

ABSTRACT

INTERNSHIP REPORT RUSH UNIVERSITY MEDICAL CENTER CHICAGO, ILLINOIS

By Tonya La'June Brookshire

This report describes my internship experience at the RUSH University Medical Center in Chicago, and it is divided into four chapters. Chapter One summarizes the projects that I completed. It also includes the mission and vision of RUSH and the Dermatology Department. Chapter Two provides the background and purpose of the duties that were assigned to me, which included web revisions and two brochures. It is organized by the assignments that I completed and those that were eliminated. Chapter Three describes the process I used to compose the physician biographies and revise their CVs, and it explains how this task contributed to my development as a technical communicator. Chapter Four discusses the complications that I encountered while completing the biographies. I use Patrick Moore's article on power struggles from one of our classroom readings to explain how I solved the biography issues.

AN INTERNSHIP AT
RUSH UNIVERSITY MEDICAL CENTER

An Internship Report

Submitted to the
Faculty of Miami University
in partial fulfillment of
the requirements for the degree of
Master of Technical and Scientific Communication

Department of English

by

Tonya La'June Brookshire

Miami University

Oxford, Ohio

2007

Advisor _____
Dr. Jean Ann Lutz

Reader _____
Dr. W. Michele Simmons

Reader _____
Dr. Kelly Zaiger Abshire

TABLE OF CONTENTS

CHAPTER 1 AN INTRODUCTION	PAGE 1
Purpose and Background of Report.....	1
<i>Description of Report's Purpose</i>	<i>1</i>
<i>Description of Internship Responsibilities</i>	<i>1</i>
Organizational Structure and Culture	2
<i>RUSH University Medical Center Organization and Structure</i>	<i>2</i>
<i>Marketing Department Organization and Structure.....</i>	<i>2</i>
<i>Dermatology Department Organization and Structure</i>	<i>4</i>
<i>Remaining Contents of Report</i>	<i>5</i>
CHAPTER 2 OVERVIEW OF INTERNSHIP (WEBSITE AND BROCHURE REVISIONS)	PAGE 7
Background of Community of Science (COS) RUSH University, and RUSH Medical Center Websites	7
<i>Details of COS Website Revisions</i>	<i>7</i>
<i>Details of the RUSH Clinical and University Revisions.....</i>	<i>8</i>
<i>Technical Complications While Composing Biographies</i>	<i>9</i>
Staff for COS, RUSH University, and RUSH Clinical Websites.....	10
Organizational Contributions of the Website project	10
Brochure Background and Status	11
Brochure Faculty and Staff in Marketing and Dermatology	14
<i>Marketing Staff Members.....</i>	<i>14</i>
<i>Dermatology Faculty and Staff Members</i>	<i>14</i>
Organizational Contributions of Revised Brochures	14
Time Spent on Daily Responsibilities Before and After Projects Began	14
<i>Time Spent on Work Before Internship</i>	<i>14</i>
<i>Time spent on Work After Beginning Internship.....</i>	<i>16</i>
<i>Forecast of Chapter 3</i>	<i>17</i>

CHAPTER 3 DESCRIPTION OF WEBSITE REVISIONS AND A MAJOR ACTIVITY	PAGE 18
Overview of the Chapter	18
List of Proposed Website Revisions and Tasks	18
Description of Website Tasks Completed	19
<i>Revise and update the dermatology residents' information on the RUSH clinical website</i>	19
<i>Add faculty profiles to the 'Find a Doctor' page on the RUSH clinical site and add/activate links</i>	19
<i>Add dermatology faculty CVs, biographies, and photos to the RUSH university and Community of Sciences (COS) websites</i>	20
<i>Add calendar of events information to the RUSH university website</i>	20
<i>Add dermatology clinical trials to the clinical site</i>	21
<i>Add a page to the RUSH university site with the department's mission statement, physician names, and/or a brief description of dermatology services</i>	21
<i>Research and write information about the dermatology specialty areas that are missing from the clinical site.....</i>	21
<i>Attend training sessions for making changes and adding calendar of events to various sites</i>	22
<i>Attend monthly forums for web managers for each department to learn about the Fatwire Content Management system, the format and style to use for adding information to the web, and to learn about the latest information on changes to the clinical and university websites</i>	22
<i>Communicate with the Marketing Department, Dermatology Department and other departments at RUSH as needed. Also communicate with COS Information Specialists</i>	22
Description of Eliminated Tasks	23
<i>Research and write information about the dermatology specialty areas that are missing from the clinical site.....</i>	23
<i>Add dermatology faculty CVs, biographies, and photos to the COS website</i>	24
Description of a Major Activity	24
<i>Creating Physician Biographies and Revised CVs</i>	24

<i>Beginning the Biographies and CVs</i>	25
<i>Gaining Perspective on the Web Project</i>	29
Contributions to Development as a Technical Communicator.....	30
CHAPTER 4 PROBLEM SOLVING TECHNIQUES	PAGE 33
Obstacles to Completing the Website Revisions	33
Theoretical Context and Solutions for Completing the Internship Assignments	34
Update on Internship Projects After Internship Period Ended and Current Responsibilities	37
Conclusion	38
LIST OF APPENDICES	40

LIST OF FIGURES

- Figure 1 Organizational chart for Marketing**
- Figure 2 Organizational chart for Dermatology**
- Figure 3 Chart of total internship time spent on brochure and other work activities**
- Figure 4 Chart of time spent on daily responsibilities before internship projects began**
- Figure 5 Chart of time spent on work responsibilities after internship projects began**
- Figure 6 Chart of total internship time spent on website revisions and other activities**

DEDICATION/ACKNOWLEDGEMENTS

I would like to dedicate this report to my mother, Edith McCoy. I also want to thank my daughter, Trenita Brookshire, for motivating me to finish this paper and for proofreading it in spite of her busy teaching schedule. I am also very grateful to my son, Farris Brookshire, Jr., for his helpful advice concerning this assignment.

Finally, I deeply appreciate the support that I received from members of the Evangel World Outreach Center in Chicago, Illinois and the Dayspring Church in Cincinnati, Ohio. May the Lord bless and keep all of you close to His heart as I will.

CHAPTER 1 – An Introduction

Purpose and Background of Report

Description of Report's Purpose

The purpose of this report is to describe the tasks that I completed during an approximately one-year internship period at RUSH University Medical Center in Chicago, Illinois.

This chapter includes information about the organization, structure and culture of RUSH as well as that of the Marketing and Dermatology Departments. I worked in the Dermatology academic office, but I also worked very closely with the Marketing Department. The academic office is where the physician's offices are located, and residents also have an office there. They receive training from staff physicians and training in the clinic. The Dermatology Department is a patient care part of the hospital, and Marketing supports the Medical Center with publications and communication materials.

This chapter also provides a brief discussion of the staff and faculty members from both departments who were involved in the internship projects and their roles in completing the tasks. Finally, I introduce the website and the brochures, and give the background and purpose for these projects.

Description of Internship Responsibilities

I began the internship in October, 2005, and I completed it in November, 2006. My projects took a little longer than anticipated to finish because I had to split the time on the projects with my daily responsibilities. Therefore, I spent part of the week doing internship work and the other part completing the work that I was initially hired to do.

I was hired at RUSH in December, 2004 and my title is Transcribing Secretary and Assistant to Dr. Michael Tharp. Dr. Tharp is the Chair of the Dermatology Department and the Editor-in-Chief of *Dermatologic Therapy*. He assigned the web revisions and brochure duties to me after I informed him that I would like to have some work that would help me to complete my MTSC degree. I initially shared this need with him during my job interview, but I waited until my probationary period was almost completed to mention it again.

Upon assuming the responsibility for the web changes, I became the web page manager for our department. The Marketing Department gave this title to each person designated to make web revisions. From this point, I will refer to the RUSH University Medical Center as RUSH or the Medical Center, and the Marketing Department as Marketing.

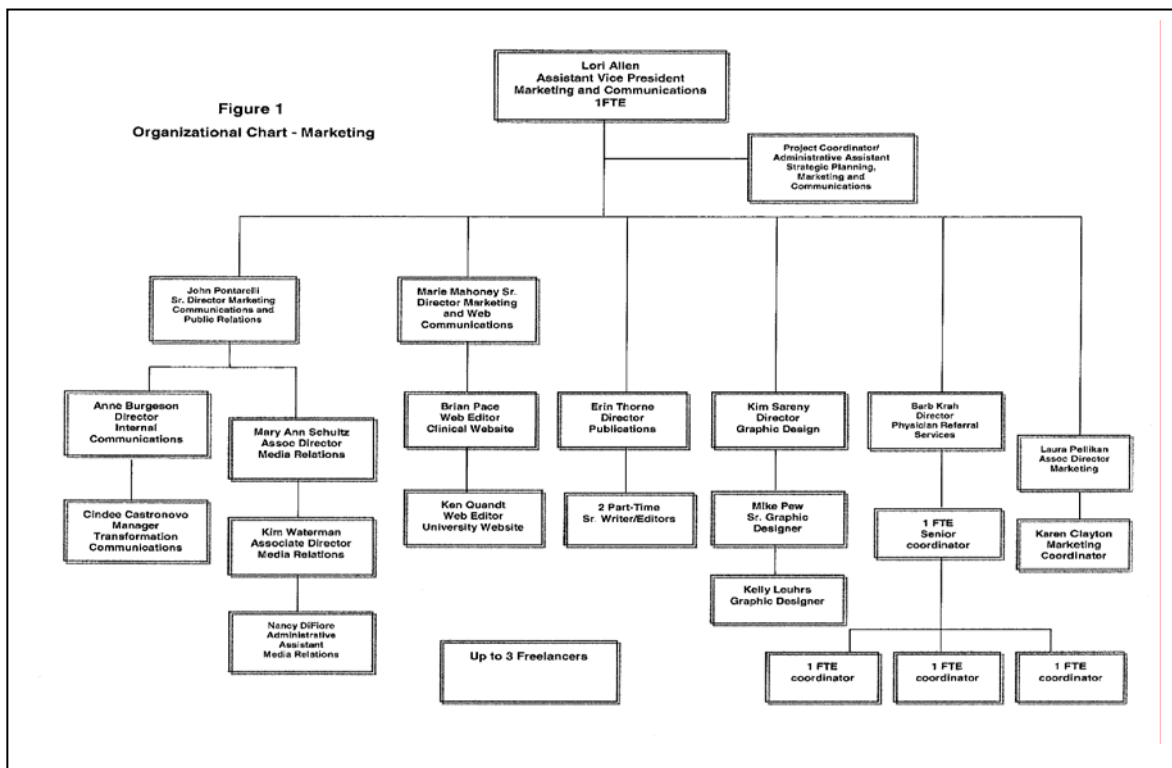
Organizational Structure and Culture

RUSH University Medical Center Organization and Structure

RUSH is a very large, busy medical and educational institution of more than 8,000 employees. It has numerous departments, divisions, and subdivisions in several locations throughout the city. The mission of the Medical Center is “to provide the very best care for our patients.” RUSH’s main purpose is to enhance excellent patient care for the communities in Chicago through their community service programs and relationships with other hospitals. Their vision is “to be recognized as the Medical Center of choice in the Chicago area” and to be one of the best clinical centers in the United States.

Marketing Department Organization and Structure

There are 24 employees in Marketing and approximately three freelancers. When I worked with their staff members to create brochures for physicians, it sometimes took a while to receive a response. The staff was very busy and, therefore, suggested that the Dermatology department have future brochures completed by an outside source that they recommended. We have used an outside source to assist with finalizing the two brochures that are discussed in the report. **(See Figure 1 for Marketing structure).**



The Marketing staff is also responsible for creating and maintaining the RUSH websites as well as printing, publishing, and editing marketing materials for the Medical Center and university. Based on their many responsibilities, I believe that Marketing probably has a very busy production/project-oriented atmosphere, where meeting deadlines is constant and essential. Whenever anyone produces anything that will use the RUSH logo or template, it has to be approved by Marketing.

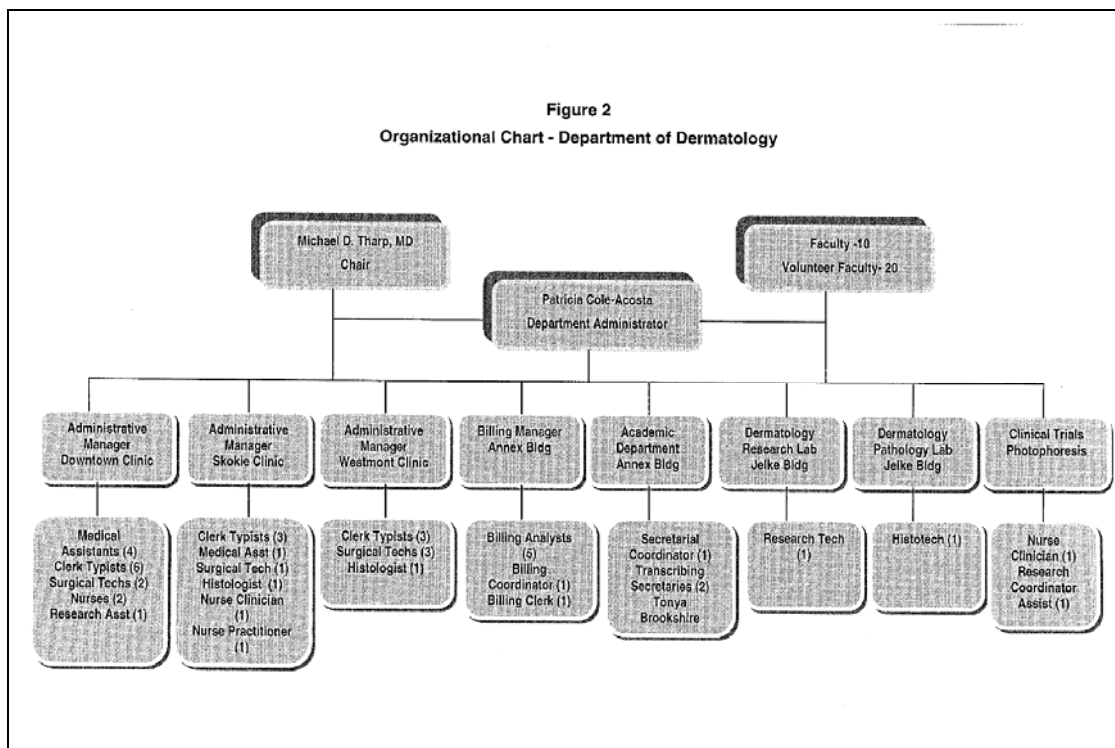
I am not sure of the exact culture in Marketing because I never really worked inside that department, but I have worked with some of their staff and attended the web managers' meetings with them. I have been working with them for more than two years on the internship and other projects, and their staff has remained stable as far as employee turnaround is concerned. Only one employee has left the department since I began the project. In addition, in spite of their busy schedules, they have been consistently helpful, polite, and composed both in person and by phone and e-mail. On one or two occasions I called their office in a panic, but they were always very supportive and reassuring.

Their staff was also willing to adjust or alter their procedures as needed. For example, at the beginning of the project it was somewhat difficult for me to figure out who in Marketing was responsible for revising the web pages that I could not access. Each person in their department

takes care of certain parts of the web; therefore, they revised their web revision procedures so that the page managers can now send all of the revisions to one person who distributes them to the correct staff member.

Dermatology Department Organization and Structure

In contrast to Marketing, the Dermatology Department has a slightly larger staff. There are 59 employees located in 4 areas throughout the city. We have 10 full-time faculty members, 7 residents, 16 clinical, 4 technical, and 23 administrative employees. My position falls under the category of an administrative employee. At RUSH, a technical employee is considered someone with a medical background such as a histotechnician, a medical assistant, or a research technician (See Figure 2 for Dermatology structure).



The Dermatology Department is probably just as busy as Marketing, but I don't think it has as many urgent deadlines. As a member of the Dermatology Department, I understand the staff and the mission better than that in Marketing. The Dermatology Academic office is located in a different building from the Dermatology clinic, which is where patients are seen, but the clinic is still considered part of the department. The Academic office is in the Annex building

and the clinic is in the Professional building. There are three administrative employees and one department administrator in the Academic office, which is where I work. We also have nine physicians and seven residents who regularly come in and out of the office. Some of them see patients at other clinic locations and some only work in our clinic, which is considered the downtown location. The technicians also rotate from our office to other clinic locations.

The department administrator's duties are very similar to those of an office manager. The administrator helps to further the mission of the Dermatology Department which is to provide excellent patient care, to educate students and residents, and to advance knowledge of dermatology.

My mentor for the internship was Patricia Cole-Acosta who is also the department administrator. Pat supervises and manages my work and that of the administrative staff of Academic Department. She also supervises 29 other employees in three clinics and two laboratories. In addition to working on the brochure and website for my internship, my other duties still include typing and disseminating excision and Mohs operative reports (or "op reports") and referral letters for Dr. Clarence Brown and Dr. Vassilios Dimitropoulos. As I mentioned earlier, I am also the assistant to Dr. Michael Tharp, Chair of the Dermatology Department.

I did and do have quite a bit of autonomy in our department, but the physicians that I work for will usually contact Pat if they have a problem with the quality or quantity of my work. She was the first person to review the drafts and final brochures, and the web changes when I finished them. She passed on the information and/or status of the revisions to Dr. Tharp, Dr. Rhodes, and the other faculty members at their meetings. Dr. Arthur Rhodes is the physician who was given the responsibility of overseeing the web revisions by Dr. Tharp. I also kept Pat abreast of the content and discussions of the monthly web page manager meetings. In addition, she attended a couple of the web training sessions with me.

Remaining Contents of Report

In the remainder of this report I discuss more details of my internship duties, elaborate on the activities that I performed, and describe a major project that I completed. I then explain the purpose, the procedure, and the amount of time the internship project took compared with my other duties and responsibilities.

I also analyze the process for completing the major project using a model from one of our in class readings by Patrick Moore. I then discuss some of the issues that arose while working on the physician biographies, and I share the methods I used to resolve the issues.

CHAPTER 2 – Overview of Internship (Website and Brochure Revisions)

Background of Community of Science (COS), Rush University, and Rush Medical Center Websites

The RUSH University Medical Center technically combines two separate institutions. It is both a university and a Medical Center, and there are two different websites. The Marketing department refers to the RUSH Medical Center site as the consumer or the clinical site and the RUSH University site is considered the university site. In an effort to limit confusion, I will refer to the Medical Center site as the clinical site and the university site as the university site.

Marketing has control over most of the clinical and university web revisions, but they have recently allowed web page managers to revise some pages. The clinical site was created mainly for people outside of the hospital who are interested in finding information about the physicians, various diseases, employment, or events at the Medical Center. The university site was designed mainly for students and faculty. They can find a calendar of upcoming medical lectures and grand rounds topics as well as student, faculty, and admissions information.

Another difference between the two sites is that the pages are different colors and they are designed differently. The university pages have blue shading on the top and side bars and the clinical pages have green shading. There are links at the top of both the university and clinical home pages that connect the two sites, which makes navigation easy.

My web assignment initially involved revising three websites, but in the end, I only made significant changes to two – the university and the clinical sites at RUSH.

Details of COS Website Revisions

The third website that I worked on briefly was the Community of Science (COS) site, which is totally separate from the other two sites.

The COS website has information about medical personnel located throughout the U.S., including all of their publications, profiles, and biographies. It can be accessed locally, nationally, and internationally. Dr. Rhodes (the physician overseeing the web revisions) asked me to stop working on the COS site because adding the faculty's publications was too time consuming. Some of our faculty members had more than 100 publications. **(See Appendix A-1 to learn how to view the COS site).**

Details of the RUSH Clinical and University Revisions

My responsibilities for the university and clinical websites were to add pages, activate links, revise pages, and add calendar events and clinical trial information. Some of these pages included the “Find-a-Doctor” page, the Dermatology Residents’ page, and the Dermatology home page. These pages were to be located on the clinical site. The calendar information, the mission statement, and the physicians’ biographies were to be added to the University site.

In addition to the web revisions, this project also required that I receive training to make the revisions, attend monthly web manager meetings, and obtain a password for access to the pages. It also required frequent communication with other departments to successfully complete the web changes.

The Dermatology Department became involved with revising RUSH’s clinical and university web pages because one of our physicians, Dr. Arthur Rhodes, wanted patients and students to have access to his complete biographical information through the web on the Physician Profile page. Dr. Rhodes is a professor and senior attending physician in Dermatology and he directs the Melanoma Intervention Clinic for our department. The Chair of our department, Dr. Michael Tharp, designated Dr. Rhodes as the physician in charge of overseeing the web revisions since he was the doctor in our department who had the most concerns about the web. I learned from attending the web manager meetings that a medical faculty representative from each department was responsible for approving and overseeing their department’s web changes.

The Physician Profile page that RUSH currently has is a one-page template that can not be altered and nothing more can be added to it. The page gives a brief synopsis of the physician’s educational background and medical specialties, but very little about his or her professional history. This is the page that people see when that click on “Find a Doctor,” on the clinical site. **(See appendix A-2 for instructions on finding this page).**

The profile page in Dr. Rhodes’ opinion was not satisfactory in that it did not include enough background or history about the physicians, especially him.

Dr. Rhodes wanted to include a photo, his CV, a brief biography, and all of his publications. He cited approximately 150 publications on his CV. He later met with the other faculty members and they, too, wanted to include their CVs and biographical information on the

site. Therefore, after trying several options to solve this problem, with the help of the Marketing department, we decided to use their CVs to create biographies for each of 11 full-time faculty members. (The staff members increased a couple of times during this project.) We planned to create an academic page on the university site which would include a mission statement written by Dr. Tharp and the names of each of the dermatology physicians. These names were to be activated and linked to the biographical PDFs. RUSH web browsers would be able to access these PDFs from the clinical site as well.

Technical Complications While Composing Biographies

I ran into a technical problem as I worked on the biographies. While I was creating the PDF documents to include on the current university site, RUSH began updating their Fatwire Communication Management System (CMS). This is the system RUSH used to create the site. In some of our monthly web manager meetings, Marketing representatives informed the page managers that the CMS was being revised and that pages were being updated and added. They explained that we could eventually access some of these pages, and there would be more room to include physician CVs and biographical information for all of the RUSH physicians. Also, we would still be able to update and revise our pages just as before, but they would have to give us more training and new passwords.

RUSH Marketing staff also plans to move (that is, this move has not happened yet) some information from the university site to the clinical site after the Fatwire system is revised. The CMS revisions will also include a template on the clinical site so that all of the bios will be in the same format. RUSH doctors will be able to update their own profiles, bios, and CVs if they desire. Web page managers will be able to add information to the current events and news stories that pop up on the home page.

These changes in the communication system meant that I would have to wait until the revisions to the site were complete to include the biographies, or that I would have to add them in a different format. This problem was resolved when Marketing realized the CMS changes were taking longer than they had anticipated. In addition, Dr. Rhodes began to inquire about the delay in seeing his CV on the web. As a result, Marketing decided to continue with our original plan to create the biographies, save them as PDFs, and link them to an academic page on the

university site. The physician biographies are now live on the web and can be accessed through both the university and clinical websites.

Staff for COS, RUSH University, and RUSH Clinical Websites

The RUSH staff members who were able to revise pages were a great deal of help to me as I worked on the three websites. Some of these RUSH staff members are solely responsible for changes on the university site, and others work only on the clinical site.

Their names and titles are, Marie Mahoney, senior director of internet communications, RUSH University Medical Center (RUMC), Marketing Department; Jennifer Freeman, Marketing coordinator, RUMC; Mykael Moss, director, Graduate Medical Education (GME), RUMC; Antonio DeMarco, Research Privacy Coordinator, Research and Clinical Trials Administration Office, RUMC; Anthony Seaman (recently resigned), web project manager, RUSH University; Kenneth Quandt, web editor, Internet Communications, RUMC; Toby Gibson, Circulation Services Manager, Library of RUSH University. Toby showed me how to add information to the COS site. Two other most important persons were Brian Pace, Web Editor, Marketing Department, RUMC, who trained me on how to make changes to the clinical site (using the Fatwire program), and Tony Seaman, who taught me to add the Calendar of Events information on the university site. Ken Quandt was very helpful in answering many of my questions via e-mail and telephone. When he didn't have the answer, he would refer me to someone who did.

Organizational Contributions of the Website Project

Once completed (and discussed later in this report), the website revisions contribute to the organization because patients and other web visitors see that RUSH is not only keeping up with technology, but they are also adding new patient services and updating student information which can be accessed easily.

The university and clinical sites are used not only to assist medical students with applying for residency programs, but also to recruit future medical students, residents, and faculty members. The updated websites have possibly increased the number of physicians and staff in our department, which has potentially enhanced the quality of patient care in dermatology. Four

new faculty members have been added to the Dermatology department since the web revision project has been in progress.

This recruiting effort also complies with RUSH's mission and our "I Care," motto. This motto has been advertised throughout the Medical Center for several months; it stands for innovation, collaboration, accountability, respect, and excellence.

Further, the web information contributes to better business. The RUSH clinical website is a tool for recruiting dermatology patients. If the number of patients increases due to more comprehensive information about physicians, the entire Medical Center will experience additional benefits.

The extended biographies give patients and medical students a more in-depth view of the dermatology physicians' background and interests. They are now live on the web for interested users to view. **(See Appendix A-3 for directions to the university site and the biographies).**

In addition, RUSH is revising their CMS and the clinical site to hold more biographical information for other doctors at the Medical Center. More pages will be accessible to web page managers and RUSH physicians. Instead of a one-page synopsis of the physicians, the revised site will hold an unlimited number of pages for each doctor. Physicians will be able revise and update their biographies, CVs, and profiles themselves rather than waiting for the web page manager to do it. The revised clinical site will also include other information that was not available to viewers on the original site such as insurance plans accepted by the doctors.

Brochure Background and Status

In addition to the web changes, my other internship project was to create a brochure that would include photos of each of 6 (at the time the project was given) full-time dermatology faculty members and some information about their areas of expertise. This brochure was to be distributed to patients and visitors in the four dermatology clinics located throughout the Chicago area. I began by creating a few thumbnail drafts of the brochure and gave them to Dr. Tharp as Pat suggested. **(See Appendices B 1-3 for thumbnails).** After some time, Dr. Tharp took the drafts to the monthly faculty meeting, and the faculty chose the one shown in **Appendix B-3.**

Although the draft in Appendix B-3 was selected at the meeting, it was not the one I actually used. Pat would like me to create the B-3 brochure at a later time. I did, however

complete two different brochures for two of our newest faculty members, using old brochures as guides. These brochures announce the doctors' specialties and their arrival and have been printed and distributed in the dermatology clinics. One brochure is about Mohs Micrographic surgery for Dr. Dimitropoulos (**See Appendix B-4 for final brochure**), and the other is about liposculpture for Dr. Toombs. (**See Appendix B-5 for final brochure**). Mohs surgery is a microscopically controlled method of removing tumors, and it was first developed by Frederic Mohs, MD, in the 1930s at the University of Wisconsin. Over the years the Mohs technique has been revised and improved.¹ Liposculpture is another word for liposuction, but the procedure is the same.

To begin the Mohs brochure, I was asked to use a previous Mohs brochure that featured a different physician and to follow the same format for the inside page. However, I was to revise the text to include the new doctor and to delete some outdated information. I was also asked to use the same photos that were in the original brochure; therefore, I scanned the photos from the old brochure and placed them in the revised one. (**See Appendix B-6 for original Mohs brochure**). I also had to revise the cover because RUSH uses a template for all of their brochures and they had changed it since the original brochure was made.

Dr. Toombs, on the other hand, gave me original photos for her brochure on liposculpture and also provided me with an old brochure that she had used for liposuction. Her brochure was not created at RUSH since she had only recently joined the dermatology staff. (**See Appendix B-7 for original liposuction brochure**).

I worked closely with the Marketing Department when I revised the brochures because I knew from our web manager meetings that I needed to follow strict guidelines and requirements, especially concerning the use of the RUSH logo and template. (**See Appendix B-8 for a sample of RUSH's logo and template**). After I finished the brochures, I gave them to Pat to be reviewed. I then gave them to the physicians on the cover of the brochures for their review, and finally, I e-mailed them to Marketing for their approval.

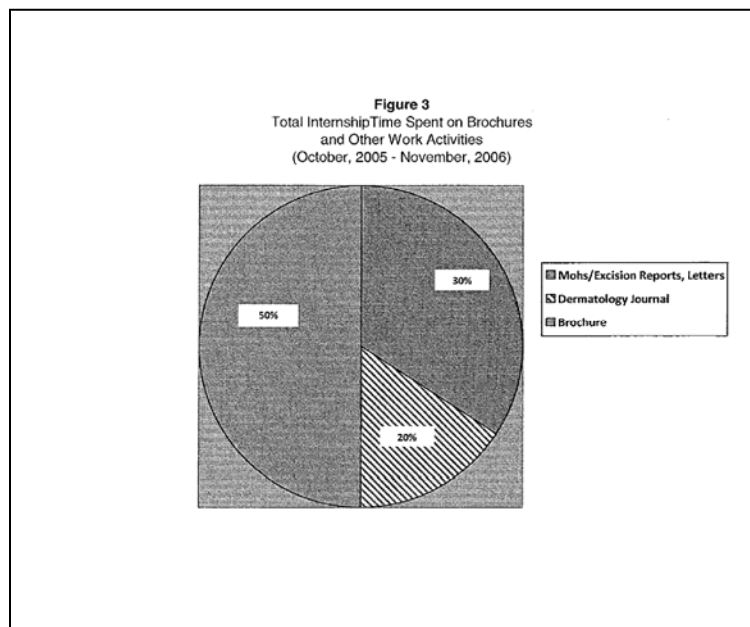
Marketing thought the inside of the brochures was fine, though they did have some suggestions. However, they were very concerned about the logo and template for the cover.

¹ <http://www.mohssurgery.org/new/healthcare/history.html>.

Posted by the American Society for Mohs Surgery, Huntington Beach, CA, ©2004.

They believed the logo looked stretched and did not meet RUSH's publication standards for brochures. In addition, they had initially sent me a template for the cover which they had created using Quark Express software. Unfortunately, I only had Microsoft Publisher because that was what was available in my department. **(See Appendices B-9 and B-10 for 1st drafts of brochures sent to Marketing).** Therefore, I asked if they would just redo the cover to meet their quality and standards, and they were happy to do so.

After I made the editorial changes on the inside pages and after Marketing revised the cover panels, we sent the brochures to the printer and received a sample. Pat gave the samples to Dr. Tharp. At his review, Dr. Tharp did not approve of the photos inside the brochures, but he thought the cover was fine. Therefore, he requested that both physicians provide better photos. In the end, after Pat received the revised photos, she sent the brochures to an outside vendor to insert them and to print the brochures. I did not place the revised photos in the brochure because of time constraints in my work schedule. Thus, the final brochures have different photos than the ones I used. **See Figure 3** for total time spent on brochures and other work activities.



Following is a brief description of the staff that I worked with in the Marketing Department and others for each of the projects.

Brochure Faculty and Staff in Marketing and Dermatology

Marketing Staff Members

As with the web projects, my work was made easier by the assistance I received from co-workers in Marketing and Dermatology.

When I created the brochures, I worked with Erin Thorne, the Director of Publications and Kimberly Sareny, Director of Graphic Design in Marketing. Usually Marketing creates the entire brochure for each department as necessary; however, because I was working on my internship I requested to do as much as possible. Therefore, they created a cover template with the logo and e-mailed it to me so that I could include our information, but they needed to provide final approval before printing it.

Dermatology Faculty and Staff Members

Dr. Tharp, Pat, and the physicians for whom the brochures were created also needed to approve them. These approvals were critical so that all responsible personnel could ensure top-quality design, accuracy, and effectiveness.

Organizational Contributions of Revised Brochures

The brochures contribute to the organization by publicizing information about the most innovative dermatology techniques and services. Dermatology services are rapidly becoming more popular. Some services include treatment for severe acne, chemical peels, liposculpture/liposuction, Botox, and Mohs micrographic surgery, which is used to remove various types of skin cancer. These brochures, and others that will be created in the near future, will definitely draw more patients to the RUSH Medical Center.

Time Spent on Daily Responsibilities Before and After Internship Projects Began

Time Spent on Work Before Internship

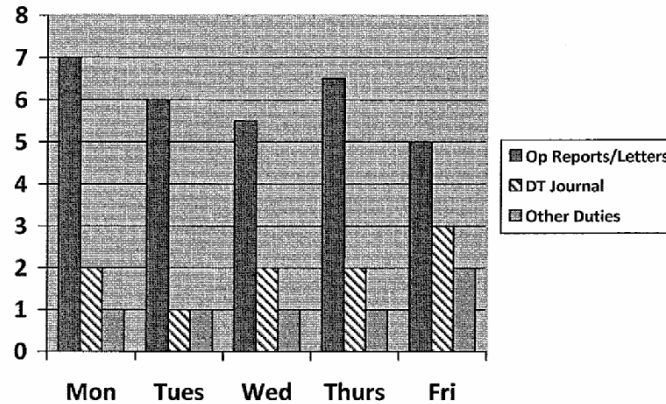
Prior to my internship projects, I spent the majority of my time, (about 5 to 7 hours/day) typing, copying and distributing referral letters and op reports. I received approximately 60 to 70 op reports and 20 to 30 referral letters monthly. These came from three different clinic locations.

“Op reports” or operational reports show the results of a surgical procedure done by a physician. If the procedure involved the removal of a malignant skin lesion, the results of this procedure are usually typed on a Mohs op report. If the procedure involved the removal of a benign mole or other non-cancerous skin lesion, the results are typed on an excision report. There are templates for these reports. I entered the patient and op report data into our Microsoft Access database and merged the information into a template in Word.

I also used a template to type the referral letters. A referral letter is a letter describing the results of the patient’s clinic visit, and it is sent to the doctor who referred the patient to the dermatology clinic.

The remaining 1 to 3 hours of the day, I was working on the *Dermatologic Therapy* journal and/or other duties, such as filing and organizing journals and such. The journal requirements included keeping track of the manuscripts from receipt through publication, and sending letters, writing instructions, and deadline reminders to the authors and guest editors. Dr. Tharp selected the topics and guest editors for each issue. In addition to my daily responsibilities, I occasionally assisted the other transcribing secretary in our department when she was busy or absent from work. Her job mainly involved typing, copying and distributing surgical pathology reports. **(See Figure 4 for a chart of time spent on daily work prior to my internship).**

Figure 4
Hours Spent on Daily Activities Before Internship
 1 Day = 8 hours
 (December, 2004 – October, 2005)



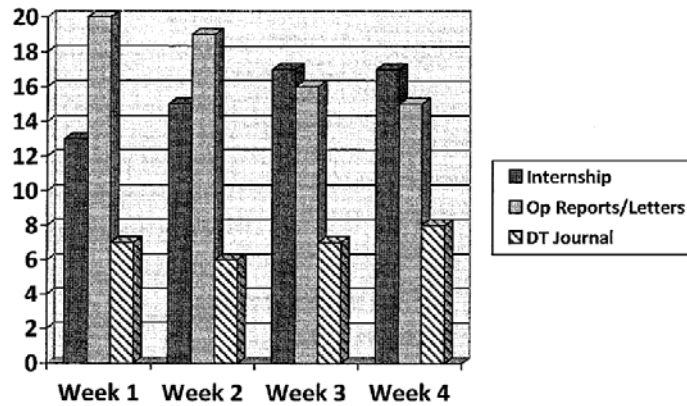
Time Spent on Work after Beginning Internship

After the internship began, I usually worked on my regular work about 2 days per week and the internship projects about 3 days per week; sometimes it was vice-versa. Other days I worked on my internship for only a few hours each day. My goal was to work 20 hours per week on the internship, but on average I worked on it about 12 to 17 hours per week over an approximately 52 week or 13 month period. This excludes the monthly web manager meetings which lasted an hour each, and the web training sessions which were about 5 hours total.

The *Dermatologic Therapy* journal work varied also. Sometimes I worked on the journal about 2 to 3 hours each day for approximately 3 days, depending on the publication schedule. And, other times I spent an hour or less each day for the entire week.

During the internship project, I did not have many additional duties. I believe the doctors wanted the web revisions and brochures to be completed as quickly as possible; therefore, I did not spend much time doing any other tasks besides those mentioned above. In the end, this division of duties meant that my internship work went more slowly than it might have if I had worked on it full-time. (See **Figure 5 for a chart time spent on daily work after the internship projects began**).

Figure 5
Hours Spent on Work After Internship Projects Began
Time in Hours/Week
(October, 2005 – November, 2006)



Forecast of Chapter 3

In the following chapter I describe the website tasks that were proposed by my supervisor and mentor, Pat, and I discuss the status of each of those tasks upon completion of my internship period. I also discuss a major activity that I performed during my internship which involved adding the faculty CVs and biographies to the university website. Among the other website revisions that were completed, the biographies and CVs required the most time.

CHAPTER – 3 Description of Website Revisions and a Major Activity

Overview of the Chapter

In this chapter I focus on the web project. As I have indicated in previous parts of this report, my work consisted mostly of small tasks that I was asked to complete to improve the RUSH site as a whole. To provide an overview of my work, I begin by listing the web tasks that were assigned to me. I then provide a brief discussion of the tasks I was able to complete and the ones that, for some reason or another, were changed or discontinued. Finally, I focus on my process for completing one of the major web revisions which was creating and adding the faculty CVs, biographies, and photos to the RUSH university site.

List of Proposed Website Revisions and Tasks

The following is a list of tasks that Pat, my mentor, and I agreed would involve a fair amount of the work that would comprise my internship.

- Revise and update the dermatology residents' information on the RUSH clinical website.
- Add faculty profiles to the 'Find a Doctor' page on the RUSH clinical site and add/activate links.
- Add dermatology faculty CVs, biographies, and photos to the RUSH university and Community of Sciences (COS) websites
- Add calendar of events information to the RUSH university website
- Add dermatology clinical trials to the clinical site
- Add a page to the RUSH university site with the department's mission statement, physician names, and/or a brief description of dermatology services
- Research and write information about the dermatology specialty areas that were missing from the site (e.g. urticaria, leg ulcers, and mastocytosis) or obtain the information from the physicians
- Attend training sessions for making changes and adding calendar of events to various sites

- Attend monthly forums for web managers for each department to learn about the Fatwire Content Management system, the format and style to use for adding information to the web, and to learn about the latest information on changes to the medical Center and university websites
- Communicate with Marketing Department, Dermatology Department and other departments at RUSH as needed. Also communicate with COS Information Specialists

Description of Website Tasks Completed

I have included the above list in order to show the breadth of my internship activities. Below, I indicate the tasks that I completed and the status of the project at the time of this report.

Revise and update the dermatology residents' information on the RUSH clinical website

The dermatology residency page located on the clinical site has been revised. The number of dermatology residents has increased since 2005 and those residents have been added to the residency page. The residency application deadlines have been revised, and attachments such as the application forms have been added. Potential residents can go online to retrieve all of their application materials.

I have revised the residency information using Microsoft Word, but I sent the revisions to Mykael Moss in the Graduate Medical Education (GME) department to actually change these pages on the web. I did not have access to the residency web pages. Several other departments at RUSH have medical residents and these revisions are done by someone who works exclusively with residents. **(See Appendix C1 to view the residency information).**

Add faculty profiles to the 'Find a Doctor' page on the clinical site, and add/activate links

Dermatology faculty profiles and photos have been added to the 'Find a Doctor' page for the new physicians who were hired within that past few months. We have added three new physicians since May, 2006. Jennifer Freeman in Marketing was responsible for adding these pages. I did, however, type the physician profile forms and schedule appointments for faculty members to take their photos. I then sent the form and the photos to Jennifer as they were completed.

I have also added and activated links that connect from the dermatology home page to the faculty members' profiles on the 'Find a Doctor' page. The home page gives a brief description of the clinic and dermatology services provided.

I used the Fatwire communication management system (CMS) for the first time when I activated the links and revised the pages mentioned above. It is a very user-friendly system which is similar to the Dreamweaver web design program that we used in the MTSC classes. Most of the commands are built into the program, and it only requires a few steps to make revisions and save them. The Marketing staff gave us some basic HTML concepts in one of our web manager meetings in case we would need them in the future. I found it helps to know some HTML language but it's not absolutely necessary for this web system. I also typed step-by-step instructions for using this system and gave a copy to Pat.

Add dermatology faculty CVs, biographies, and photos to the RUSH university and Community of Sciences (COS) websites

I have composed a total of ten (10) dermatology faculty biographies and revised CVs, and saved them as PDFs, and they are now live on the university website. Although revisions to the RUSH Fatwire CMS are still in progress, Ken Quant decided to include them on the University site after Dr. Rhodes began asking when he would see the bios published live. The CVs and biographies required the majority of the time I spent on website revisions.

As far as the COS website is concerned, I began adding the CVs to the COS site, but I was unable to complete that activity. **(See eliminated tasks on page 24 for details).**

Add calendar of events information to the RUSH university site

I received about an hour of training from Tony Seaman so that I could add calendar of events information on the RUSH University website, including dermatology science lectures and symposiums. There was no calendar information for our department prior to this. The Dermatology Department presents grand rounds topics and basic science lectures to students and faculty approximately every other Wednesday. I have been adding the topics, speakers, and dates on the calendar pages as I receive updates from our residency coordinator. Each department's web page manager at RUSH is responsible for keeping his or her calendar information current. **(See Appendix C2 to view calendar information).**

Add dermatology clinical trials to the RUSH clinical site

Clinical trials are ongoing studies conducted by physicians with patients who volunteer to test certain products. Sometimes the patients are paid and sometimes they are not. In either case, web users need to know what the current trials are and what the specific criteria are so that if they are interested in a study, they can find the information on the web. I simply completed a form for each of these studies and sent them to Tony Dimarco in the Research Clinical Trials office, and he actually added the trials on the web. I was also responsible for checking the web to make sure the information I sent him was correct after it went live. **(See Appendix C3 to view the clinical trials page).**

Add a page to the RUSH university site with the department's mission statement, physician names, and/or a brief description of dermatology services

Our department's mission statement, written by Dr. Michael Tharp, our director has been added to the university site along with the full-time faculty list. This mission statement was the most important part of all of the web revisions. Without a mission statement from our department, Ken could not include our faculty CVs and bios on the university site. For the university page, he needed to include either an introductory statement with a brief description of dermatology services or the mission statement. The other departments usually included a mission statement. He also wanted to list the faculty names in order to activate them as links to the bios.

The statement was about two paragraphs long and saved as a Word document which Pat e-mailed to me. I then forwarded it to Ken along with the faculty list, and Ken actually added the page to the site and activated the links.

Research and write information about the dermatology specialty areas that are missing from the clinical site

(See eliminated tasks on page 23 for details).

Attend training sessions for making changes and adding calendar of events to various sites

I attended training sessions to revise both of the RUSH sites and to add calendar of events information. As I should have access to more web pages soon, I should be able to add the physician CVs, bios and photos to the clinical site.

Attend monthly forums for web managers for each department to learn about the Fatwire Content Management system, the format and style to use for adding information to the web, and to learn about the latest information on changes to the clinical and university websites

I have been attending a Friday web forum each month with other web page managers and individuals from various departments who are interested in or involved with the RUSH websites. There are always a few representatives from Marketing at the meeting. Marie Mahoney usually conducts this meeting and discusses the progress of the RUSH sites. She also answers any questions the attendees may have. Sometimes Marie defers questions to other members from Marketing if they are more knowledgeable about a particular subject. Since Marie addresses a different topic each month, discussions have included “The Role of the Page Manager,” “Writing for the Web” (including information on RUSH’s logo, image and standards), and “RUSH by Numbers,” (statistical data about web visitors).

In the “RUSH by Numbers” forum, we learned that the RUSH clinical site had over a million visitors in 2006. This was a 25% increase over 2005. The university site had almost half a million visitors in 2006, which was an 85% increase compared with 2005. In addition, web visitors have increased the amount of time they spend on both sites, and visits to the “Find a Doctor” page have increased by 25% from the previous year.

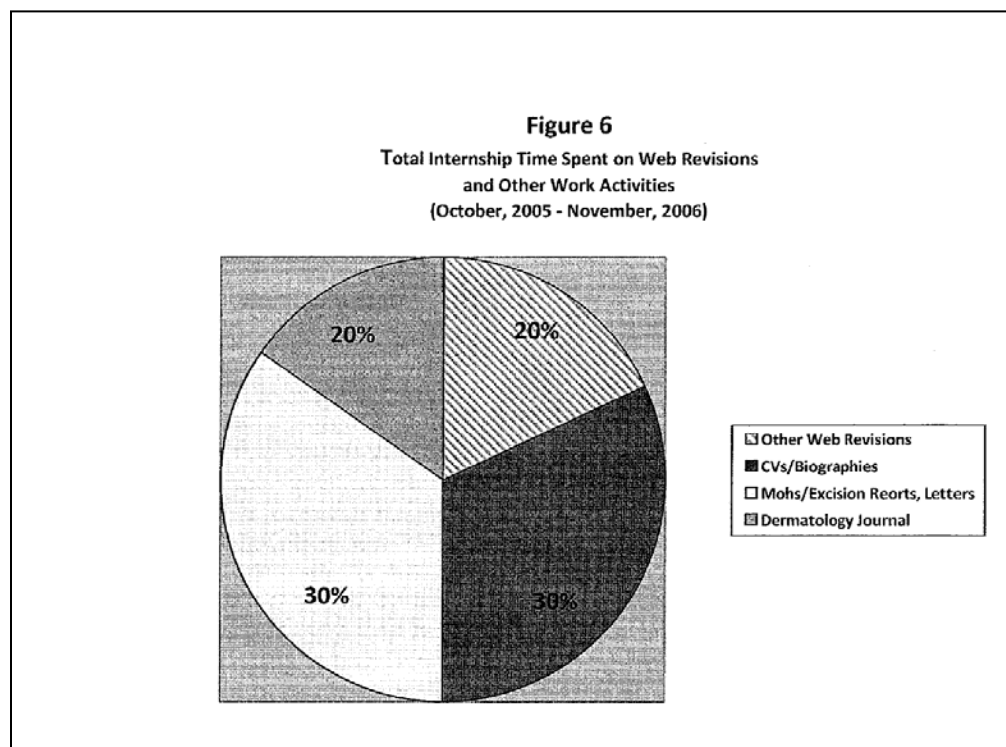
This information is important for web managers in case we are asked what was discussed in the meetings. Although Pat only wanted a general idea of the topics, I took notes at each forum and kept them handy in case she or Dr. Tharp ever requested more details.

Communicate with the Marketing Department, Dermatology Department and other departments at RUSH as needed. Also communicate with COS Information Specialists

I sent e-mails and made phone calls to the Marketing Department staff members about two or three times a week to obtain information or to have them review documents that we

wanted to include on the web or in print. As I noted before, I was to perform a required quality check so that we could ensure accuracy and consistency in our public image.

I also sent e-mails with the residency revisions and attachments to the GME (General Medical Education) department. I made phone calls to GME as needed. When I was working on the COS site, I sent e-mails to the information specialist to try to find out if there was a faster way to include the faculty's CVs and publications. I also spoke with a customer representative for the COS site who had agreed to add the references for us, but we decided to cancel this assignment. I have also sent e-mails and spoken with Tony Dimarco in the Research Clinical Trials office who added the Clinical trials on the web. (See **Figure 6 for total time spent on website revisions**).



Description of Eliminated Tasks

Research and write information about the dermatology specialty areas missing from the clinical site

Pat and Dr. Rhodes decided to eliminate researching and writing information about each doctor's specialty area. Pat originally wanted the physicians to write something about their areas of expertise because some of this information did not appear when users searched the web using key words. After a few unsuccessful attempts to get the faculty members to write a paragraph or two about their missing specialty areas, I volunteered to research and write about the topics. However, Pat and Dr. Rhodes requested that I just focus on the faculty biographies until that job was completed.

Some time after this task was cancelled, I was curious about how the specialty information that did appear on the web was obtained and who wrote it, so I asked Ken about it. He said that when they built the site they used an outside source to write about general dermatology topics. This helped me to understand why some specialties were left out.

During the short time that I spent on this assignment, I researched some information and wrote a few sentences about Dr. Lady Dy's specialty of dermatopathology and scalp conditions. I also found some information on the web about urticaria for Dr. Tharp, and I gave each faculty member a list of about three or four short questions. Although this job was eliminated, I actually learned something about these doctors' specialties, and I found that very rewarding. We often receive calls from patients inquiring about which doctors specialize in what areas, and I feel more prepared to answer questions after doing this brief research. **(See Appendix D 1-5 for examples of specialty information).**

Add Dermatology Faculty CVs, biographies, and photos to the COS website

The Community of Science (COS) site revisions were cancelled because Dr. Rhodes realized that it was too time consuming to include all of the faculty's publications. For example, just he and Dr. Tharp have more than 100 publications each. Some of them could have been retrieved through a Medline search, but I would have had to type the others. Therefore, Dr. Rhodes and Pat decided not to continue with this part of the project. However, I was able to add Dr. Rhodes' CV and some of his references to the COS site.

Description of a Major Activity

Creating Physician Biographies and Revised Curriculum Vitae (CV)

The remainder of this chapter describes the process I used to create the physician biographies and to revise their Curriculum Vitae or CV. I also discuss the tools I used to help resolve some of the complications that arose while working on this assignment.

One of the most significant activities that I completed during this internship was creating biographies and revising CVs for the 11 faculty members in our department. I used the physicians' CV to compose the biographies and to insert their background information into a template. **(See Appendix E1 to view a sample CV before revision).** This format became a revised version of their CVs. I then saved the entire document, which included their photos, the bios and the CV information as a PDF file. When the bios and CVs were completed, each of them was between 7 and 22 pages in length. Marketing was then to add the biographies to the university website and to link them to the clinical site, using the faculty names as active links. At first, we did not have software for creating PDFs but Pat purchased Adobe Acrobat Reader for our department and for two other dermatology clinic locations. I was then able to save each file as a PDF and send it to Marketing.

The biographies took several months to complete and occupied the majority of the time spent on the web project because they were somewhat lengthy and required a few revisions.

We were initially going to add biographies and CVs to the COS site and the RUSH clinical university sites. But when I began adding the doctor's publications to the COS site, it was more time consuming than we had anticipated. We then decided to include the information only on the university site and to link it to the clinical site.

The CVs are now live on the university site. They are linked to the Dermatology home page which contains the mission statement and the names of the faculty members. Their names are listed alphabetically after Dr. Tharp's name, and are linked to their PDF formatted CVs and biographies. There is also a link under the physician names to the one page physician profile on the clinical site, and viewers can select the link with the entire CV/Bio or the one page profile.

Beginning the Biographies and CVs

Dr. Rhodes began the biography/CV project by writing his own biography with his revised CV attached. He asked me to use his biography and CV as an example or a template for writing the others. He requested that I not change his and to simply add it to the web exactly "as is." However, I contacted Ken about the format of some of the text, such as capitalizing the

doctor's titles, degrees, etc., and I asked him which format they used in Marketing. He said they use the APA style guide for the text in all of their printed and published documents, including the text on the web, and that I should revise the biographies to conform to that style for capitalization, punctuation, etc.

I mentioned the potential changes to Pat and she purchased an APA Publication Manual² for the department, which I used as a guide to create the text of the biographies. Since Dr. Rhodes had already written his biography, I used the manual only for a few minor revisions to his biography. At the end of each CV, the physicians had cited their published and printed materials. I was not sure if there was a specific format I should use to list these publications. I therefore asked Ken what style I should use to list the physicians' published books, journal articles, etc., and he said there was no specific style or format necessary for this information. He said I could use any format I preferred for the revised CV, but that I should use the same style for all of them.

After Ken and I realized that Dr. Rhodes had used the American Medical Association (AMA) style guide to list his publications, I decided to use that format for the rest of the doctors' cited publications. I made this decision not only because of his request for me not to change his bio and CV, but also I felt that leaving his publications as they were was simpler than revising them to fit another format. He had more than 100 articles, book chapters, abstracts and other materials published, and he was the only doctor who wanted to include all of his publications. The other physicians either selected their most recent publications, or they did not have very many to begin with.

Some of the revisions I made to Dr. Rhodes's biography included changing his professional titles to lower case, (for example, associate professor and assistant director), and I took out periods in the degrees, (for example, MD and BS). In his original example, Dr. Rhodes also included a Credo. Pat said that Dr. Tharp did not want to include a Credo because some patients could use it against the doctors if they believed the doctors had not followed the Credo to the letter.

² Publication Manual of the American Psychological Association, 5th Edition, Washington, DC, 2002.

Therefore, I followed the APA style guide for the text of the biographies and the AMA style to cite the publications at the end of the revised CVs. I also used Hodges' Harbrace *Handbook*³ for help with both the APA and AMA styles.

After I figured out which formats to use as a guide to write the biographies and cite the publications, I created a template so that the bios would include all or most of the same information. Then I scanned the CVs of the other physicians, saved them in a Word file, and composed the bios from this information. The physicians' CVs and publications were originally written in various styles and formats and it took some time to reformat them so that they would be consistent.

As I continued to work for consistency among the biographies, I also realized that some of the content on Dr. Rhodes' example was not on the other faculty CVs; however, I included what was available. For instance, he had the names of his program directors during his residency training but several other physicians did not list their program directors. I requested this information from the doctors but decided if I did not receive it after two or three weeks, to exclude it for the sake of time.

While working on the CVs, I was also scheduling appointments for the physicians to have their photos taken in our photography department. I had to send a few reminders and work around their busy schedules, but fortunately most of the faculty photos were already on the web, and I only had to schedule those members who were fairly new to the Dermatology department.

Near the end of my internship period, Dermatology had acquired three new physicians who needed biographies and CVs created. I completed two of them, Dr. Holloway Barbosa's and Dr. Dimitropoulos'.

During this time, I had also begun another lengthy project, unrelated to the internship with a deadline quickly approaching. Pat had asked Marketing to compose announcements for the three physicians. Marketing usually creates them for all of RUSH's new doctors and distributes them to faculty throughout the hospital. Marketing asked me to send the photos and bios I had written for these doctors. I sent all of them except Dr. Toombs', a new Assistant Professor whose specialty is Aesthetic Dermatology and Ethnic Hair and Skin. Dr. Toombs came after my other project had begun and I had not created a biography for her, so I just sent

³ Hodges' Harbrace Handbook, Harcourt, Inc., 14th Edition, Orlando, FL, 2001.

Marketing her CV and an old brochure that she had given me which included some of her background information.

A few weeks after I had sent this information to Marketing, we received the announcements for the three new physicians. After reading them, I realized that the bios that I had written sounded somewhat mechanical because they only listed the facts and dates. The dates interrupted the flow of the text. Therefore, I deleted some of the dates on all of the bios except Dr. Rhodes'. He had written his text chronologically with the dates in parenthesis at the end of his paragraphs. For example, his first two sentences read, "Dr. Rhodes obtained his BA in Chemistry in 1965 from Wesleyan University in Middletown, Connecticut and his MD in 1969 from the College of Physicians and Surgeons." "He completed his internship in Internal Medicine at the Harlem Hospital Center at Columbia University in New York City (1969-1970) and two years of residency training in Internal Medicine at the Beth Israel Hospital in Boston, Massachusetts (1970-1972)." **(See Appendix E2 for Dr. Rhodes' complete biography and CV).**

I had originally followed the above pattern for the other doctors, but Dr. Dy, (another faculty member) said that she wanted her most recent and most important achievements listed first. For example, Dr. Dy's first paragraph reads, "Dr. Lady C. Dy is a board certified dermatologist and dermatopathologist, an assistant professor of Dermatology and the director of Dermatopathology at RUSH University Medical Center in Chicago." "In addition to her dermatopathology subspecialty, Dr. Dy has expertise in hair disorders, scalp diseases and ethnic skin and scalp conditions." **(See Appendix E3 for Dr. Dy's complete biography and CV).**

At first I only changed Dr. Dy's the way she asked, but after her suggestion and reading the announcements from Marketing, I revised all the others by moving the most recent and important achievements to the first paragraph and deleting some dates. I then added their educational background, which originally appeared first. I also looked for and added something that was unique to that physician at or near the end of each biography. I also added a line just beneath each photo to eliminate some of the white space and to separate the text from the photo. This change too was slightly different from the template I had been given.

My goal was to have all of the bios and CVs to include the information that was in Dr. Rhodes' example, to put similar information in the same area in the documents so that the information would be easy for the reader to find, to make the readability of document flow as

smoothly as possible, and to make the bios interesting. I also wanted the text to conform to the format and style that Marketing used for their other published materials. I was trying to satisfy all of my audience members and make the biographies sound and look professional by using SPAM (Situation, Purpose, Audience, and Medium) as we had learned in our classroom activities.

I achieved the goal of including all of the information that Dr. Rhodes had in his sample by creating a template with headings, and filling in the information from the doctors' CVs. I revised the text for ease of reading and made the bios interesting by eliminating some of the dates and moving the most important and recent accomplishments to the first paragraph. I also added something current or unique to the individual near the end, such as their research interest, foreign languages spoken, TV appearances, and/or community activities. I used style guides in order to follow the correct format for punctuation, capitalization, and other writing standards. And, because I knew that the page was not going to be altered after sending the files as PDFs, I added a thin line between the photo and the text to eliminate white space and make the page look more professional. Before the line was added, the picture looked like it was floating in space at the top of the page.

After the bios were published live, I asked Dr. Rhodes if he was satisfied with the results, and he said they all looked great, but he asked me if I had put his on the web exactly as he had given it to me. I admitted that I had changed the punctuation in a few places, but there were no other revisions made, and he had no problems or complaints about those changes.

Gaining Perspective on the Web Project

I think it was helpful for Dr. Rhodes to give me an example to use, but since he followed his CV so closely, it made his biography sound somewhat dry, and it flowed like a legal document. I hadn't realized how choppy it sounded until I saw the announcements from Marketing which seemed to have a little more flavor to them. I was very glad that I had the opportunity to revise the bios to be more interesting and readable.

Contributions to Development as a Technical Communicator

The CV and biography project contributed to my development as a technical communicator because I had to use various style guides and skills that we used in our classroom instruction. For example, during the internship I used APA and AMA reference books as guides for writing and editing. I also used one of the books from our editing class, (Hodges' Harbrace Handbook) which was very helpful for punctuation and citing the physicians' publications. These style guides are used in many medical institutions, and I will likely need this experience in the future.

I also needed to use some of the document design techniques and skills that I used in the classroom while working on the biographies. I was aware from our classroom instruction on document design that I needed to keep similar information in the same location for readability. I therefore arranged the information so that it was in the same general area on each biography. I also knew from our classroom discussions that too many dates created pauses in the flow of text, which prompted me to revise the bios and delete some of the dates.

In addition, I added a thin line under the photo to create contrast and to eliminate some of the white space between the text and the photo. I tried to use a double line and also one that was heavier, but it distracted attention from the photo. We learned in our design class that a thin/thick or light/dark contrast using lines or colors made certain items appear more prominent on the page. I wanted the photos and text to stand out rather than the white space.

In our grammar classes, I learned how to use the appropriate tone and diction for various documents, and I thought in this case it should be pleasant, professional, and enthusiastic since I was writing about the physicians' accomplishments. I knew that putting biographies on the web was automatically a marketing tool for the medical center. Therefore, I wanted the bios to be both positive and attractive so that patients would consider using RUSH's dermatology services.

Although I had some liberty with the design and language of the biographies, there were a few limitations on my ability to use my technical communication skills when revising the brochure. When the brochure project was first given to me, I thought I could design and create it at my discretion. But, after attending a few web page meetings and talking more with Pat, I found there were a few more constraints than I realized. We not only had to use the template for the cover, but Pat and the doctors also wanted to keep the inside of the brochure very similar to

the previous brochure. Therefore, my skills and creativity were limited on both the cover and the inside pages. Using a template has both positive and negative aspects. The positive side is that you already know how the document will look and all you have to do is to fit your information into the template. But, the downside to templates is that they hinder creative abilities and put constraints on the use of design techniques. In addition to the design constraints, there was also limited availability of design and desktop publishing software which I also mentioned on page 13.

I believe these limitations probably would have been the same even if I were hired as a technical communicator rather than a secretary because they are relative to the organization. In other words, the Marketing department creates and sets the standards for printed documents, including brochures and prefer that those standards remain the same for each department at RUSH. Each department can choose from several colors and the type of paper they would like, but if the template, logo or fonts change, they will also change for the other departments at RUSH. This is so that RUSH documents can be distinguished from other medical centers.

In spite of these constraints with the brochure, just as in the case with the website changes, I felt that it was more important to satisfy the audience members who were previously mentioned on page 14.

It was not only important for me to meet audience needs, but it was also necessary to think of the purpose of the brochures which was to inform patients of dermatological services and to introduce two new physicians.

If I had the opportunity to be more creative, I would have used a different color and a different grade of paper for both brochures. Although other colors and types of paper were available, the department chose a glossy paper and a dark green. Pat said they chose green because RUSH's logo is green and they wanted to match the logo. I'm not exactly sure why glossy paper was chosen.

I probably would have used a serif font for the cover and inside headings for Dr. Toombs' brochure because that would have emphasized the content and topic of aesthetic and cosmetic dermatology.

Although, liposuction is performed primarily on females, Dr. Toombs mentioned that she would like to have more male patients. With that in mind, I would have preferred a light weight card stock for the paper and a blue, burgundy or rust template for the cover, because I believe

those colors might attract both male and female patients. I also think those are somewhat cheerful colors. In addition, Pat had mentioned the expense of other advertisements for one of the doctors, and the card stock paper would have been more economical.

Unlike the liposuction procedure, Mohs surgery is performed to remove cancer and is not usually done for cosmetic purposes only. I probably would have used a dark blue, tan or gray cover and a light card stock paper to emphasize a more serious procedure. I thought the font that was used was fine.

Overall, I felt that I was still able to use much of the instruction I received at Miami, but this was more evident with the web changes and the biographies than with the brochures. I used not only my writing skills, but also my technical skills when working with the Fatwire software at RUSH. The website software at RUSH was not exactly the same as the one used at Miami, but the program was very easy to learn because of similar instruction. It also was very rewarding to be able to do something that was not only different from my regular daily activities, but also that was somewhat familiar to me.

I believe that it was very important and necessary for me to use the instruction I had acquired in the classroom in order to retain these skills for the future.

In the next chapter, I describe some of the complications that I encountered while working on the internship assignments, and I discuss how these issues were resolved using one of the readings we discussed during classroom meetings.

CHAPTER – 4 Problem Solving Techniques

In this chapter, I discuss in more depth obstacles I faced when attempting to complete my internship projects in a timely manner. I frame this discussion by referring to Patrick Moore's "When Persuasion Fails: Coping with Power Struggles."⁴ I attempt to point out the ways in which the essential hierarchy of a large medical institution impacted my day-to-day work and the ways in which I attempted to address these obstacles by trying "to mobilize resources to get things done."

Obstacles to Completing the Website Internship Revisions

As I have mentioned in other parts of the report, I faced the following obstacles in completing my work as quickly as others and I hoped I would:

1. Changes in the Fatwire web authoring program used by Marketing meant that the biographies would be posted on the web several months later than we had anticipated.
2. Using Dr. Rhodes' CV and biography as a model helped me get started, but ultimately prevented me from thinking of other solutions and from acknowledging that other physicians might have different ways to present their information. In this case standardization both helped and hindered the process.
3. One of my most difficult challenges was working with very busy personnel for whom the web project could not be a top priority, as it was for me.
4. Even when the project was a top priority, as it was for Dr. Rhodes, other issues such as a slight delay in receiving the mission statement held up the progress of getting them posted.
5. Finally, understanding when and how to approach those above me directly, and when to negotiate through my manager was somewhat difficult for me to determine.

⁴ *When Persuasion Fails, Coping with Power Struggles*, Patrick Moore. English 696, Managing Technical and Scientific Communication Departments, Fall 2002, p. 65.

Theoretical Context and Solutions for Completing the Internship Assignments

While attempting to resolve these problems, I tried to keep the audience in mind. I knew that the main person I had to please in this project was Dr. Rhodes since he had initiated the web revisions, and Dr. Tharp, who had designated him as the physician responsible for approving the revisions. I also had to keep Pat, the other dermatology faculty members, and the Marketing staff in mind.

Juggling the needs of these people helped me to realize that a medical center, because of its large size and nature, has to have a hierarchy within each department. In Dermatology, the department chair and faculty physicians are at the top, the department administrator is in the middle, and the medical support staff, (including nurses, technicians, and clinic managers), and clerical personnel are below to help the department function and run smoothly.

My capacity as a communicator, though important, did not afford me with much insight into the work loads of those I depended on nor did it allow me much power in the organization.

Patrick Moore in his article, “When Persuasion Fails: Coping with Power Struggles,” not only discussed power struggles, but also addressed a definition of power which he takes from Robert Dahl: “Power is the ability of person A to get person B to do something that person B would not otherwise do.” Another definition of power by Rosabeth Moss Kantor states that power in organizations is “the ability to mobilize resources (human and material) to get things done.”

As a technical communicator, the “power” I used was closer to this second definition, which also required persuasion and patience to complete the internship projects. My power in the Dermatology Department derived from my attempts to persuade very busy people to do what they didn’t have time to do. When my persuasion was no longer effective, I requested the assistance of others with “power” to get the tasks completed.

Moore’s advice that technical communicators use persuasion to solve the power issues was very useful, and I tried to use persuasion and/or work around the issues as much as possible. Moore defines persuasion as “marshalling good reasons and good evidence, creating a credible authorial persona, appealing to the audience’s emotion, and so forth.”

Following is a list of persuasive techniques that I used to solve the issues that arose during the CV/biography project. This list coincides with the obstacles mentioned above:

1. When the Fatwire CMS revisions began, I realized that I had no choice but to wait for Marketing to finish the process, which I hoped would be brief. But, while I waited, I kept in touch with Marketing, and I periodically inquired about the status of the revisions by e-mail or when I attended the web management meetings. I also informed them of Dr. Rhodes' concern about the delay in getting the bios posted on the web. Marketing decided to provide a temporary solution, which was to include the PDFs and follow through with our original plans before the CMS revisions began.
2. I was glad that Dr. Rhodes' gave me a model to work from for the bios/CVs because it would have been much harder for me to write them without it, but it was also helpful that Dr. Dy gave me her suggestion for an alternative format. Dr. Dy's comments made me realize that I should be more flexible and open for suggestions in case the other physicians wanted to change their biographies. Her input also prompted me to send copies of each of the bios to the faculty members after completing them in case they had further revisions. Most of the doctors had no changes, but a few of them had minor ones. I also used the announcements from Marketing as a guide for the tone of the bios and to make them more interesting and attractive.
3. My dependency on doctors with very busy schedules was also a challenge: it meant that I had to convince them that the web project was not only important for the entire department, but that it would be personally beneficial to them. I reminded some of them that having their bios and CVs on the web would help to increase their patient clientele. My persuasion methods also included sending reminders to the faculty and telling them that their bios would appear on the web very soon.
4. I worked with Pat to remind Dr. Tharp to write the mission statement. I used the same system of reminders that I used for receiving the physician's biography information. First, I sent a couple of e-mails, then I put notes in their mailboxes, then I asked them in person. For some reason they were more willing to assist me in person. In Dr. Tharp's case, I also revised a draft of an older mission statement that Pat had given me and e-mailed it to him, hoping that would motivate him to write it.

In the end, I think Dr. Rhodes was probably the most influential person for getting the statement written, because as the faculty discussed the progress of the projects at some of their meetings, it ultimately motivated Dr. Tharp to write.

5. It was sometimes hard for me to determine how and when to approach the faculty members and when to ask Pat for assistance. I resolved this situation by keeping Pat informed about the status of the projects, not only because she was my mentor, but also in case I would need her to help with “power and persuasion.” I kept in mind that she had worked with the faculty a lot longer than I had. At first, I gave Pat written updates, and later, oral ones. I also kept her posted about the discussions in our web meetings, and I typed the Fatwire web revision procedures, and gave her a copy.

I thought that keeping Pat “in the loop” was a very wise decision and also a persuasion technique, because as I had predicted, I did need her assistance in a few situations. First, I needed her to convince one of the physicians to take her photo for the biography because the doctor did not like being photographed, and Pat successfully persuaded her after I had sent several reminders. I also required Pat’s help to work with Dr. Rhodes because she kept him informed of the website progress, and assured him that things were moving along. I mentioned earlier that she assisted me with reminding Dr. Tharp about the mission statement as well. In essence, Pat acted as a source of power for me, which ultimately enabled me to mobilize resources and to get the projects completed.

She also guided me as to which jobs were priorities when the internship projects clashed with my other work responsibilities. For example, sometimes the internship projects were a priority and other times my other duties were priority.

Update on Internship Projects After Internship Period Ended and Current Responsibilities

Although the internship project has ended, revising the web and creating brochures have become part of my work responsibilities, and I continue to perform these tasks as necessary. As the web page manager for our department I am responsible for keeping the Dermatology Department's web pages up to date. The two brochures for Drs. Toombs and Dimitropoulos have been printed and distributed to the various clinics. After I finished them and we received a sample from the printers, the doctors provided new photos which were inserted by an outside vendor, and over 3,000 copies were printed.

I have already begun working on the brochure for our department's new Ethnic Hair and Skin clinic services. The brochure is nearly completed, except for the cover. The three physicians who will be on the cover only need to select one of the photos they took.

Pat would like me to make two more brochures as time permits. One of them will include photos of all of the full-time dermatology physicians and information about their specialties. It will likely be a 4-fold document. I will use the draft that the faculty chose at the meeting (**See Appendix B-3**). Another brochure will be made for Dr. Clarence Brown who is the director of the Mohs surgery clinic in dermatology.

In addition to the brochures, I have recently revised our home page on the clinical site, adding clinic hours, new faculty names, and other changes to the text at Dr. Tharp's request. I currently have access to our home page and to the physician profile or "Find a Doctor" page. Before, I could only change our home page.

Both the physicians themselves and web page managers can add and update the physician profiles using an electronic form. They simply need to log on to a certain web page with their password and their medical staff ID number. Web managers no longer need to send a completed form and photo to Jennifer Freeman in the Marketing Department.

I have sent other changes in the residency information and other pages to Marketing for them to complete. When I cannot make the changes myself, I usually copy and paste the web page into Word and make the revisions using track changes. The page managers then send changes to a central web address in Marketing, and Ken distributes the request to whoever is responsible for changing those pages. Previously, I sent everything to Marie Mahoney because it was difficult to keep track of who was responsible for which pages.

I also continue to update the university calendar page about every two months, and I periodically check with our staff nurse and request any changes in the status of the clinical trials.

The main differences between the web revisions that I make presently and those that I made during my internship period is that the website only requires maintenance and minor revisions, and that takes a lot less time. When the Dermatology department began the web revisions it seemed as though we were starting from scratch because they required training and we were creating new pages. But now, I only update the pages and use my notes to refresh my memory as necessary.

When I have web revisions or brochures to make, I usually divide my work schedule similar to the way I did during the internship period.

Our department has also added a new part-time faculty member since my internship period ended. I have recently added Dr. Warren Piette's CV and biography on the university site, and I have added his profile on the clinical site. Therefore, our faculty has increased from 10 to 14 part-time and full-time members since the start of my internship project.

The residency application process has changed since these pages were revised; therefore, the application forms and attachments that I revised and sent to the GME department have been deleted from the web. There is a new electronic resident application system called ERAS and all residents can go directly to the ERAS web address at the university or they can click on the ERAS link within each department's residency information page on the clinical site.

In addition to web revisions and brochures, my op reports and referral letters have increased to about 40 or 50 per day, and I continue to work on the *Dermatologic Therapy* journal.

Conclusion

In essence I do not think that I had the "power" to accomplish these projects alone. I did not have much rank or authority as a technical communication intern or as an assistant to Dr. Tharp. Most of the faculty was aware of my title and purpose. I often used the "art of persuasion" as discussed in Moore's article, but when that was unsuccessful, I requested and received assistance from Pat who had a little more power than I did. I believe persuasion is an art and it is a powerful tool, but sometimes it has its limitations.

Although there were several complications during this internship, there were also good things that happened as a result of the projects. First, Marketing decided to update and revise their CMS system to accommodate our needs and those of other departments who also wanted to add more of their faculty background information on the clinical site. Second, the communication in our department has greatly improved and is now more direct. The faculty and staff are communicating with each other rather than through someone else.

When I first came to the department, Pat was not only the mediator for the administrative employees and the faculty, but also between the faculty and Dr. Tharp. She also handled patient complaints regarding their bills and/or their quality of service.

I have noticed that the faculty members speak directly to Dr. Tharp and to one another more often than in the past.

In the past, just before the faculty meetings began, a couple of the physicians would tell Pat what they wanted to discuss at the meeting. And, although I was not there, I believe she would bring up these concerns at the meetings. Pat would not tell us (the administrative staff) exactly what was discussed in the meetings, but sometimes she said there was quite a bit of confusion and many complaints. Recently, Pat has commented to us that the faculty meetings have gone well. She has also suggested that the doctors speak directly to the person or persons with whom they have an issue or concern.

Finally, when Dr. Brown or one of the other physicians has a question or concern with my work, they usually come directly to me rather than Pat. However, I continue to keep Pat posted and give her the status of my workload each week. In addition, Dr. Tharp periodically calls a meeting with me for an update on the journal activities.

Overall, I believe that I did everything possible in my role as a technical communicator and in my position in the department to complete the internship projects and my other duties successfully. Although I would have liked the projects to move along more quickly, the tasks were eventually completed because of the assistance of Pat, the dermatology faculty, and the Marketing staff. It was definitely a team effort.

LIST OF APPENDICES

Appendix (A1)	Web address and instructions for COS site (Dr. Rhodes' profile/CV)
Appendix (A2)	Web address and instructions for clinical page (Profiles/Find a Doctor page)
Appendix (A3)	Web address and instructions for the university site (Faculty CVs and Biographies)
Appendices (B1-3)	Brochure thumbnails given to Pat and Dr. Tharp at the start of the assignment
Appendices (B4-7)	Brochure originals and final versions
Appendix (B8)	RUSH logo and template
Appendices (B9&10)	Sample of brochure first drafts sent to Marketing for review
Appendix (C1)	Web addresses and instructions for viewing the clinical site (Residency pages)
Appendix (C2)	Web addresses and instructions for viewing the university site (calendar pages)
Appendix (C3)	Web addresses and instructions for viewing the clinical site (clinical trials)
Appendices (D1-5)	Samples of dermatology specialty pages on the web and information researched
Appendix (E-1)	Sample of a physician CV before revision
Appendix (E-2)	Dr. Rhodes' complete biography and CV
Appendix (E-3)	Dr. Dy's complete biography and CV

Appendices A (1-3)

1) Community of Science website

To view the COS site and Dr. Rhodes' profile: 1) go to <http://www.COS.com> , 2) Go to COS Expertise (top), 3) Click Search COS Expertise, 4) Search/Browse by Research Name, 5) Type in Rhodes, 6) Select, Rhodes Arthur (left).

2) RUSH clinical website

To view physician profiles: 1) go to www.RUSH.edu, 2) Click clinical services (left), 3) Click select a department (middle), 4) Select dermatology, 5) Select any of the clinics listed and the MD names come up, which will link to their profiles.

3) RUSH University site:

To view the Faculty Biographies and CVs: 1) go to <http://www.RUSHU.rush.edu>, 2) Click on the Medical College (top), (3) Click on Departments (top right), 5) Chose Dermatology, 6) On the left, select the physician's name.

Appendix B1 (Page 1)

INSERT TEXT ABOUT SERVICES PROVIDED HERE

Appendix B1

Map

Address and Phone of Chicago

Map

Address and Phone of Skokie

Map

Address and Phone of Westmont

PROVIDED HERE

RUSH University Medical Center
Main Office

Department of Dermatology
West University Medical Center
707 S. Wood Street, Rm. 220 Annex
Chicago, IL 60612
Phone: (312) 342-2195

RUSH

DERMATOLOGY

Rush Logo

CTCL	Melanoma	Alopecia	Appendix B1
<div> <div></div> <div>Michael D. Tharp, MD</div> </div> <div> <div></div> <div>Clarence W. Brown, Jr. MD</div> </div> <div>MOHS</div>	<div> <div></div> <div>Arthur R. Rhodes, MD</div> </div> <div> <div></div> <div>Mary C. Massa, MD</div> </div> <div>Cosmetic Dermatology</div>	<div> <div></div> <div>Lady C. Dy, MD</div> </div> <div> <div></div> <div>Mark D. Hoffman, MD</div> </div> <div>General Leg Ulcers</div>	

Appendix B2 (Page 1)

<p>Using Template: Leave Blank or name text if available</p>	<p>Another Photo</p> <p>Of people getting examination or someone in the lab</p>		
<p>Dermatology Services</p> <p><i>List Services Provided</i></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>Dermatology Patient Services Department of Dermatology Rush University Medical Center 1725 W. Harrison Street, Suite 264 Chicago, IL 60612</p> <p>Phone: (312) 942-2195</p>		
<p>MAP</p>	<p>MAP</p>	<p>MAP</p>	
<p>Rush</p> <p>Dermatology Services</p> <p>Use Rush Template Here</p>	<p>Rush Logo</p>	<p>GROUP PHOTO HERE</p> <p>Using Templates Format Here</p>	<p>Appendix B2</p>

Appendix B2 (Page 2)

CTCL

Michael D. Tharp, MD

Moh's Surgery

Clarence W. Brown, Jr., MD

Melanoma

Arthur R. Rhodes, MD

Alpexcia

Lady C. Dy, MD

Cosmetic Dermatology

Mary C. Massa, MD

Leg ulcers-

Mark D. Hoffman, MD

Appendix B2

THE REVENUE

Researcher's name: _____

Rush University

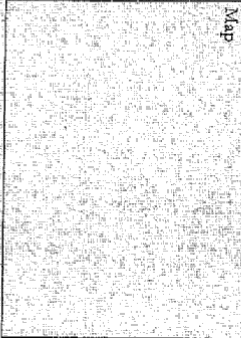
Appendix B3

Map



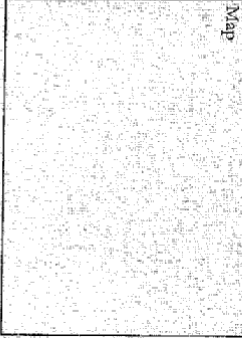
Address—Skokie

Map



Address—Westmont

Map



Address—Chicago

Photo of disease before
treatment (e.g. dermatitis,
eczema, etc).

Text about photo above

Photo of disease before
treatment (e.g. dermatitis,
eczema, etc).

Text about photo above

Department of Dermatology
Patient Services
Rush University Medical Center
707 S. Wood Street, Rm. 220 Annex
Chicago, IL 60612
Phone: (312) 962-2195
Fax (312)
Email: Dermatology@rush.edu

Dermatology



Can Use any Photo Above and/or
Text about Dermatology Depart-

Rush Logo Here

Text about most common Dermatologic cases and treatment

Lorem ipsum dolor sit amet, consectetur adipiscing elit,
 sed diem nonum dolor sit amet, consectetur adipiscing elit,
 dolor magna aliquam erat volutpat. Ut wisis enim ad
 minim veniam, consequat, vel illum dolore eu feugiat nulla
 facilis at vero eros at accumsan et justo odio dignissim
 qui blandit praesent luptatum. Lorem ipsum dolor sit
 amet, consectetur adipiscing elit, sed diem nonum
 nibh euismod trincidunt ut laoreet dolore magna aliquam
 erat volutpat. Ut wisis enim ad minim veniam, consequat,
 vel illum dolore eu feugiat nulla facilisis at vero eros et
 accumsan,

Cosmetic Dermatology

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed diem nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisis enim ad minim veniam, consequat vel illum dolore eu feugiat nulla facilisis at vero eros et accumsan et justo odio dignissim qui blandit praesent lacinia. Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed diem nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisis enim ad minim veniam, consequat vel illum dolore eu feugiat nulla facilisis at vero eros et accumsan.

Leg Ulcers


Lor'em ipsum dolor sit ame, consectetur adipiscing elit,
 sed diem nonumy nibh euismod teneidunt ut laecret
 dolore magna aliquam erat volutpat. Ut wisit enim ad
 minima veniam, consequat, vel illum dolore eu feugiat nulla
 facilisis at vero eros et accumsan et iusto odio dignissim
 qui blandit praesent luptatum. Lor'em ipsum dolor sit
 amet, consectetur adipiscing elit, sed diem nonumy
 nibh euismod teneidunt ut laecret dolore magna aliquam
 erat volutpat. Ut wisit enim ad minima veniam, consequat
 vel illum dolore eu feugiat nulla facilisis at vero eros et
 accumsan.

Appendix B3

Alopecia

Loetum ipsum dolor sit amet, consectetur adipiscing elit, sed diam nonummy nibh euismod inculcit ut in hac et dolore magna aliquam erat volutpat. Ut wiss enim ad minim veniam, consequatur vel illam dolore eu feugiat nulla tamen accumsan.

Cosmetic Dermatology



Cosmetic Dermatology

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisi enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.

Leg Ulcers

Loeten ipsam dolor sit amet, consectetur adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisis enim ad modum veniam, consequatur, vel illum dolore eu feugiat nulla facilisis at vero eros et accumsan et justo odio dignissim qui blandit praesent luptatum. Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed diam nonummy nibh euismod tincidunt ut laoreet dolore magna aliquam erat volutpat. Ut wisis enim ad modum veniam, consequatur, vel illum dolore eu feugiat nulla facilisis at vero eros et accumsan

Appendix B4 (Page 1)

RUSH DERMATOLOGY SKIN PROGRAM

For over 150 years, the RUSH University Medical Center has retained a tradition of excellence and innovation in Chicago's medical community. The RUSH Department of Dermatology skin program includes a complete selection of general dermatology, cosmetic procedures, and skin cancer treatment for great skin at every age.

MOHS MICROGRAPHIC SURGERY

One of the most serious aspects of the RUSH Dermatology Program is skin cancer. As with all procedures for the skin, RUSH has incorporated state-of-the-art skin cancer treatment and an extensively trained specialist into its comprehensive set of services.

The most advanced treatment for skin cancer, MOHS MICROGRAPHIC SURGERY (MMS), was developed by Dr. Frederick Mohs in the 1930s. In the following decades, advances and innovation have led to the current Mohs surgery, allowing the specially trained Mohs surgeon to excise and examine thin layers of fresh tissue immediately, reducing treatment time, and allowing immediate reconstruction of the wound.

Mohs-trained dermatologist Dr. Vassilios A. Dimitropoulos traces the skin cancer down to its roots, ensuring complete removal. The procedure allows the surgeon to see beyond the visible disease, and precisely identify and remove the entire tumor, leaving healthy tissue intact and unharmed.

ADVANTAGES OF MOHS MICROGRAPHIC SURGERY

- Has highest cure rate of any existing procedure
- Preserves the maximum amount of normal skin resulting in smaller scars
- Involves fewer reconstructive procedures
- Minimizes risk of recurrence, eliminating costs of more invasive and serious surgery
- Performed in the surgeon's office, with pathology examinations conducted immediately
- Completed most often in a single day

TO SCHEDULE AN APPOINTMENT WITH

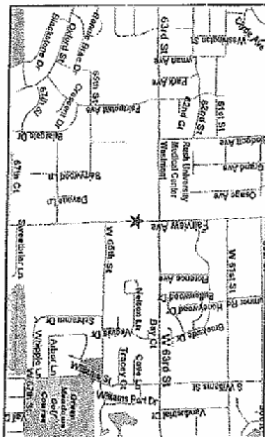
DR. DIMITROPoulos

PLEASE CALL ONE OF THE RUSH UNIVERSITY
DERMATOLOGY CLINIC LOCATIONS

Website: www.rush.edu

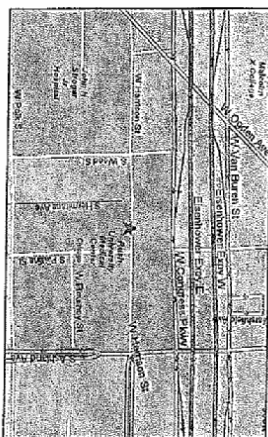
RUSH DERMATOLOGY CLINIC (WESTMONT)


6319 South Fairview
Westmont, IL 60559
(630) 968-4500



RUSH DERMATOLOGY CLINIC (CHICAGO)

1725 West Harrison, Suite 264
Chicago, IL 60612
(312) 942-2195



 RUSH UNIVERSITY
MEDICAL CENTER




Appendix B4

MOHS MICROGRAPHIC SURGERY RUSH DERMATOLOGY SKIN PROGRAM



Vassilios (Bill) Dimitropoulos, MD
Assistant Professor, MOHS Micrographic
and Dermatologic Surgery

 RUSH UNIVERSITY
MEDICAL CENTER

Appendix B4		MOHS TREATMENT TECHNIQUES
<p>VASSILIUS (HILL) DIMITROPoulos, MD Assistant Professor, Mohs Micrographic and Dermatologic Surgery</p> <p>Dr. Dimitropoulos is a board-certified dermatologist, Mohs micrographic surgery specialist, and assistant professor of dermatology. He received a BA in philosophy and a BS in biology from Loyola University in Chicago. He obtained his M.D. and completed his internship in internal medicine at the Rush University Medical Center in Chicago. He performed his residency in dermatology at the University of Michigan where he also completed a melanoma extracurricular training program at the multidisciplinary melanoma clinic.</p> <p>Dr. Dimitropoulos has a special interest in skin cancer, lasers, warts and acne, and specializes in Mohs micrographic surgery, mole and cyst removal, laser surgery, and tumor and skin cancer excisions. His research interest is skin cancer in immunocompromised patients. He has also participated in many community and volunteer activities and is a member of several committees, societies and honors programs.</p> <p>Dr. Dimitropoulos joined the Department of Dermatology at Rush University Medical Center in 2005 as a clinical instructor and assistant attending in dermatology. He is currently an assistant professor of dermatology at Rush.</p>	<p>INDICATORS FOR MOHS MICROGRAPHIC SURGERY</p> <ul style="list-style-type: none">• Cancer is large• Cancer is growing rapidly• Cancer has indistinct borders• Cancer has been previously treated and has recurred• Cancer has formed in an area of extensive scar tissue• Cancer is in an area where it is important to preserve healthy tissue for maximum functional and cosmetic results; especially head, neck, hands, genitalia, lips, eyelids, nose, ears and fingers	<p>What is visible on the surface may be the smallest part of the tumor that exists underneath. The Mohs technique addresses this issue best.</p> <p>The Mohs-trained surgeon begins by removing the obvious tumor. Once completed, a thin layer of tissue is removed from the tumor site, and a "map" of the removed tissue is created as a guide to the precise location of any cancer cells that may remain.</p> <p>The removed tissue is then microscopically examined for evidence of remaining cancer cells. If any of the tissue sections examined contain cancer cells, the Mohs surgeon returns to the specific area indicated by the map, and removes another thin layer of tissue from the specific area within each section.</p> <p>The surgeon then microscopically examines the removed tissue thoroughly to check for evidence of remaining cancer cells. This process is repeated until the surgeon is certain all cancer has been removed.</p> <p>The Mohs surgeon is also trained in reconstructive techniques, and following MMS will perform the best reconstructive procedure necessary to repair the wound.</p> <ul style="list-style-type: none">• Individuals with fair skin, blonde hair and blue eyes are more prone to skin cancer.• Skin cancers occur more commonly in those who spend a great deal of time outdoors.• Burn scars and a history of radiation treatments are additional risks for developing skin cancers.• The face is a frequent site of skin cancer. The ears and nose are common areas where skin cancers occur.
<p>Pre-surgery</p> 		
<p>Following Mohs</p> 		
<p>After Reconstruction</p> 		

Appendix B5 (Page 1)

What about financial considerations?

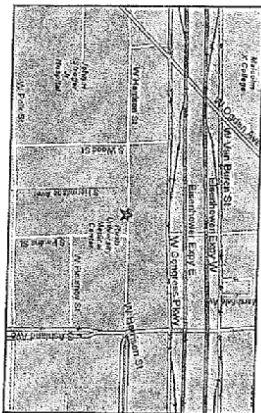
- ◊ Fees are payable by cash, check, VISA and Master Card.

About telephone calls

- ◊ For appointments and non-emergencies, call Monday through Friday, 8:30 am - 4:30 pm (312) 942-2195.
- ◊ Please call the clinic in advance if you need to pick up medication at (312) 942-2195.
- ◊ If you need to contact the doctor in a "life-threatening emergency" feel free to call the following number anytime: (202) 483-0362.

RUSH DERMATOLOGY CLINIC CHICAGO

1725 West Harrison, Suite 264
Chicago, IL 60612
Phone: (312) 942-2195
Websites: www.rush.edu or
www.makeuporgorgeous.com



 RUSH UNIVERSITY
MEDICAL CENTER

Appendix B5

Aesthetic Dermatology and Ethnic Hair and Skin Program



Ella L. Toombs, MD
Assistant Professor, Dermatology

 RUSH UNIVERSITY
MEDICAL CENTER

Appendix B5 (Page 2)

What is "Aesthetic?"

Aesthetic (adjective - aesthete - "lover of beauty") is defined as "the best of taste."

About Dr. Toombs

Dr. Ella Toombs, a Chicagoan, completed medical school at Ohio State University. She performed a residency in Internal Medicine at the Cleveland Clinic and in Dermatology at Howard University, followed by a fellowship at the National Institutes of Health.

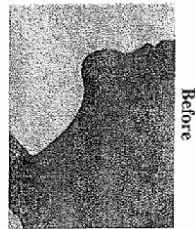
Dr. Toombs served as a dermatologist at the Food and Drug Administration, was involved in new drug approval, and served as the dermatologic consultant for BOTOX Cosmetic® and filler substances. She was also the acting office Director for Cosmetics and Colors until 2002. She was subsequently appointed as Chief of Dermatology at the Washington DC VA Medical Center.

She is a consultant to the pharmaceutical industry and an advocate for patients and dermatologists in legal matters. She has been quoted in national magazines and has appeared on national and local television and radio shows.

Her professional memberships include advisory representative for Washington, DC with the American Academy of Dermatology and preceptor for the American Society of Dermatologic Surgery. She is also a member of the International Society for Cosmetic Dermatology, the International Society for Dermatologic Surgery, the Washington DC Dermatologic Society, the Women's Dermatology Society and others. The membership of which she is most proud is SCORES - a program in which she donates her expertise in improving the scars of victims of domestic violence.

Dr. Toombs joined the department of Dermatology at RUSH University Medical in 2006 as an assistant professor and assistant attending. She specializes in cosmetic dermatology and has an expertise in liposculpture.

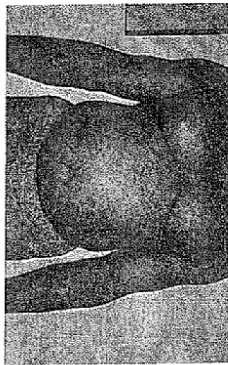
Liposculpture Before and After Photos



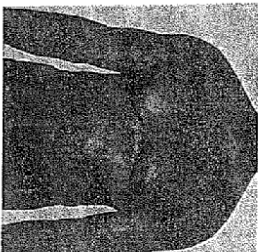
Before



After



Before



After

What services do we provide?

Appendix B5

Clinical Dermatology

Acne treatment
Acne surgery
Moles – non cancerous
Light and dark spots

Cosmetic Dermatology

Chemical peels
Dermabrasion
Collagen injections
Cosmetic and skin care consultations
BOTOX Cosmetic®

Liposculpture

Cheeks	Love handles
Neck	Arms
Breast	Knees
Abdomen	Hips

About Liposculpture

Since 1995, Dr. Toombs has been assisting patients who desire a more slender appearance to achieve their goals through liposuction. She considers it "her art" – seeing the patients as they are and sculpting them into a more attractive silhouette. The procedure is performed without general anesthesia. Dr. Toombs has performed liposculpture on national television, lectured and taught at national and international medical meetings, and has been interviewed by many consumer and medical publications.

Appendix B6 (Page 1)

Dr. Bill Brown Jr.
CLARENCE W. BROWN JR., M.D.
 DIRECTOR, MOHS MICROGRAPHIC AND
 DERMATOLOGIC SURGERY

Clarence William Brown, Jr., is a Board Certified Dermatologist, Mohs Micrographic Surgery Specialist, and Director of Mohs Micrographic Surgery at the Rush Great Skin Program.

Residing in Chicago since 1995, he completed his internship in internal medicine at The University of Chicago Hospitals, and his residency in dermatology at Rush-Presbyterian-St. Luke's Medical Center.

Dr. Brown also completed a skin cancer fellowship in Mohs Micrographic and Reconstructive Surgery at Baptist Medical Center in Kansas City, Missouri. Upon completion, Dr. Brown returned to Chicago, creating a center devoted to skin cancer in the North Shore. In August of 2001, Dr. Brown accepted his current position as Director of Mohs Micrographic Surgery at Rush-Presbyterian-St. Luke's Medical Center, continuing his center in Chicago's North Shore Community.

Dr. Brown is certified by The American Board of Dermatology, is a member of The American Academy of Dermatology, and is a member of The American College of Mohs Micrographic Surgery and Cutaneous Oncology, the sole professional organization of physicians who have extensive training and experience in Mohs Micrographic Surgery.



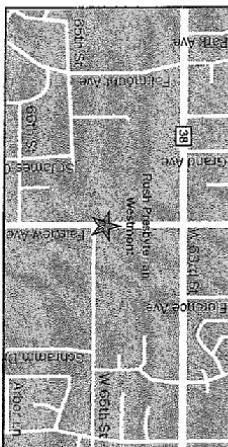
TO SCHEDULE AN APPOINTMENT WITH
 DR. BROWN, PLEASE CALL ANY OF THE RUSH
 DERMATOLOGY GREAT SKIN LOCATIONS.

RUSH MEDICAL CENTER
 312.942.2195
 RUSH GREAT SKIN WEST
 630.968.4500
 RUSH GREAT SKIN NORTH
 ADVANCED SKIN &
 MOHS SURGERY CENTER, S.C.
 847.568.9911

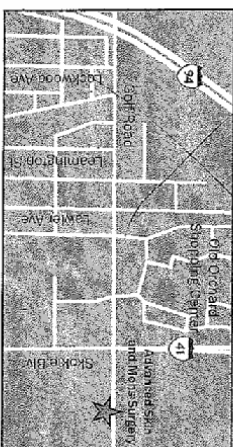
RUSH MEDICAL CENTER
 1725 West Harrison, Suite 264
 Chicago, IL 60612
 312.942.2195



Dr. Brown Jr.
RUSH GREAT SKIN WEST
 6319 South Fairview
 Westmont, IL 60559
 630.968.4500



RUSH GREAT SKIN NORTH
 4711 West Golf Road, Suite 711
 Skokie, IL 60076
 847.568.9911



Appendix B6

**MOHS
 MICROGRAPHIC
 SURGERY**

**RUSH DERMATOLOGY
 GREAT SKIN PROGRAM**



Dr. Brown Jr.
**CLARENCE W.
 BROWN JR., M.D.**
 DIRECTOR,
 MOHS MICROGRAPHIC
 AND DERMATOLOGIC
 SURGERY

RUSH

RUSH GREAT SKIN PROGRAM

For over 150 years, Rush-Presbyterian-St. Luke's Medical Center has retained a tradition of excellence and innovation in Chicago's medical community. The Rush Department of Dermatology introduces the RUSH GREAT SKIN PROGRAM, a complete selection of general dermatology, cosmetic procedures, and skin cancer treatment, for great skin at every age.

MOHS MICROGRAPHIC SURGERY

One of the most serious aspects of the Rush Great Skin Program is skin cancer. As with all procedures for the skin, Rush has incorporated state of the art skin cancer treatment and an extensively trained specialist into its comprehensive set of services.

The most advanced treatment for skin cancer, MOHS MICROGRAPHIC SURGERY (MMS), was developed by Dr. Frederick Mohs in the 1930's. In the following decades, advances and innovation have led to the current Mohs surgery, allowing the specially trained Mohs surgeon to excise and examine thin layers of fresh tissue immediately, reducing treatment time, and allowing immediate reconstruction of the wound.

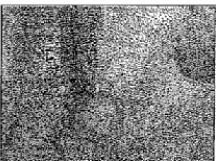
Serving as surgeon, pathologist and reconstructive surgeon, Mohs trained dermatologist Dr. ~~Charles William Brown~~ traces the skin cancer down to its roots, ensuring complete removal. The procedure allows Dr. Brown to see beyond the visible disease, and precisely identify and remove the entire tumor, leaving healthy tissue intact and unharmed.

ADVANTAGES OF MOHS MICROGRAPHIC SURGERY

- Highest cure rate of any existing procedure
- Preserves the maximum amount of normal skin resulting in smaller scars
- Involves fewer reconstructive procedures
- Minimizes risk of recurrence, eliminating costs of more invasive and serious surgery
- Performed in the surgeon's office, with pathologic examinations conducted immediately
- Surgery often completed in a single day

INDICATORS FOR MOHS MICROGRAPHIC SURGERY

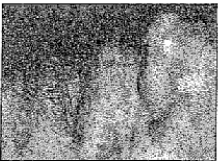
- Cancer is in a difficult area where it is important to preserve healthy tissue for maximum functional and cosmetic results, especially head, neck, hands, genitalia, lips, eyelids, nose, ears and fingers
- Cancer has been previously treated and has recurred
- Cancer is large
- Cancer has indistinct borders
- Cancer is growing rapidly
- Cancer has formed in an area of extensive scar tissue



Pre-surgery



Following Mohs



After Reconstruction

MOHS TREATMENT

What is visible on the surface, may be the smallest part of the tumor that exists underneath. The Mohs technique addresses this issue best.

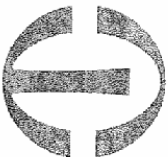
The Mohs-trained surgeon begins by removing the obvious tumor. Once completed, a thin layer of tissue is removed from the tumor site, and a "map" of the removed tissue is created as a guide to the precise location of any cancer cells that may remain.

The removed tissue is then microscopically examined for evidence of remaining cancer cells. If any of the tissue sections examined contain cancer cells, the Mohs surgeon returns to the specific area indicated by the map, and removes another thin layer of tissue from the specific area within each section.

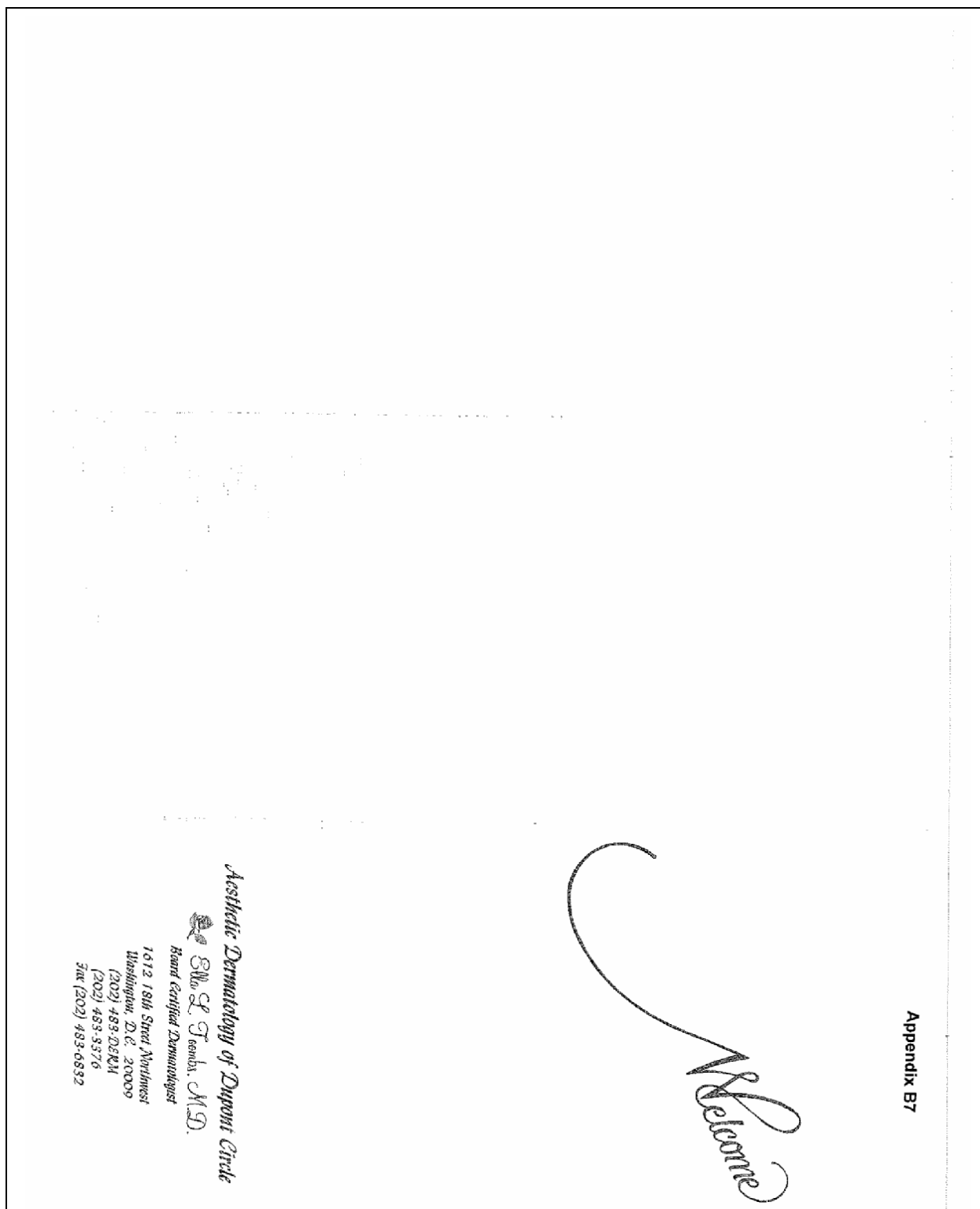
The surgeon then microscopically examines the removed tissue thoroughly to check for evidence of remaining cancer cells. This process is repeated until the surgeon is certain all cancer has been removed.

The Mohs surgeon is also trained in reconstructive techniques, and following MMS will perform the best reconstructive procedure necessary to repair the wound.

- Individuals with fair skin, blonde hair and blue eyes are more prone to skin cancer
- Skin cancers occur more commonly in those who spend a great deal of time outdoors
- Burn scars and a history of radiation treatments are additional risks for developing skin cancers
- The face is a frequent site of skin cancer. The ears and nose are common areas where skin cancers occur



Appendix B7 (Page 1)



Appendix B7 (Page 2)

What is "Aesthetic"?

--- Aesthetic (adjective - aesthete - "lover of beauty")
defined as "the best of taste"

Opened in 1988 as an exclusive private practice designed to provide the best possible care for patients concerned about their health and appearance.

About Dr. Ella L. Tombs?

— *A Chicagoan, Dr. Toombs, completed medical school at Ohio State University, residencies in internal medicine at The Cleveland Clinic and in Dermatology at Howard University followed by a fellowship at the National Institutes of Health.*

— *Dr. Toombs served as a dermatologist at the Food and Drug Administration, involved in new drug approval as well as the dermatologic consultant for BOTOX and filler substances and acting office Director for Cosmetics and Colors until 2002.*

Dermatology at the Washington DC VA Medical Center.

—Dr. Joorns is a consultant to the pharmaceutical industry and an advocate for patients and dermatologists in legal matters. She has been quoted in national magazines and has appeared on national and local television and radio shows.

Her professional memberships include: the American Academy of Dermatology serving as the DC Advisory representative, American Society of Dermatologic Surgery – serving as a preceptor, International Society for Cosmetic Dermatology, International Society for Dermatologic Surgery, Washington DC Dermatologic Society, Women's Dermatologic Society and others. The membership of which she is most proud is SCORES – a program in which she donates her expertise in improving the scars of victims of domestic violence.

What services do we provide?

Appendix B7

— Clinical Dermatology —

acne
rashes

acne surgery

—
Cosmetic Dermatologists

chemical peels

dermabrasion

collagen injections

Liposuction

cheeks

neck

breast

abdomen

What about financial considerations?

Fees are payable by cash, check, VISA,

MasterCard, ~~and~~ American Express. ✓

At the time of your visit, you will receive a copy of

insurer so that they can reimburse you.

We do not bill patients or accept medical

insurance.

* Well. make u gorgeous. com

M-T 8:30-400

When do we see patients?

— Patients are seen by appointment only;

--- Saturday, Thursday, From 4:30p.m. to 7:30p.m.
--- Saturday, From 10:00a.m. to 1:00p.m.
--- Saturday, From 10:00a.m. to 1:00p.m.

Remember, "a missed appointment hurts three."

you, another patient, and me"

About telephone calls?

*For non-emergencies call Monday through
Wed. Friday, 9:00a.m. to 5:00p.m.*

— Please, call the office in advance if you need to pick up medication.

If you need to contact the Doctor in an "emergency" feel free to call anytime. 480.808.2222
Voice-mail is available twenty-four hours a day and is checked regularly.

Location, directions, and parking?

— We are located at 1612 18th Street NW in the corner townhouse, at the intersection of 18th Street, Corcoran Street, and New Hampshire Avenue; two blocks north of Dupont Circle.

Via Metro take the Red line train to the Dupont Circle Station. Exit from the North Street exit. Ascend the escalator, turn right onto Q Street. Walk two blocks on Q Street and turn left onto 18th Street. We are located in the townhouse at the end of the block.

Appendix B8



Appendix B9 (Page 1)

RUSH DERMATOLOGY SKIN PROGRAM

For over 150 years, the RUSH University Medical Center has retained a tradition of excellence and innovation in Chicago's medical community. The RUSH Department of Dermatology skin program includes a complete selection of general dermatology, cosmetic procedures, and skin cancer treatment for great skin at every age.

MOHS MICROGRAPHIC SURGERY

One of the most serious aspects of the RUSH Dermatology Program is skin cancer. As with all procedures for the skin, RUSH has incorporated state-of-the-art skin cancer treatment and an extensively trained specialist into its comprehensive set of services.

The most advanced treatment for skin cancer, MOHS MICROGRAPHIC SURGERY (MMS), was developed by Dr. Frederick Mohs in the 1930s. In the following decades, advances and innovation have led to the current Mohs surgery, allowing the specially trained Mohs surgeon to excise and examine thin layers of fresh tissue immediately, reducing treatment time, and allowing immediate reconstruction of the wound.

Mohs-trained dermatologist Dr. Vassilios A. Dinitropoulos traces the skin cancer down to its roots, ensuring complete removal. The procedure allows the surgeon to see beyond the visible disease, and precisely identify and remove the entire tumor, leaving healthy tissue intact and unharmed.

ADVANTAGES OF MOHS MICROGRAPHIC SURGERY

- Has highest cure rate of any existing procedure
- Preserves the maximum amount of normal skin resulting in smaller scars
- Involves fewer reconstructive procedures
- Minimizes risk of recurrence, eliminating costs of more invasive and serious surgery
- Performed in the surgeon's office, with pathologic examinations conducted immediately
- Completed most often in a single day

TO SCHEDULE AN APPOINTMENT WITH

DR. DIMITROPoulos

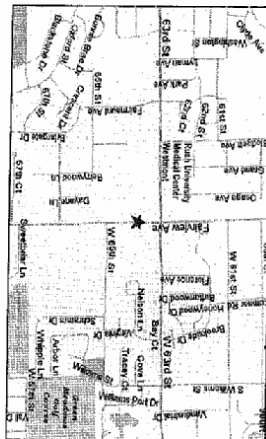
PLEASE CALL ONE OF THE RUSH UNIVERSITY

DERMATOLOGY CLINIC LOCATIONS

Website: www.rush.edu

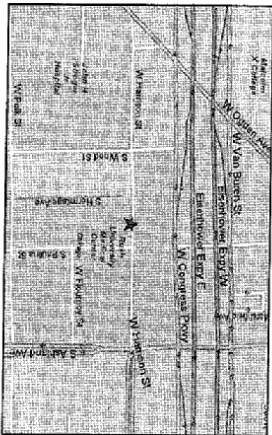
RUSH DERMATOLOGY CLINIC (WESTMONT)

6319 South Fairview
Westmont, IL 60559
(630) 968-4500



RUSH DERMATOLOGY CLINIC (CHICAGO)

1725 West Harrison, Suite 264
Chicago, IL 60612
(312) 942-2195



 RUSH UNIVERSITY
MEDICAL CENTER

Appendix B9

MOHS MICROGRAPHIC SURGERY RUSH DERMATOLOGY SKIN PROGRAM



Vassilios (Bill) Dinitropoulos, MD
Assistant Professor, Mohs Micrographic and
Dermatologic Surgery

 RUSH UNIVERSITY
MEDICAL CENTER

VASSILIOS (BILL) DIMITROPOULOS, MD
Assistant Professor, Mohs Micrographic and
Dermatologic Surgery

Dr. Dimitropoulos is a board-certified dermatologist, Mohs micrographic surgery specialist, and assistant professor of dermatology. He received a BA in philosophy and a BS in biology from Loyola University in Chicago. He obtained his MD and completed his internship in internal medicine at the Rush University Medical Center in Chicago. He performed his residency in dermatology at the University of Michigan where he also completed a melanoma extracurricular training program at the multidisciplinary melanoma clinic.

Dr. Dimitropoulos has a special interest in skin cancer, lasers, warts and acne, and specializes in Mohs micrographic surgery, mole and cyst removal, laser surgery, and tumor and skin cancer excisions. His research interest is skin cancer in immunocompromised patients. He has also participated in many community and volunteer activities and is a member of several committees, societies and honors programs.

Dr. Dimitropoulos joined the Department of Dermatology at Rush University Medical Center in 2005 as a clinical instructor and assistant attending in dermatology. He is currently an assistant professor of dermatology at Rush.

INDICATORS FOR MOHS
MICROGRAPHIC SURGERY

- Cancer is large
- Cancer is growing rapidly
- Cancer has indistinct borders
- Cancer has been previously treated and has recurred
- Cancer has formed in an area of extensive scar tissue
- Cancer is in an area where it is important to preserve healthy tissue for maximum functional and cosmetic results; especially head, neck, hands, genitalia, lips, eyelids, nose, ears and fingers

Appendix B9

MOHS TREATMENT TECHNIQUES

What is visible on the surface may be the smallest part of the tumor that exists underneath. The Mohs technique addresses this issue best.

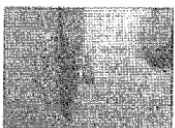
The Mohs-trained surgeon begins by removing the obvious tumor. Once completed, a thin layer of tissue is removed from the tumor site, and a "map" of the removed tissue is created as a guide to the precise location of any cancer cells that may remain.

The removed tissue is then microscopically examined for evidence of remaining cancer cells. If any of the tissue sections examined contain cancer cells, the Mohs surgeon returns to the specific area indicated by the map, and removes another thin layer of tissue from the specific area within each section.

The surgeon then microscopically examines the removed tissue thoroughly to check for evidence of remaining cancer cells. This process is repeated until the surgeon is certain all cancer has been removed.

The Mohs surgeon is also trained in reconstructive techniques, and following MMS will perform the best reconstructive procedure necessary to repair the wound.

- Individuals with fair skin, blonde hair and blue eyes are more prone to skin cancer.
- Skin cancers occur more commonly in those who spend a great deal of time outdoors.
- Burn scars and a history of radiation treatments are additional risks for developing skin cancers.
- The face is a frequent site of skin cancer. The ears and nose are common areas where skin cancers occur.



Pre-Surgery



Following Mohs



After Reconstruction

When do we see patients?

- ◊ Patients are seen by appointment only:
Monday and Tuesday (8:30 am—4:00 pm)
Wednesday (8:30—11:30 am)
- ◊ Please remember, "A missed appointment hurts three.. you, another patient, and me."

About telephone calls

- ◊ For appointments and non-emergencies, call Monday through Friday, 8:30 am—4:30 pm (312) 942-2195.
- ◊ Please call the office in advance if you need to pick up medication at (312) 942-6097.
- ◊ If you need to contact the doctor in a life-threatening "emergency," feel free to call the following number anytime: (202) 483-0362.

RUSH DERMATOLOGY CLINIC

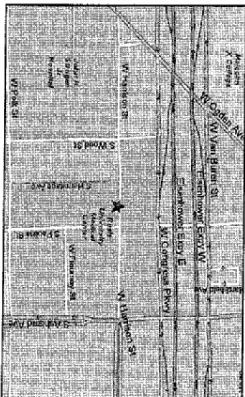
CHICAGO

1725 West Harrison, Suite 264

Chicago, IL 60612

Phone: (312) 942-2195

Websites: www.rush.edu or
www.makeupgorgeous.com



 **RUSH UNIVERSITY
MEDICAL CENTER**

Appendix B10

Aesthetic Dermatology

Rush Dermatology

Ultime Scar and Obian Program

Welcome



*Dr. Julie A. Coombs, MD
Assistant Professor, Dermatology*

 **RUSH UNIVERSITY
MEDICAL CENTER**

Appendix B10 (Page 2)

What is "Aesthetic"

Aesthetic (adjective - aesthete - "lover of beauty") is defined as "the best of taste."

About Dr. Toombs?

Dr. Ella Toombs, a Chicagoan, completed medical school at Ohio State University. She performed a residency in Internal Medicine at the Cleveland Clinic and in Dermatology at Howard University, followed by a fellowship at the National Institutes of Health.

Dr. Toombs served as a dermatologist at the Food and Drug Administration, was involved in new drug approval, and served as the dermatologic consultant for BOTOX and filler substances. She was also the acting office Director for Cosmetics and Colors until 2002. She was subsequently appointed as Chief of Dermatology at the Washington DC VA Medical Center.

Dr. Toombs is a consultant to the pharmaceutical industry and an advocate for patients and dermatologists in legal matters. She has been quoted in national magazines and has appeared on national and local television and radio shows.

Her professional memberships include advisory representative for Washington, DC with the American Academy of Dermatology and preceptor for the American Society of Dermatology. She is also a member of the International Society for Cosmetic Dermatology, the International Society for Dermatologic Surgery, the Washington DC Dermatologic Society, the Women's Dermatology Society and others. The membership of which she is most proud is SCORES - a program in which she donates her expertise in improving the scars of victims of domestic violence.

Liposuction Before and After Photos

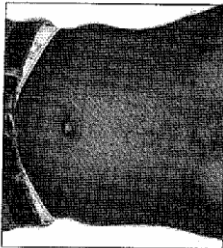
Before



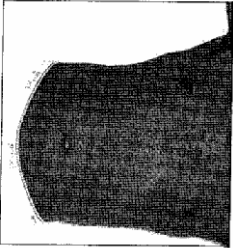
After



Before



After



What services do we provide?

Clinical Dermatology

Acne treatment

Acne surgery

Moles—non cancerous

Light and dark spots

Appendix B10

Cosmetic Dermatology

Chemical peels

Dermabrasion

Collagen injections

Cosmetic and skin care consultations

BOTOX

Liposuction

Cheeks

Love handles

Neck

Arms

Breast

Knees

Abdomen

Hips

What about financial considerations?

- ◊ Fees are payable by cash, check, VISA and MasterCard.
- ◊ At the time of your visit, you will receive a copy of your receipt which you may submit to your health insurer so that they can reimburse you.
- ◊ We do not bill patients or accept medical insurance.

Appendices C (1-3)

3) RUSH clinical website

To view the residency information: 1) Go to <http://www.RUSH.edu>, 2) Click on Clinical Services (left), 3) On drop down menu, choose Find Clinical Services by Department, 4) Choose Dermatology, 5) under Related Topics -shaded area (right), select Residency in Dermatology, 6) Under Related Topics, Choose residency application, additional info, etc.

4) RUSH Calendar of Events

To view the Calendar page: 1) Go to <http://events.RUSH.edu>, 2) Click on Colleges and Departments (top), 3) Select RUSH Medical College, 4) Select Dermatology, 5) Select the month (left). You can choose Calendar View or List view. Click on the event for more details.

5) RUSH Clinical Trials

To view Clinical Trials: 1) Go to: www.RUSH.edu 2) click on Clinical Trials (left side of page), 3) click on the 'Select by Topic' drop down menu (bottom), 4) select Dermatology, 5) Select the trial.

Appendix D-1

Lady C. Dy, MD

SPECIALTY-DERMATOPATHOLOGY

Dermatopathology is the science and study of all the skin diseases. It includes the microscopic gross study of skin tissues removed by biopsy, and the interpretation of biopsy results.

The primary goal of the dermatopathologist is to confirm and attempt to answer the question or preliminary diagnosis made by the clinician. The dermatopathologist also provides an objective interpretation of information from the tissue specimen.

The questions that the clinician asks are: 1) What is the diagnosis, 2) What is the pathological process, 3) What is the prognosis based on histologic parameters, 4) Are the margins clear, 5) Has the disease been eradicated or reduced by therapy?

References:

- 1) Dorland's Illustrated Medical Dictionary, 28th Edition, W. B. Saunders Company, Philadelphia, PA, 1994.
- 2) Stedman's Electronic Medical Dictionary, v 5.0, Lippincott, Williams & Wilkins, Copyright 2000.
- 3) Pathology of the Skin, 2nd edition, Edited by Evan R. Farmer, MD and Antoinette F. Hood, MD, McGraw-Hill, New York, 2000.

Appendix D-2

Dr. Tharp

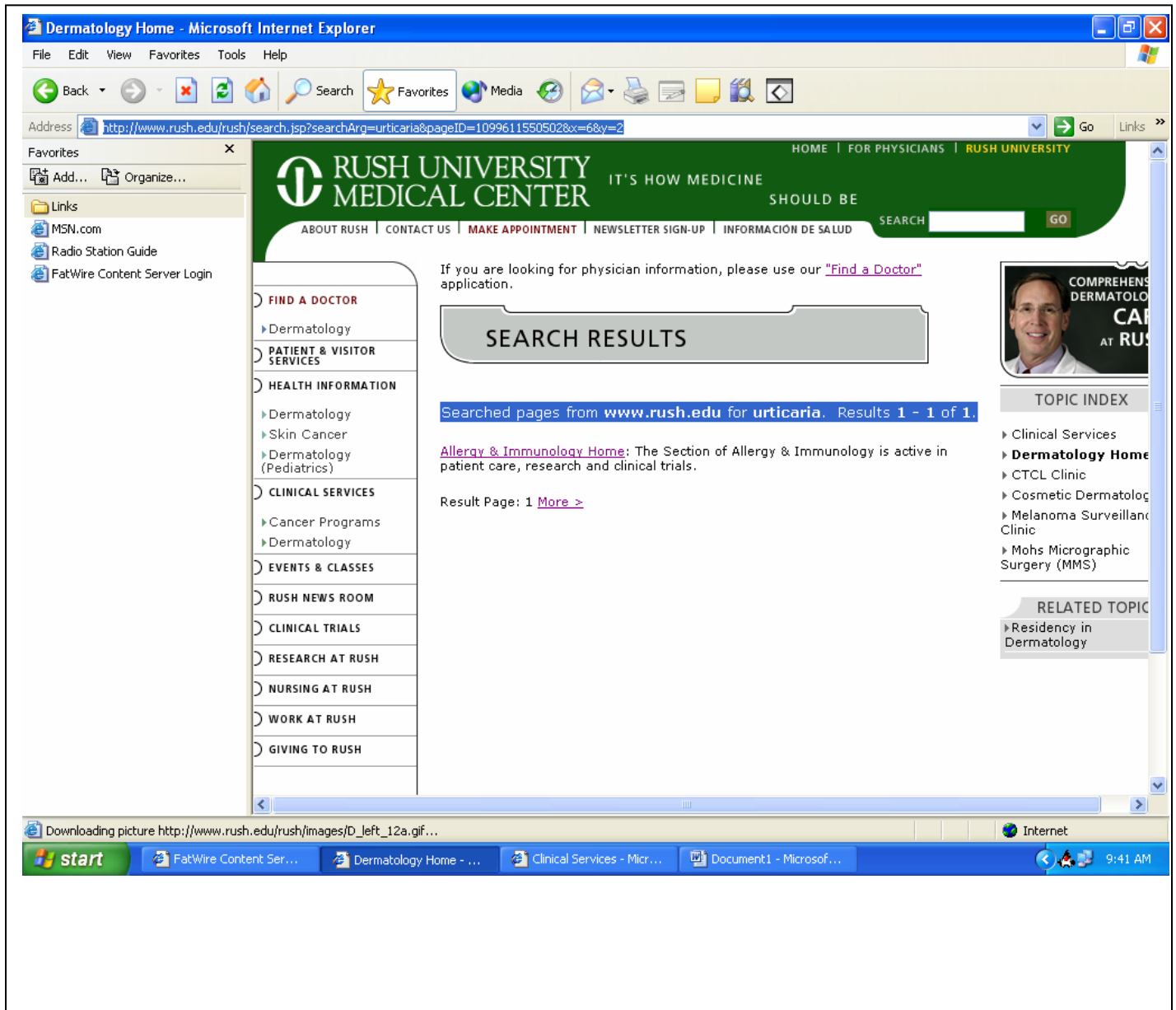
Dermatology Specialty Interests that currently have no information on the web

- **URTICARIA**
- **MASTOCYTOSIS**

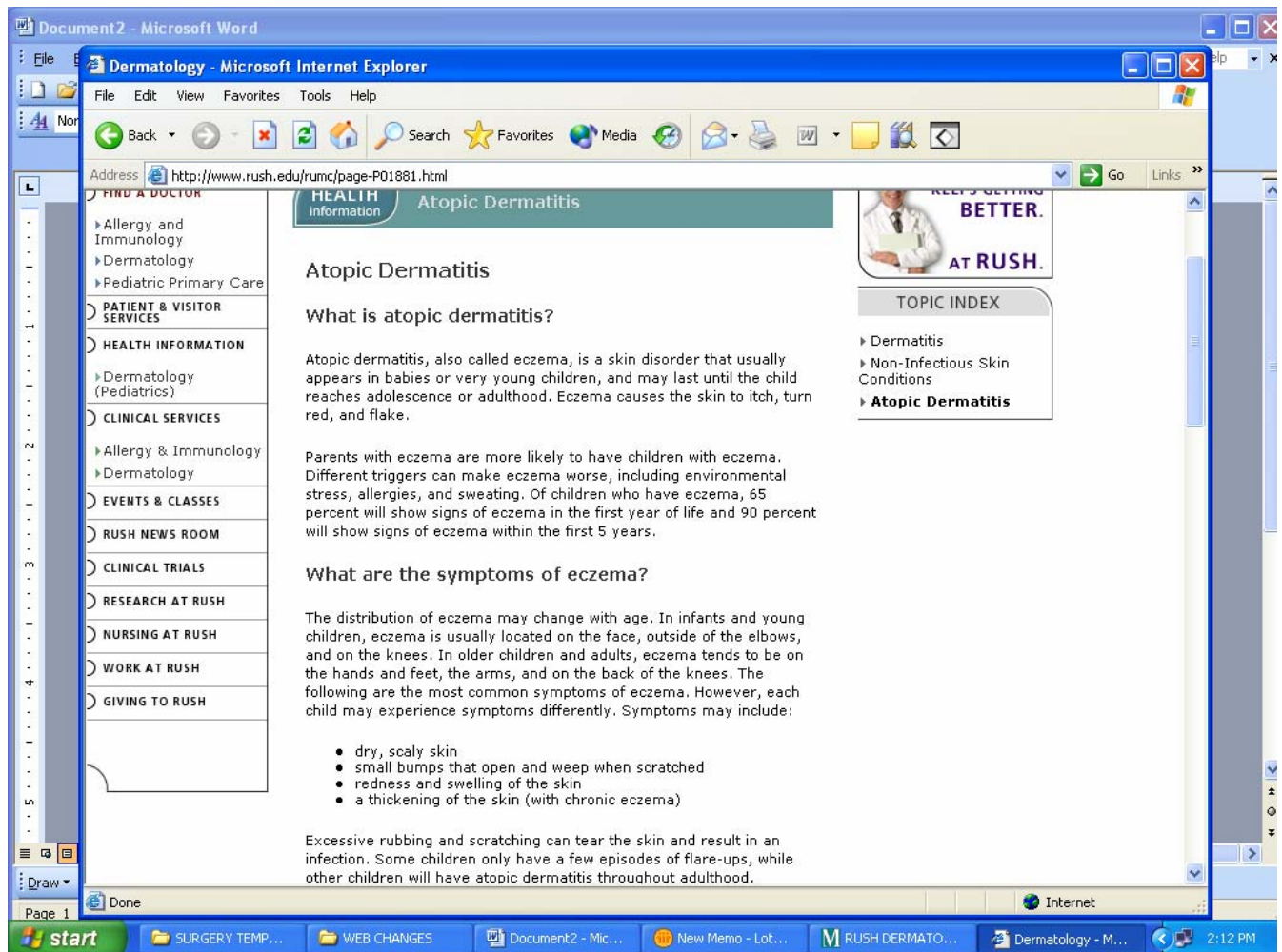
What are these diseases and how are they treated?

(Maybe just a couple of paragraphs on each will be enough).

Appendix D-3



Appendix D-4



Appendix D-5

URTICARIA

- 1) What is Urticaria?**
- 2) What Causes Urticaria?**
- 3) What are the Symptoms of Urticaria?**
- 4) How is Urticaria Diagnosed?**
- 5) What are some common treatments for Urticaria?**

Appendix E1 (Page 1)

MARK DAMIAN HOFFMAN M.D.

Rush University Medical Center

Department of Dermatology
707 S. Wood Street, Annex Building - Suite 220
Chicago, Illinois, 60612-3824

Dermatology Patient Services
1725 West Harrison, Suite 264
Chicago, Illinois, 60612
312.563.2150

BORN:

5 May, 1965, Chicago, Illinois

MARITAL STATUS:

Married

EDUCATION:

M.D. University of Illinois
Chicago, Illinois
1987-1991

A.B. Vassar College

Poughkeepsie, New York
1983-1987

Major: Philosophy

Honors: *Cum laude generalis et cum laude in materia subjecta*
Phi Beta Kappa, *Mu* of New York

POST-DOCTORAL TRAINING:

Internship: Internal Medicine
Northwestern University
McGaw Medical Center
Chicago, Illinois
1991-1992

Residency: Dermatology

Rush-Presbyterian-St. Luke's Medical Center
Chicago, Illinois
Chief Resident 1995
1992-1995

CERTIFICATION:

Diplomate, National Board of Medical Examiners, 1992
Diplomate, American Board of Dermatology, October, 1995
Recertified June, 2004

Appendix E1 (Page 2)

LICENSURE:

Illinois (036-088096)

HONORS AND AWARDS:

Adolph Rostenberg, Jr. Award in Dermatology, 1991
University of Illinois, College of Medicine

Bertram A. Richardson Fellow, 1991
University of Illinois, College of Medicine

SOCIETY MEMBERSHIPS:

Phi Rho Sigma Medical Fraternity,
University of Illinois, College of Medicine
Chicago Dermatological Society
Illinois Dermatological Society
American Academy of Dermatology
Dermatology Foundation, Leaders Society

GRANTS:

Rush/Cook County Hospital Affiliation Research Committee grant of \$10,000 for the study "Acellular Dermal Matrix in the Treatment of Venous Stasis Ulcers" 7/01.

RESEARCH:

Randomized double-blind, parallel-group Phase III comparison of IV LFA3TIP versus placebo in subjects with chronic plaque psoriasis (C99-711, Biogen) 2/00-3/01.

Double-blind randomized placebo-controlled phase III study of etanercept in the treatment of psoriatic arthritis and psoriasis (016 0030, Immunex); 4/00-1/01

Phase II randomized, double-blind placebo-controlled, multiple-dose study of IDEC-114 in patients with moderate to severe plaque psoriasis (114-05, IDEC); 3/01

Randomized single-blind study of extracorporeal photoimmune therapy with UVADEX in conjunction with standard therapy compared to standard therapy alone for the treatment of skin manifestations in patients with steroid refractory or steroid dependent chronic graft-versus-host disease (phase III) (GvHD-SK2, Therakos, Inc); 2001

Multicenter dose ranging study of the safety and efficacy of Enbrel in psoriasis (016 0039, Immunex); 3/02-2003.

An open-label, long-term extension study to assess the safety of etanercept in the treatment of psoriasis in adult subjects (20030115, Immunex/Amgen); 2003-2005.

POSTERS:

Hoffman MD, Galinkin JL, Palicharla P, et al. Comparison of chemical and enzymatic separation methods to prepare viable stratum corneum/epidermis. University of Illinois Student Medical Research Forum, 1991.

Appendix E 1 (Page 3)

Hoffman MD, Galinkin JL, Palicharla P, et al. Comparison of chemical and enzymatic separation methods to prepare viable stratum corneum/epidermis tissue. The Society for Investigative Dermatology, 52nd Annual Meeting, 1991.

ABSTRACTS:

Hoffman MD, Galinkin JL, Palicharla P, et al. Comparison of chemical and enzymatic separation methods to prepare viable stratum corneum/epidermis. J Invest Dermatol 1991; 96:615A.

PUBLICATIONS:

Hoffman MD, Dudley C., Suspected Alezzandrini's syndrome in a diabetic patient with unilateral retinal detachment and ipsilateral vitigo and poliosis. J Am Acad Dermatol 1992; 26:496-497

Check Spelling

Hoffman MD, Fleming MG, Pearson RW., Acantholytic Epidermolysis Bullosa. Arch Dermatol 1995; 131:586-589.

Murakawa GI, McCalmont T, Altman J, Telang GH, Hoffman MD, Kantor GR, Berger IG., Disseminated Acanthamoebiasis in patients with AIDS. A report of four cases and a review of the literature. Arch Dermatol 1995; 131:1291-1296.

Hoffman MD, Bielinski KB., The Hybrid Mattress Suture. J Am Acad Dermatol 1997; 36:773-774.

Hoffman MD. Pyoderma gangrenosum. Wounds 1999; 11: Supplement B/2B-7B

Hoffman, MD. Pyoderma gangrenosum associated with c-ANCA (h-lamp-2), Int J Dermatol 2001; 40:135-137.

MEETINGS:

Session Moderator: Diagnosis and treatment of atypical ulcers. 12th Annual Symposium on Advanced Wound Care, Anaheim, California, April 25, 1999

Session Moderator: Live Patient Viewing and Panel Discussion, American Academy of Dermatology, Summer Academy Meeting, Chicago, Illinois, 7/26/03

PRESENTATIONS:

Hoffman, MD, and Pearson, RW. Livedo reticularis associated with cryofibrinogenemia and the use of phendimetrazine. American Academy of Dermatology, 52nd Annual Meeting, Washington, D. C., 1993.

Hoffman, MD, Fleming, MG. Disseminated Acanthamoeba Infection in an AIDS Patient. American Academy of Dermatology, 53rd Annual Meeting, New Orleans, LA, 1994.

Hoffman, MD. Pyoderma Gangrenosum, 12th Annual Symposium on Advanced Wound Care, Anaheim, California, April 25, 1999

Hoffman, MD. "Update on Pyoderma Gangrenosum" in session "What's New in Wound Healing". American Academy of Dermatology, Summer Academy Meeting,

Appendix E1 (Page 4)

New York, New York, 1999.

Hoffman, MD. "Pyoderma Gangrenosum: Pathologic Mechanisms" in session "Clinical Diseases and Their Mechanisms" American Academy of Dermatology, San Francisco, CA, 2003.

Hoffman, MD. "Update on Pyoderma Gangrenosum" in symposium "Wound Healing: State-of-the-Art". American Academy of Dermatology, 62nd Annual Meeting, Washington D C., 2004.

Hoffman, MD. "Pyoderma Gangrenosum: Pathogenic Mechanisms" in course session "Clinical Disease and Its Mechanisms". American Academy of Dermatology, 62nd Annual Meeting, Washington, D C., 2004.

Hoffman, MD. "Pyoderma Gangrenosum: Pathogenic Mechanisms" in course session "Clinical Disease and Its Mechanisms". American Academy of Dermatology, 63rd Annual Meeting, New Orleans, LA, 2005.

Hoffman, MD. "Unknown Cases from Rush University" in course session "Skin Signs of Systemic Disease" American Academy of Dermatology, 63rd Annual Meeting, New Orleans, LA, 2005.

LECTURES:

Selected Issues in Phototherapy, Dermatology Grand Rounds, March, 1996

Cutaneous Lesions of the Male Genitalia The National Center for Advanced Medical Education's Specialty Review in Urology, Chicago, IL, April, 1996.

Cutaneous Diseases of the Male Genitalia, Rounds, August, 1996

Superficial Fungal Diseases, Christ Hospital, January, 1997

Helminthic Infections, Dermatology Grand Rounds, May, 1997

Dermatoses of Pregnancy, Dermatology Grand Rounds, August, 1997

Superficial Fungal Infections, Rush Internal Medicine Grand Rounds, October, 1997.

Vasculitis and Papulosquamous Disorders, Rush Internal Medicine Board Review, March, 1998

Therapeutic Photomedicine (UVB and PUVA), Dermatology Grand Rounds, April, 1998

Macules, Papules, Blisters, Etc., Rush Medical College M2 Introduction to Dermatology Lecture Series, April, 1998

Glucocorticoids: Topical Pharmacology and Use, Dermatology Grand Rounds, April, 1998

Vasculitis, Dermatology Grand Rounds, July, 1998

Appendix E1 (Page 5)

New Therapies for Chronic Wound Healing, Rush Department of Dermatology
Symposium, September, 1998

Common Dermatoses, Rush Internal Medicine Grand Rounds, March 1999

Introduction to Dermatology, Rush Medical College M2 Introduction to Dermatology
Lecture Series, April, 1999

Common Dermatoses. Rush Internal Medicine Board Review, May, 1999

Dermatoses of Pregnancy Dermatology Grand Rounds, August, 1999

Mechanisms of Wound Healing, Dermatology Grand Rounds, March, 2000

Introduction to Dermatology, Rush Medical College M2 Introduction to Dermatology
Lecture Series, April, 2000

Common Dermatoses, Rush Internal Medicine Board Review, June, 2000

Dermatoses of Pregnancy Dermatology Grand Rounds, June 2000

Dermatoses of Pregnancy Obstetrics and Gynecology Grand Rounds, August, 2000

Therapeutic Photomedicine (UVB and PUVA). Dermatology Grand Rounds, October,
2000

Glucocorticoids: Topical and Systemic Dermatology Grand Rounds, February, 2001

Introduction to Dermatology, Rush Medical College M2 Introduction to Dermatology
Lecture Series, April, 2001

Common Dermatoses. Rush Internal Medicine Board Review, June, 2001.

Papulosquamous and Eczematous Dermatoses. Rush Internal Medicine Grand Rounds,
October, 2001.

New Emerging Therapies for Psoriasis Trends in Dermatology, Session of the Chicago
Medical Society "Midwest Clinical Conference". March 24, 2002.

Descriptive Dermatology. Rush Medical College M2 Introduction to Dermatology
Lecture Series. April, 2002.

Diagnosis and treatment of common skin conditions. Conference Series, May 23, 2002

Diagnosis and treatment of common skin conditions. Conference Series, May 24, 2002

Common Dermatoses Internal Medicine Board Review Course, June, 2002.

Dermatoses of Pregnancy Dermatology Grand Rounds July, 2002.

Common Dermatoses. Dept. of Community and Mental Health Nursing. February, 2003

Appendix E1 (Page 6)

Acne Management Primary Care Grand Rounds, March 2003 Mechanisms of Wound Healing Dermatology Grand Rounds, April, 2003
Therapeutic Photomedicine Dermatology Grand Rounds, October 2003
Common Dermatoses for the General Internist Primary Care Grand Rounds, December, 2003
Pyoderma Gangrenosum: Pathogenic Mechanisms University of Chicago Department of Dermatology, March, 2004.
Vesicles and Bullae Internal Medicine Conference Lecture Series April, 2004
Descriptive Dermatology Dermatology Grand Rounds, July 2005

COMMUNITY SERVICE:

Skin Cancer Screening
Little Company of Mary Hospital 1996
Little Company of Mary Hospital 1997
Rush-Presbyterian-St. Luke's 1998
Oak Park Hospital 1999
Chicago Dermatologic Society 2002, 2003

ACADEMIC APPOINTMENTS:

Assistant Professor of Dermatology
Rush University Medical Center
Chicago, Illinois
1996-Present

Instructor of Dermatology
Rush-Presbyterian-St. Luke's Medical Center
Chicago, Illinois
1995-1996

Course Director
Rush University Medical Center
M-2 Dermatology Module

HOSPITAL APPOINTMENTS:

Assistant Attending Physician
Rush University Medical Center
Chicago, Illinois
1996-Present

Adjunct Attending Physician
Rush-Presbyterian-St. Luke's Medical Center
Chicago, Illinois
1995-1996

Appendix E1 (Page 7)

Associate Physician
Christ Hospital and Medical Center
Oak Lawn, Illinois, 60453
1995-1997

Consulting Physician
St. Francis Hospital
Blue Island, Illinois
1996-1997

Consulting Physician
Little Company of Mary Hospital
Evergreen Park, Illinois
1996-1997

COMMITTEES:

Medical Care Evaluation Committee
Rush-Presbyterian-St. Luke's Medical Center
Medical Dermatology Representative
1997-2000.

Dermatology Foundation
Vice Chair, Illinois
2001-present

Appendix E2 (14 Pages)

ARTHUR R. RHODES, MD, MPH **BIOGRAPHICAL SKETCH**



Dr. Rhodes obtained his BA in Chemistry in 1965 from Wesleyan University in Middletown, Connecticut and his MD in 1969 from the College of Physicians and Surgeons at Columbia University in New York City. He completed his internship in Internal Medicine at the Harlem Hospital Center at Columbia University in New York City (1969-1970) and two years of residency training in Internal Medicine at the Beth Israel Hospital in Boston, Massachusetts (1970-1972). He obtained a master's degree in Public Health at the Harvard University School of Public Health (1973) and served two years at the rank of Major in the US Army Health Services Command in Alaska (1973-1975). He completed his dermatology residency at the Massachusetts General Hospital/Harvard Dermatology Training Program (1975-1978), and became the first full-time director of the Division of Dermatology at the Children's Hospital in Boston (1978-1987).

In 1987, he joined the full-time staff of the Massachusetts General Hospital where he directed Pediatric Dermatology and In-Patient Dermatology, and co-directed the Pigmented Lesion Clinic (1987-1989). He served on the Harvard Medical School faculty for 11 years (1978-1989) and attained the rank of associate professor. In 1989, he joined the faculty of the University of Pittsburgh, School of Medicine and served for ten years (1989-1999). In 1991, he attained the rank of professor of dermatology, directed the Pigmented Lesion Clinic and Melanoma Intervention Unit, and served as director of education for the Department of Dermatology. In 1999, Dr. Rhodes joined the full-time faculty of the Department of Dermatology at RUSH Medical College and RUSH University Medical Center in Chicago as professor and senior attending.

In addition to practicing general adult and pediatric dermatology, Dr. Rhodes has a keen research interest in the epidemiology and histopathology of melanocytic tumors, risk factors and potential precursors of cutaneous melanoma, and melanoma intervention strategies. He directs the Melanoma Intervention Clinic in the Department of Dermatology at RUSH University Medical Center. Dr. Rhodes has published over 100 journal articles and textbook chapters, and has lectured nationally and internationally.

Dr. Rhodes was certified by the American Board of Internal Medicine in 1972 and the American Board of Dermatology in 1978.

ARTHUR R. RHODES, MD, MPH
CURRICULUM VITAE

Birth Date February 2, 1943
Birth Place Philadelphia, PA
Citizenship USA

Business Addresses	<u>Academic Office</u>	<u>Patient Care and Consultation</u>
	Department of Dermatology RUSH University Medical Center 707 South Wood Street Annex Building, Suite 220 Chicago, Illinois 60612	Dermatology Patient Services Professional Building, Suite 264 RUSH University Medical Center 1725 West Harrison Street Chicago, Illinois 60612
Business Contact	Telephone: (312) 942-6096	Telephone: (312) 942-2195
	Facsimile: (312) 942-7778 Arthur_Rhodes@RUSH.edu	Facsimile: (312) 563-2263

EDUCATION AND TRAINING

UNDERGRADUATE:

<u>Dates Attended</u>	<u>Name and Location of Institution</u>	<u>Degree Received and Year</u>	<u>Major Advisor and Discipline</u>
1961-1965	Wesleyan University, Middletown, CT	BA, 1965	Dr. Richard Burford, Chemistry

GRADUATE:

<u>Dates Attended</u>	<u>Name and Location of Institution</u>	<u>Degree Received and Year</u>	<u>Major Advisor and Discipline</u>
1965-1969	College of Physicians & Surgeons of Columbia University, New York, NY	MD, 1969	Dr. George Perera (Dean) Medicine
1972-1973	Harvard University, School of Public Health, Boston, MA	MPH, 1973	Dr. Howard Hiatt (Dean) Infectious Diseases

POST GRADUATE:

<u>Dates Attended</u>	<u>Name and Location of Institution</u>	<u>Name of Program Director and Discipline</u>
-----------------------	---	--

1969-1970	Columbia Division of Harlem Hospital Center, New York, NY	Dr. Charles Ragan, Internal Medicine
1970-1972	Beth Israel Hospital, Boston, MA	Dr. Howard Hiatt, Internal Medicine
1972 (Summer)	Beth Israel Hospital, Boston, MA	Dr. Anthony Komaroff, Ambulatory Health Care Project
1975-1978	Harvard Dermatology Residency Program, Massachusetts General, Boston, MA	Dr. Thomas B. Fitzpatrick, Dermatology

SPECIAL PROFESSIONAL ACTIVITIES

<u>Dates Attended</u>	<u>Name and Location of Institution</u>	<u>Name of Program Director and Discipline</u>
June-August, 1966	Research Elective, Membrane Function of Salivary Glands, Hebrew University, Jerusalem, Israel	Dr. Micky Schramm, Department of Biochemistry
March-May, 1969	Externship, Medicine in the Tropics, Phoebe Hospital, Phoebe, Liberia, West Africa	Dr. Robert Baine, Medicine in the Tropics Program of Columbia University

APPOINTMENTS AND POSITIONS

ACADEMIC POSITIONS:

<u>Years Inclusive</u>	<u>Name and Location of Institution or Organization</u>	<u>Rank/Title or Position</u>
1969-1970	Columbia University, College of Physicians and Surgeons, New York, NY	Clinical Fellow in Medicine
1970-1972	Harvard Medical School, Boston, MA	Clinical Fellow in Medicine
1972-1973	Harvard University, School of Public Health, Boston, MA	Fellow in Public Health
1975-1978	Harvard Medical School, Boston, MA	Clinical Fellow in Dermatology
1978-1979	Harvard Medical School, Boston, MA	Instructor of Dermatology

1979-1988	Harvard Medical School, Boston, MA	Assistant Professor of Dermatology
1988-1989	Harvard Medical School, Boston, MA	Associate Professor of Dermatology
1989-1991	University of Pittsburgh School of Medicine, Pittsburgh, PA	Associate Professor of Dermatology
1989-1999	University of Pittsburgh School of Medicine, Pittsburgh, PA	Associate Professor of Medicine
1991-1999	University of Pittsburgh School of Medicine, Pittsburgh, PA	Professor of Dermatology
1999-	RUSH Medical College, RUSH University, Chicago, IL	Professor of Dermatology

NON-ACADEMIC POSITIONS:

<u>Years Inclusive</u>	<u>Name and Location of Institution or Organization</u>	<u>Rank/Title or Position</u>
1973-1975	U.S. Army Health Services Command, Anchorage, AK	Major, General Internist and Chief Preventive Medicine Officer
1974-1975	U.S. Army Health Clinic, Fort Richardson, Anchorage, AK	Major, Officer-in-Charge
1977-1978	Harvard Dermatology Residency Program, Massachusetts General Hospital, Boston, MA	Chief Resident in Dermatology
1978-1987	The Children's Hospital, Boston, MA	Associate in Medicine
1978-1987	The Children's Hospital, Boston, MA	Director, Dermatology Service
1987-1989	Massachusetts General Hospital, Boston, MA	Director, In-Patient Dermatology
1987-1989	Massachusetts General Hospital, Boston, MA	Director, Pediatric Dermatology
1987-1989	Massachusetts General Hospital, Boston, MA	Co-Director, Pigmented Lesion Clinic
1989-1999	University of Pittsburgh Medical Center, Pittsburgh, PA	Director, Pigmented Lesion Clinic and Melanoma Intervention Unit
1989-1999	University of Pittsburgh Cancer Institute,	Member

	Pittsburgh, PA	
1999-	RUSH University Medical Center, Chicago, IL	Senior Attending with Admitting Privileges
1999-	RUSH University Medical Center, Chicago, IL	Director, Melanoma Surveillance Clinic

SPECIALTY CERTIFICATION

<u>Certifying Board</u>	<u>Year</u>
American Board of Internal Medicine	1972
American Board of Dermatology	1978

HONORS

<u>Title, Institution, and Location</u>	<u>Year</u>
Magna Cum Laude, Wesleyan University, Middletown, CT	1965
Phi Beta Kappa, Wesleyan University, Middletown, CT	1965
Sigma Xi, Wesleyan University, Middletown, CT	1965
Sehlinger Book Award for Study of Basic Sciences, Wesleyan University, Middletown, CT	1965
U.S. Army Commendation Medal, U.S. Army Health Services Command, Anchorage, AK	1975
American Dermatological Association	2005

CURRENT RESEARCH INTERESTS

Cutaneous Melanoma: Epidemiology and Risk Factors; Intervention Strategies; Pathobiology; Potential Precursors (Hyperplasias and Dysplasias of Melanocytes); and Prediction of Histopathologic Features Based on Gross and Surface Microscopic Features

HOSPITAL APPOINTMENTS

<u>Years Inclusive</u>	<u>Name and Location of Institution or Organization</u>	<u>Title or Position/Rank</u>
----------------------------	---	-------------------------------

1978-1980	Peter Bent Brigham Hospital, Boston, MA	Junior Associate in Medicine (Dermatology)
1978-1980	Boston Hospital for Women, Boston, MA	Consultant in Dermatology
1979-1985	Beth Israel Hospital, Boston, MA	Associate in Dermatology
1979-1984	Massachusetts General Hospital, Boston, MA	Clinical Associate (Dermatology)
1980-1985	Brigham & Women's Hospital, Boston, MA	Junior Associate in Medicine (Dermatology)
1980-1989	Dana Farber Cancer Institute, Boston, MA	Consultant in Division of Medical Oncology
1985-1987	Massachusetts General Hospital, Boston, MA	Consultant in Dermatology
1985-1989	Beth Israel Hospital, Boston, MA	Senior Associate in Dermatology
1986-1989	Brigham and Women's Hospital, Boston, MA	Consultant in Medicine (Dermatology)
1987-1988	Massachusetts General Hospital, Boston, MA	Assistant Dermatologist
1988-1989	Massachusetts General Hospital, Boston, MA	Associate Dermatologist
1989-1999	Presbyterian-University Hospital, Pittsburgh, PA	Attending Physician
1989-1999	Montefiore-University Hospital, Pittsburgh, PA	Consultant in Dermatology
1989-1993	Children's Hospital of Pittsburgh, Pittsburgh, PA	Attending Physician
1999-	RUSH University Medical Center, Chicago, IL	Senior Attending

MAJOR COMMITTEE ASSIGNMENTS

1973-1975	Alaska Governor's Advisory Committee on Sexually Transmitted Diseases
1979-1987	Massachusetts Health Care Committee for Tuberous Sclerosis Legislation
1980-1983	Task Force on Pediatric Dermatology, American Academy of Dermatology
1984	Medical Malpractice Tribunal, Suffolk County Superior Court, Boston, MA
1985-	Medical Advisory Committee, The Skin Cancer Foundation, New York, NY
1985-1995	Medical Advisor Board, National Pediculosis Association, Newton, MA
1987-2000	Task Force on Xeroderma Pigmentosum, American Academy of Dermatology
1988-1989	Skin Cancer Task Force, American Cancer Society, Massachusetts Division, Boston, MA
1989-1992	Committee on Federal Environmental Protection Agency Liaison, American Academy of Dermatology

1989-1999	Professional Medical Education Subcommittee, American Cancer Society, Western Pennsylvania Division, Pittsburgh, PA
1990-1993	Public Education Subcommittee, American Cancer Society, Western Pennsylvania Division, Pittsburgh, PA
1990-1999	State Vice Chairman (Pennsylvania), Leaders' Society Annual Fund-Raising Campaign for Research, Dermatology Foundation
1991-1999	Chairman, Skin Cancer Awareness Campaign, American Cancer Society, Western Pennsylvania Division, Pittsburgh, PA
1992-1997	Commission on Melanoma and Other Skin Cancers, American Academy of Dermatology
1995-	Committee on Melanoma, The Skin Cancer Foundation
1998-2001	Board of Directors, International Dermatoepidemiology Association
1999-2001	Subcommittee, Program for Dermatology for the 21st Century: Academy Efforts--Melanoma/Skin Cancer, American Academy of Dermatology
1999-2004	Melanoma/Skin Cancer Committee, American Academy of Dermatology
2003-	Skin Cancer Screening/Public Awareness Committee, Chicago Dermatological Society, Chicago, IL
2003-	Skin Cancer Work Group, Illinois Comprehensive Cancer Control Program, Illinois Department of Public Health
2004	Melanoma Study Group, Special Workgroup Session, American Academy of Dermatology, Chicago, IL, September 10
2004-	Speakers Committee, Chicago Dermatological Society, Chicago, IL

PUBLICATIONS

A. Refereed articles.

1. **Rhodes AR**, Shea N, Lindenbaum J. Malabsorption in asymptomatic Liberian children. *Am J Clin Nutr.* 1971;24:574-577.
2. Greenfield S, Friedland G, Scifers S, **Rhodes AR**, Black WL, Komaroff AL. Protocol management of dysuria, urinary frequency, and vaginal discharge. *Ann Intern Med.* 1974; 81:452-457.
3. **Rhodes AR**, McCue J, Komaroff AL, Pass TM. Protocol management of male genitourinary infections. *J Am Vener Dis Assoc.* 1976;2:23-30.
4. Dienstag JL, **Rhodes AR**, Wands JR, Bahn A, Dvorak A, Mihm MC, Jr. The pathogenesis of urticaria associated with acute viral hepatitis type B. *Ann Intern Med.* 1978;89:34-40.
5. Ciafone RA, **Rhodes AR**, Audley M, Freedberg IM, Abelmann WH. Cardiovascular stress of photochemotherapy (PUVA). *J Am Acad Dermatol.* 1980;3:499-505.
6. Sanchez NP, **Rhodes AR**, Mandell F, Mihm MC. Encephalocraniocutaneous lipomatosis: a new neurocutaneous syndrome. *Br J Dermatol.* 1981;104:89-96.
7. **Rhodes AR**, Wood WC, Sober AR, Mihm MC. Non-epidermal origin of malignant melanoma associated with a giant congenital nevocellular nevus. *Plast Reconstr Surg.* 1981;67:782-790.
8. Leung DYM, **Rhodes AR**, Geha RS. Enumeration of T cell subsets in atopic dermatitis using monoclonal antibodies. *J Allergy Clin Immunol.* 1981;67:450-455.
9. Mihm MC, Murphy GF, Kwan TH, Harrist TJ, **Rhodes AR**. Characteristics of the nature of the inflammatory infiltrate of the vesicular stage of incontinentia pigmenti. In: Fitzpatrick TB, Kukita A, Morikawa F, Seiji M, Sober AJ, Toda K, eds. *Biology and Diseases of Dermal Pigmentation*. Tokyo: University of Tokyo Press; 1981:163-174.
10. **Rhodes AR**, Sober AJ, Day CL, Melski JW, Harrist TJ, Mihm MC, Fitzpatrick TB. The malignant potential of small congenital nevocellular nevi: an estimate of association based on a histologic study of 234 primary cutaneous melanomas. *J Am Acad Dermatol.* 1982; 6:230-241.

11. **Rhodes AR**, Melski JW. Small congenital nevocellular nevi and the risk of cutaneous melanoma. *J Pediatr*. 1982;100:219-224.
12. **Rhodes AR**, Melski JW, Sober AJ, Harrist TJ, Mihm MC, Fitzpatrick TB. Increased intraepidermal melanocyte frequency and size in dysplastic melanocytic nevi and cutaneous melanoma: a comparative quantitative study of dysplastic melanocytic nevi, superficial spreading melanoma, nevocellular nevi, and solar lentigines. *J Invest Dermatol*. 1983; 80:452-459.
13. **Rhodes AR**, Harrist TJ, Momtaz-T K. The PUVA-induced pigmented macule: a lentiginous proliferation of large, sometimes cytologically atypical, melanocytes. *J Am Acad Dermatol*. 1983; 9:47-58.
14. **Rhodes AR**, Harrist TJ, Day CL, Mihm MC, Sober AJ. Dysplastic melanocytic nevi in histologic association with 234 primary cutaneous melanomas. *J Am Acad Dermatol*. 1983; 9:563-574.
15. **Rhodes AR**, Stern RS, Melski JW. The PUVA lentigo: an analysis of predisposing factors. *J Invest Dermatol*. 1983;81:459-463.
16. Nakagawa H, **Rhodes AR**, Momtaz-T K, Fitzpatrick TB. Morphologic alterations of epidermal melanocytes and melanosomes in PUVA lentigines: a comparative ultrastructural investigation of lentigines induced by PUVA and sunlight. *J Invest Dermatol*. 1983;82:101-107.
17. Silverman RA, **Rhodes AR**. Twenty-nail dystrophy of childhood: a presenting sign of localized lichen planus. *Pediatric Dermatol*. 1983;1:207-210.
18. Leung DYM, Wood N, Dubey D, **Rhodes AR**, Geha RS. Cellular basis of defective cell-mediated lympholysis in atopic dermatitis. *J Immunol*. 1983;130:1678-1682.
19. Harrist TJ, Rigel DS, Day CL, Sober AJ, Lew RA, **Rhodes AR**, Harris MN, Kopf AW, Friedman RJ, Golomb FM, Cosimi AB, Gorstein F, Malt RA, Wood WC, Postel A, Hennessey P, Gumport SL, Roses DF, Mintzis MM, Raker JW, Fitzpatrick TB, Mihm MC. Microscopic satellites are more highly associated with regional lymph node metastases than is primary melanoma thickness. *Cancer*. 1984;53:2183-2187.
20. **Rhodes AR**, Silverman RA, Harrist TJ, Perez-Atayde AR. Mucocutaneous lentigines, cardiomucocutaneous myxomas, and multiple blue nevi: the "LAMB" syndrome. *J Am Acad Dermatol*. 1984;10:72-82.
21. Nakagawa H, **Rhodes AR**, Fitzpatrick TB, Hori Y. Acid phosphatase in melanosome formation: a cytochemical study in normal human melanocytes. *J Invest Dermatol*. 1984; 83:140-144.
22. Slifman NR, Harrist TJ, **Rhodes AR**. Congenital arrector pili hamartoma. *Arch Dermatol*. 1985;121:1034-1037.
23. **Rhodes AR**, Silverman RA, Harrist TJ, Melski JW. Histologic comparison of congenital and acquired nevomelanocytic nevi. *Arch Dermatol*. 1985;121:1266-1273.
24. **Rhodes AR**, Slifman NR, Korf BR. Familial aggregation of small congenital nevomelanocytic nevi. *Am J Med Genet*. 1985;22:315-326.
25. Silverman RA, **Rhodes AR**, Dennehy PH. Disseminated intravascular coagulation and purpura fulminans in a patient with candida sepsis: biopsy of purpura fulminans as an aide to diagnosis of systemic candida infection. *Am J Med*. 1986;80:679-684.
26. **Rhodes AR**, Seki Y, Fitzpatrick TB, Stern RS. Melanosomal alterations in dysplastic melanocytic nevi: a quantitative ultrastructural investigation. *Cancer*. 1988;61:358-369.
27. Seki Y, Fitzpatrick TB, **Rhodes AR**. Dysplastic melanocytic nevi: quantitative ultrastructural investigation comparing intraepidermal melanocytes of dysplastic melanocytic nevi, superficial spreading melanoma, nevocellular nevi, and normal skin. *Jpn J Dermatol*. 1988;98:1093-1103.
28. **Rhodes AR**, Mihm MC Jr, Weinstock MA. Dysplastic melanocytic nevi: a reproducible histologic definition emphasizing cellular morphology. *Mod Pathol*. 1989;2:306-319.
29. Albert LS, **Rhodes AR**, Sober AJ. Dysplastic melanocytic nevi and cutaneous melanoma: markers of increased melanoma risk for affected persons and blood relatives. *J Am Acad Dermatol*. 1990;22:69-75.
30. Barnhill RL, Albert LS, Shama SK, Goldenhersh MA, **Rhodes AR**, Sober AJ. Genital lentiginosis: a clinical and histopathologic study. *J Am Acad Dermatol*. 1990;22:453-460.

31. **Rhodes AR**, Mihm MC Jr. Origin of cutaneous melanoma in a congenital dysplastic nevus spilus. *Arch Dermatol*. 1990;126:500-505.
32. Goldstein B, Khilnani P, Lapey A, Cleaver JE, **Rhodes AR**. Combined immunodeficiency associated with xeroderma pigmentosum. *Ped Dermatol*. 1990;7:132-135.
33. Albert LS, Sober AJ, **Rhodes AR**. Cutaneous melanoma and bilateral retinoblastoma. *J Am Acad Dermatol*. 1990;23:1001-1004.
34. **Rhodes AR**, Albert LS, Barnhill RL, Weinstock MA. Sun-induced freckles in children and young adults: a correlation of clinical and histopathologic features. *Cancer*. 1991; 67:1990-2001.
35. Brod BA, Rabkin M, **Rhodes AR**, Jegasothy BV. Mid-dermal elastolysis with inflammation. *J Am Acad Dermatol*. 1992;26:882-884.
36. **Rhodes AR**, Albert LS, Weinstock MA. Congenital nevomelanocytic nevi: proportionate area expansion during infancy and early childhood. *J Am Acad Dermatol*. 1996;34:51-62.
37. Weinstock MA, Barnhill RL, **Rhodes AR**, Brodsky GL, and the Dysplastic Nevus Panel. Reliability of the histopathologic diagnosis of melanocytic dysplasia. *Arch Dermatol*. 1997;133:953-958.
38. Richert SM, D'Amico F, **Rhodes AR**. Cutaneous melanoma: patient surveillance and tumor progression. *J Am Acad Dermatol*. 1998;39:571-577.
39. Moore RT, Chae KAM, **Rhodes AR**. Laugier and Hunziker pigmentation: a lentiginous proliferation of melanocytes. *J Am Acad Dermatol*. 2004;50:S70-4.

B. Reviews, invited published papers, proceedings of conferences and symposia, monographs, books, book chapters, and electronic media.

1. McCue JD, **Rhodes AR**, Ehrlich B, Pass T, Komaroff AL. Male genitourinary infections. In: Komaroff AL, Winickoff RN, eds. *Common Acute Illnesses: A Problem-Oriented Textbook with Protocols*. Boston: Little Brown and Company; 1977:83-119.
2. **Rhodes AR**. An overview of sexually transmitted diseases. In: Fitzpatrick TB, Eisen AZ, Wolff K, Freedberg IM, Austen KF, eds. *Dermatology in General Medicine*. 2nd ed. New York: McGraw Hill; 1979:1966-1977.
3. **Rhodes AR**, Luger AFH. Syphilis and other treponematoses. In: Fitzpatrick TB, Eisen AZ, Wolff K, Freedberg IM, Austen KF, eds. *Dermatology in General Medicine*. 2nd ed. New York: McGraw Hill; 1979:1677-1735.
4. Rothenberg RB, **Rhodes AR**. Lymphogranuloma venerum. In: Fitzpatrick TB, Eisen AZ, Wolff K, Freedberg IM, Austen KF, eds. *Dermatology in General Medicine*. 2nd ed. New York: McGraw Hill; 1979:1739-1742.
5. Rothenberg RB, **Rhodes AR**. Granuloma inguinale. In: Fitzpatrick TB, Eisen AZ, Wolff K, Freedberg IM, Austen KF, eds. *Dermatology in General Medicine*. 2nd ed. New York: McGraw Hill; 1979:1742-1744.
6. **Rhodes AR**, Sober AJ, Fitzpatrick TB. Cutaneous malignant melanoma: current status. In: Moschella SL, ed. *Dermatology Update: Reviews for Physicians*. New York: Elsevier; 1979:67-87.
7. **Rhodes AR**. Diseases of the skin. In: Isselbacher KJ, Adams RA, Braunwald E, Petersdorf RJ, Wilson J, Martin JB, eds. *Harrison's Principles of Internal Medicine: Pre-test Self-Assessment and Review*. New York: McGraw Hill; 1980:189-198.
8. **Rhodes AR**. Acral lentiginous melanoma in situ. *Plast Reconstr Surg*. 1982;70:617-619 (Invited Editorial).
9. Sober AJ, **Rhodes AR**, Day CL, Fitzpatrick TB, Mihm MC. Primary melanoma of the skin: recognition of precursor lesions and estimation of prognosis in stage I. In: Fitzpatrick TB, Eisen AZ, Wolff K, Freedberg IM, Austen KF, eds. *Update, Dermatology in General Medicine*. New York: McGraw-Hill; 1982:98-112.
10. **Rhodes AR**. Pigmented birthmarks and precursor melanocytic lesions of cutaneous melanoma identifiable in childhood. *Pediatr Clin North Am*. 1983;30:435-463.

11. **Rhodes AR.** Pathophysiology of pigmented melanocytic and nevocytic nevi. In: Soter NA, Baden HP, eds. *Pathophysiology of Dermatologic Disease*. New York: McGraw-Hill; 1983: 412-420.
12. **Rhodes AR** (Contributing Editor). In: Sober AJ, Fitzpatrick TB, eds. *1983 Year Book of Dermatology*. Chicago: Year Book Medical Publishers, Inc.; 1983.
13. **Rhodes AR**, Harrist TJ. Dysplastic melanocytic nevi in histologic association with primary cutaneous melanomas. *J Am Acad Dermatol*. 1984;10:832-835.
14. **Rhodes AR.** The risk of malignant melanoma arising in congenital melanocytic nevi: an argument against the assignment of risk based on size alone. *Am J Dermatopathol*. 1984; 6(Suppl 1):184-188.
15. **Rhodes AR.** Management of congenital nevomelanocytic nevi. *Pediatr Dermatol*. 1984; 2:146-149 (invited symposium).
16. **Rhodes AR** (Contributing Editor). In: Sober AJ, Fitzpatrick TB, eds. *1984 Year Book of Dermatology*. Chicago: Year Book Medical Publishers, Inc.; 1984.
17. Fitzpatrick TB, **Rhodes AR**, Sober AJ. Prevention of melanoma by recognition of its precursors. *N Eng J Med*. 1985;312:115-116 (Invited Editorial).
18. **Rhodes AR.** Acquired dysplastic melanocytic nevi and cutaneous melanoma: precursors and prevention. *Ann Int Med*. 1985;102:546-548 (Invited Editorial).
19. **Rhodes AR** (Contributing Editor). In: Sober AJ, Fitzpatrick TB, eds. *1985 Year Book of Dermatology*. Chicago: Year Book Medical Publishers, Inc.; 1985.
20. **Rhodes AR**, Stern RA, Harrist TJ, Nakagawa H, Momtaz-T K, Melski JW, Parrish JA, Fitzpatrick TB. The PUVA lentigo: a gross and microscopic correlation and analysis of risk factors. In: Bagnara J, Klaus SN, Paul E, Scharl M, eds. *Pigment cell 1985: Biological, Molecular and Clinical Aspects of Pigmentation*. Tokyo: University of Tokyo Press; 1985: 663-672.
21. **Rhodes AR.** Melanocytic precursors of cutaneous melanoma: estimated risks and guidelines for management. *Med Clin North Am*. 1986;70:3-37.
22. **Rhodes AR.** Treatment of atopic dermatitis: old and new modalities. *Clin Rev Allergy*. 1986;4:87-99.
23. **Rhodes AR.** Melanocytic precursors of cutaneous melanoma. In: Fitzpatrick TB, Wick MW, Toda K, eds. *Brown Melanoderma: Biology and Diseases of Epidermal Pigmentation*. Tokyo: University of Tokyo Press; 1986:129-147.
24. **Rhodes AR.** Congenital nevomelanocytic nevi: histologic patterns in the first year of life and evolution during childhood. *Arch Dermatol*. 1986;122:1257-1262 (Invited Editorial).
25. **Rhodes AR** (Contributing Editor). In: Sober AJ, Fitzpatrick TB, eds. *1986 Year Book of Dermatology*. Chicago: Year Book Medical Publishers, Inc.; 1986.
26. **Rhodes AR**, Luger AFH. Syphilis and other treponematoses. In: Fitzpatrick TB, Eisen AZ, Wolff K, Freedberg IM, Austen KF, eds. *Dermatology in General Medicine*. 3rd ed. New York: McGraw Hill; 1987:2395-2452.
27. **Rhodes AR.** Neoplasms: benign neoplasias, hyperplasias, and dysplasias of melanocytes. In: Fitzpatrick TB, Eisen AZ, Wolff K, Freedberg IM, Austen KF, eds. *Dermatology in General Medicine*. 3rd ed. New York: McGraw-Hill; 1987:877-946.
28. Sober AJ, **Rhodes AR**, Mihm MC Jr, Fitzpatrick TB. Neoplasms: malignant melanoma. In: Fitzpatrick TB, Eisen AZ, Wolff K, Freedberg IM, Austen, KF, eds. *Dermatology in General Medicine*. 3rd ed. New York: McGraw-Hill; 1987:947-966.
29. Leung D, **Rhodes AR**, Geha R. Atopic dermatitis. In: Fitzpatrick TB, Eisen AZ, Wolff K, Freedberg IM, Austen KF, eds. *Dermatology in General Medicine*. 3rd ed. New York: McGraw-Hill; 1987:1385-1408.
30. Gonzalez E, **Rhodes AR.** Sexually-transmitted diseases: an overview. In: Fitzpatrick TB, Eisen AZ, Wolff K, Freedberg IM, Austen KF, eds. *Dermatology in General Medicine*. 3rd ed. New York: McGraw Hill; 1987:2385-2394.

31. Fitzpatrick TB, Mihm MC, Sober AJ, **Rhodes AR**. Clinical recognition of primary malignant melanoma and its precursors. In: Fitzpatrick TB, Eisen AZ, Wolff K, Freedberg IM, Austen KF, eds. *Dermatology in General Medicine*. 3rd ed. New York: McGraw-Hill; 1987:A38-A42.
32. **Rhodes AR**. The risk of melanoma associated with congenital nevomelanocytic nevi. In: Veronesi U, Cascinelli N, Santinami M, eds. *Cutaneous melanoma: Status of Knowledge and Future Perspective*. London: Academic Press; 1987:267-274.
33. **Rhodes AR**, Weinstock MA, Fitzpatrick TB, Mihm MC, Sober AJ. Risk factors for cutaneous melanoma: a practical method of recognizing high-risk individuals. *JAMA*. 1987;258:3146-3154.
34. **Rhodes AR** (Contributing Editor). In: Sober AJ, Fitzpatrick TB, eds. *Year Book of Dermatology*, 1987. Chicago: Year Book Medical Publishers, Inc.; 1987.
35. Fitzpatrick TB, **Rhodes AR**, Sober AJ, Mihm MC Jr. Primary malignant melanoma of the skin: the call for action to identify persons at risk; to discover precursor lesions; to detect early melanomas. *Pigment Cell* (Karger, Basel). 1988;9:110-117.
36. **Rhodes AR** (Contributing Editor). In: Sober AJ, Fitzpatrick TB, eds. *Year Book of Dermatology*, 1988. Chicago: Year Book Medical Publishers, Inc.; 1988.
37. **Rhodes AR**. Congenital nevi: should these be excised? *JAMA*. 1989;262:1696 (invited review, Questions and Answers Section).
38. **Rhodes AR**. (Contributing Editor). In: Sober AJ, Fitzpatrick TB, eds. *Year Book of Dermatology*, 1989. Chicago: Mosby-Year Book, Inc.; 1989.
39. **Rhodes AR**. Melanoma: who is at risk? In: Fitzpatrick TB, ed. *Current Challenges in Dermatology*. New York: HP Publishing Co.; 1990:1-11.
40. **Rhodes AR**. Congenital nevomelanocytic nevi. In: Buyse ML, ed. *Birth Defects Encyclopedia*. Cambridge, Massachusetts: Blackwell Scientific Publications; 1990:1250-1251.
41. **Rhodes AR**. (Contributing Editor). In: Sober AJ, Fitzpatrick TB, eds. *The Year Book of Dermatology*, 1990. Chicago: Mosby-Year Book, Inc.; 1990.
42. **Rhodes AR**. Dysplastic nevi in children. *Ped Dermatol*. 1990;7:227-229 (Invited symposium).
43. **Rhodes AR**. Pathophysiology of pigmented melanocytic and nevomelanocytic nevi. In: Soter NA, Baden HP, eds. *Pathophysiology of Dermatologic Diseases*, 2nd edition. New York: McGraw Hill Inc; 1991:287-300.
44. **Rhodes AR**. (Contributing Editor). In: Sober AJ, Fitzpatrick TB, eds. *Year Book of Dermatology*, 1991. St. Louis: Mosby-Year Book, Inc.; 1991.
45. **Rhodes AR**. Regarding ozone depletion and the role of EPA in coordinating research efforts and monitoring human health effects of increasing exposure to ultraviolet radiation. Testimony before the Subcommittee on VA, HUD, and Independent Agencies Appropriations, U.S. House of Representatives. Federal Register, May 1, 1992.
46. **Rhodes AR**. Cryosurgery of lentigo maligna. *Plast Reconstr Surg*. 1992;90:441-444 (Invited Discussion).
47. **Rhodes AR**. (Contributing Editor). In: Sober AJ, Fitzpatrick TB, eds. *Year Book of Dermatology*, 1992. St. Louis: Mosby-Year Book; 1992.
48. **Rhodes AR**. Nevi and nevoid tumors. In: Burg FD, Ingelfinger JR, Wald ER, eds. *Gellis and Kagan's Current Pediatric Therapy 14*. Philadelphia: W.B. Saunders Company; 1993:504-511.
49. **Rhodes AR**. Cutaneous melanoma developing in congenital nevomelanocytic nevi: estimation of risk and approaches to management. In: Burgdorf WHC, Katz SI, Hood AF, Malkinson FD, Peters MS, Robinson JK, and Swerlick R, eds. *Dermatology: Progress and Perspectives. The Proceedings of the 18th World congress of Dermatology*, New York, June 12-18, 1992. New York: The Parthenon Publishing Group; 1993:306-311.
50. **Rhodes AR**. Neoplasms: benign neoplasias, hyperplasias, and dysplasias of melanocytes. In: Fitzpatrick TB, Eisen AZ, Wolff K, Freedberg IM, Austen KF, eds. *Dermatology in General Medicine*. 4th ed. New York: McGraw-Hill; 1993:996-1077.

51. Leung DYM, **Rhodes AR**, Geha RS, Schneider L, Ring J. Atopic dermatitis (atopic eczema). In: Fitzpatrick TB, Eisen AZ, Wolff K, Freedberg IM, Austen KF, eds. *Dermatology in General Medicine*. 4th ed. New York: McGraw-Hill Inc; 1993:1543-1564.
52. Seraly M, **Rhodes AR**. Cutaneous manifestations. In: Kirkwood JM, Lotze MT, Yasko JM, eds. *Current Cancer Therapeutics*. Philadelphia: Current Science; 1993:298-308.
53. **Rhodes AR** (Contributing Editor). In: Sober AJ, Fitzpatrick TB, eds. *Year Book of Dermatology*, 1993. St. Louis: Mosby; 1993.
54. Seraly M, **Rhodes AR**. Surgical margins and elective lymph node dissection in the management of localized primary cutaneous melanoma. In: Dahl MV, Lynch PJ, eds. *Current Opinion in Dermatology*. Philadelphia: Current Science; 1993:59-67.
55. **Rhodes AR**. Potential precursors of cutaneous melanoma. In: Lejeune FJ, Chaudhuri PK, Das Gupta TK, eds. *Malignant Melanoma: Medical and Surgical Management*. New York: McGraw-Hill, Inc.; 1994:97-125.
56. **Rhodes AR** (Contributing Editor). In: Sober AJ, Fitzpatrick TB, eds. *Year Book of Dermatology*, 1994. St. Louis: Mosby; 1994.
57. **Rhodes AR**. Public education and cancer of the skin. What do people need to know about melanoma and nonmelanoma skin cancer? *Cancer* (supplement). 1995;75:613-636.
58. Fitzpatrick TB, **Rhodes AR**, Sober AJ, Mihm MC Jr. Seven deadly melanomas: a photographic compendium. *Fitzpatrick's J Clin Dermatol*. 1995;3:12-21.
59. **Rhodes AR** (Contributing Editor). In: Sober AJ, Fitzpatrick TB, eds. *Year Book of Dermatology*, 1995. St. Louis: Mosby; 1995.
60. Weinstock MA, Goldstein MG, Dubé CE, **Rhodes AR**, Sober AJ. Basic skin cancer triage for teaching melanoma detection. *J Am Acad Dermatol*. 1996;34:1063-1066.
61. **Rhodes AR**. Nevus spilus: a potential precursor of cutaneous melanoma worthy of aggressive surgical excision? *Ped Dermatol*. 1996;13:250-252.
62. **Rhodes AR**. Management of congenital melanocytic nevi: a decade later (invited symposium). *Ped Dermatol*. 1996;13:326-329.
63. **Rhodes AR**. Intervention strategy to prevent lethal cutaneous melanoma: use of dermatologic photography to aid surveillance of high risk persons. *J Am Acad Dermatol*. 1998;39:262-267.
64. **Rhodes AR**. Nevi and nevoid tumors. In: Burg FD, Ingelfinger JR, Wald ER, Polin RA, eds. *Gellis and Kagan's Current Pediatric Therapy 16*. Philadelphia: W.B. Saunders Company; 1999:980-991.
65. **Rhodes AR**. Benign neoplasias and hyperplasias of melanocytes. In: Freedberg IM, Eisen AZ, Wolff K, Austen FK, Goldsmith LA, Katz SI, Fitzpatrick TB, eds. *Fitzpatrick's Dermatology in General Medicine*, 5th edition. New York: McGraw-Hill; 1999:1018-1059.
66. **Rhodes AR**. Dysplastic melanocytic nevi. In: Freedberg IM, Eisen AZ, Wolff K, Austen FK, Goldsmith LA, Katz SI, Fitzpatrick TB, eds. *Fitzpatrick's Dermatology in General Medicine*, 5th edition. New York: McGraw-Hill; 1999:1060-1079.
67. **Rhodes AR**. Common acquired nevomelanocytic nevi and the fourth dimension. *Arch Dermatol*. 2000;136:400-405 (Invited Editorial).
68. Kirkwood J, Edington H, **Rhodes AR**. CD-ROM. Melanoma: a visual aid to diagnosis and insights into treatment. *Comprehensive Medical Communications, Inc.*, Pine Brook NJ, 2002.

C. Published abstracts.

1. **Rhodes AR**, Dienstag JL, Mihm MC, Jr., Dvorak A, Bahn AK, Wands WR. Cutaneous vasculitis presenting as urticaria in acute hepatitis type B. *J Invest Dermatol*. 1977;69: 422-423.
2. **Rhodes AR**, Ciafone AR, Audley M. Cardiovascular response to PUVA therapy. *Clin Res*. 1977;25:286A.
3. **Rhodes AR**, Sober AJ, Mihm MC, Fitzpatrick TB. Possible risk factors for primary cutaneous malignant melanoma. *Clin Res*. 1980;28:252A.

4. **Rhodes AR**, Day CL, Sober AJ, Harrist TJ, Mihm MC, Fitzpatrick TB. Primary cutaneous melanoma and small congenital nevi: histologic association and estimation of risk. *J Invest Dermatol.* 1981;76:319.
5. **Rhodes AR**, Murphy GF, Bernhard JD, Mihm MC. Transient pustules and the exanthem of Kawasaki syndrome. *Pediatr Res.* 1981;15:619.
6. **Rhodes AR**, Harrist TJ, Mihm MC, Day CL, Sober AJ. Dysplastic nevi in histologic association with 234 cutaneous melanomas. *Lab Invest.* 1982;46:69A.
7. **Rhodes AR**, Melski JW, Sober AJ, Harrist TJ, Fitzpatrick TB, Mihm MC. Increased size and frequency of melanocytes: distinctive histologic markers of the dysplastic nevus. *Clin Res.* 1982;30:265A.
8. **Rhodes AR**, Harrist TJ, Stern RS, Momtaz-T K, Parrish JA, Fitzpatrick TB. The PUVA lentigo: increased number of large, dopa-positive melanocytes. *J Invest Dermatol.* 1982; 78:357.
9. Silverman RA, **Rhodes AR**, Harrist TJ, Melski JW. The histology of congenital nevi. *J Invest Dermatol.* 1982;78:353.
10. Nakagawa H, **Rhodes AR**, Momtaz-T K, Fitzpatrick TB. Melanosomal alterations in PUVA lentigines. *Clin Res.* 1983;31:591A.
11. Sato S, Fitzpatrick TB, **Rhodes AR**, Sober AJ, Farinelli WA. Comparative electron microscopic observations of dysplastic melanocytic nevus and superficial spreading melanoma. In: Kukita A, Seiji M, eds. *Proceedings of the XVI International Congress of Dermatology.* Tokyo: University of Tokyo Press; 1983:793.
12. **Rhodes AR**, Slifman NR, Korf BR. Familial aggregation of small congenital nevomelanocytic nevi. *J Invest Dermatol.* 1984;82:424.
13. **Rhodes AR**, Harrist TJ, Stern RS, Nakagawa H, Momtaz-T K, Melski JW, Parrish JA, Fitzpatrick TB. The PUVA lentigo: light microscopic and ultrastructural features, and an analysis of predisposing factors. *Yale J Biol Med.* 1984;57:412-413.
14. **Rhodes AR**, Seki Y, Stern RS, Fitzpatrick TB. Melanosomal alterations in dysplastic melanocytic nevi: a quantitative ultrastructural investigation. *J Invest Dermatol.* 1986; 87:440.
15. Barnhill RL, Albert LS, Shama SK, Goldenhersh MA, **Rhodes AR**, Sober AJ. Lentiginosis of the penis and vulva: a clinical and histopathological study. *J Invest Dermatol.* 1989;92:399.
16. **Rhodes AR**, Mihm MC Jr. Origin of cutaneous melanoma in a congenital dysplastic nevus spilus. *J Cutan Pathol.* 1989;16:323.
17. **Rhodes AR**, Albert LS, Barnhill RL. Sun-induced freckles in young white subjects. *J Invest Dermatol.* 1990;94:571.
18. **Rhodes AR**, Albert LS, Weinstock MA. Congenital nevomelanocytic nevi (CNN): dynamic evolution during early childhood. *J Invest Dermatol.* 1992;98:603.
19. Weinstock MA, Barnhill RL, **Rhodes AR**, Brodsky GL, and the Dysplastic Nevus Panel (T Abell, J Hurley, J Johnston, C Kasper, D Mehregan). Reliability of the diagnosis of melanocytic dysplasia. *J Cutan Pathol.* 1996;23:64.
20. Richert SM, D'Amico F, **Rhodes AR**. Cutaneous melanoma (CM): effect of patient surveillance examinations on tumor progression. *J Invest Dermatol.* 1996;106:893.
21. Schaffer LH, **Rhodes AR**. Epidermal horn cysts in melanocytic tumors. *Pigment Cell Res.* 1996;Suppl 5:54.
22. Richert SM, D'Amico F, **Rhodes AR**. Cutaneous melanoma: patient surveillance and tumor progression. *J Invest Dermatol.* 1997;108:369.
23. Lambert WC, **Rhodes A**, Kuo H-R, Lapidus A. Discrimination of non-dysplastic and dysplastic melanocytic nevi and of melanomas by computerized analysis of their clinical images: a pilot study. *J Cutan Pathol.* 1998;25:502.
24. **Rhodes AR**, Moore RT, Chae KM. Macular pigmentation of Laugier and Hunkiker: a proliferation of intraepidermal melanocytes. *Pigment Cell Res.* 2003;16:431.

D. Other publications.

1. **Rhodes AR.** Herpes zoster and neoplastic disease. *JAMA*. 1976;236:2174-2175 (letter).
2. **Rhodes AR.** Viral diseases of the skin, mucous membranes and genitals: clinical features, differential diagnosis and therapy, with basic principles of virology, by Theodor Nasemann. *J Invest Dermatol*. 1977;69:495-496 (book review).
3. **Rhodes AR**, Sober AJ, Day CL, Melski JW, Harrist TJ, Mihm MC Jr, Fitzpatrick TB. Prophylactic excision of nevocellular nevi. *J Am Acad Dermatol*. 1982;7:409-410 (letter).
4. **Rhodes AR.** Small congenital nevi. *J Am Acad Dermatol*. 1982;7:687 (letter).
5. **Rhodes AR.** Facts about congenital nevi and melanoma. *Your Patient and Cancer*, January 1983:60.
6. Fitzpatrick TB, **Rhodes AR**, Sober AJ. Prevention of melanoma by recognition of its precursors. *N Eng J Med*. 1985;312:1388 (letter).
7. Hurwitz S, **Rhodes A**, Wiley H III. For every child under the sun: a guide to sensible sun protection. Public education guide. Skin Cancer Foundation, New York, NY, 1986.
8. Bernhard JD, **Rhodes AR**, Melski JW. Wallace's line in serum sickness and Kawasaki disease. *Br J Dermatol*. 1986;115:640 (letter).
9. Kraemer KH, Andrews AD, **Rhodes AR.** Understanding xeroderma pigmentosum. Public education guide. Clinical Center Communications, National Institutes of Health, U.S. Department of Health and Human Services, 1988.
10. **Rhodes AR.** Specificity of the histologic definition of dysplastic melanocytic nevus. *Dermatology Focus*. 1991;101:13.
11. Goldstein MG, Weinstock MA, Dubé CK, **Rhodes AR**, Sober AJ. Clinical crossroads: a young light-skinned woman with multiple moles. *JAMA*. 1998;279:837-838 (letter).
12. Weinstock MA, Barnhill RL, **Rhodes AR**, Brodsky GL. The diagnostic reproducibility of melanocytic dysplasia (in reply). *Arch Dermatol*. 1998;134:138-139.
13. Weinstock MA, Goldstein MG, Dubé CE, **Rhodes AR**, Sober AJ. Clinical diagnosis of moles vs melanoma. *JAMA*. 1998;280:881-882 (letter).
14. **Rhodes AR.** Use of dermatologic photography to aid surveillance of individuals at high risk for melanoma. *The Melanoma Letter*. 1998;16(2):1-4.
15. **Rhodes AR.** Total cutaneous photography for high-risk patients. *The Melanoma Letter*. 1999;17(1):1-2.
16. **Rhodes AR.** Melanoma's Public Message (Guest Editorial). *Skin & Allergy News*. April 2003.

Appendix E3 (8 Pages)

LADY CHRISTINE C. DY, MD, MS

BIOGRAPHICAL SKETCH



Dr. Lady C. Dy is a board certified dermatologist and dermatopathologist, an assistant professor of Dermatology and the director of dermatopathology at RUSH University Medical Center in Chicago. In addition to her dermatopathology subspecialty, Dr. Dy has expertise in hair disorders, scalp diseases and ethnic skin and scalp conditions.

Dr. Dy attended Western Michigan University in Kalamazoo, MI for her undergraduate and graduate studies. She received her BS degree, Magna Cum Laude, in Biomedical Sciences and an MS with highest distinction in Biological Sciences. She attended the highly regarded McMaster University Medical School in Ontario, Canada, obtaining her MD in 1996.

During her graduate studies and post-graduate medical training Dr. Dy was also a research assistant and a teaching assistant at Western Michigan University. She then became a clinical research co-investigator in the Clinical Outpatient Research Center at Indiana University Medical Center, an instructor in skin care and prevention in the Indianapolis community and a lecturer in Dermatology at Moi University in Kenya.

Following medical school, she completed an internship in Internal Medicine at Spectrum Health System in Grand Rapids, MI and a basic science research fellowship in Dermatology at Indiana University School of Medicine.

Dr. Dy then relocated to Indiana and completed a residency in Dermatology at Indiana University School of Medicine. The following year she performed a fellowship in Dermatopathology at the University of Chicago, Pritzker School of Medicine.

She joined the Department of Dermatology at RUSH University Medical Center in 2003. Since her appointment Dr. Dy has lectured at Indiana University School of Medicine on Cutaneous Hair Biology and has presented at national meetings. She has also published several articles and has co-authored a chapter on Office Diagnosis of Hair Shaft Defects.

Dr. Dy is fluent in various Chinese dialects as well as Tagalog, the native language of the Philippines.

LADY CHRISTINE C. DY, MD, MS

CURRICULUM VITAE

Birth Date: March 8, 1969

Birth Place: Philippines

Citizenship: USA

Business Addresses	<u>Academic Office</u> Department of Dermatology RUSH University Medical Center 707 South Wood Street Annex Building, Suite 220 Chicago, Illinois 60612	<u>Patient Care and Consultation</u> Dermatology Patient Services Professional Building, Suite 264 RUSH University Medical Center 1725 West Harrison Street Chicago, Illinois 60612
Business Contact	Telephone: (312) 942-6096 Facsimile: (312) 942-7778 Derm@RUSH.edu	Telephone: (312) 942-2195 Facsimile: (312) 563-2263

EDUCATION AND TRAINING

UNDERGRADUATE:

<u>Dates Attended</u>	<u>Name and Location of Institution</u>	<u>Degree Received, Discipline and Year</u>
1987-1991	Western Michigan University, Kalamazoo, MI	BS (Cum Laude) Biomedical Sciences; Minor, Chemistry, 1990

GRADUATE:

<u>Dates Attended</u>	<u>Name and Location of Institution</u>	<u>Degree Received, Discipline and Year</u>
1991-1993	Western Michigan University, Kalamazoo, MI	MS (Honors) Biological Sciences, 1993
1993–1996	McMaster University Hamilton, Ontario, Canada	MD, 1996

POST GRADUATE:

<u>Dates Attended</u>	<u>Name and Location of Institution</u>	<u>Name of Program Director and Discipline</u>
1996-1997	Spectrum Health, East Campus, Grand Rapids, MI	Preliminary Internal Medicine Robert F. Johnson, MD
1997-1999	Indiana University School of Medicine, Herman B. Wells Center, Division of Cutaneous Research, Indianapolis, IN	Research Fellowship Jeffrey B. Travers, MD
1999-2002	Indiana University School of Medicine, Indianapolis, IN	Dermatology Residency Jeffrey B. Travers, MD
2002-2003	University of Chicago, Pritzker School of Medicine, Chicago, IL	Dermatology Fellowship Christopher Shea, MD

APPOINTMENTS AND POSITIONS**ACADEMIC POSITIONS:**

<u>Years Inclusive</u>	<u>Name and Location of Institution or Organization</u>	<u>Rank/Title or Position</u>
1990-1993	Western Michigan University Kalamazoo, MI	Research Assistant
1991-1993	Western Michigan University Kalamazoo, MI	Teaching Assistant
1997-1999	Department of Dermatology, Cutaneous Biology Division, Indiana University Medical Center,	Research Fellow

	Indianapolis, IN	
2000-2002	Clinical Outpatient Research Center, Indiana University Medical Center, Indianapolis, IN	Clinical Research Co-investigator
2000-2002	Indiana University Medical Center Indianapolis, IN	Instructor, Skin Cancer Prevention
2002-2003	Moi University, Eldoret, Kenya	Dermatology, Chief Resident
2003-Present	RUSH University Medical Center Department of Dermatology, Chicago, IL	Assistant Professor of Dermatology

NON-ACADEMIC POSITIONS:

2003- Present	RUSH University Medical Center Department of Dermatology, Chicago	Director of Dermatopathology
---------------	---	------------------------------

SPECIALTY CERTIFICATION

<u>Certifying Board</u>	<u>Year</u>
American Board of Dermatology	2004
American Board of Dermatopathology	2005

HONORS

<u>Title, Institution and Location</u>	<u>Year(s)</u>
Full Graduate Teaching Assistantship Western Michigan University, Kalamazoo, MI	1991-1993
Basic Science Research Grant Western Michigan University, Kalamazoo, MI	1992
Merrill Wiseman Award Western Michigan University, Kalamazoo, MI	1990
Most Outstanding Undergraduate Biomedical Science Student Award	1990
National Honor Society, Saranac High School Grand Rapids, MI	1987

PROFESSIONAL SOCIETIES

<u>Society</u>	<u>Year</u>
American Society of Dermatopathology, Rolling Meadows, IL	2005
Dermatology Residency House Staff Committee Representative, Indiana University, Indianapolis, IN	1999-2002
American Academy of Dermatology, Schaumburg, IL	2004
Chicago Dermatological Society, Naperville, IL	2003
Society for Investigative Dermatology, Cleveland, OH	1998

PUBLICATIONS

A. Refereed articles

1. Whiting, DA, and **Dy LC**. Office Diagnosis of Hair Shaft Defects. Seminars in Cutaneous Medicine and Surgery. 2006; (In Press).
2. Kim G, **Dy LC**, Mirowski G, Caldemeyer K. Buschke-Ollendorf Syndrome: Radiologic Series. *J Am Acad Dermatol*. 2003; 4:324-325.
3. Marques SA, **Dy LC**, Southall MD, Yi Q, Smietana E, Kapur R, Marques M, Travers JB, Spandau DF. The platelet-activating factor receptor activates the extracellular signal-regulated kinase mitogen-activated protein kinase and induces proliferation of epidermal cells through an epidermal growth factor-receptor-dependent pathway. *J Pharmacol Exp Ther*. 2002;300:1026-35.
4. Pei Y, **Dy LC**, Natarajan S, Travers JB. Activation of the epidermal platelet-activating factor receptor results in ICAM-1 expression. *In Vitro Cellular & Developmental Biology*. 2000;36:11-13.

5. **Dy LC**, Pei Y, Travers JB. Augmentation of ultraviolet B radiation-induced tumor necrosis factor production by the epidermal platelet-activating factor receptor. *J Biol Chem*. 1999;274:17-21.
6. Pei Y, Barber L, Murphy R, **Dy LC**, et al. Activation of the Epidermal Platelet-Activation Factor Receptor Results in Cytokine and Cyclooxygenase-2 Biosynthesis. *J Immunology* 1998;195:4-61.
7. **Dy LC**, Chalasani S and Essani K. Isolation of *Escherichia coli* mutants lacking methylcytosine-dependent restriction systems for cloning methylated frog virus 3 DNA. *Gene* 1993;131:87-91.

B. Oral Presentations

1. **Dy LC**, Malone J, Farmer E, Hood A. A complex care of neutropilic disease associated with granulocyte stimulating factor. American Society of Dermatopathology, Chicago, IL, September, 2001.
2. **Dy LC**, Kulkarni P, Travers JB. Blastomycosis with widespread cutaneous involvement including the scalp. American Academy of Dermatology, Washington, DC, March, 2001.
3. **Dy LC**, Marques S, Travers JB. Dermatologic Research in Progress, Lecturer. Involvement of the EGF-r in PAF-r mediated augmentation of UVB-induced apoptosis. Department of Dermatology, Indiana University School of Medicine, July, 1999.
4. **Dy LC**, Pei Y, Travers JB. Augmentation of ultraviolet B radiation-induced tumor necrosis factor production by the epidermal platelet-activating factor receptor. Department of Pharmacology and Toxicology, Indiana University School of Medicine, July, 1999.
5. **Dy LC**, and Essani K. Isolation of mutant bacterial host strain ideal for cloning heavily methylated DNA. Michigan Academy of Science Meeting, Central Michigan University, March, 1992.

C. Poster Presentations

1. **Dy LC**, Hurwitz R and Buckle L. Melanoma-in-situ with epidermal effacement: A compelling adjunctive finding. American Society of Dermatopathology, Boston, MA, October, 2004.
2. Lacouture M, **Dy LC**, Baron J, Soltani K. Anti-CD20 monoclonal antibody therapy for primary cutaneous B cell lymphomas. International Investigative Dermatology, Miami, FL, April, 2003.
3. **Dy LC**, Lacouture M, Wang LC, Soltani K, Shea CR. Unusual clinical presentations of Rosai-Dorfman disease limited to the skin. American Society of Dermatopathology, Phoenix, AZ, October, 2002.

4. **Dy LC**, Kelly NP, Medenica M, Shea CR. Incidental finding of chronic lymphocytic leukemia in association with primary cutaneous squamous cell and basal cell carcinomas. American Society of Dermatopathology, Phoenix, AZ, October, 2002.
5. **Dy LC**, Marques S, Travers JB and Spandau D. Transactivation of the epidermal growth factor receptor by the epidermal platelet-activating factor receptor is required for augmentation of ultraviolet B radiation-induced apoptosis. Society for Investigative Dermatology, Chicago, IL, May 2000.
6. Yi Q, Marques S, **Dy LC**, Travers JB. The epidermal platelet-activating factor receptor stimulates multiple mitogen-activated protein kinase pathways. Society for Investigative Dermatology, Chicago, IL, May, 2000.
7. **Dy LC**, Pei Y, Travers J. Modulation of UVB-induced tumor necrosis factor production by the epidermal platelet activating factor receptor. Society of Investigative Dermatology, Chicago, IL, May, 1999.
8. **Dy LC**, Travers J. The role of platelet activating factor receptor in UVB induced keratinocyte production. International Society of Investigative Dermatology, Cologne, Germany, May, 1998.