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Alumni Profile | Craig Surman, MD



Specialty: Neuropsychiatry
specializing in adult ADHD

Year of graduation: 1998

UNDERSTANDING THE DIMENSION of people's medical concerns and delivering empathetic medical care are two essential elements of his School of Medicine education that Craig Surman, MD '98, assistant professor of psychiatry at Harvard Medical School, uses daily in treating adult patients with ADHD. They are the same elements, he said, that primary care physicians need when assessing patients

who have characteristics of the disorder, which affects an estimated 4 percent of adults, including those who weren't diagnosed when they were children.

"If a patient walks in thinking they have ADHD, it's a very time-intensive diagnosis," said Dr. Surman, scientific coordinator for the Adult ADHD Research Program of the Clinical and Research Programs in Pediatric Psychopharmacology and Adult ADHD at Massachusetts General Hospital. An expert on adult ADHD, Surman is co-author of "FAST Minds: How to Thrive if You Have ADHD (or Think You Might)," which is part of an effort to educate both clinicians and consumers about adult ADHD and the tools available for treatment. He is also editor of the clinical manual "ADHD in adults: A practical guide to evaluation and management."

"The past decade has seen a surge of understanding of neuropsychiatric conditions and in tools that offered the opportunity to understand ADHD as a common disorder that can profoundly affect people's lives,"

he said. "My work has clarified that there is some type of self-regulation problem that can affect emotional reactions, sleep cycle and eating habits. We want to support people's health by giving them control."

While Surman's career path became clear during his residency, it was at UMMS where he had a unique opportunity to learn about mental health issues as part of the core curriculum. "The academics were very strong and it was clear that what mattered was the art of getting the patient care right," he said. "For me, it's still about walking in the shoes of the patient, explaining that their diagnosis is how they're wired and that there are interventions. It's very rewarding to take what's been a lifelong struggle for people and giving them tools. The improvement you see in someone's life is profound." ■

Anyone with news to share is encouraged to send their class notes to alumni@umassmed.edu. You may also submit notes by logging in to the Alumni Community website at alumni.umassmed.edu and clicking on "Class Notes" under the Alumni Network heading.



Celebrating Reunion 2013

ON SATURDAY, MAY 4, more than 160 School of Medicine alumni from the Classes of 1978, 1983, 1988, 1993, 1998, 2003 and 2008, and their guests, gathered at UMass Medical School to reconnect and to see how the campus has changed. This marked the most well-attended reunion to date, with many attendees seeing their former classmates for the first time in 35 years.

A barbecue lunch on campus for all alumni and their guests kicked off reunion activities. Subsequent campus tours, led by first-year medical students,

were taken by each class and included a stop at the interprofessional Center for Experiential Learning and Simulation in the Albert Sherman Center, which included demonstrations showcasing the technologies and programs being utilized in medical education today.

Chancellor Michael F. Collins and Dean Terence R. Flotte presented an in-depth university update about recent advances to the student learning experience and the campus. They also discussed topics such as the cost and future of health care and the important role UMMS continues

▲ Class of 1988 classmates John Hatch, Raymond Hubbe, Jonathan Jacques and Joanna Buffington reconnect; Lloyd Fisher '03 enjoys the cocktail reception; Class of 2003 poses in the Sherman Center.

to play in advocating for academic medical centers.

Following a cocktail reception in the Sherman Center that evening, the Classes of 1993, 1998, 2003 and 2008 continued celebrating at a local restaurant while the Classes of 1978, 1983 and 1988 attended a dinner hosted by Chancellor Collins and his wife, Maryellen, at Grenon House. ■



UMass Medical School Alumnus Takes the Helm at UMass Memorial Health Care

UMASS MEMORIAL HEALTH CARE, the largest health care system in Central New England and the clinical partner of UMass Medical School, announced on Feb. 6, 2013, that Eric W. Dickson, MD '95, R'98, MHCM, FACEP, had been named as its new president and chief executive officer. Dr. Dickson began his role on Feb. 25, succeeding John O'Brien in those positions. He also serves as a professor of emergency medicine and senior associate dean at UMMS, and is currently president of UMass Memorial Medical Group. ■

Additional information is available online at <http://bit.ly/1bLaGyJ>.

SUPPORTING THE SCHOOL OF MEDICINE

Alumni support is essential to the SOM student experience and directly affects patient care in Massachusetts and beyond. With less than 4 percent of UMass Medical School's budget coming from state funds, philanthropic contributions are vital.

Donations to the SOM Medical Education Fund support the latest educational technologies and advancements to curriculum and training programs that enhance student learning. Gifts to the Alumni Scholarship Fund make accessible a comprehensive and rewarding medical education of the highest quality for students in need of financial aid.

Every gift, no matter the size, makes an impact. Please consider joining your friends and fellow SOM alumni by supporting the Alumni Annual Fund Campaign.

Gifts can be made online
(w3.umassmed.edu/OnlineDonation)
or by calling 508-856-5615. Contributions can also be mailed to the UMass Medical School Development Office, 333 South Street, Shrewsbury, MA 01545.

CORRECTION

UMass Medical School takes great pride in acknowledging the generosity of our donors—particularly our alumni. Regrettably, several School of Medicine alumni were acknowledged with their Graduate Medical Education classmates instead of their SOM classmates in the Annual Report of Donors, mailed in February. We are pleased to recognize those donors here as had been originally intended.

Class of 1990

David B. DeGrand, MD, PhD

Class of 1995

Loreen A. Ali, MD

Class of 1996

David A. Albert, MD

Class of 1997

William G. Berndt, MD, PhD

Class of 1998

Alan P. Picarillo, MD
Jeremy M. Shore, MD

Class of 2000

Katharine C. Barnard, MD
Jeremi M. Carswell, MD,
and Brett M. Carswell, MD

David B. FitzGerald, MD

Marguerite R. Garofalo, MD
Tiffany A. Moore-Simas,
MD, MPH, MEd

Class of 2003

Leah E. Doret, MD

Class of 2005

David M. Finkelstein, MD

Class of 2006

Allison M. Hargreaves, MD
Deborah Kelly, MD
Tara N. Kumaraswami, MD



Albert Sherman Center at UMMS opens

Gov. Deval Patrick headlined a host of elected officials and other dignitaries, including Albert “Albie” Sherman, to mark the official opening of the Albert Sherman Center on Wednesday, Jan. 30. An essential element of the governor's Life Sciences Initiative, the Sherman Center is an interdisciplinary, state-of-the-art research and education facility designed to maximize interaction and collaboration among researchers, educators and learners to encourage innovation and learning across disciplines.

For more information, visit www.umassmed.edu/shermancenter.

Fun and games for SOM Alum

YEARS OF PLAY have paid off for Jim Fulmer, MD '83, and his creative family after an actual dream led him to create the board game “Doctor Wars.” Set in a hospital, the game features cartoon-character doctors, “code brown” (with other inside jokes) and a nurse token that makes a player one of the most powerful in the ward.

“The point of the game is to have fun while thinking about strategy in a hospital setting,” said Dr. Fulmer, who provided a game for each of the five UMMS Learning Communities earlier this year. Residents and interns, he said, “seem to get a kick out of the cartoons, the humor and the myriad of strategic choices that can be made during the game.”

Doctor Wars is a game for two to four players, ages 10 and up. No medical knowledge is needed to play. Twelve “patients” are admitted to specialty wards, each with a set of illnesses. The more complex the illness, the more points players earn for treatment. The ranked tokens and moves are strategic and similar to chess.

Fulmer, who has always been a cartoonist, found he had to put many of his creative interests on hold during medical school and his residency. After conceiving the idea for the game, it took many years and the efforts of his entire family, as well as some friends, to bring it to commercial production.

“Creating and developing the game has reaffirmed my faith that the right side of my brain can flourish while I am practicing full-time medicine,” he said. “The incredible support of my family has been crucial.” His family includes his wife, Susan Gallo, who is an artist, a son who is a comedian, writer and research chemist, and a daughter who is a songwriter. They have plans to create another game as well as children's books and stories.

By day, Fulmer leads the hospitalist team at Baptist Medical Center, Downtown Campus, in Jacksonville, Fla., and is medical director of River City Clinical Research Center.

For more information about Doctor Wars, visit www.doctorwars.com. ■

Reduced resident work hours don't add up to better patient care

In her role overseeing residency training programs at UMass Medical School, Deborah DeMarco, MD, was not surprised by a recent study that shows no great benefit from a reduction in continuous work hours for first-year residents, a regulation instituted in 2011.

“Many in the graduate medical education community feel that the more restrictive hours have not produced the desired effect—or at least we have not seen any proof of this—which is more rested residents and safer patient care,” said Dr. DeMarco, who is associate dean for graduate medical education and senior associate dean for clinical affairs. “We also have not seen a corresponding increase in board scores, a proxy for medical knowledge.”

The study, published online in a recent issue of *JAMA Internal Medicine*, was conducted by researchers at Johns Hopkins. It looked at

the unintended consequences of the 2011 Accreditation Council for Graduate Medical Education (ACGME) restrictions that reduced the continuous-duty working hours of first-year interns from 30 to 16. According to a report, these restrictions failed to increase the amount of sleep trainees got per week and dramatically increased the number of potentially dangerous handoffs of patients from one trainee to another. They also found that reduced working hours led to reduced training time.

“I agree that we need rigorous studies to determine if duty hours are changing the environment for patients,” said DeMarco. “The trade-off for potentially better-rested residents is a marked increase in hand-offs, which is the most vulnerable time for medical errors.”

The ACGME first imposed national regulations of work hours for residents in 2003;



the 2011 changes require rest between work periods, increased supervision for junior trainees and a 16-hour limit on continuous duty hours for first-year residents.

“We are very concerned about shortened hours and how residents are going to learn everything they need to know,” she added. “They no longer follow patients they admit over time to see the progression of acute disease. In part this is due to shortened length of hospital stay as well as duty hours limits. There are particular concerns in surgical specialties that residents are not performing the cases they need to become competent, although we very strictly monitor case logs. We are also not really training residents for

the rigors of being attending physicians.

“On the other hand, the new 16-hour restriction for interns makes sense in many ways because prior to this, we had our least experienced trainees in the hospital at night without direct supervision. The new duty hours attempt to link graded responsibility to level of training.”

DeMarco concluded by saying, “We need data to prove that the duty hours regulations are in fact adequately addressing the issues they were put in place for. There is some sentiment for lengthening residency training—but no one is willing to pay for it.” ■

UMass Worcester celebrates 40th graduation

The University of Massachusetts Worcester awarded 211 degrees, including two honorary degrees, at its 40th Commencement exercises on Sunday, June 2. Honorary degrees were presented to cardiologist James Dalen, MD, MPH, a founding UMass Worcester faculty member and champion of integrated medicine, and former MIT president Susan Hockfield, PhD, the first life-scientist to lead the prestigious institution. UMW awarded 117 doctor of medicine degrees; 32 doctor of philosophy degrees in the biomedical sciences; one master of science in clinical investigation degree; five MD/PhDs; and, in nursing, 49 master of science degrees, two post-masters certificates, one PhD and two doctor of nursing practice degrees. ■

Complete coverage of Commencement 2013 activities, including stories, slideshows and videos, can be found online at www.umassmed.edu/news/commencement/2013.

