

2006 REPORT TO THE  
**Community**



TRANSFORMING  
THE EXPERIENCE  
OF HEALTHCARE...

ONE COMMUNITY  
AT A TIME

## MISSION

Samuel Merritt College educates students to become highly skilled and compassionate healthcare professionals who positively transform the experience of care in diverse communities.

## VISION

Samuel Merritt College will become nationally recognized as a premier, multi-specialty health sciences institution. Expert faculty and staff will shape an inclusive learning environment where all students experience best teaching practices and state of the art learning approaches. The College will select and support students who will flourish in its rigorous academic programs, learn to practice expertly, and pass licensure or certification examinations on first attempt.

## VALUES

A **learning** environment where we challenge ourselves and our students to think critically, seek mastery, and act compassionately

A **collegial** environment where we are fair, respectful, and behave with integrity

A **collaborative** environment where we partner with one another and with others in the community

An **innovative** environment where we take reasoned risks and move nimbly

A **results-oriented** environment where we provide and expect exceptional performance and service.

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2006 BOARD OF REGENTS**



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On behalf of the Board of Regents of Samuel Merritt College (SMC), we are pleased to present the College's 2006 *Report to the Community*. This is an opportunity for us to introduce the new Mission, Vision, and Values Statement that will guide the College through the next five to seven years. This statement is the result of thoughtful collaboration among board members, executive leadership, faculty, staff, and students, all of whom contributed to its development.

From time to time every organization should undertake a re-examination of core institutional purposes. For SMC, this work is particularly important given an alarming shortage of qualified healthcare professionals, coupled with the community's escalating need for care. Who we are as an institution of higher learning, what we represent, and the direction in which we are headed defines the College.

The year 2006 brought expansion to SMC's infrastructure and geographic reach. In these pages you will read about the new Health Sciences Simulation Center on our Oakland campus. The College also expanded its Sacramento Regional Learning Center and opened a new Local Learning Center at the St. Luke's Campus of California Pacific Medical Center in San Francisco. These facilities set the stage for growing enrollment and for innovative enhancements to the teaching and learning experience.

Licensure exam pass rates continue to be excellent — nearly 100 percent on the first try for graduates of many programs. We attribute this success to the excellence of our faculty and students. SMC graduates will transform healthcare in the coming years, through their creativity, energy, skill and dedication.

The catalyst for this transformation is the generosity of the College's many philanthropic donors. Ours is a nimble organization, ideally suited to innovate while preserving the best of the past. This is only possible with the ongoing support of our funding partners. To these individuals and organizations, we extend our most grateful thanks and the promise that the College will continue to exceed their highest expectations.

*Sharon C. Diaz*

Sharon C. Diaz, Ph.D. (hc)  
PRESIDENT AND CHIEF EXECUTIVE OFFICER

*Cornelius L. Hopper*

Cornelius L. Hopper, M.D.  
CHAIR, BOARD OF REGENTS

## More Than Technology, the College's New Health Sciences Simulation Center is a Whole New Way of Teaching and Learning

WHAT YOU NOTICE FIRST IS HOW REAL IT ALL SEEMS: THE PATIENT LIES ON A TABLE, HIS CHEST RISING AND FALLING UNDER THE SURGICAL DRAPE. A PULSE THROBS IN HIS WRIST AND THROAT. HE CAN COUGH, MOAN AND INTERACT WITH ANYONE IN THE ROOM. HIS BLOOD PRESSURE AND OTHER VITAL SIGNS REGISTER ON MONITORS THAT ARE STATE OF THE ART, LIKE ALL THE EQUIPMENT IN THE ROOM. MEDICATIONS IN SINGLE-DOSE BOTTLES ARE THE REAL THING. HYPODERMIC NEEDLES, IV TUBES, ALL STANDARD. SURGEONS, ANESTHESIOLOGISTS, NURSE ANESTHETISTS AND NURSES DO THEIR WORK AS USUAL. EVERYTHING HERE IS AS REAL AS IT GETS — EXCEPT FOR THE PATIENT. HE IS A MANNEQUIN LINKED TO A COMPUTER AND A PNEUMATIC SYSTEM: A HUMAN PATIENT SIMULATOR. AND, AT LEAST ONE PERSON IN THE ROOM IS A STUDENT.

This is Samuel Merritt College's (SMC's) new Health Sciences Simulation Center, which opened in November 2006 as one of the West's most advanced facilities for the training of nurses, nurse anesthetists and other healthcare professionals. Located in 6,000 square feet of space on SMC's Oakland campus, the new Center has two suites that can simulate an operating, intensive care or emergency room or any other patient-care setting. Each suite has its own control booth and conference room. An adjacent multi-purpose room is flexible enough to accommodate 50 students for a lecture, several small classes at once, or seven treatment bays where students work in pairs to diagnose and treat a simulated patient.

The College currently has four adult human patient simulators and two, equally lifelike, infant simulators, whose lips turn blue on command. The simulator inventory also includes a wide array of part task trainers—plug-in body parts, such as an intricate replica of the lower spine, used to teach specific technical skills.

The newest simulators can be programmed to exhibit conditions ranging from asthma to cardiac arrest. Heart and blood vessels, lungs and the gastrointestinal tract can be made to respond to any number of human interventions. A defibrillator can deliver a live shock to the body. An intravenous needle will penetrate the skin. Simulated blood can be pumped into the veins through an IV tube. Drug side effects show up just as if the patient were real.

Together, the mannequins, medical equipment and software have the potential to replicate any medical or surgical event, any anesthesia procedure, any treatment algorithm, drug protocol, any equipment failure. Scores of such scenarios, most about 15 minutes long, are already on file at SMC, and the library is growing, with the College's own programs supplemented by packaged

*the promise of*  
**SIMULATION**

The model for an environment focused on patient safety

Hands-on experience much earlier in the curriculum, connecting theory directly to real practice

Teaches leadership, teamwork, critical thinking, decision-making and communication skills, as well as technical skills

Immediate feedback to reinforce and deepen learning

Recordings of best-practice performances, to be made available online to students and alumni

Reduced pressure and anxiety usually associated with a first clinical experience

More dynamic interactions among students and faculty

Graduates who feel truly confident when they meet their first patient

One more great reason for top applicants to seek a Samuel Merritt College education

scenarios contributed by the world's small but growing community of healthcare simulation centers.

Samuel Merritt College is clearly a leader not just in the technology of simulation but in how it is applied. Learning objectives drive every simulation, without hindering improvisation. Operating from the control room, separated from the simulation action room by a one-way mirror, an instructor may change any scenario in progress by abruptly interjecting a new symptom or perhaps an error message on a monitor. Students learn to think fast on their feet, work together, and manage a crisis. Ceiling cameras and lavalier microphones capture it all. Immediately after the "performance," students and instructors adjourn to the conference room to discuss the scenario, play back the video and evaluate what happened. This reflective process by the active learners reinforces and deepens the experience. The smallest nervous gesture, miscommunication, or wrong move caught on screen provides a learning opportunity. Most importantly, students feel safe to make mistakes and learn from them.

According to the Institutes of Medicine, as many as 100,000 patients may die unnecessarily in U.S. hospitals every year. Many more survive human error with their stories untold. No doubt behind many such mistakes stands a beginner, well intentioned and closely watched but still inexperienced.

For centuries, healthcare professionals have trained in the same way. They hear lectures, read books, write papers, listen to one another's heart beat and eventually practice on real patients. Feedback is mostly anecdotal and, with experienced preceptors in short supply, regrettably limited. Mistakes happen.

Simulation helps eliminate the risk. Long popular with pilots and soldiers, simulation has been slow to evolve in healthcare because of the complexities of the human body. Now technology has made realistic and meaningful simulation possible. Students at Samuel Merritt College will now have hands-on experience as early as two



1} *Instructors describe the steps in a scenario.*

2} *Technicians program the steps into software that can replicate vital signs and equipment readings.*

3} *Software saves the scenario to replay and combine with other scenarios.*

4} *In the simulation room, instructors portray surgeons and other personnel.*

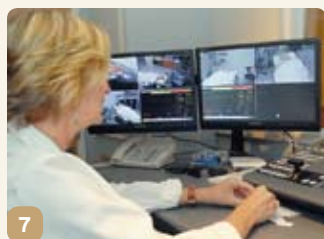
5} *Briefed on the “patient’s” condition and needs, the student creates and carries out a treatment plan.*

months into training, and they will continue performing, evaluating and improving their own work in the Simulation Center right up until graduation.

This is a \$3 million facility, made possible in part by the generous support of the Wayne and Gladys Valley Foundation. Because SMC is still a relatively small institution, innovation can happen quickly here. Plans to double the size of the Center are already on the table, driven by the healthcare personnel shortage and by the obvious success of simulation in teaching and learning. This next phase of innovation will depend even more on philanthropy from donors who, like the Wayne and Gladys Valley Foundation, believe in the College’s mission, vision and values.

SMC is committed to simulation-based education not with technology as an end in itself but for the power of the new academic model to improve the quality and safety of patient care provided by SMC graduates. Simulation is one way in which Samuel Merritt College is helping to transform health care... one student at a time.

To schedule your tour of the new Health Sciences Simulation Center and learn more about how you can help foster the College’s continued success with this valuable innovation, please contact Sue Sylvester, Executive Director of Development, at 510.869.8628 or by email at [ssylvester@samuelmerritt.edu](mailto:ssylvester@samuelmerritt.edu).



6} Ceiling cameras and lavalier microphones capture every action and sound.

7} From a microphone in the control booth, an instructor speaks for the patient.

8} From the control booth, an instructor may introduce new variables at any time.

9} Immediately afterwards, students and faculty gather in the conference room to watch and evaluate the video.

10} Via videoconference, other students and instructors join in from other locations.

### REAL-LIFE NEAR-MISS EXPERIENCE MAKES FOR IDEAL SIMULATION SCENARIO

Jennifer Mueller will never forget it: a routine laparoscopic appendectomy gone wrong. Recently graduated from SMC's Masters in Nurse Anesthesia Program, at the time Jennifer Mueller, CRNA, MSN ('05), was new to San Francisco General Hospital's trauma team, the world's *original* trauma team and still one of the busiest.

"This surgery took place at two in the morning," she remembers, "so there was fatigue, and when the surgeon went in, he hit an artery. Suddenly there was blood everywhere. We saved the patient, but only because everyone did just the right thing." Later, Ms. Mueller designed a simulation for SMC based on what happened that night, shaping it as a situation in which students would have to respond quickly to an unexpected, life-threatening event.

"I like that you can use simulation to show how important human factors are," Ms. Mueller says. "I made the scenario even more dramatic than it really was, which was fun, and I've already signed up to create more of them.

"When I was applying to graduate school, Samuel Merritt College had one of the only simulated patients around. That's the main reason I applied there, and now the Simulation Center is a hundred times more advanced. The students coming in now are extremely fortunate."

## A Conversation... on Technology and the Mission, Vision and Values of the College

THERE WAS MUCH DISCUSSION IN 2006 ABOUT THE COLLEGE'S MISSION, VISION AND VALUES, AND ABOUT THE ROLE OF TECHNOLOGY IN FULFILLING OUR HIGHEST ASPIRATIONS FOR STUDENTS AND FOR HEALTHCARE ITSELF. WHAT FOLLOWS IS AN INSIDE LOOK AT WHAT SOME OF THE LEADERSHIP HAS TO SAY ON THESE SUBJECTS.

### A CONVERSATION WITH:

**SCOT D. FOSTER, PHD, CRNA, FAAN** :: *Academic Vice President and Provost*

**PENNY A. BAMFORD, PHD, RN** :: *Assistant Academic Vice President*

**VICKI DAVIS, MS** :: *Manager of Academic and Instructional Technology*

**CELESTE G. VILLANUEVA, MS, CRNA** :: *Director, Program of Nurse Anesthesia;  
Coordinator, Health Sciences Simulation Center*

### We hear a lot about technology in education these days. How does that apply to Samuel Merritt College?

**DR. FOSTER** The big news in 2006 was the opening of the new Health Sciences Simulation Center on the Oakland campus.

**MS. VILLANUEVA** We've been using human patient simulators in our nurse anesthesia curriculum for about five years, but not in such a technologically sophisticated environment.

**MS. DAVIS** We're also using live video to connect with our remote sites in Sacramento, San Francisco and San Mateo. We even broadcast courses to Chicago. With video, we can bring in an expert just for a lecture and then share it across the whole curriculum. Blackboard, the software used for teaching online, enables instructors to post their syllabus and readings on a Blackboard website and collect student papers via email. They also hold discussions inside Blackboard, which means the students and instructor write messages to one another in a kind of group email. Faculty and students who are at separate locations during a clinical

rotation will sometimes hold an evening conference online. Rather than everybody driving to a central location, they can all go home, be with their families, and then go online after dinner to talk about what happened that day. We do something similar in Physical Therapy where we'll follow up an "Ask the Experts" lecture with a two week online discussion.

**MS. VILLANUEVA** Instructors can also hold exams and post grades inside Blackboard, and they get statistics on student participation. We're at a basic level now, but the potential is there to really use technology for transformative learning.

### What opportunities and challenges does technology present to SMC for teaching and learning?

**DR. BAMFORD** In broad terms, these kinds of innovations help us improve the quality of education, which should have a positive impact on the care our graduates deliver when they enter the workforce.

**DR. FOSTER** We can also reach a lot more students with the same number of instructors—to extend the value of our exceptional faculty.

**DR. BAMFORD** Faculty are beginning to see how online discussions deepen learning and how simulation improves patient safety.

**MS. DAVIS** It's exciting when you see that light bulb go on for a faculty member. I know one instructor who had only used Blackboard for the basics and then taught a course entirely online. At the end of the first week, her 18 students had written 400 discussion postings, and their work was deeper and more extensive than she had ever seen in a face-to-face classroom. She was amazed.

**DR. FOSTER** She's learning to change how she teaches. The days are over when faculty can be a "sage on the stage." They need to be a "guide on the side." It's our job to show them technology's potential to create time efficiencies without sacrificing student performance.

**DR. BAMFORD** Instead of lectures and passive learning, get the students involved.

**MS. VILLANUEVA** We have adopted a Chinese proverb as one of our basic tenets in the Simulation Center: "Tell me and I will forget. Show me and I may remember. Involve me and I will understand."

**MS. DAVIS** I tell the faculty not to be afraid of it. The College isn't investing time and resources just for the technology but because we think it will improve the learning environment, student life, the teaching experience and, ultimately, patient outcomes.

### **How will all this impact patient outcomes?**

**MS. VILLANUEVA** This is where simulation really shines: being able to practice and not worry about outcomes. I'm constantly surprised by how

quickly and effectively students respond during simulations to the curve balls we throw at them.

**MS. DAVIS** In a clinical setting, a student might be afraid to admit they made a mistake. Also, obviously the head nurse won't put a patient at risk just to teach you a lesson. In a simulation, no one will step in. You have to act.

**MS. VILLANUEVA** Believe me, students feel it when they make an error, or harm a "patient." They learn consequences and how to balance caution with decisiveness. Good learning starts with the quality of the scenario itself. Another factor is the faculty's ability to facilitate guided reflection during the debriefing. That takes faculty preparation, very different from what they're used to.

**DR. FOSTER** And that requires investment in faculty incentives and development.

**DR. BAMFORD** My hope is that once we can demonstrate better risk management and quality of care, we'll be able to influence healthcare reform. We're already seeing more linkages between policy and outcomes and educational programs.

**SMC is already known as a leader in educational innovation. It sounds as if that commitment is ongoing.**

**DR. FOSTER** Absolutely. We have the vision, nimbleness and resources of an educational innovator. And, the support. For example, two years ago, we partnered with the Gordon and Betty Moore Foundation and The Kaiser Permanente Northern California Fund for Health Education through the East Bay Community Foundation. They helped us initiate one of the nation's first 12-month

## SMC GRADUATES BEAT NATIONAL AVERAGE FOR PASS RATE ON FIRST ATTEMPT

	SMC 2006 PASS RATE	NATIONAL AVERAGE
Doctor of Podiatric Medicine	93.0%	89.0%
Physician Assistant	97.0%	92.0%
NCLEX Registered Nurse	92.0%	88.0%
Physical Therapy	94.0%	87.0%
Master of Occupational Therapy	91.0%	85.0%

accelerated bachelor of science degrees in nursing (ABSN), based in Sacramento, San Francisco, San Mateo and Oakland.

**DR. FOSTER** And the graduates are outstanding. The inaugural class had a 100 percent pass rate on the national licensing exam for RNs.

**MS. DAVIS** When the law started requiring an advanced degree for nurses to have prescription rights, we introduced our online Master of Science in Nursing. Students participate from Germany, Guam, Florida, Canada, and that program is growing.

**DR. FOSTER** I don't know of a more aggressive or comprehensive plan to meet the need for registered nurses. This is a model for partnerships with corporate funders.

**DR. BAMFORD** Once we really have the technology mastered, we can do a whole curriculum in virtual reality and Blackboard, and it could be global.

**MS. DAVIS** We're also innovative in ways that don't involve technology. For example, our space is limited, so a weekend intensive with 60 students

might use a room for 30, because in the morning you send half the group out to do something and the other half comes to the room for a lecture. Then in the afternoon you switch groups.

### What about the future? What's on the horizon?

**MS. VILLANUEVA** In the Simulation Center, we'll be expanding our audiovisual capability to all the teaching areas, so we can really leverage the benefits of the software that integrates the simulators with the video and performance assessment tools. We also hope to expand the Simulation Center, so we can broaden its use across all disciplines.

**MS. DAVIS** We're also looking at a classroom response system, not for testing but for gathering feedback and engaging students during a lecture. The instructor asks questions, students respond by pressing buttons at their desks, and everyone sees a chart of how they all answered. It's a good way to manage a large group and still get input from everybody.

**DR. BAMFORD** On a much bigger scale, I'm talking with some video game people about developing an academic course with avatars, which are a kind of cartoon version of yourself inside a video game, or, in this case, inside a video simulation. This could open up a very different paradigm of teaching. I don't think we even know what's possible yet.

**MS. DAVIS** I agree. We're just scraping the surface.

**DR. FOSTER** Either society has an effective health-care workforce or not. Policymakers must help educational institutions develop new ways to deliver learning that will prepare a workforce who can effectively serve all sectors, including geographically remote and other underserved populations. Surely technology plays a role there.

**DR. BAMFORD** There is hope on the horizon for us to all enjoy a higher quality of life and greater safety in healthcare. It all begins with the education of healthcare providers.

## Through Caring, We Transform the Lives of Others, and, in so doing, We Ourselves are Transformed

VALERIE DZUBUR HAS A CALLING. SHE IS CALLED TO EARN THE TRUST OF JUST ONE, "IRREPLACEABLE," PERSON. SHE IS CALLED TO OFFER THAT PERSON "SOLICITUDE"—SOMETHING BEYOND THE SCIENCE OF CARING. SHE DOES THIS FOR JUST ONE PERSON. THEN, FOR ANOTHER. AND ANOTHER.

"If you try to help the whole world, you become immobilized," Dr. Dzubur says. "Don't worry about helping everyone. Just be truly present for the next one."

Like her colleagues on the Samuel Merritt College faculty; like the students she takes with her on medical missions to Southeast Asia; like all SMC alumni who live by their hearts as well as their wits, Assistant Professor Valerie Dzubur, EdD, RN, is drawn to healthcare for her own, unique reasons, and she pursues her calling in her own, personal way. Still, there is something about her way that speaks to us all.

"Some part of what we do as healthcare providers cannot be measured," Dr. Dzubur says. "Every encounter with a patient brings a new story, a new mystery. How do they feel? What can I do for them? Is it working? Am I reaching them? And, as a result of what I do for them, who am I? Truly caring is a process of *mutual* recognition. The quickest way to the Self is through the other Self. When you care for another person, you yourself are transformed."

After 25 years, Dr. Dzubur says this experience is the same for her no matter where it occurs. She once worked with drug-addicted pregnant women on the streets of San Francisco. Today she directs healthcare for the homeless and uninsured at San Rafael's Ritter Center. Twice a year, she travels to rural Southeast Asia under a project of the SMC Family Nurse Practitioner Program.

These medical missions are emblematic of SMC's commitment to an inclusive learning environment, says Academic Vice President and Provost Scot D. Foster, PhD, CRNA, FAAN.

"We're not just looking at the Bay Area anymore," Dr. Foster says. "We have a responsibility to see that all communities and cultures benefit from what we teach, both locally and globally. Does this mean the students will go back and work full time in Guatemala or Burma? Probably not, but they might be more apt to volunteer once a year if they have that kind of experience as a student."

As for Dr. Dzubur, she will continue to go "until there's no more going. I didn't know the path ahead when I took it," she says, "but now the villagers are expecting me."

She is quick to point out that these missions are a team effort, always involving local partners, other faculty members and ten or twelve SMC students. One



*Mlabri villagers in Northern Thailand wait for treatment.*



*SMC students provide primary care under the guidance of an experienced clinician.*

village has a pre-school dedicated to a family member of Assistant Professor Rhonda Ramirez, EdD, FNP, who helped raise the necessary dollars as a tribute. The team members have also created an orphanage and a soccer team. Once, they brought mosquito nets. Always, they provide basic healthcare.

“One year,” Dr. Dzubur recalls, “I saw a four-month-old baby smaller than a newborn. The mother had no milk and no money, so we gave her formula and bought the village a refrigerator. The next year, that baby was thriving, and it had cost us less than \$200. His mother brings me chickens now. Most of this was not my own doing, but I’m the symbol.”

The students return home changed, she says. They keep a journal and try to find out who *they* are by developing relationships with the people they meet. For them, the trip is part service, part self-discovery.

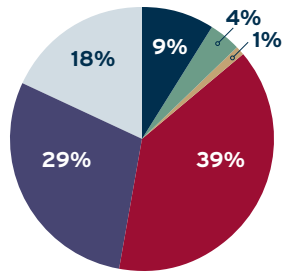
“We can never replace real life in teaching,” Dr. Dzubur says. “We have to give students the opportunity to develop their own individual sense of virtue, so they’re not just doing a job. None of us want to be treated like a machine. We all want to be treated as the irreplaceable other.”

“When we go to these villages, the kids line up and sing for us. It’s very hot, and some of the people have no clothes. They have worms. Things are not okay for them, but they’re very capable and *they* help *us*. I’m pretty sure they haven’t benefited anywhere near as much as I have from knowing them.”

# 2006 financial review

## TOTAL GIVING IN 2006: \$2,632,022

The following chart illustrates the distribution of donated funds

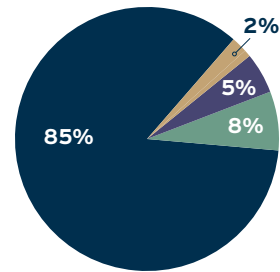


Endowed Scholarship Funds	\$ 237,965
Endowed Funds / Other	\$ 102,500
Miscellaneous Funds	\$ 15,684
Projects /Other	\$ 1,014,402*
Scholarship /Loan Funds	\$ 785,568
Special Purpose Funds	\$ 475,903

\* One gift of \$1,000,000 was contributed by the Wayne and Gladys Valley Foundation to assist in the development of the new Health Sciences Simulation Center.

## DOLLARS RECEIVED BY FUNDRAISING VEHICLE

for Calendar Year 2006 (January 1 – December 31)



Planned Gifts	\$ 50,000
Individual Gifts under \$5k	\$ 158,027
Individual Major Gifts greater than \$5k	\$ 193,573
Foundations, Corporations and Organizations	\$ 2,230,422

## FINANCIAL INFORMATION AS OF DECEMBER 31, 2006

### Revenue and Support

Tuition and fees	27,159,017	
Less: college funded scholarships	(2,718,402)	
Net tuition and fees	24,440,615	66.1%
Investment Income and gains	7,366,361	19.9%
Increase/(Decrease) in net present value of trusts	(53,408)	-0.1%
Private gifts, grants and bequests	2,789,995	7.6%
Government grants	338,843	0.9%
Auxiliary enterprises	561,806	1.5%
Affiliate contributions	738,996	2.0%
Other sources	763,111	2.1%
<b>NET REVENUE AND SUPPORT</b>	<b>36,946,319</b>	<b>100.0%</b>

### Expenses

Education and general		
Instruction	16,379,181	49.5%
Academic support	3,440,836	10.4%
Student services	2,743,252	8.3%
Institutional support	5,196,741	15.7%
Auxiliary enterprises	822,256	2.5%
Capital Equipment and Facilities Improvement	4,508,318	13.6%
<b>TOTAL EXPENSES</b>	<b>33,090,584</b>	<b>100.0%</b>

Surplus funds will be invested back into our academic programs in the form of capital expansion related to instructional equipment and facilities. Projects currently approved total \$7,704,606; \$4,224,606 will be undertaken in 2007 and another \$3,480,000 in projects are scheduled for 2008.

# HONOR ROLL OF donors

This report reflects gifts to Samuel Merritt College  
received between January 1, 2006 and December 31, 2006

**DONORS OF \$25,000 OR MORE APPEAR IN BOLD**

 **MEMBERS OF THE UNIVERSALIS CENTRALIS CIRCLE  
(\$1,000 OR MORE)**

## ACCELERATED BACHELOR OF SCIENCE IN NURSING PROGRAM FUND

 **Gordon and Betty Moore Foundation**

## ACCELERATED BACHELOR OF SCIENCE IN NURSING PROGRAM EXPANSION GRANT

 **The Kaiser Permanente Northern California  
Fund for Health Education through the East  
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## THANK YOU, MULTIPLE SCLEROSIS FOUNDATION!

Tremendous thanks to the Multiple Sclerosis (MS) Foundation for its 2006 grant of \$20,000 to the SMC Physical Therapy Department. This grant will be used to provide free balance testing for Greater East Bay residents who are newly diagnosed with MS or who have had a recent change in their medication, a recent fall, and/or a recent exacerbation in their condition.

Dr. Albert E. Burns '78  
Dr. Gregory A. Burns '76  
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Dr. Robert J. Califano '74

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*Celeste Villanueva, MS, CRNA, explains the benefits of simulation technology. From left, former SMC Regent, Jim Porter, Patricia Shimer, Celeste Villanueva, and Michael Desler, Executive Director of the Wayne and Gladys Valley Foundation.*

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## MOST INFLUENTIAL U.S. PODIATRISTS TEACH AT SMC

Among the 15,000 podiatrists in the United States, two of the “most influential” serve on the faculty of the California School of Podiatric Medicine at Samuel Merritt College. In 2006, subscribers to the journal *Podiatry Management* named Professor Joshua Gerbert, DPM, FACFAS, and Dean Albert E. Burns, DPM, among the nation’s 175 most influential podiatrists. Both are known nationally and internationally as exceptional clinicians and as writers, lecturers, educators and leaders in their profession.

Dr. Gerbert is editor of the definitive *Textbook of Bunion Surgery* and chief of podiatric surgery at St. Mary’s Medical Center in San Francisco. He served two terms as president of the American Board of Podiatric Surgery and is a consultant to the Medical Board of California. At CSPM, Dr. Gerbert has held various positions across 30 years, including chair of the Department of Podiatric Surgery, academic dean, and director of continuing medical education.

Dr. Burns is academic dean and professor of podiatric surgery at CSPM. He chairs the board of the American Association of Colleges of Podiatric Medicine. The medical literature includes more than 40 articles and five recent textbook chapters authored by him. For four years he oversaw the national process for certifying podiatrists. He has also been instrumental in designing and implementing plans for the future of the profession. Dr. Burns directs the podiatric surgical residency program at St. Mary’s Medical Center in San Francisco and is chief of podiatry at Alameda County Medical Center.

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## BACK TO VIETNAM, THIS TIME TO HEAL

Albert Burns, DPM, hadn't been back to Vietnam since the war. A combat soldier in the 1960s, Dr. Burns is now dean of the California School of Podiatric Medicine at Samuel Merritt College. But, it was as a clinician and goodwill ambassador that he flew to Hanoi last summer with a team of podiatrists headed by his colleague and fellow CCPM alumnus Tom Kaschak, DPM ('82), a veteran of numerous medical missions.

"Our first day in DaNang we triaged more than 50 patients," Dr. Burns says. Cerebral palsy and polio are prevalent in Vietnam, and the podiatrists saw case after case of clubfoot and serious lower extremity spastic conditions. For almost three weeks, they operated six days a week, five to seven cases a day, fusing joints, transferring tendons, and changing the lives of grateful patients. Many were children, sometimes sleeping two to a bed while they recovered.

"One of the most satisfying parts of the experience was rounding in the wards," Dr. Burns says. There he saw one below-the-knee cast after another on previously deformed feet now made normal.

"It was a chance to give back," Dr. Burns says, "but my reasons were also selfish. Professionally, there was the excitement of dealing with so much significant pathology. Personally, there was the adventure and the opportunity to seek some closure."

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Robert and Myrna Ward at the Wall of Honor unveiling.

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SMC students are happy to be dressed in scrubs before attending a class in the new Health Sciences Simulation Center.

## DIGITAL STORYTELLING ENLISTS HELP FOR THE HOMELESS

Under a grant from the City of Oakland, students in SMC's Community Health Program visited local clinics and shelters during 2006 to help put a human face on the local homeless population. The students interviewed homeless men and women and captured their stories with microphones and digital cameras. Later, with help from SMC's Media Services staff, Assistant Professor Joan Bard, EdD, RN, used editing software to combine the photos and interviews onto a DVD for presentation at a major City event benefiting Project Homeless Connect.

This digital storytelling project illustrates the power of technology to enhance learning and bring people together. The experience brought homelessness to life for students considering a career in community health. And, the DVD touched the hearts of audience members considering support for local clinics. In countless examples like this one, SMC is transforming healthcare through small but significant acts of learning.

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Gathering in front of the Wall of Honor from left: Dr. William Lowe, Christine Hickey, Doreen Wong, Dr. Sharon Diaz, Phyllis Lowe, Dr. Darrin Lowe, Robert Wong, and Dr. Randall Sarte. Seated in front: Dr. William Wong.

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SMC nursing students show off their new stethoscopes.

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### OCCUPATIONAL THERAPY RESEARCH SHOWS PROMISE FOR BRAIN REHABILITATION

Because Professor Gordon Giles had an especially productive sabbatical in 2006, brain injury patients may find their lives changed for the better. Gordon Muir Giles, PhD, DipCOT, OTR/L, FAOTA, spent much of last year studying, writing and speaking about non-aversive approaches to brain rehabilitation. His research further confirmed one of his core beliefs: that less punishment and more reward can make for a happier, more compliant, better-served patient.

“So often we try to punish people out of doing bad behaviors,” Dr. Giles says, “but that can just make them worse”—so much worse that some patients will try to escape from their rehabilitation setting. One key finding of last year’s study bears directly on this dangerous behavior.

“We found that if you want people with severe brain damage to stop running away, take them out more,” Dr. Giles says. In other words, frequent outings contribute to patient well being. In April, Dr. Giles presented his preliminary findings on the treatment of behavior disorders in brain injured patients at the national convention of the America Occupational Therapy Association.

During his sabbatical he also found time to complete and publish four book-length courses for practicing occupational therapists. His scholarly work includes four books and many book chapters and other publications.

A professor in Occupational Therapy at Samuel Merritt College, Dr. Giles also maintains an active clinical practice. Some years ago he was senior occupational therapist at the first program in the world to specialize in the treatment of individuals with behavior disorders and brain injuries.



A student practices giving a patient anesthesia during surgery.

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