Vincent a 50-year-old truck driver, was
in full cardiac arrest when medical
students at Stritch School of
Medicine (Stritch) revived him
using cardiopulmonary resuscitation (CPR) and
defibrillation.

Later, Vincent suffered major trauma in an automo-
BILE accident and underwent surgery. While he
was under general anesthesia, residents noted that he
showed signs of malignant hyperthermia – an
adverse reaction to anesthesia. The residents skill-
fully and quickly treated his rare but potentially
fatal condition.

Vincent is not an extremely unhealthy patient, he is
a computer-linked mannequin used in the
Human Patient Simulation Program at Stritch.

A Virtual Teaching Tool
In the past two decades medical education has
changed significantly, with technology playing a
major role. The use of simulation technology has
begun to gain acceptance in medicine. Clinical
simulators are devices that replicate a variety of
clinical conditions and situations, placing trainees
in life-like situations. The simulators provide
students with immediate feedback about their
decisions and actions. If simulators enhance the
clinician’s diagnostic skills, then these devices have
the potential to improve the overall quality of
patient care.

One of the goals of Loyola’s Human Patient
Simulation Program is to prepare future physi-
cians for examining real patients. There is a
strongly supported belief that a well-performed
physical examination remains the most cost effec-
tive tool for evaluating patients.

Stritch primarily uses the human patient simula-
tor (HPS) – nicknamed Virtual Vincent – as a teach-
ing aid for medical students and residents. “The
good thing about Vincent is he really teaches students
and residents total patient management,” said Pierre LeVan, MD, associate professor of anesthe-
siology and associate director of the Human
Patient Simulation Program. “For instance if Vincent
is programmed to be a trauma patient, they learn
to prioritize their treatment to take care of the
most critical conditions first.”

Students and residents can use Vincent to practice
performing CPR, using a defibrillator, conducting
an emergency tracheotomy or inserting a chest
tube. But if their treatment fails, the HPS will sim-
ulate death. “Human patient simulation allows
students to go a lot further than they would with
an actual patient,” Dr. LeVan said. “Working with
Vincent really makes the students and residents
think and reflect on their actions when they get a
negative outcome.”

Tim Litofe, MD, a former Stritch medical student
who is currently an anesthesiology resident at the
University of Florida in Gainesville, recalled his
experience intubating Virtual Vincent. “It was as
realistic as being in a room with a real patient,” he
said. “But you could go through more scenarios
and fix each condition. If you did something
wrong, you could pause the program to talk
about it.”

Protecting Patients
A main benefit of human patient simulation is it
allows medical students and residents to train for
rare medical events and conditions in a controlled
environment. “Human patient simulation is a lot
like the training pilots undergo,” explained Steven
Edelstein, MD, director of the Human Patient
Simulation Program and vice chair of medical
education in the Department of Anesthesiology.
“Pilots plan for crises all the time. Likewise, simu-
lation training for medical purposes allows stu-
dents to deal with crises that don’t occur very
often. This protects patients because their health
specialists won’t see these rare events for the first
time in the Emergency Department or intensive
care unit.”

Dr. Litofe said working on Vincent helped prepare
him for his residency by providing scenarios that
he would not routinely see in patients as well as
more common situations. “In anesthesiology
many things you train for you may never see. Just
in case it does come up, having practiced on a
mannequin is beneficial,” he said.

The Future of Human Patient Simulation
Instructors like the simulator as much as the stu-
dents do because it provides added value to their
classroom with hands-on self-learning. Vincent also
is proving to be a valuable tool for student evalua-
tions. “We use it to test our students to see how
much they’ve learned on a clinical rotation,” said
Dr. LeVan.

“Human patient simulation is going to continue
to evolve and grow at Loyola,” added Dr.
Edelstein. “We are dedicated to the technology.
More departments are incorporating human
patient simulation into their training, increasing
its exposure to students and residents.”

Vincent someday have a friend – a cardiopulmo-
nary simulated life-size mannequin that links to
a multimedia computer system that provides
heart sounds and simulates a variety of clinical
findings in health and disease states. Stritch is
considering a proposal to make the simulator part
of its Human Patient Simulation Program.

Loyola’s Department of Obstetrics & Gynecology
recently obtained a computer-linked life-size
mannequin that simulates childbirth. Students use
the simulator to practice deliveries, residents use it
to practice treating obstetric emergencies and
department nurses and physicians will use it for
crisis drills.

A Thank-you Gift from a Former
Student
Virtual Vincent and the Human Patient Simulation
Program were funded in part by Stuart Marshall, MD,
a 1970 Stritch graduate who has an orthopaedics
practice in La Jolla, Calif.

See Simulator, page 2
Work of Pioneering Ophthalmologist Continues through the Richard A. Perritt Charitable Foundation

In life, the late Richard A. Perritt, MD, exhibited a colorful personality. “He was a world-famous ophthalmologist and entrepreneur, an exquisite dresser with a very flamboyant personality,” recalled Ron Tyrpin, his close friend and financial advisor.

Fifteen years after his death, Mr. Perritt’s presence still is felt through the gifts of a charitable foundation he established.

The Richard A. Perritt Charitable Foundation provides funding to several beneficiaries within Loyola University Health System (Loyola) including the Department of Ophthalmology, the Cardinal Bernardin Cancer Center and the Marcella Neihoff School of Nursing. In 1999, the foundation began offering scholarships to Stritch School of Medicine (Stritch) students.

“We feel the scholarship is a memorial to Dr. Perritt, who was an alumnus of Stritch,” said Mr. Tyrpin, who manages the foundation along with his family. “It seems fitting that his foundation will promote future doctors. Whether they go into research or patient care, they may someday carry on Dr. Perritt’s tradition of medical innovations.”

Investing in The Future

The Perritt Foundation’s Stritch scholarship provides tuition to students in their second through fourth year of medical school. The scholarships are awarded to students who show a documented financial need along with an excellent record of scholarship, leadership, and service. Four medical students have been recipients of the scholarship. Currently two, third-year students are in the program. Once they graduate, two more recipients will be chosen.

Recipient Adam Nicholson is considering specializing in pediatrics. “I’m very thankful for the Perritt Foundation and grateful for its generosity,” Mr. Nicholson said. “The foundation will be a large part of what I think about when I reflect back on my experiences at Stritch.”

Joshua Aaron is considering specializing in surgery. “It’s both an honor and a privilege to have this scholarship,” Mr. Aaron said. “It has, no doubt, changed the course of my future and made my dream of starting my own practice more tangible.”

Both recipients said the scholarship has inspired them to strive harder to reach their career goals so they can “pay back” their funding by providing excellent health care to those in need.

“Anytime you are personally touched by generosity it motivates you to do the same one day,” Mr. Nicholson said. “I hope someday I can give back to society and be the best physician I can,” Mr. Aaron said.

A Memorable Donor

It is fitting that the scholarship recipients have an ideal role model for their donor. Dr. Perritt had his own ophthalmology practice and worked well into his 90s. “He was active right up to the end. He told everyone he was in his 70s. He looked great,” Mr. Tyrpin recalled.

Although his practice was based in Chicago, Dr. Perritt traveled around the world spreading his knowledge through ophthalmology seminars. He performed eye surgeries on two popes and various other dignitaries across the globe. He was actively involved in research and was responsible for several breakthroughs in ophthalmology including the first corneal transplant. “Up to his dying day he was doing research,” Mr. Tyrpin recalled.

Dr. Perritt was adamant that his work continue, so, before his death, he and Mr. Tyrpin discussed establishing the foundation.

A Hard-working Family

Managing the Richard A. Perritt Charitable Foundation is a family affair. Mr. Tyrpin, a stock and bond trader, is the president while his wife, Diane Tyrpin, a 1963 graduate of Loyola University Chicago and retired school teacher, is the secretary-treasurer. Sons, Mark Tyrpin, a banker, and John Tyrpin, a financial investor, are board members.

The family visits all the organizations that receive foundation donations. “We keep a hands-on approach in monitoring the foundation and inspecting all the beneficiaries to make sure they are following guidelines,” Mr. Tyrpin said.

Mr. Tyrpin said the part he enjoys most about running the foundation is preserving the memory of his friend while benefiting society.

What he finds most demanding is working with the uncertainties of medical research. “Getting involved in the research part of medicine is very challenging, whether it is deciding to put funds to work on a short-term basis or making the decision to fund a long-term project,” Mr. Tyrpin explained. “The key is to keep the plan in circumference, and follow up on the progress of the research. You have to keep in mind there are no time tables on certain areas of research.”

The Tyrpin family strongly encourages other families, groups or individuals to consider starting charitable foundations of their own to fund medical care and research. “This is a way for the average person to be involved in medicine,” Mr. Tyrpin explained. “It is very satisfying to be a part of new discoveries in research and patient care.”

Mr. Tyrpin views the Perritt Foundation’s funding of medical education as a vital contribution to society. “I believe society has an obligation to help keep physicians and researchers up-to-date on the latest innovations and technology available in the medical field,” he said. “I believe providing the funding to educate new physicians is especially important. Who knows, you may fund a medical student who one day discovers a new cure or treatment for diseases.”

For more information on making foundation grants to Loyola or Stritch contact Heather Snyder, PhD, director, Corporate and Foundation Relations, at hsnyder@lumc.edu or (708) 216-4607.

Who is Vince?

Vince is a life-size medical mannequin and the first patient many Stritch medical students treat. He is surprisingly lifelike with pulses in his wrist, neck and feet; a heart beat; urinary output; removable teeth; and eyes that blink and pupils that respond to light. Vince is equipped to be an adult female or male and can be programmed to assume the profile of a wide variety of patients.

Instructors also can program Vince to show symptoms of 70 different medical conditions. He is wired to mimic actual human responses, and he reacts to medical treatments and procedures.

Stritch medical students treat Vince in the Human Simulation Center, which is set up like an operating room. Vince is lying flat under a sheet on a gurney, surrounded by anesthesia equipment, operating room monitors and tanks of nitrogen, oxygen, air and nitrous oxide.

First- and second-year medical students practice on Vince as part of their introduction to clinical practice and physiology lectures, while third- and fourth-year students work with the mannequin to learn about hemodynamic (blood circulation) monitoring and hypotension (low blood pressure) management as well as techniques for setting up an operating room for anesthesia and caring for patients before, during and after surgery.
**Neurological Surgery Residency Program Celebrates 30-year Anniversary**

When the first resident graduated from Loyola University Medical Center’s Neurological Surgery Residency Program in 1976, the specialty was just a division within Loyola’s Department of Surgery. “At the time William Hanigan, MD, graduated, there wasn’t a single textbook dedicated solely to the neurological surgery specialty, and the computed tomography (CT) scan had just come on board,” said Thomas Origitano, MD, PhD, chair, Department of Neurological Surgery at Stritch. What a difference 30 years makes. In June as Farbod Asgarzadie-Gadim, MD, became the 33rd resident to graduate from the program, neurological surgery has its own department in Loyola. The specialty has grown due to computer technical advancements, and neurological surgeons are among the most technologically savvy specialists. For example, our surgeons use minimally invasive beam-shaped radiosurgery technology to treat tumors. The beams are shaped to fit the contours of a tumor, helping to minimize the damage to surrounding healthy tissue. Loyola was the first health system within a 150-mile radius to use this technology.

Although having the opportunity to work with state-of-the-art equipment is a huge benefit for residents, Dr. Origitano is quick to point out that the residency program focuses on more than just the latest technology. “Our graduates learn to be neurological surgeons and community activists, which is part of Loyola’s Jesuit tradition. They have a responsibility to make important contributions in their communities such as caring for patients who don’t have access to treatment,” he said. “Our graduates are blessed to be able to do what they do, but there is a responsibility that goes along with that good fortune.”

If you would like to support neurosciences programs or research, contact Barbara Luce-Turner, senior director, major gifts, at bluce@lumc.edu or (708) 216-1051.

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**A Growing Fund**

Since its creation, the Leischner Memorial Scholarship has grown through the careful nurturing and major contributions of Mr. and Mrs. Litowitz, along with Leischner siblings Matthew, Julie and Mark, who graduated from Stritch in 1998, 1999 and 2001, respectively. “Although I was the only child in the family who didn’t go into medicine, my father and I were close.Contributing to the scholarship fund is a fitting way to honor his legacy,” said Mrs. Litowitz, who graduated from Loyola University Chicago School of Law in 1994. “The scholarship makes everyone feel as if we are in touch with his spirit.”

Mr. and Mrs. Litowitz have donated $401,900 toward the Leischner Memorial Scholarship endowment, which currently is worth more than $875,000. The Glencoe, Ill., couple, who have four children ranging in age from 8 years to 9 months, feel fortunate that they have the financial resources to have an impact on the lives of future physicians.

Dr. Leischner’s wife, Gloria, also is involved with the scholarship. She works part-time at Stritch to complete projects her husband was unable to see through completion before his death. Mrs. Leischner makes the scholarship fund a priority, carefully thanking donors with personalized messages. She is especially grateful that her children donate to the fund. “It is heart-warming to see my children have such reverence for their father and that they recognize the importance of giving to this noble cause,” she said.

To date, $94,500 in scholarship money has been awarded to Stritch students, in large part through annual donations by the Litowitz family. In the past, the scholarship has helped defray a portion of the students’ fourth-year tuition costs. However, for the 2005 – 2006 academic year Mr. and Mrs. Litowitz increased their contribution so that the scholarship covered the recipient’s entire fourth-year tuition.

“Medicine remains an honorable profession, but for young people embarking on this career it has enormous costs,” said Mr. Litowitz, who works in the financial field. “It’s appropriate to help share that burden with this scholarship, while honoring my father-in-law’s lifelong pursuit of helping others.”

**Rewarding Community Service**

The scholarship is awarded annually to a fourth-year medical student who exemplifies the physician-educator’s values: compassion, integrity, enthusiasm and a commitment to lifelong learning. While academic performance is a factor, these values, as well as the student’s commitment to service and mentoring, are the most important criteria in choosing a scholarship recipient.

“My initial reactions were shock, disbelief and eventual incredible excitement,” said fourth-year medical student Michael Ryan upon learning he was named the Leischner Memorial Scholarship recipient earlier this year. “I received the news one week before my wedding, and I remember telling my fiancé that we had just received the best wedding gift possible.”

Mr. Ryan is very grateful that the scholarship is helping to reduce his financial debt by covering the cost of tuition for his last year of medical school. He also is moved by the example set by the scholarship’s namesake. “I was humbled as I learned of Dr. Leischner’s accomplishments,” he said. “The scholarship and his passion have inspired me to continue to strive for excellence in teaching and service.”

For more information about the Leischner Memorial Scholarship, contact Shawn Vogel, PhD, assistant dean, development, Stritch School of Medicine, at svogel@lumc.edu or (708) 216-5642.
Charitable Gift Annuity

Occasionally we hear from a donor who would like to support the future of medicine at Loyola University Health System (Loyola) or Stritch School of Medicine (Stritch), but is concerned about financial security. A planned gift is a unique opportunity to give a significant gift to Loyola or Stritch while also reducing your taxable burden of income, capital gains or estate taxes. Indeed, many donors find that through a planned gift, they can make a larger contribution than they thought possible.

An ideal gift vehicle for someone who wishes to increase income during retirement years and provide for a gift to their favorite charity is a charitable gift annuity. How does it work? A donor and the issuing charity enter into a contract whereby the donor transfers property (usually cash or appreciated securities) to a charity in exchange for a fixed dollar payment to the donor or loved one for life. When the annuity term ends (a defined period or death), the charity receives the remaining balance.

Annuity payments are determined actuarially by age: the older the beneficiary, the higher the payout. Many times, this payout may provide the donor with a current income greater than the assets now produce. In addition, an annuity provides valuable tax benefits including an immediate, and sometimes sizeable, income tax deduction.

For more information about gift annuity options, e-mail development@lumc.edu or call the Office of Development at (708) 216-3201.

For More Information
Loyola University Medical Center is committed to disciplined research and planning concerning both the purposes for which a gift will be used and the impact a gift makes on your personal and financial goals. The Office of Development will be happy to formulate a plan with you and/or your financial advisor that takes full advantage of the available tax benefits, while at the same time fulfills your desire to benefit Loyola University Medical Center and/or Stritch School of Medicine.

We understand that your charitable gift intentions are a personal matter. We encourage you to contact us for help with answering or researching any questions about clinical or academic activities or for more information on making your gift to our institution. All discussions will be treated confidentially.

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