPHS, Quinsigamond Community College and Worcester State University?

Stephanie Chalupka, Ed.D., RN, PHCNS-BC, FAAOHN, FNAP; Carol Eliadi, Ed.D., JD, NP-BC; Jane June, DNP, RN; Nancy Morris, Ph.D., ANP-BC

## Massachusetts College of Pharmacy and Health Sciences Worcester

Massachusetts College of Pharmacy and Health Sciences (MCPHS) Worcester is pleased to announce that it will offer a Psychiatric Mental Health Nurse Practitioner Program in May 2016. This is in addition to the successful Family Nurse Practitioner Program. Across the nation, there is a need for more mental health professionals. The Affordable Care Act has increased the number of insured, and subsequently, the request for mental health services has and is expected to continue to increase. With a national shortage of psychiatrists, it is important to educate in other roles that can help serve people in need of mental health services. Greater detail of this new program can be found in the MCPHS Worcester update in this publication.

## Quinsigamond Community College

Dean of Health Care at Quinsigamond Community College, Jane June, DNP, RN, is pleased to share recent initiatives that have affected the nursing programs, resulting in an increase in class size, more effective learning space and an agreement with Worcester State University for registered nurses with an associate's degree (AD) to earn their bachelor of science (BS) in nursing. In August of 2015, Quinsigamond Community College (QCC) opened a new facility, the QCC Healthcare and Workforce Development Center, in downtown Worcester in the former *Telegram & Gazette* building on Franklin and Federal streets. The school has a 10-year lease for approximately 72,400 square feet, which is anticipated to support more than 2,000 students and administrators. Programs offered at this location include nursing, as well as workforce development and adult basic education. QCC also houses ELMS College at the downtown campus, where it offers the RN to BSN Program. The nursing programs are using 52,000 square feet for both classroom learning and simulation. The school has simulation by design – with both inpatient and outpatient settings to portray a realistic

learning environment. In addition, there is simulation with high-fidelity mannequins. Having all of the health science programs at this location affords the opportunity for multidisciplinary learning, which is more consistent with practice in an actual health care setting.

The new space has allowed QCC to increase its class size. It can now accommodate more students in its day and evening programs, allowing the school to better meet the needs of students. In addition to the AD Nursing Program, from which graduates can take the NCLEX: RN examination, QCC also offers a practical nursing program, from which graduates can take the NCLEX: Practical Nursing examination. Interested licensed practical nurse students with an LPN can bridge to the AD RN program. The evening AD Nursing program is an 18-month accelerated program that specifically targets students wanting to become registered nurses who have a bachelor's degree in another field, are already licensed practical nurses (LPNs) or are paramedics.

In April 2015, QCC and Worcester State University (WSU) implemented an agreement to provide a seamless transition for graduates of the QCC AD program in nursing who pass the NCLEX-RN exam such that their QCC coursework will be accepted and applied toward required coursework and electives as stipulated in the WSU Bachelor of Science in nursing: RN to BS program. QCC nurse education graduates participating in this agreement will be provided the opportunity to complete a “third year” of additional coursework to meet WSU RN to BS program requirements. QCC also has AD in nursing to BS in nursing agreements with Becker College, Emmanuel College, Fitchburg State University, Framingham State University and Regis College. As well, QCC and the Massachusetts College of Pharmacy and Health Sciences (MCPHS) have agreed to an articulated program, whereby eligible students who have earned an AD in nursing at QCC may transfer to MCPHS-Worcester to complete the requirements of the Master of Science in Nursing Bridge Program.



## Worcester State University

Worcester State University (WSU) continues to offer two options for nurses seeking a graduate degree in nursing – nursing education and community/public health. The programs are designed for traditional RNs with a baccalaureate degree in nursing, as well as RNs with a BA or BS in a non-nursing discipline who can enter through the Bridge Program and RNs with an associate's degree who can consider the RN-to-MS Fast Track.

The Master of Science in Nursing Nurse Educator Specialty Program is designed for registered nurses with an expertise in a clinical area interested in nursing education. Most courses are taught in a blended format, giving students both flexibility and experience with online learning. The Master of Science in nursing, with a focus on community/public health nursing, offers leadership preparation for nurses seeking expertise in population health and population-based community/public health nursing practice. The study of health determinants and health disparities is integrated into the coursework, which is focused on the assessment and intervention of populations. Students also learn about evidence-based practice, program evaluation, informatics, teaching and learning, health economics, health care policy, environmental health and epidemiology.

WSU also has undergraduate nursing options, all leading to a bachelor's degree in nursing. Traditional undergraduates complete course and clinical requirements to earn a BS in nursing and, upon successful completion of all program requirements, are eligible to take the National Council Licensure Examination for Registered Nurses (NCLEX-RN). For non-traditional undergraduates, options for RN-to-BS education include full-time study on the WSU campus, part-time study on the UMass Memorial Medical Center campus, and a 3 + 1 Option for students from Quinsigamond Community College. These programs are a blend of face-to-face instruction and online learning with an emphasis on patient-centered care, professionalism, information technology, evidenced-based practice, leadership, system-based practice, safety, communication, teamwork and collaboration and quality improvement. Keeping with the goal of increasing the education of all nurses, WSU also has an LPN-to-BS track designed for licensed practical nurses. Upon completion of program requirements, students in this program are eligible to take the NCLEX-RN.

All three of these schools are proud to be a part of the solution, as the state of Massachusetts works to increase the education and diversity of the nursing workforce. Putting the structure and programs in place to facilitate the academic progression of nurses is an investment to help achieve a more highly educated nursing workforce in Massachusetts.

*Stephanie Chalupka, Ed.D., RN, PHCNS-BC, FAAOHN, FNAP, is the associate dean for Nursing in the Dr. Lillian R. Goodman Department of Nursing at Worcester State University. Carol Eliadi, Ed.D., JD, NP-BC, is the dean of the School of Nursing at the Massachusetts College of Pharmacy and Health Sciences. Jane June, DNP, RN, is the dean of Health Sciences at Quinsigamond Community College. Nancy Morris, Ph.D., ANP-BC, is an associate professor at the University of Massachusetts Graduate School of Nursing.*

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# Recent Changes to Program Offerings at the University of Massachusetts Medical School Graduate School of Nursing

Jean Boucher, Ph.D., RN, ANP-BC, AOCNP; Karen Dick, GNP-BC, FAANP; Terri LaCoursiere Zuccherro Ph.D., RN, FNP-BC; Paulette Seymour-Route, Ph.D., RN, MS Jill Terrien, Ph.D., ANP-BC; and Janet Hale, PhD, RN, FNP

The Graduate School of Nursing at the University of Massachusetts Medical School evolves over time to remain contemporary and competitive in the similarly evolving health care and academic environments. We provide a summary of recent changes and enhancements within the Graduate School of Nursing (GSN) under the deanship of recently retired Paulette Seymour-Route. In November 2015, we welcomed Joan M. Vitello-Cicciu Ph.D., RN, NEA-BC, FAHA, FAAN, as the fifth dean of the Graduate School of Nursing, who will continue to expand on these initiatives.

To reflect the increasing complexity of health care and the global health issues facing our patients and communities, the GSN has added a Master of Science (MS) degree in nursing focused on population health. Additionally, the GSN Nurse Practitioner Program has transitioned from a MS to a Doctor of Nursing Practice (DNP) degree. We also offer a DNP for nurse administrators, a Ph.D. in nursing and a MS in nursing education. All of the educational programs offered at UMass GSN build on a firm nursing foundation, with all graduates having practiced as registered nurses for a minimum of 18 months, and many having several years of registered nursing experience.

## Doctor of Nursing Practice

The GSN has become a leader in Central Massachusetts with our recent transition to a doctoral degree to prepare adult/gerontological and family nurse practitioners (NPs). This occurred in response to recommendations of the American Association of Colleges of Nursing (AACN)<sup>1</sup> and the Institute of Medicine (IOM) reports, *Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century* and *The Future of Nursing: Leading Change Advancing Health*, which emphasize the need to enhance preparation of NPs to meet the emerging demands for improved access and during a time of expanding scientific knowledge and increased use of technology in a complex health care climate.<sup>2,3</sup> Another important impetus for preparing advance practice nurses at the doctoral level includes the need for enhanced clinical and leadership skills to strengthen practice and collaboration with physicians and other health care team members. Having doctoral preparation with a Doctor of Nursing Practice (DNP) degree is in line with other health professions with a practice doctorate.

In addition to the robust coursework and clinical learning opportunities nurse practitioner students have always received at the GSN, the DNP program adds content in biomedical informatics, clinical scholarship and analytical methods, epidemiology, health policy, quality and safety, organizational systems and health care financing, population health and advanced statistics. DNP students are required to complete a leadership practicum and DNP project that demonstrates translation of doctoral-level competencies through a performance improvement or practice change project that employs evidence-based practice and multidisciplinary team collaboration. Our students have been actively engaged in working on many health care quality initiatives in our local community and surrounding states, including childhood obesity, patient and family communication, diabetes monitoring, palliative and end-of-life care, heart failure self-management, hypertension screening, kidney donor awareness, oral chemotherapy adherence and opioid addiction. The GSN faculty, students and graduates remain committed to nursing as our profession as we strive to continually represent ourselves as doctoral-prepared, advanced-practice nurses and nurse executive leaders, working collaboratively with our health professional colleagues.

## Master of Science Degree in Nursing: Population Health Track

Collectively, we seek to improve quality, guarantee access and contain the spiraling costs of health care in the United States to improve the health outcomes of the national population and beyond. Population health is a systematic approach to health care that aims to improve the health and well-being of the individual by improving health outcomes within a group.<sup>4,5</sup> Population health promotes a holistic view of health and stresses prevention and wellness. In support of these efforts, we are proud to announce a new Master of Science degree in nursing for students with a passion for population health. This program prepares registered nurses to improve the health of diverse patient populations (through assessment, development and implementation of programs that focus on health promotion, early disease detection and secondary prevention in broad populations). Graduates will be prepared for positions such as a complex care manager, director of care management and population health coordinator.



The program of study includes concepts from nursing, population health, epidemiology, public health, health behavior and evidence-based practice to move nursing practice beyond individual-focused care. Through an interprofessional team approach, students address the social determinants of health contributing to health disparities and inequities within multicultural, medically underserved and/or vulnerable populations and communities. Students enrolled in this program can also develop a specialty area, including the option for an additional concentration as a nurse educator.

## Interprofessional Initiatives

Recent national initiatives continue to urge health professions education to include more interprofessional partnerships, teamwork and collaboration in their curricula. To ensure that UMMS students achieve the Core Competencies for Interprofessional Education Competencies<sup>6</sup>, students from the SOM, GSN, fellows and interns/residents from pharmacy and psychology and physical therapy students from UMass Lowell participate in small group didactic and simulation sessions. Examples of interprofessional learning opportunities include a two-week population health clerkship (focus on public health with recent initiatives addressing infant mortality, elderly falls prevention, addiction and food insecurity); the Hotspotting Initiative (supporting frequent utilizers of emergency departments to prevent unnecessary ED visits); interprofessional interclerkships (full- and half-day sessions that address oral health, veterans health, patient safety and quality and disaster medicine); and optional enrichment electives (i.e. Rural Health Scholars Program, Geriatric Navigator Program, Medicine, End of Life and Palliative Care, Patient Advocacy and Learning with Students). These are a few of the interprofessional initiatives to help our students appreciate the importance and value of working in interprofessional teams to improve health outcomes.

Our new programs and continual refinement of existing programs will help ensure that all GSN graduates are well prepared to contribute to improving the health of individuals and populations. Through leadership, research, practice and education, GSN graduates will work in partnership with others to address the evolving health care system transitions.

### References:

<sup>1</sup>American Association of Colleges of Nursing. *The Doctoral Education Essentials for Advanced Practice Nursing*. 2011.

<sup>2</sup>Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century*. 2001.

<sup>3</sup>Institute of Medicine. *The Future of Nursing: Leading Change, Advancing Health*. 2010.

<sup>4</sup>Kindig, D., & Stoddart, G. "What is population health?" *American Journal of Public Health*, 2003;93:380-383.

<sup>5</sup>Stoto, M. A. *Population health in the Affordable Care Act Era* (Vol. 1). *Academy Health*. 2013. <https://www.academyhealth.org/files/AH2013pophealth.pdf>.

<sup>6</sup>American Association of Colleges of Nursing, American Association of Colleges of Osteopathic Medicine, American Association of Colleges of Pharmacy, American Dental Education Association, Association of American Medical Colleges, and Association of Schools of Public Health. (February 2011). *Core Competencies for Interprofessional Collaborative Practice*. Association of American Medical Colleges, 2450 N Street NW, Washington, DC 20037. <http://www.asph.org/userfiles/CollaborativePractice.pdf>.

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# Expanding University of Massachusetts Medical School to Better Serve Our Commonwealth

Terence R. Flotte, M.D., and Lisa B. Beittel, MBA



**Terence R. Flotte, M.D.**



**Lisa B. Beittel, MBA**

In exciting moves of change and progress, the University of Massachusetts Medical School (UMMS) is increasing the medical student class size over the course of the next two years. At the conclusion of this process, the class size will grow from 125 to 150 medical students. In parallel, UMMS will, for the first time since its founding 53 years ago, accept up to 25 out-of-state medical students.

Expansion to a medical school class size of 150 has been anticipated and was incorporated into the planning of recent classroom renovations and building expansions, including our newest education and research building, the 512,000-square-foot Albert Sherman Center, which opened in 2013. Having that expansion consist of out-of-state students is a newer concept. Higher out-of-state tuition and fee schedules will bring in revenue to support all our students and the educational mission areas. In addition, this change in the size and structure of our classes will advance a greater diversity in our student body. Beyond the diversity of background, experience and thought inherent in bringing in students who grew up outside of Massachusetts, and perhaps outside of New England, UMMS is deliberately applying a portion of the additional revenue to proactively recruit from the nationwide pool of student candidates who are minorities underrepresented in medicine, economically disadvantaged students and/or first-generation college graduates. In this way, we hope to increase the diversity of our medical school

classes and ultimately contribute to a medical workforce that will better reflect the patients it will serve.

The class size increase will require new clinical affiliates that can provide our medical students with high-quality clinical experiences and clerkship offerings. To that end, we are pleased to have recently added Cape Cod Hospital of Hyannis (CCH) as one of our teaching affiliates. CCH will provide us with additional clinical experiences for our students, beginning with rotations in Surgery and OB/GYN this January, and we anticipate broadening that quickly to include Pediatrics and Internal Medicine and more.

An even more ambitious, new, mission-based partnership has emerged with Baystate Health System in Springfield (BHS). Given the UMMS proximity to Springfield, we are approaching this clinical affiliation as a unique opportunity to establish a new “regional campus” of UMMS based in Springfield, the “UMMS-BHS campus.” Coincident with the advent of the regional campus, a dedicated M.D. curriculum track will be initiated, which will be known as the Population-based Urban and Rural Community Health (PURCH) track. Beginning with the entering class of 2017, 25 students per class will be enrolled in PURCH. These students will receive their preclinical didactic and laboratory instruction during the first two years at the main University of Massachusetts Medical School (UMMS) campus in Worcester, with enhanced small-group and longitudinal clinical experiences at BHS. This cohort of students will then complete their third- and fourth-year clinical experiences at BHS (beginning in May 2019), including both the Springfield main campus and the community hospitals and practices that are spread across the western half of the state. Approximately 1/3 of the students in PURCH will experience a Longitudinal Integrated Clerkship (LIC) experience at one of two BHS rural hospitals (Wing or Franklin), while 2/3 will experience the traditional clerkships at Baystate Medical Center, which is in an underserved urban area.

The second core element of this partnership is the development of a research institute including faculty researchers from the School of Public Health at the University of Massachusetts Amherst and UMMS in collaboration with physicians and physician researchers from BHS. We are envisioning the creation of an Institute for Integrated Health Care Delivery Research, which will leverage

the complementary research programs at Amherst and Worcester, as well as BHS's integrated care model for research collaborations focused on population health and health care disparities.

The CCH affiliation and the UMMS-BHS campus mean the UMMS reach and impact extends across the entire state of Massachusetts, from the Berkshires to Cape Cod. It is our hope these latest endeavors will increase the numbers of trainees who stay in Massachusetts and contribute to improved care for each of our citizens and the overall health of our Commonwealth.

UMMS has also identified the strategic imperative to provide opportunities for collaborative, interprofessional, team-based learning for students of all three of our schools, the School of Medicine (SOM), the Graduate School of Nursing (GSN) and the Graduate School of Biomedical Sciences (GSBS), as well as the residents and fellows in our Graduate Medical Education programs. Learners from other health professions, including students from the new University of Massachusetts Lowell Pharmacy School, will also be included. The driving force for this strategic initiative is the recognition that effective patient-centered health care will be increasingly delivered in interprofessional teams, while the inclusion of biomedical sciences students provides them with broader experiences and takes advantage of their unique perspectives. In order to model interprofessional partnerships among the faculty teams from all the schools, we have established a new inter-school group known as the Liaison Committee for Interprofessional Curriculum (LCIC). This group will administer a seed grant program, the Interprofessional Education Grants (IPEG), to enable creative new approaches to team-based learning to be developed and piloted on our campus. We are very pleased to welcome the leadership of Dr. Sonia Chimienti as the founding chairperson of the LCIC, and we are likewise very pleased to be joined in these efforts by the new dean of the Graduate School of Nursing, Dr. Joan Vitello-Cicciu.

As these many exciting developments indicate, the UMMS faculty remains a creative and dynamic force for the training of physicians, nurses and biomedical scientists within our Commonwealth. We look forward to working more collaboratively than ever to fulfill our four-part mission of education, research, patient care and community engagement for the benefit of all we serve.

*Terence R. Flotte, M.D., is a Celia and Isaac Haidak Professor of Medical Education and the executive deputy chancellor, provost and dean of the School of Medicine at the University of Massachusetts Medical School. Formerly assistant dean for administration and chief of staff at the University of Massachusetts Medical School, Lisa B. Beittel, MBA, now is vice president and executive director of Summit Elder Plan at Fallon Health and serves on the editorial board of Worcester Medicine.*

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# Upcoming Changes Happening at UMass Medical School

Steven Krueger, University of Massachusetts Medical School, Class of 2018



**Steven Krueger**

Since its inception, the University of Massachusetts Medical School (UMMS) has continuously striven to offer the highest quality, most cutting-edge medical education to future physicians. As proud students of this medical school, we see this mission borne out every day, both inside the classroom and out. Innovation here at UMMS takes the form of simulation and imaging technologies that are incorporated into lectures and small-group teaching sessions, our exposure to expert speakers on a wide variety of health care topics, and opportunities for student feedback on five curriculum committees, as well as many other administrative groups,

including the School of Medicine (SOM) Admissions Committee. In the same vein, the school has recently begun its implementation of three major changes that will directly affect our student body: expanding the size of the incoming class, accepting out-of-state applicants and increasing the cost of attendance.

Currently, there are 125 students in each class at UMMS. This number will increase to 137 for the incoming class of 2016 and to 150 for the incoming class of 2017. The increase in class size is aligned with the medical school's mission to promote diversity and to extend the reach of a UMMS medical education to communities across the Commonwealth and the nation. The primary student concern with regard to this expansion was that it may cause overcrowding during certain rotations throughout the clinical years, as well as during small-group exercises in the pre-clinical years. However, UMMS leadership has worked hard to address this potential issue by forming relationships with new and exciting clinical training sites across the Commonwealth that will preserve the quality of the education at this institution. These new sites include Cape Cod Hospital and Baystate Health System. As part of our new relationship with Baystate Health, the medical school will establish an academic track in Population-based Urban and Rural Community Health. Our educational experiences will now extend across the Commonwealth's communities, reaching patients to the north, south, east and west of Worcester. Ultimately, we attribute the "small class" feel of UMMS to the sense of camaraderie amongst students, shepherded by class-wide social events and our five learning communities, rather than to the actual class size; this will not change with the addition of 25 students to future classes.

In an effort to increase the diversity of the student body, these newly added spots will be allocated to out-of-state applicants. Previously, UMMS stipulated that only Massachusetts residents could apply for admission to the medical school, with the exception of M.D./Ph.D. dual-degree applicants, who could apply as residents of other states. These select few students are well-integrated into the fabric of our community today, and there is no reason to believe that additional out-

of-state students would be met with anything other than open arms by their Massachusetts-residing classmates. Additionally, many students, faculty and administrators feel that this move will earn UMMS the national recognition it most certainly deserves. Indeed, the only other U.S. medical schools fully restricted to in-state students are the University of Mississippi, the University of Southern Illinois and East Carolina University. All of the public medical schools that are ranked in the Top 25, including the University of California, San Francisco (UCSF); University of Michigan; UCLA; and University of North Carolina; attract out-of-state students, thus furthering their national reputations.

We also learned in the spring of 2015 that the cost of attendance for incoming first-year students will increase, from \$21,357 to \$32,000 annually, including tuition and fees. The cost for out-of-state applicants will be \$56,500. According to UMMS leadership, this increase was necessary to sustain the growing costs of medical education across the country and to continue to invest in the state-of-the-art resources that are available to us throughout our training. Since UMMS is becoming a nationally recognized leader in medical education, ranking 12<sup>th</sup> in primary care education among 130 medical schools and 26 schools of osteopathic education, according to *U.S. News & World Report* in the 2016 edition of the "Best Graduate Schools" issue, a higher tuition was needed to ensure that we are being provided with the many resources it takes to train medical students. The initial student response to this announcement was that the increases were too much too soon and that the impact may have been lessened if costs had increased annually, along with inflation, rather than all at once. As current students who had made our decision to attend UMMS based on an initial cost of attendance, we felt it was unfair to be locked into a new cost of attendance that was higher than anticipated. While the financial aid office clearly states that tuition and fees are subject to change, the student body did not expect an increase of this size in the course of one year. When the increase was announced, UMMS leadership convened a number of open meetings, heard the student feedback and made the decision to increase tuition in a stepwise pattern for those who were already enrolled. Today's medical school applicants have no choice but to face higher tuitions at medical schools around the country, and UMMS still has one of the lowest costs of attendance of any school in the Northeast region (including New York, New Jersey and New England). Even with all the accommodations made by our medical school's leadership, the fact remains that the need for financial aid and scholarships is at an all-time high for anyone choosing to become a doctor today.

Time will tell whether these recent policy changes will propel UMMS forward as forcefully as they should. Nonetheless, we are happy to be at an institution that continues to evolve and values its students' voice throughout the process.

*I would like to thank Dr. Sonia Chimienti, Alex Newbury, Raghu Appasani and Katherine Mallett Zimmerman for their editorial contributions to this article.*

*Steven Krueger is a medical student, class of 2018, at the University of Massachusetts Medical School.*





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We never rest on our laurels! Small class sizes at all levels keep our kids engaged, allowing for deeper learning and individualized attention. Renowned for our strong mathematics curriculum and an exceptional science program which focuses on providing hands-on opportunities, including Engineering and independent study opportunities. Your child can explore varied academic interests to prepare them for college success.

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Our educational playground is Worcester's museums, research facilities, and universities. Opportunities include a top-ranked Math Team, travel abroad service trips, student-leadership, clubs offered during the school day so students can still participate in Athletics and/or Arts, 17 interscholastic sports fielding 50 athletic teams and an exemplary Performing Arts program with events each term.



### **Diversity & Inclusivity**

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# The Fairness of Summary Suspensions

Peter J. Martin, Esq.



**Peter J. Martin, Esq.**

Suspension of a physician's license to practice is undoubtedly a very serious matter. During the period of suspension, that physician may not practice; and for several years after any suspension may have ended, the physician will likely still be required to disclose the suspension in credentialing processes at health care facilities and in other jurisdictions, leading to further inquiries and possible denial of licensure or clinical privileges. Even the threat of

imposing summary suspension, with the accompanying publicity, may be enough to induce a physician to voluntarily agree to stop practicing or otherwise modify his practice. How easy, or hard, it is to get a license suspended, thus, is of critical importance to physicians. In a Massachusetts Supreme Judicial Court decision rendered June 9, 2015, the court ruled, for the first time, that the Board of Registration in Medicine may suspend a physician's license only if the suspension is supported by a preponderance of the evidence and not merely "substantial evidence."

While the distinction between the preponderance of the evidence and substantial evidence standards may be a topic that gladdens the hearts of lawyers, and no one else, a brief description of that distinction is helpful to understand the significance of the SJC's recent decision. We are generally familiar with the preponderance of the evidence standard, the idea that a contention is proven to be more probably true than not. The substantial evidence standard is lower – in Massachusetts, it is such evidence as a reasonable mind might accept as adequate to support a conclusion. (In other jurisdictions, this statement is modified – if not clarified! – by stating that the evidence required is more than a mere scintilla, and the standard is met even if it is possible to draw contrary conclusions from the evidence.) The lower the standard of proof, the easier it is to impose the sanction – here, a summary suspension of a license to practice medicine.

The substantial evidence standard is commonly applied to administrative agency decisions, where the law generally accords a high level of deference to the agency's interpretation of statute or regulation. The SJC decision concerned a case in which an administrative law magistrate upheld the Board of Registration in Medicine's summary suspension of a physician's license because there was substantial evidence the physician posed an immediate and serious threat to the public health, safety or welfare. The lower standard was felt justified by the temporary nature of the suspension with the opportunity for a hearing within seven days. (The suspension remains in effect if upheld at that hearing until a final decision by the BRM.) The case involved the actions of a bariatric surgeon in several cases, involving at least one patient death. The BRM's suspension followed action by two hospitals affecting the physician's clinical privileges.

The SJC decision noted that while the *procedure* for a summary suspension might meet a lower standard, through shorter time frames and "consideration of the available evidence in less than pristine or complete form," the *substance* of the summary suspension determination must still meet the preponderance of the evidence standard. In this case, the initial suspension took effect in August of 2013 and the BRM did not finally accept the administrative recommendation that the suspension be upheld until October of 2014. Given that the "temporary" suspension had lasted for many months without a resolution of the issues under the appropriate standard of proof, the SJC remanded the case back to the BRM for further proceedings in accordance with that standard.

This decision is a victory for physicians, who now will have a better chance to successfully contest a summary suspension. It potentially reduces the leverage of the BRM threatening a physician with a summary suspension and thereby obtaining a voluntary agreement to stop practicing. At the same time, the summary suspension process remains available for the most egregious cases of imminent harm to patients. And lawyers will have greater clarity as to the standard of proof administrative magistrates must use in such proceedings.

*Peter J. Martin, Esquire, is a partner in the Worcester office of Bowditch & Dewey, LLP, his practice concentrating on health care and nonprofit law.*



# New Hope for Curtailing Firearm Injury in America

Michael Hirsh, M.D.



**Michael Hirsh, M.D.**

As we turn the page on 2015, it has been another tragic year for gun violence in the United States. This is the year that firearm fatalities have eclipsed deaths in motor vehicle crashes. More people have been killed by firearms in the United States since Sept. 11, 2001 than were killed in the Korean/Vietnam/Gulf/Afghanistan/Iraq wars combined. More than 300 mass shootings left the populace afraid and insecure. The inner-city carnage in cities like Baltimore and Chicago continues to worsen. Firearm suicide rates are increasing. And to top the year off, the mini-panel of the 11th U.S.

Circuit Court of Appeals resulted in the upholding, for the third time, of the Florida law that prohibits physicians from inquiring about or counseling about gun ownership and storage practices in their patients. This decision will once again be challenged, but 16 other state legislatures are poised to copy Florida's terrible example.

But locally, the news in the Commonwealth of Massachusetts is better. We have arguably the strictest gun laws in the United States, and coincidentally, we have the lowest firearm fatality rate in New England. Our four medical schools have held fast to training future physicians to ask about the status of gun ownership in the Commonwealth's populace. The Massachusetts Chapter of the Brady Campaign to End Gun Violence and the Massachusetts Chapter of Moms Demand Action group, founded by the Bloomberg Foundation, helped publicize National Ask Day on the last Friday school day in June to ensure that parents asked their children's friends whether there were unsecured weapons in the places these kids will play together over the summer.

Greater Worcester has responded well to the challenge by continuing to aggressively pursue, detain and prosecute gun-wielding criminals. With the new "Shotspotter" technology, police are dispatched to areas where shots are detected using audio devices. This has resulted in more apprehended criminals. Our District Attorney Joseph D. Early, Jr. has aggressively sought to get these criminals prison time. Our community police and Gang Task Force have painted a different picture of street violence than in other New England cities with similar demographics. And Worcester Police Chief Gary Gemme continues to be very judicious in granting gun permits to the community's applicants, restricting the number of assault weapons making their way into civilian hands.

And our region has doubled down on our gun buyback effort. It is part of our Community Health Improvement Plan (CHIP). With the citizenry being asked about gun ownership, the Goods for Gun Buyback program gives an answer to the citizen who has an unwanted or unsecured gun or a loved one showing evidence of depression or anger. Owners can dispose of their guns at our annual program. Last year, G4G expanded to four sites and 14 communities in Central Massachusetts. This year, there were 12 retrieval sites and 16 communities participating on Dec. 12, 2015, when we had one of our most successful days ever:

- 103 rifles
- 125 handguns
- 44 semiautomatics
- 51 pellet guns
- 272 firearms and 51 replica guns for a total of 323 weapons

This means that our 14-year total of weapons retrieved is more than 2,900. All at a cost of about \$150,000 – less than the medical costs of five gunshot wound victims.

There was a lot of positive feedback this year when the program was presented at a mayor's conference in Boston. Other towns want to join the effort to make this a statewide buyback for 2016. Mayor Joseph Petty has invited other towns to join us this coming year. Why the buy in? For the sixth straight year, Worcester has enjoyed the lowest per capita penetrating trauma rate (knife and gun wounds) of any of the Commonwealth's nine most populous cities. Our G4G is just part of a multi-pronged approach that is keeping our region safer.

The cities of Springfield; Bridgeport, Conn.; Hartford, Conn.; and New Haven, Conn., have all embraced this approach. But perhaps the most telling flattery came from Mike the Gun Guy of The Huffington Post. Mike is a NRA member and gun safety instructor who believes that the community involvement and public awareness that G4G raises is the key to its success. On Dec. 13, 2015, he posted on his website ([mikethegunguy.com](http://mikethegunguy.com)) a blog titled: "Want To See A Gun Buy-Back Program That Works? Take A Trip To Worcester, MA"

For those of us who are working in this arena, there is hope that our regional efforts may serve as a model for the rest of the country to create a way forward out of the gun-related mess we have made. And a national election could serve as a referendum on whether common sense will supplant Second Amendment hysteria.

*Michael P. Hirsh, M.D., is the director of UMass Memorial Children's Medical Center Trauma Program; co-director of Injury Free Coalition of Worcester; medical director of Worcester Division of Public Health; and director of Goods For Guns Coalition of Greater Worcester.*

# 220<sup>th</sup> ANNUAL ORATION: SYMPHONY OF THE BRAIN

**Wednesday, February 10, 2016 • 5:30 p.m.  
Beechwood Hotel • Worcester, MA**



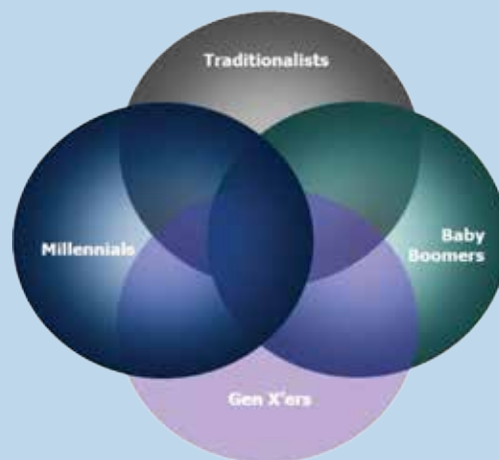
## ORATOR: JOEL POPKIN, M.D.

**Director of Special Services at Saint Vincent Hospital  
Professor of Clinical Medicine at the University of Massachusetts Medical School**

*Dr. Popkin will address how music is such a fundamental and universal aspect of humanity – and how processing by the brain has made it so. The relationship of music to learning, speech, and neurological growth has implications that go far beyond the powerful emotion it elicits, and he will look into some surprising therapeutic applications. Mozart and Beethoven should have only known what they did for us.*

# **SAVE THE DATE: WOMEN IN MEDICINE LEADERSHIP FORUM: GENERATIONS AT WORK**

**Wednesday, March 9, 2016 • 5:30 p.m.  
Beechwood Hotel • Worcester, MA**



## **GUEST SPEAKER: STACY POTTS, M.D., MED, FAAFP**

**Associate Professor in the Department of Family Medicine and Community Health  
at the University of Massachusetts Medical School**

*Dr. Potts will be discussing the issues/challenges confronting the different generations in the workplace today. This will be followed by a panel discussion. The event is sponsored by the WDMS Women's Caucus.*

### **Panelists:**

**Mary Costanza, M.D. (Traditionalists), Rebecca Lundquist, M.D. (Gen X'ers),  
Lynda Young, M.D. (Baby Boomers), Gillian Griffith (Millennials)**



# John A. Duggan, M.D.

December 13, 1922 - October 8, 2015

John A. Duggan, M.D., 92, a pediatrician in Worcester for more than 50 years, died on Oct. 8, 2015, at St. Vincent Hospital after a brief illness. A graduate of Boston College and Harvard Medical School, he received postgraduate training at Bellevue Hospital in New York City and Massachusetts General Hospital in Boston. After military service during the Korean War, he opened a pediatric practice in Worcester. In the 1970s, he established pediatric services at the Fallon Clinic. He served as president of both the clinic and Fallon Community Health Plan. He was also Professor of Pediatrics, Emeritus at the University of Massachusetts Medical School.

My dad was always the consummate role model to me. I remember the exact time and place I decided I wanted to be a physician. One day, when I was 11 or so, we were driving down the streets of Worcester and he saw a man with an odd – and unmistakable – pattern of walking. The man was watching the placement of his feet distinctively on the pavement. Dad said, “Christopher, look at that person walking like that. He has tertiary syphilis!” I was immediately hooked by this diagnostic acumen.

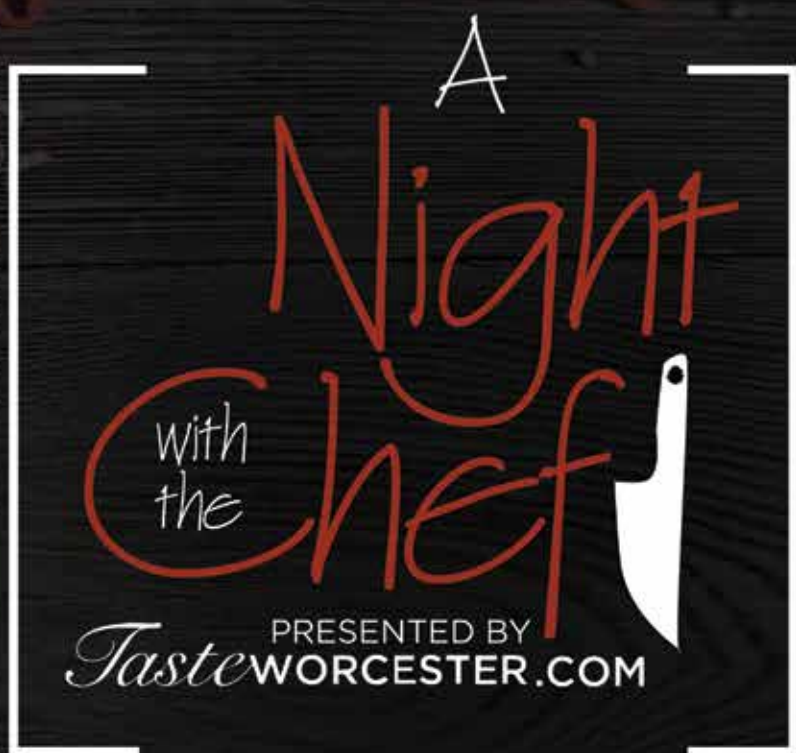
He really loved his role as a pediatrician. His and Dr. Riordan’s practice must have covered half the city’s families. They would routinely make house calls, and they both knew the city streets like the backs of their hands.

You could not go anywhere with him in this or other cities without someone shouting out “Dr. Duggan!!” For 10 years, I moonlit at UMass Memorial Medical Center, and after introducing myself to patients or staff, I would often be asked “Are you related to THE Dr. Duggan?” My niece, a physician’s assistant at St Vincent Hospital, still gets these inquiries.

One reason people always recognized him on the street was that he looked remarkably similar from his 40s to his 90s. More fundamentally, his values never changed. He had strongly held opinions on many topics, including the critical importance of humor, political participation, the Catholic Church, chocolate, Greek, Latin and the Pythagorean Theorem. He loved his role as a senior member of the Fallon/UMMC and Worcester communities and remained the best pediatrician in the family.

May he rest in peace.

*Christopher Duggan, M.D., MPH, is a professor of Pediatrics, Harvard Medical School, and attending physician, Boston Children’s Hospital.*



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