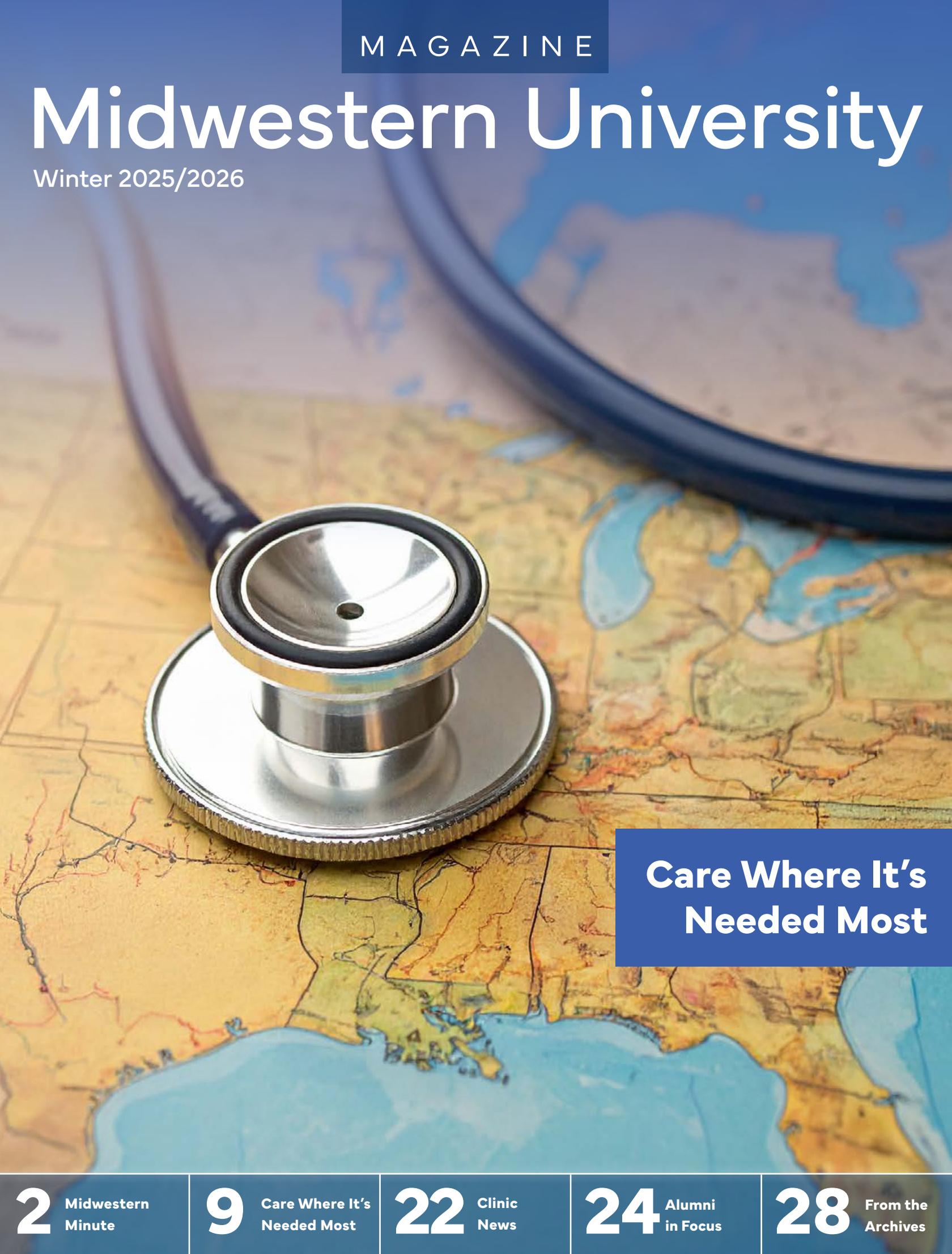


MAGAZINE

# Midwestern University

Winter 2025/2026



Care Where It's  
Needed Most

**2** Midwestern  
Minute

**9** Care Where It's  
Needed Most

**22** Clinic  
News

**24** Alumni  
in Focus

**28** From the  
Archives





Snow blankets the Downers Grove Campus, creating a peaceful winter scene in the evening.



# 9

## Care Where It's Needed Most

Across the country, Midwestern University alumni are shaping the future of healthcare—one patient, one innovation, and one community at a time.



# 10

## Erin Kiesel, D.O. (CCOM '97)

Dr. Erin Kiesel brings family medicine back home.



## Mariana Polistchuk, M.S., CCC-SLP (CHS-IL '16)

Mariana Polistchuk helps children grow through speech therapy.



# 14

## Ashley Mines, D.M.Sc., M.M.S., PA-C (CHS-AZ '08)

Dr. Ashley Mines provides compassionate healthcare to rural Colorado residents.



## Cayden Carpenter, O.D. (AZCOPT '24)

Dr. Cayden Carpenter provides comprehensive eye care, expanding rural access.



# 18

## Arthur Evensen, D.P.M., CWSP (AZCPM '22)

Dr. Art Evensen helps rural patients stay mobile.



## Alexis Vanderlee, Pharm.D. (CPDG '21)

Dr. Alexis Vanderlee leads Lee Health's 340B program, turning savings into community care.

## Departments

From the President . . . . . 1

Midwestern Minute . . . . . 2

Clinic News . . . . . 22  
Downers Grove, Illinois  
Glendale, Arizona

Alumni in Focus . . . . . 24  
John S. Potts, D.O., FAAFP  
Katelyn Gunn, D.M.D.

From the Archives . . . . . 28



Community & Media  
Explore previous University publications and news articles

## Mission

Midwestern University's historical and sustaining philosophy dedicates the institution and its resources to the highest standards of academic excellence to meet the educational needs of the healthcare community.

## The official magazine of Midwestern University

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Take time to learn more about Midwestern's programs, campuses, people, and our esteemed Board of Trustees.



Dear Midwestern Alumni,

It is both an honor and a privilege to address you for the first time as President of Midwestern University. As I step into this role, I am deeply inspired by the legacy of excellence, compassion, and innovation that each of you carries into your communities and the world.

This issue's theme, Care Where It's Needed Most, captures the heart of what it means to be part of the Midwestern family. Every day, our alumni demonstrate that true healthcare extends far beyond the walls of a clinic or hospital. You bring knowledge, empathy, and commitment to the places where they matter most—whether advancing patient care, improving systems of access, or mentoring the next generation of healthcare professionals. Your work reflects a deep understanding that healthcare is not only a profession, but a calling.

As we look ahead, we also take a moment to honor a milestone that connects us all—the 125th anniversary of our founding college, the Chicago College of Osteopathic Medicine. CCOM's legacy continues to inspire our mission today: to educate and empower healthcare professionals who lead with integrity, compassion, and skill. This anniversary reminds us of the strength of our roots and the extraordinary growth that has flourished from them.

Together, we are writing the next chapter in Midwestern University's story—a story defined by care, service, and an unwavering dedication to improving lives. I am excited to partner with you as we continue to expand opportunities for learning, discovery, and healing in the years to come.

Thank you for all you do to represent the very best of Midwestern University. Your achievements are the true measure of our mission and the foundation of our future.

With gratitude,

Joshua Baker, O.D., M.S.  
President & Chief Executive Officer



ARIZONA/ILLINOIS

## Midwestern University Board of Trustees Appoints Dr. Joshua Baker as President and Chief Executive Officer

Joshua Baker, O.D., M.S., was appointed President and Chief Executive Officer of Midwestern University, effective September 11, 2025. He has held key academic and administrative roles within the University since 2013, including Senior Vice President and Chief Academic Officer and, most recently, Interim President and CEO.

“Dr. Baker is a visionary leader and a skilled administrator whose background and professional experiences make him uniquely qualified to guide Midwestern University through the next generation of change, growth, and transformation,” said Janet Bolton, Chair of the Board of Trustees. “We are confident that Dr. Baker is the leader to steadily guide the University as we continue to invest in improvements that strengthen our academic programs, develop our faculty, improve our campus environment and infrastructure, and enhance the student experience.”

The Board of Trustees implemented its succession plan earlier this year and convened a Presidential Search Committee to identify and select

the organization’s next permanent President and CEO.

“It is with humility and excitement that I accept the opportunity to serve Midwestern University in this new capacity, and I’m grateful for the opportunity to lead this remarkable institution in helping our students and faculty grow, and advancing healthcare for the benefit of our communities,” said Dr. Baker. “From my experiences at both of our campuses, I know how committed our faculty and staff are to supporting our students and working towards achieving the highest standards of academic excellence. In my new role, I’m committed to ensuring the University provides current and future generations of students with all of the necessary teaching, tools, experiences, and technologies so that they can be among the most qualified and productive healthcare professionals in the field.”

As a key administrator and executive, Dr. Baker is well-versed in the University’s operations and impact in Illinois and Arizona, as well as in the field of healthcare education and the delivery of critical healthcare services. His additional professional experience includes service in the United States Army, where he served as Chief of Optometry Service at the U.S. Army Health Clinic in Stuttgart, Germany. He was stationed in Al Asad, Iraq, from August 2007 to November 2008 and was awarded the Bronze Star.

Dr. Baker received his bachelor’s degree from Ithaca College in 1999, earned a Master of Science in Secondary Science Education from Syracuse University in 2001, and graduated Magna Cum Laude from the Illinois College of Optometry in 2005. His postdoctoral residency was in primary eye care at the Northeastern State University College of Optometry, located at Brooke Army Medical Center in San Antonio, Texas.

Dr. Baker and his family reside in Phoenix, Arizona.

ARIZONA/ILLINOIS

## Meet the New College of Graduate Studies Dean

Sandra Inouye, Ph.D., was appointed in July as Dean of the College of Graduate Studies. Dr. Inouye came to Midwestern University in 2000 as an Assistant Professor in the Department of Anatomy at the Chicago College of Osteopathic Medicine (CCOM). Most recently, she has served as Associate Dean for Academic Affairs, College of Graduate Studies, and Director of Anatomical Laboratories, in addition



to holding faculty appointments in osteopathic medicine, optometry, and dental medicine. She received the 2015 Littlejohn Award, the highest recognition bestowed by Midwestern University, as well as many Outstanding Faculty Awards from CCOM. Dr. Inouye earned her bachelor’s degree from the University of California-Davis and her master’s and doctoral degrees in Anthropology from Northwestern University.

Established in 2018, the College of Graduate Studies offers degree programs on both Midwestern University campuses: Master of Biomedical Sciences (M.B.S.), Master of Arts in Biomedical Sciences (M.A.), Master of Science in Precision Medicine (M.S.), and Master of Public Health (M.P.H.).

ILLINOIS

## Meet the New Chicago College of Optometry Dean

**B**rianne N. Hobbs, O.D., Ph.D., FAAO, was appointed in July as the new Dean of the Chicago College of Optometry (CCO). A seasoned educator and administrator, Dr. Hobbs returns to Midwestern University after previously serving as Director of Residencies and later as Associate Professor at the University's Arizona College of Optometry (AZCOPT). During her tenure at Midwestern from 2011 to 2019, she played a pivotal role in advancing clinical education, developing curriculum, and mentoring students and residents.

Dr. Hobbs most recently served as Associate Dean of Academics at High Point University's School of Optometry, where she led curriculum development,



guided faculty recruitment, and contributed significantly to strategic planning and accreditation efforts. She also previously held senior leadership positions within the Salisbury VA Healthcare System, where she helped oversee one of the nation's largest VA optometry services, and the National Board of Examiners in Optometry

where she led innovative advancements in licensure exam development.

Dr. Hobbs earned a Doctor of Optometry degree from the University of Missouri-St. Louis College of Optometry and completed a residency in Ocular Disease and Low Vision at the Kansas City VA Medical Center. She holds a Ph.D. in Instructional Management and Leadership from Robert Morris University, with research focused on faculty vitality in optometric education, and a Graduate Certificate in Public Health from the University of Missouri. She is also a Fellow of the American Academy of Optometry and a dedicated public health advocate, actively involved in national professional organizations and accreditation bodies, including the Accreditation Council on Optometric Education and the Association of Schools and Colleges of Optometry.

ILLINOIS

## Meet the New College of Health Sciences-IL Dean

**S**arah Radtke, Ed.D., M.S., was appointed in July as Dean of the College of Health Sciences for the Downers Grove Campus. A distinguished leader in higher education with more than two decades of academic, clinical, and administrative experience, Dr. Radtke joins Midwestern University from Aurora University, where she most recently served as Dean of the College of Health and Sciences. In this role, she oversaw three academic schools: Health Science; Nursing; and Natural Science, Technology, and Mathematics, managing a robust portfolio of undergraduate and graduate programs. Her accomplishments include launching new degrees in Healthcare



Administration, Communication Sciences and Disorders, and two M.B.A. tracks in Healthcare and Sport Management.

Dr. Radtke holds a Doctor of Education in Adult and Higher Education and a Master of Science in Education in Exercise Physiology

from Northern Illinois University. She earned her Bachelor of Science in Athletic Training and Fitness and Health Promotion from the University of Wisconsin-Stevens Point. A certified athletic trainer and published scholar, she has presented nationally on topics ranging from emotional intelligence in healthcare to self-directed learning and clinical education strategies.

During her more than 20-year tenure at Aurora University, Dr. Radtke served as a faculty member, department chair, faculty senate chair, and professor of athletic training and exercise science. She launched multiple student retention and leadership initiatives, including a semester-long Faculty Promotion Series and a year-long Academic Leadership Academy. She is also deeply engaged in public service, currently serving as a municipal trustee and committee chair in her community.

# Midwestern Minute

ARIZONA/ILLINOIS

## Midwestern University Drives Economic Growth Across Illinois and Arizona

**M**idwestern University remains a key driver of economic growth and healthcare education across its Illinois and Arizona campuses, contributing a combined \$1.2 billion to local economies during 2023–24, according to a study by the consulting firm Applied Economics. The University's operations, vendor purchases, and spending by employees, students, and visitors support thousands of jobs and businesses in both DuPage and Maricopa Counties.

On the Downers Grove Campus, Midwestern University contributed \$439 million to the local economy. Major highlights include \$61.6 million spent on equipment, services, and supplies, supporting 148 jobs and \$14.2 million in local labor income. Student spending totaled \$131.6 million, sustaining 1,040

jobs, and University employees added \$86.7 million annually to local payrolls, while their spending contributed an additional \$55 million. Campus visitors added \$8 million to the regional economy.

On the Glendale Campus, the University's economic contribution reached \$767 million. Of this, \$75.9 million was spent on equipment, services, and supplies, supporting 455 jobs and generating \$36.3 million in local labor income. Student spending amounted to \$172.5 million, generating \$41.2 million in labor income, while employees contributed \$173.7 million in consumer spending. Visitors to the campus - including prospective students and event attendees - added \$9.6 million to the local economy.

Midwestern University plays a critical role in advancing scientific research across both campuses. In Illinois, faculty and students received \$2.4 million in research grants for 2023–24 to support pioneering healthcare studies. In Arizona, the

University secured \$2.9 million in research funding, marking a \$1 million increase over the past five years. These investments support groundbreaking research in medical treatments, diagnostics, and evidence-based practices.

The University also directly serves its communities through comprehensive healthcare services. The Downers Grove Campus operates the six-story Midwestern University Multispecialty Clinic, which serves over 67,000 patients annually. Services include the Dental Institute, Family Medicine Clinic, Osteopathic Manipulative Treatment, Eye Institute, Physical Therapy Institute, and Speech-Language Institute. In Arizona, the University's five community clinics - the Multispecialty Clinic, Dental Institute, Eye Institute, Animal Health Institute, and Therapy Institute - provide essential healthcare to nearly 140,000 human and animal patients per year.



**\$1.2**  
Billion  
Impact



## ARIZONA

### Walk With a Doc on Glendale Campus

The College of Health Sciences–Glendale hosted several Walk with a Doc events on campus this Fall focused on fall prevention. Led by students and faculty from different programs, starting with the Physical Therapy Program, the events brought together community members for a group walk and an educational discussion on reducing fall risks, especially for older adults. This program is part of a national initiative designed to promote physical activity and health education.

Participants learned practical strategies for improving balance, strength, and home safety while also engaging with healthcare students in a supportive environment.

## ARIZONA

### New Arizona Community Dental Days Coming Soon

In collaboration with local nonprofit partners including shelters, rehabilitation centers, veteran organizations, and refugee support services, the College of Dental Medicine-Arizona (CDMA) recently launched its new Community Dental Days initiative. This quarterly event is designed to deliver comprehensive

dental care to some of the most underserved and overlooked populations in the Valley.

The first Community Dental Days event will welcome individuals who are rebuilding their lives following extreme hardship, including survivors of human trafficking and domestic violence, women reentering society after incarceration, individuals in recovery from substance use disorders, refugees, homeless mothers, and veterans. These

individuals often face significant barriers to consistent dental care.

Patients will receive high-quality dental care not only during the event itself, but as part of a lasting relationship with the Midwestern University Dental Institute. They will be welcomed as ongoing patients, ensuring they have access to the continuous, follow-up care necessary to restore both oral health and personal dignity.





Chicago-area STEM Scholars Academy gets hands-on with healthcare careers at Northwestern University!



## ILLINOIS

### CPASS STEM Scholars Enjoy Hands-On Healthcare Experiences

Seventeen high school sophomores from Chicago and surrounding suburbs spent an unforgettable day at Northwestern University's Downers Grove Campus in August, as part of the STEM Scholars Academy, a program developed by the Creating Pathways and Access for Student Success (CPASS) Foundation. The visit was spearheaded by Coretta Patterson, D.V.M., DACVIM, Dean of the Proposed Chicago College of Veterinary Medicine at Northwestern University. A proud alumna of the CPASS program herself, Dr. Patterson was instrumental in organizing the day of learning and engagement. Thanks to her leadership, these students, who are historically underrepresented in science and medicine, received an inspiring, firsthand look at what a future in healthcare could hold. Activities included ultrasound technology, optometry tools and tests, physician assistant diagnostic techniques, pharmacy simulations, and veterinary CPR.

One of the program's most inspiring moments came when Dr. Patterson welcomed the students and shared her personal journey—from participating in CPASS as a teenager to becoming one of the few Black veterinary deans in the country.





ARIZONA

## Glendale Campus Hosts WESTMARC Healthcare Summit 2025

Midwestern University's Glendale Campus proudly hosted the WESTMARC Healthcare Summit '25 in June, sponsored by Banner Health. The annual event convened regional leaders in healthcare, education, and economic development to address

Arizona's most pressing workforce challenges in the health sciences.

The summit featured a robust agenda of expert panels and breakout discussions, including a keynote speech on "Current Federal, State, and Legislative Impacts on Healthcare" by Brittney Kaufmann, CEO of the Health System Alliance of Arizona. Other talks featured discussions of AI in healthcare and subscription-based healthcare models, and panel

discussions addressed research and development in the West Valley and building sustainable workforces.

Joshua C. Baker, O.D., M.S., President and Chief Executive Officer of Midwestern University, welcomed the attendees to the event, and Carla Gartrell, D.V.M., J.D., Dean, College of Veterinary Medicine-Arizona, participated in a panel titled "Research & Development Attraction to the West Valley."

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# Care Where It's Needed Most

Midwestern University alumni are shaping the future of healthcare—one patient, one innovation, and one community at a time. From a pharmacist ensuring access to essential medication to clinicians expanding outreach, our graduates continue to redefine what it means to care with compassion, skill, and service.

# Back to the Heart of Family Medicine: A Journey in Rural and Underserved Care



On a hot afternoon in California's Central Valley, Erin Kiesel, D.O. (CCOM '97), remembers pulling up to a small home tucked between almond orchards. The road was dusty, chickens darted underfoot, and children peeked out the doorway as she carried her medical bag inside.



## Erin (Brady) Kiesel, D.O. (CCOM '97)

**Title:**  
Family Physician, St. Luke's  
Family Practice, Modesto, CA

**Current Residence:**  
Modesto, California

**Education:**  
D.O., Chicago College of  
Osteopathic Medicine (CCOM '97)

**Family:**  
Married to George;  
mother of four children

**Interests:**  
Hiking, gardening, travel, and  
spending time with family

"If people couldn't get to me, I'd drive out to where they were," Dr. Kiesel recalls. "Sometimes it was a small caretaker's home in the middle of an orchard, with kids playing outside and chickens running around. If someone was very ill, maybe with cancer and unable to leave the house, my MA (medical assistant) and I would make the visit. It was important that they still had access to care."

For 17 years, Dr. Kiesel practiced rural family medicine outside of Modesto, California. Her patients were farm workers, small-town families, and the uninsured. "We were a lot of things to a lot of people," she says. "Sometimes I was the only doctor they'd seen in years.

It was very full-scope family medicine, and we just figured things out together."

## Roots in the Central Valley

Dr. Kiesel grew up in Modesto, an agricultural city south of Sacramento. Medicine first sparked her interest when her aunt, a dialysis nurse, brought her along to the clinic. Later, a local psychiatrist and CCOM alumnus, Dr. Robert Schorr (CCOM '71), introduced her to osteopathic medicine.

When she visited CCOM as a prospective student, Dr. Kiesel says she immediately felt at home. "The interviewer really

noticed something about me, not just my scores or grades. He was interested in me. The minute I was there, I knew that's where I wanted to go to medical school."

Her training at CCOM prepared her well for rural practice, where resources are often slim and the need immense. The osteopathic philosophy of treating the whole person—mind, body, and spirit—became her guiding framework, especially in communities where medical, social, and emotional challenges are so closely intertwined. After residency in Modesto, she joined a small clinic in nearby Hughson, a one-stoplight town surrounded by almond and peach orchards.

"It was a migrant farmworker population, mostly Spanish-speaking, very hardworking people who really couldn't afford not to work," Dr. Kiesel says. "They needed me to figure out how to get them better so they could get back to work. And, there weren't many places to refer anyone. Transportation was always an issue. People would take buses, walk, or come from far away."

Over time, the patients and staff became like family. She saw multiple generations, from newborns she delivered to great-grandparents at the end of life. "It was very rewarding," Dr. Kiesel says. "We really loved and respected each other."





## Challenges of Rural Medicine

Practicing rural medicine came with constant challenges. “Resources were very limited,” Dr. Kiesel explains. “We barely had access to specialists, and if you could get someone in, it might take a year. People didn’t always have cars, so sending them to another city wasn’t realistic.”

Mental health support was scarce, and chronic pain added to the challenges patients faced. “I came into practice right as the opioid crisis was unfolding,” she says. “We had a lot of patients doctor-shopping from bigger towns. For my local patients, it was difficult trying to help them find other options for pain when resources were slim.”

Still, Dr. Kiesel found the work deeply meaningful. “I think that’s because I could see the difference I was making. This was a really grateful population. The gratitude went both ways.”

## A New Model in Modesto

By 2018, Dr. Kiesel felt ready for a change. She had spent years balancing residency, teaching, patient care, and an increasingly bureaucratic healthcare system. “I really felt like I was disconnecting from my patients,” she says. “It wasn’t how I wanted to practice.”

That’s when she joined St. Luke’s Family Practice, also in Modesto, a nonprofit direct primary care (DPC) practice founded in 2004 by two physicians who wanted to escape the constraints of insurance while still serving the uninsured.

“Half of our patients pay a membership fee for 24/7 access, and the other half are uninsured who we take care of completely free of charge,” Dr. Kiesel explains. “That’s where the nonprofit side comes in. The patients with resources help support the ones without. It allows us to have the time we need with everyone.”

The model restores what drew her to family medicine in the first place. “It’s taken me back to being a real family doctor,” she says. “I can take a thorough history, do a good physical exam, and often avoid unnecessary tests. With uninsured patients, you have to think carefully about every test you order. It’s made me sharper, more thoughtful. And I have time to educate people, which is huge.”

## Creative, Flexible Care

St. Luke’s is intentionally small, giving the practice flexibility to innovate. “When new needs come up in our

community, we can respond quickly,” Dr. Kiesel says. Recently, the county asked St. Luke’s to care for a group of uninsured HIV-positive patients.

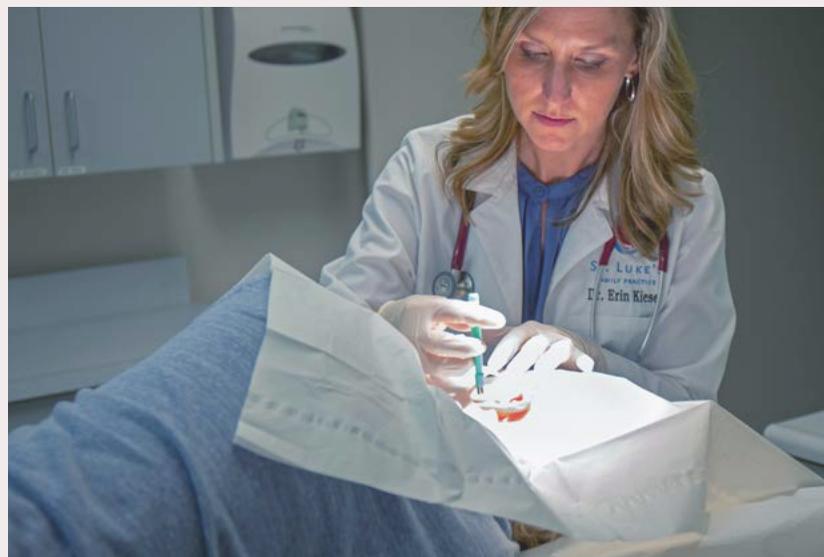
“It’s been a wonderful clinical challenge,” she says. “We’ve been able to re-educate ourselves in HIV care, set up a support group in our clinic, and even start antiretroviral therapy (ART) for patients who test positive. It’s been good for us as physicians and life-changing for patients.”

Same-day and next-day access is another cornerstone of St. Luke’s. “If you’re sick, we’ll see you,” Dr. Kiesel says. “That prevents people from ending up in the ER unnecessarily. And we do a lot of follow-up for uninsured patients after hospitalization because otherwise, there’s nowhere for them to go.”

For patients who can’t make it into the clinic, often elderly or homebound, Dr. Kiesel and her team still bring medicine to their doorsteps. “Sometimes it’s the only way they’ll get care,” she explains.

## The Heart of Family Medicine

For Dr. Kiesel, whether it’s driving down dirt roads to see patients in their homes, checking in on an elderly widow recovering from pneumonia, or sitting across from someone in an exam room, the essence of family medicine hasn’t changed.



“Being able to walk with people through their lives from birth to death, through illness and recovery, that’s what makes this work so rewarding,” she says. “In rural medicine and in our St. Luke’s model, I feel like I’ve really been able to live out that calling.”

As she reflects on her career, Dr. Kiesel comes back to her osteopathic roots: time, connection, and presence. “Patients will tell me, ‘That other doctor never even touched me.’ But I was trained to do a good physical exam, to listen, to know my patients as people. That’s what matters. That’s family medicine.”

# Creating a Place for Every Child to Grow

## Speech-Language Pathologist Brings Connection to Community



When Mariana Polistchuk, M.S., CCC-SLP (CHS-DG '16) arrived in the United States as a middle school student, she knew just three words of English. Her family had moved from Israel after emigrating from Kyiv, Ukraine, and she was suddenly navigating a new culture, a new school, and a new language.



**Mariana (Briantsev) Polistchuk, M.S., CCC-SLP (CHS-DG '16)**

**Title:**  
Founder & President,  
Functional Speech Therapy, Inc.

**Current Residence:**  
Mundelein, Illinois

**Education:**  
M.S., Speech-Language Pathology, College of Health Sciences (CHS-Downers Grove SLP '16)

**Family:**  
Two daughters, ages 2 and 5

**Interests:**  
Spending time with her daughters, community involvement, dance, exercising

“It took me about two years to be proficient in English,” she recalls. “I had to learn the culture, the language, make new friends, and figure out how things worked here. It was definitely a journey.”

Today, Mariana is helping children overcome their own communication challenges. As founder and president of Functional Speech Therapy in Fox River Grove, Illinois, she provides life-changing services for families who otherwise might have to travel far beyond their community to find the care they need. Many of those families speak languages other than English at home, and Mariana draws on her own multilingual background to make therapy accessible across cultures and languages.

“I came here as an immigrant and I did not speak any English,” she says. “Going through that experience as a

younger child allowed me to understand the need for communication and the impact that it has on children’s lives. Communication is key to relationships and to connection. If a child struggles with that, it’s something that will impact them their whole life.”

### Building a Clinic in a Rural Community

Fox River Grove sits along the Fox River about an hour northwest of Chicago. Despite its proximity to the city, the town retains a rural character. There is limited access to specialized healthcare. Families of children with autism, developmental delays, swallowing difficulties, or complex communication needs often find themselves driving 30, 40, or even 60 minutes to the nearest clinic.

That gap inspired Mariana to take a leap. After several years of working in clinics and serving as a supervisor, she opened Functional Speech Therapy in 2020.

“At first, I thought it would just be me on my own, doing sessions at home,” she says. “But very quickly, I saw the need of our community. I saw the need of many bilingual families that needed services, and I wanted to make a bigger impact. That’s when I decided to open a clinic where I could train my team to provide the most effective services.”

Today, her practice serves nearly 100 families in her own clinic and at large Applied Behavior Analysis (ABA) Centers, which provide therapy for children with autism. “We were the only clinic in the area sending speech therapists to those facilities,” Mariana explains. “There was a high need for speech-language pathologists working with kids who have complex communication needs.”

That same commitment to meeting children where they are extends to her own clinic.

### A Welcoming, Family-Centered Approach

Step inside the Functional Speech Therapy clinic and you will find calming green walls, murals of trees, swings, sensory tools, and spaces designed to put children at ease.

“Our mission statement is ‘We help every child grow,’” says Mariana. “I wanted to create a space that was not intimidating, but very comforting for children and parents. Parents can bring siblings, they can sit in the session, and they can be part



of the process. We really see a lot of value in helping the parent understand the needs of their child and being part of that team. If a parent is able to implement what we're doing every day, that's when the progress really happens."

The clinic also specializes in augmentative and alternative communication (AAC) devices, tools such as picture boards and speech-generating iPads that give nonverbal children a way to express themselves. For families new to the U.S., the ability to learn about these resources in their own language can be transformative.

"I do more than 50% of my therapy in Russian, and I also speak Hebrew," Mariana notes. "One of my staff members speaks Polish. Many families drive an hour to see us because they can finally have someone explain AAC and autism therapy in their native language. We don't wait for the child to learn English. We start therapy right away."

## Making a Difference, One Child at a Time

For Mariana, some of the most rewarding moments come when she sees a child unlock vital communication skills. She recalls one young girl who arrived from Ukraine with no vocalizations.

"Within two years of intensive therapy, she was communicating well and able to go to a typical kindergarten," she says with a smile. "She no longer needed our services. That was a really cool case."

Other children have learned to move from single sounds to full words, thanks to consistent use of AAC and close collaboration between therapists, parents, and teachers. "It takes everyone believing in that child and working together as a team," she says.

Balancing her success stories at the clinic with time at home has been part of her growth as both a clinician and a mother. Mariana says her two young daughters keep her grounded and remind her why her work matters. "There's always the pull between being fully present for your patients and being fully present at home," she says. "I've learned to create boundaries, and also to involve my children in the sense that they know what I do and why it matters. That's been grounding for me."

## Investing in Her Community

Beyond the clinic walls, Mariana and her team invest deeply in their community. Functional Speech Therapy is active in the Cary-Grove Chamber of Commerce and sponsors local events. At the annual Halloween Walk, for example, instead of candy, the clinic hands out sensory toys and visual cards that help children with communication challenges participate fully.

"For some children, saying 'trick or treat' can be difficult," she explains. "So, we make little visual strips they can point to at the door. It's a simple way to make sure every child has the opportunity to participate."

In the winter, the clinic sponsors pony rides for kids at the Cary Holiday Fest. "It's about giving back to the community that supports us," she says.

Her leadership also extends beyond Fox River Grove. Mariana has spoken at Illinois speech-language organization meetings, sharing her expertise in bilingual evaluations and AAC, and she regularly mentors graduate students and clinical fellows. "Training the next generation of therapists is important to me," she says. "It's not just about growing my clinic, it's about growing the field."

## A Midwestern University Foundation

Looking back, Mariana credits Midwestern University with giving her the training and confidence to launch her practice.

"Midwestern equipped me with the skills of doing strong evaluations, especially bilingual evaluations, which have been a huge part of my work," she says. "The professors were so encouraging and motivating. I still keep in touch with many of them, and it still feels like a community that I never left."



From a young girl who once struggled to find her words to a clinician helping hundreds of children find theirs, Mariana embodies the power of communication and the impact of bringing care closer to home.

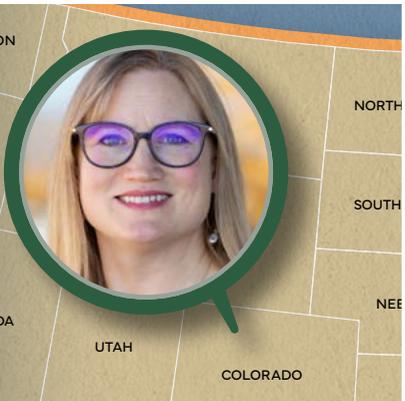
"We always believe and we always hope that we're going to make the most progress for every child," she says. "That's what keeps me going."

# “Famous in a Small Town”

After a health scare reshaped her priorities, Dr. Ashley Mines found her place serving patients



In Craig, Colorado—a town of fewer than 9,000 residents—Ashley Mines, D.M.Sc., M.M.S., PA-C (CHS-AZ '08) serves as a primary care provider at Northwest Colorado Health, a Federally Qualified Health Center (FQHC). For Dr. Mines, the work is more than a job; it's a way of life shared with the neighbors, friends, and families who fill both her clinic and her community.



## Ashley Mines, D.M.Sc., M.M.S., PA-C (CHS-AZ '08)

**Title:**  
Primary Care Physician Assistant,  
Northwest Colorado Health  
(FQHC), Craig, Colorado

**Current Residence:**  
Craig, Colorado

**Education:**  
M.M.S., College of Health  
Sciences Physician Assistant  
Program (CHS-Glendale PA '08);  
D.M.Sc., A.T. Still University

**Family:**  
Husband Mike since 2008  
(married during PA school at  
MWU) and two kids (Stephen,  
13, and Dagny, 11)

**Interests:**  
Ranching, gardening, oil painting,  
hiking, cross-country skiing, learning  
to downhill ski, snowboarding,  
cooking, baking

“This clinic is under two miles from my home, so I get to care for patients who are friends and neighbors,” Dr. Mines says.

The patient population is diverse, with many living at or below the federal poverty line. The FQHC integrates behavioral health, dental care, family planning, immunizations, preventative health, and primary care in a single setting. Craig also draws families from Mexico, Peru, Colombia, Jamaica, and beyond, as well as members of a large Mennonite community. Dr. Mines' own family homesteads on 39 acres bordering the town, living the same rural lifestyle that shapes her patients' experiences.

## A Journey Toward Medicine

Dr. Mines' path to becoming a physician

advice helped change her focus. “When I took a biology elective, I found it interesting, and my grandparents encouraged me to consider a career in medicine,” she said.

Exploring options through her university's medical sciences club, she met Midwestern University PA students who helped her imagine a career that balanced medicine with family life. “They explained the work-life balance, the ability to switch specialties without additional years of fellowships, and the option to start working after only two or three years of school,” Dr. Mines recalls. “Knowing I wanted a family someday, this seemed like an ideal career, so I switched focus from being a pharmacist or physician to a PA instead.”

## Choosing Rural Medicine

Dr. Mines initially practiced in suburban Denver. But after a health scare that landed her in the ICU with pneumonia-related sepsis, she realized she wanted a change. “This was the wake-up call I needed to see that the pace of suburban life was not ideal for our family or my health,” she said. She and her



assistant was not straightforward. She began college intending to teach Spanish, but a biology class and family

husband moved with their young children to rural Colorado, seeking a slower pace and stronger community connections.

In rural practice, Dr. Mines has worn many hats. In addition to her patient care duties, she has worked in grant writing as well, for the benefit of another rural clinic in the area. Her persistence in that area brought in funds for a defibrillator, capnography attachments, sublingual immune therapy, COVID-19 operations, team-based care, and expanded lab testing.

Her decision to pursue a leadership doctorate has further shaped how she thinks about rural healthcare. “The D.M.Sc. program with a leadership focus taught me many things from a healthcare systems approach,” she explains. “This helped me to see how countries handle things across the globe and how PAs could contribute to healthcare advancements.”

For Ashley, leadership and clinical practice go hand-in-hand—both are about imagining how care could be delivered differently and working with others to make that vision real.

## A Matter of Trust

In Craig, trust is the foundation of healthcare. “Rural patients want to find a commonality with you. Are you their neighbor, a member of their church congregation, a county fair participant, a parent of a local school student?” Dr. Mines explained. “Patients get chatty and will trust you more once they see you as one of them.”



She laughs about how much recognition follows her beyond the clinic: “Going to the grocery store becomes an event; you always run into someone wanting to talk about their last visit. You get a taste of being ‘famous in a small town.’”

For Dr. Mines, the future of rural healthcare depends on compassion and shared decision-making. “There are many social determinants of health negatively affecting the health outcomes of rural America, but being a compassionate clinician willing to develop a plan that addresses cost, availability, and adherence is key,” she says.

Her advice to students and alumni who are considering rural practice is simple: be prepared for both challenges and rewards. “It can be isolating,” she admits. “However, if you enjoy the quiet and the company of just your family or yourself, then it can be a rewarding experience. Nothing feels quite like the pride you get when a neighbor is telling you how grateful they are that you have joined their community and they can get trusted healthcare.”

Dr. Mines knows that in rural medicine, success depends on resourcefulness, compassion, and relationships built one patient at a time. And sometimes, it even comes with a little small-town fame.

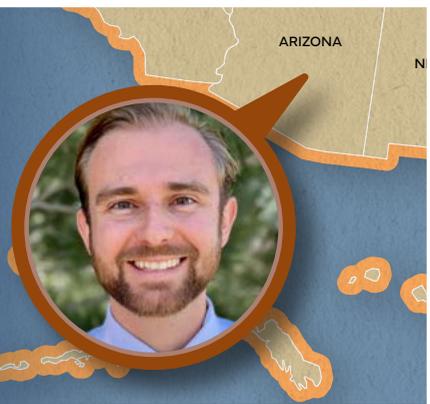


# Building Trust While Expanding Access

As the founder of Pecan Creek Eyecare, Dr. Cayden Carpenter focuses on building relationships



When Cayden Carpenter, O.D. (AZCOPT '24) opened Pecan Creek Eyecare in 2024, he set out to solve a problem he saw firsthand in San Tan Valley and Pinal County, Arizona. This historically rural region has grown rapidly in population, but healthcare services have lagged behind.



## Cayden Carpenter, O.D. (AZCOPT '24)

**Title:**  
Owner, Pecan Creek Eyecare,  
San Tan Valley, Arizona

**Current Residence:**  
San Tan Valley, Arizona

**Education:**  
B.S., Brigham Young University;  
O.D., Arizona College of  
Optometry (AZCOPT '24)

**Family:**  
Wife and three kids

**Interests:**  
Home DIY projects, lake trips,  
barbecue smoking

“Despite significant population growth over the last decade, healthcare services have been slow to expand in this region, leaving residents with limited access to comprehensive care,” Dr. Carpenter explains. “Our practice fills a critical gap by being one of the few local providers of vision and eye health services.”

At Pecan Creek Eyecare, patients find full-scope optometry services— from routine exams and glasses to medical eye care, advanced diagnostics, and treatment for injuries and chronic conditions. “We see everything from routine glasses check-ups to advanced vision loss from macular degeneration to eye injuries from welding or

cutting metal,” he says. Providing care locally means patients don’t have to travel long distances into metropolitan areas or risk going without care altogether.

Dr. Carpenter’s decision to pursue optometry grew naturally out of his upbringing. “I grew up in my family’s optometry practice, and eye care was part of my life from a young age,” he said. But it was more than exposure - it was the human side of the profession that drew him in. “What really drew

me to the profession was seeing the strong relationships eye doctors build with their patients and being able to have significant face-to-face time.”

That personal connection, grounded in problem-solving and meaningful interactions, remains central to his work today.

## Meeting Gaps in Rural Access

Dr. Carpenter says his choice to open his practice where he did was motivated by both practicality and purpose. “I saw both a growing business opportunity and a real gap in access to eye care. It was a place I wanted to live and be part of, and I felt I could contribute by solving that problem and helping meet the community’s needs.”

Recognizing that not everyone can access his clinic, he also leads outreach efforts, such as free vision screenings and distributing recycled glasses. “These other community outreach efforts I see as a way to extend our reach beyond those patients who can access our services through typical channels,” he says.





He recalls one patient from these screenings—a truck driver with severe astigmatism who had broken his glasses and could barely see. “We searched through our donated glasses and found some that were close enough to his prescription that he could see again,” Dr. Carpenter remembers. “I apologized that it probably wasn’t the frame he would have picked for himself, and he said, ‘But I can see!’”

Dr. Carpenter is quick to point out that eye health can shift from routine to urgent in an instant. “It’s only non-urgent until someone broke their glasses and can’t see to drive to work, or they get a piece of metal stuck in their eye and can’t work or sleep until it is fixed,” he said. “We see countless patients for follow-up after they report to the emergency room or urgent care, and we can often resolve their problems better than the ER.”

### Earning Trust and Loyalty

While many rural providers cite staffing shortages as a challenge, Dr. Carpenter has found his greatest hurdle elsewhere: earning trust as a new clinic. “Community trust is everything for a new clinic like ours,” he said. “Patients want an office that they can trust with their vision and health, and a newer office has less of a track record and has to leverage the patient relationships we do have for positive word of mouth and online reviews.”

He has also found that rural patients want as much care as they can get in one location. “Especially in rural areas, patients want a one-stop shop so that they do not have to drive hours to multiple specialists every year.”

Dr. Carpenter believes rural healthcare will improve as providers bring advanced services closer to patients. “Alumni like me can be part of the solution by choosing to practice in these communities, investing in technology,

and building sustainable models of care that grow with the population,” he says. “We can also create connections, like a pipeline to bring more providers to these rural communities by helping recruit new providers and building satellite offices.”

For Dr. Carpenter, the work is both personally fulfilling and deeply needed. “The need is great, the patient relationships are incredibly rewarding, and you have the chance to make a real impact on a community that may not otherwise have access to care.”



# Preserving Independence, One Step at a Time

For Dr. Art Evensen, podiatric medicine means preserving dignity, mobility, and quality of life



At Golden Valley Memorial, a critical access hospital in Clinton, Missouri, Arthur Evensen, D.P.M., CWSP (AZCPM '22), practices as both a podiatric surgeon and a wound care specialist. In rural medicine, he explains, access and timeliness can mean the difference between independence and disability. "Working in a rural community means that I am one of only a few podiatrists in a large geographic area," he said. "In this setting, access and timeliness of care are vital, and delays can mean the difference between saving a limb or losing it."



**Arthur (Art) Evensen,  
D.P.M., CWSP  
(AZCPM '22)**

**Title:**  
Podiatric Surgeon and  
Wound Care Specialist,  
Golden Valley Memorial  
Healthcare, Clinton, Missouri

**Current Residence:**  
Clinton, Missouri

**Education:**  
D.P.M., Arizona College of  
Podiatric Medicine (AZCPM  
'22); Surgical residency and  
fellowship, Southern Arizona VA  
Healthcare System

**Family:**  
Married with two daughters

**Interests:**  
Surgical innovation, clinical  
research in limb salvage  
and wound care, teaching  
and mentoring, community  
engagement, and enjoying  
family activities

## A Future Shaped by a Pivotal Night

Dr. Evensen's calling to medicine began long before podiatry entered the picture. As a teenager on a scouting trip, he witnessed an event that has stayed with him ever since. "I witnessed a group of fellow scouts struck by lightning. Despite my efforts, a life was lost that night. The memory of the medical helicopters landing in the darkness of the forest amid the downpour of rain to evacuate the other injured scouts left a deep impression on me," he recalls. "I promised myself that I

would learn the skills necessary to save a life so that I would never have to experience that helplessness again."

That promise drove him to pursue certifications and volunteer work in healthcare, even riding on the same medical helicopters that had once inspired him. "I thought that flying with them would give me the fulfillment I desperately wanted, but instead I was only left more compelled to go further into medicine."

As a first-generation student, he joined the Rural Health Scholars program during his undergraduate years, which helped him envision a future in medicine. "It also taught me to engage in service and volunteer work, a passion that I have continued through medical school, residency, and now in my present practice," he said. He also developed a passion for research, which has remained "a defining characteristic in my career and life ever since" he shares.

When he discovered podiatry, the decision was immediate. "There was a true sense of peace and contentment I felt with the idea of becoming a podiatrist, and I realized I had finally found my calling." That calling led him to Midwestern University's Arizona College of Podiatric Medicine.



## Extending Care Beyond Borders

In addition to his hospital practice, Dr. Evensen serves on the Board of Trustees of Altruismo, a nonprofit foundation that provides free healthcare in underserved U.S. and Mexican border towns. The challenges are both medical and structural. “Patients often present with advanced disease due to lack of access, requiring creative solutions with limited resources,” he says. “There are also cultural and systemic barriers - documentation status, trust in providers, and scarcity of follow-up opportunities.”

Even with these hurdles, Dr. Evensen finds the work deeply rewarding and inspiring. “It forces me to think innovatively and prioritize what is most essential for the patient in front of me. The non-profit is in its infancy, but we are growing every day.”

## Caring for the Whole Person

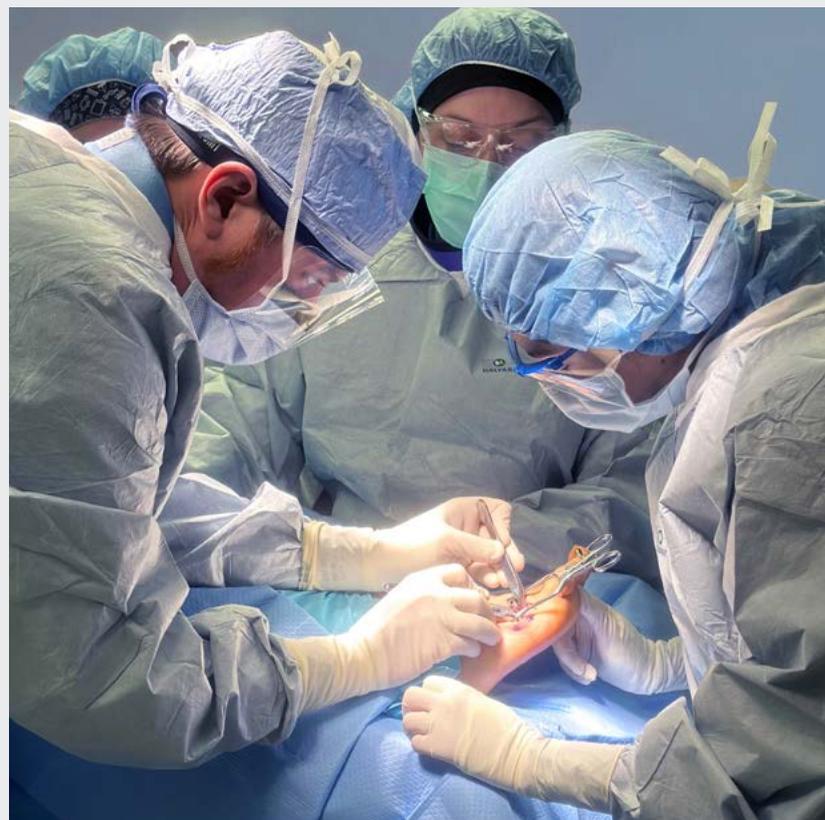
For Dr. Evensen, podiatric medicine is about more than treating the feet, ankles, and lower limbs. It is about preserving independence and dignity for his patients. “Feet are the foundation of mobility,” he explains. “In underserved populations, loss of mobility can cascade, leading to unemployment, social isolation, and long-term disability. By focusing on podiatric medicine, I’m not just treating a foot ulcer or bunion; I’m preserving independence and quality of life.”

He sees this especially in the care of diabetic and veteran populations. “Especially for military veterans and people with diabetes, limb salvage is central to whole-person care. It integrates surgical intervention, wound care, vascular management, and patient education into one continuum.”

Dr. Evensen believes the future of rural healthcare lies in

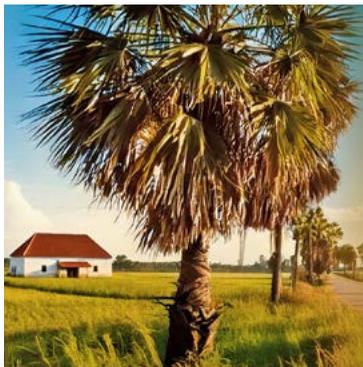
innovation and commitment. “Virtual medicine will help bridge distances, but it won’t replace the need for boots-on-the-ground physicians,” he says. He encourages Midwestern students and alumni to embrace the opportunity of rural practice: “You will make a tangible difference in patients’ lives and become an integral part of a community.”

Whether in the clinic, on the border, or at a patient’s bedside, Dr. Evensen’s approach is shaped by that promise he made as a boy - to be ready to step in, to heal, and to walk alongside his patients, wherever their journeys take them.



# Turning Innovation Into Care:

## A Pharmacist's Mission in Southwest Florida



Nearly 80% of rural communities in the United States are officially designated as medically underserved, according to the American Hospital Association. In southwest Florida, the postcard image of beaches and tourist resorts quickly fades into farmland, citrus groves, and small, isolated towns. Here, access to healthcare is far more limited, and the challenges of distance and resources become a daily reality.



### Alexis "Lexi" Vanderlee, Pharm.D. (CPDG '21)

**Title:**

Manager of Pharmacy & 340B Compliance, Lee Health

**Current Residence:**

Naples, Florida

**Education:**

Undergraduate studies, Carthage College; Pharm.D., College of Pharmacy, Downers Grove (CPDG '21)

**Family:**

Married to Brandon; pets include Gator (dog) and Piper (cat)

**Interests:**

Exploring dog parks with Gator, reading on the beach, crafting, and learning new software programs

In her role at Lee Health, Alexis "Lexi" Vanderlee, Pharm.D. (CPDG '21), is using savings from 340B prescription programs and operational efficiencies to support initiatives like mobile health units and other services that bring care to rural and underserved communities. The 340B program allows eligible healthcare organizations to purchase medications at reduced prices, freeing up funds for community health services. "I always explain it like this: it's like the hospital gets a coupon on the medicines, and the money we save goes directly back into our underserved areas," Dr. Vanderlee says. "We can fund mobile health units, support free or reduced-cost services like vaccines and screenings, and even pass savings directly to patients who qualify."

each year, funds that directly support patient care and community programs.

"It's really cool that between the five people on my team, we can maximize that impact and know our work is helping fund programs that serve so many people," she says. Her team includes a director, two pharmacy technicians, and a public health professional who work together to ensure compliance, optimize savings, and educate providers on how patients can benefit. Using data analytics and careful program management, they review hundreds of claims each month to maintain accuracy while maximizing the program's impact on the community.

### Finding a New Path in Residency

Dr. Vanderlee's path to 340B program leadership began during residency, though it wasn't where she expected to land. "I thought I was going to be a clinical pharmacist," she recalls. Her first residency year followed the traditional model, rotating through different hospital practice areas and focusing on direct patient care.

An administrative rotation in her second year changed her trajectory. She was introduced to strategic planning, pharmacy finances, and the inner workings of a large health system. "I realized I could make a little impact on a lot of patients through policy changes and program improvements," she says. "It might seem less glamorous, but it's incredibly rewarding."

At Lee Health, she quickly saw opportunities to strengthen the 340B program. She recommended interactive dashboards and automated reporting to streamline compliance and track outcomes, demonstrating how these tools could boost efficiency and maximize value. Her vision helped shape a new role on the team. "I kind of created my own job description and pathway," she explains. "I showed there was a need for another pharmacist on the team."

As the Manager of Pharmacy and 340B Compliance, Dr. Vanderlee leads a small but impactful team responsible for overseeing and optimizing the 340B program at Lee Health, the largest not-for-profit public health system in Florida. Their work helps generate nearly \$80 million in savings

## Taking Care Beyond the Clinic

The programs Dr. Vanderlee supports reach far beyond hospital walls. Lee Health's mobile health units, funded in part by 340B savings, deliver primary care directly to underserved neighborhoods, farmworkers, and local businesses across southwest Florida.

Solar-powered and staffed by nurses and advanced practice providers, the units offer preventive screenings, vaccinations, chronic disease management, physicals, and occupational health services such as vision checks, EKGs, and TB testing. They also deploy during emergencies to help keep hospital resources focused on the most critical patients.

"It's really convenient," Dr. Vanderlee says. "People don't have to miss work, and they still get the care they need."

For some families, the impact is profound. Dr. Vanderlee recalls a young girl with pediatric cancer whose family lacked insurance. "Because of 340B, we were able to offer her oncology medication for cents on the dollar," she says. "Without the program, she might not have been able to receive treatment at all."

## A Foundation for Innovation

Dr. Vanderlee credits Midwestern University with giving her a strong foundation in both pharmacy and leadership. "Midwestern had so many professors with different areas of expertise; it really showed me there was more out there," she says. "I was involved in clubs; took classes with optometry and medical students, participated in interprofessional courses, and learned from mentors with diverse backgrounds. It pushed me to see that I could do anything and that I could learn anything."

Growing up in Frankfort, Illinois, Vanderlee loved science but admits, "honestly, the blood and guts stuff grossed me out. I didn't want to be a nurse." She discovered pharmacy through a neighbor, a pharmacist and Midwestern preceptor, who shared his journey.

By high school, she was taking advanced placement classes in chemistry and English, setting her on a fast track. After two years at Carthage College in Wisconsin, she enrolled at Midwestern's Downers Grove Campus. "It was actually the only pharmacy school I applied to, which, looking back, was kind of scary," she laughs.

## A Leader in Healthcare

Just a few years out of pharmacy school, Dr. Vanderlee sees herself as a builder of programs that help redefine healthcare delivery. She taught herself coding to automate and improve Lee Health's systems, ensuring the 340B program and the patients it serves continue to grow. "Honestly, I love hearing about new projects and knowing I had a hand in them," she says. "It makes me proud to be part of something that's improving access to care for so many people."

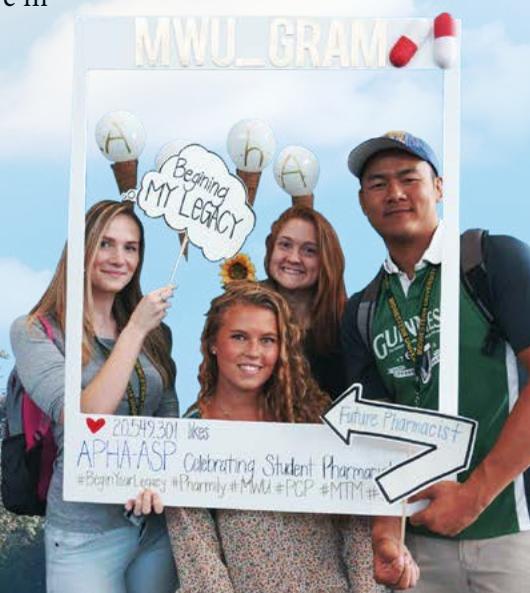
She also inspires others about the many paths within pharmacy, speaking to students and training fellow pharmacists on optimizing 340B program savings. "We're in administration, policy, analytics, mobile health, cancer care, you name it," she says. "Through 340B and technology, I help care reach those who need it most. It feels good to be part of so many patients' stories, even if they don't know it."



## What is the 340B Program?

The 340B Drug Pricing Program was created by Congress in 1992 to help nonprofit hospitals and clinics stretch their resources and expand access to care.

- **How it works:** Manufacturers provide significant discounts on outpatient prescription drugs to eligible hospitals and health centers.
- **Where the money goes:** The savings must be reinvested in community health—funding services like mobile health clinics, free or reduced-cost screenings, or patient assistance programs.
- **Who benefits:** Patients in underserved, rural, or low-income communities gain access to medications and care they might not otherwise be able to afford.
- **Why it matters:** At Lee Health alone, the 340B program generates an estimated \$80 million annually to support community programs.



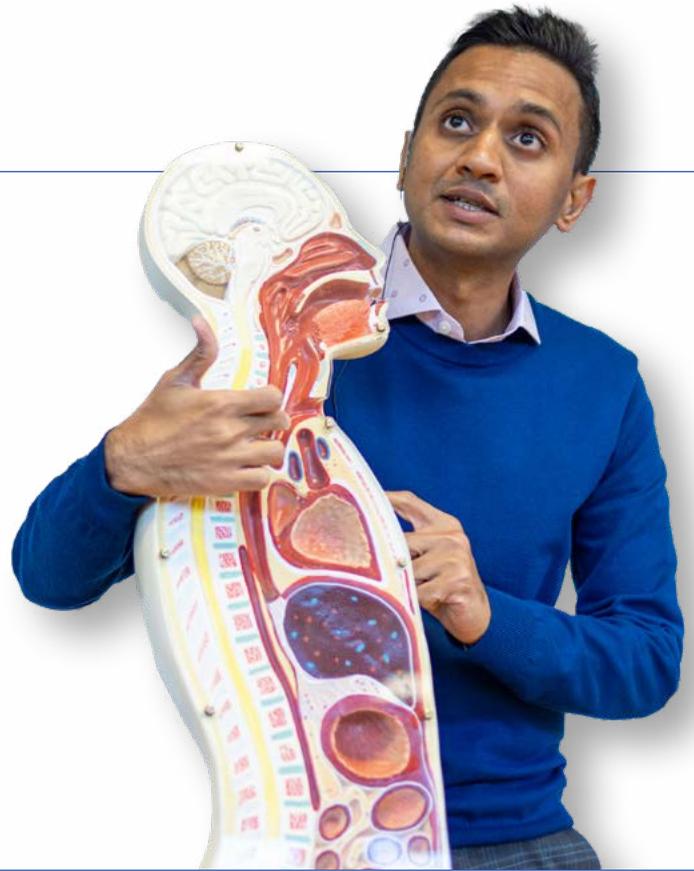
# Clinic News

ILLINOIS

## Community Health Lecture Series Debuts at Downers Grove Public Library

Midwestern University partnered with the Downers Grove Public Library to host a Community Health Lecture Series, offering free talks on healthy aging and wellness for seniors, caregivers, and community members. The free series took place on Wednesdays at noon in September and October, covering topics including eye health, lifestyle medicine, oral health, and cognitive function.

Clinical faculty from Midwestern's Multispecialty Clinic shared their expertise in dental care, family medicine, optometry, physical therapy, and speech-language pathology. Attendees had the opportunity to ask questions, participate in discussions, and learn more about preventive care, early intervention, and maintaining a healthy lifestyle.



ILLINOIS

## Eye Institute Grant Continues to Support Community Members in Need

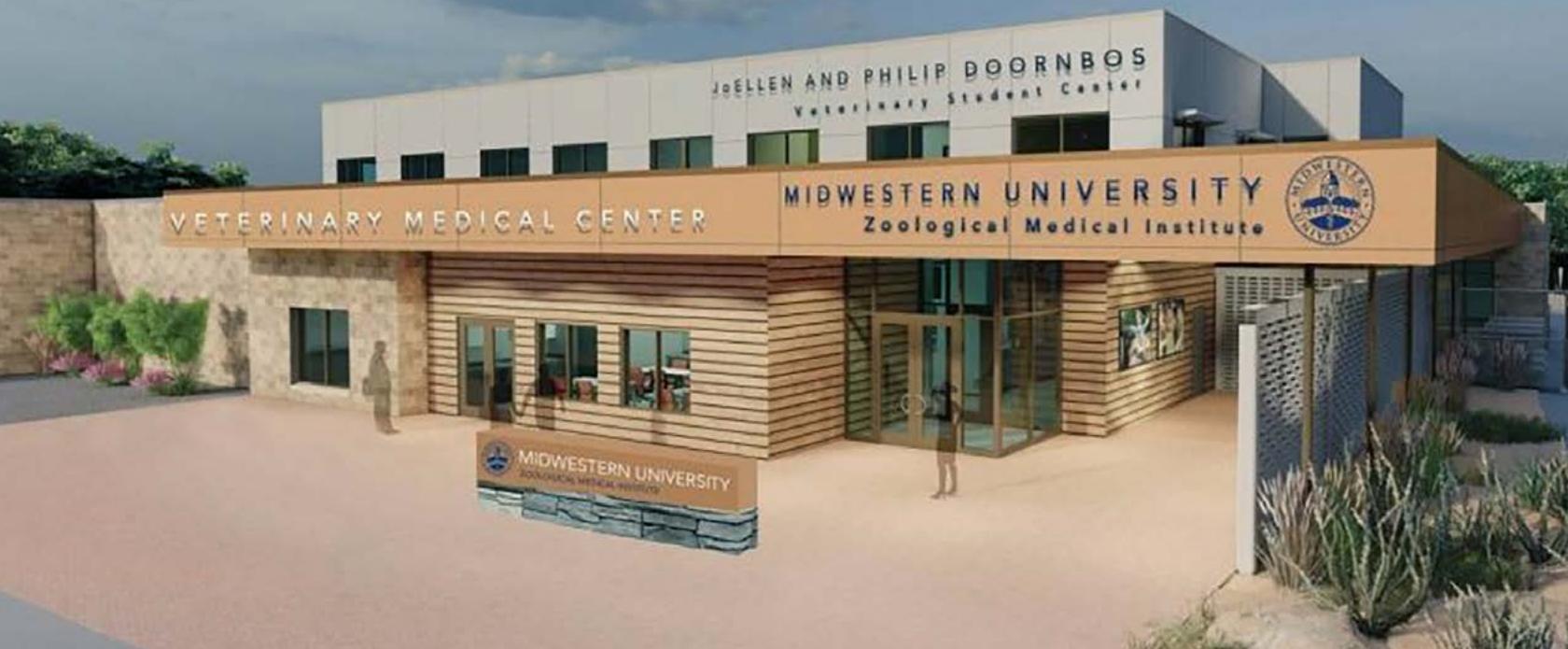
Since 2019, the Duly Health and Care Charitable Fund has awarded an annual \$5,000 grant to Midwestern University's Eye Institute in Downers Grove, Illinois. The grant is specifically designed to help patients who are uninsured or facing financial hardship receive critical vision care and follow-up services.

The grant helps expand services to an additional 40 to 50 patients each year, covering diagnostic testing and follow-up

care that may not be included in other financial assistance programs. Many patients served by the grant are managing chronic conditions like diabetes. Without early detection and treatment, conditions like diabetic retinopathy, the leading cause of blindness in the U.S., can progress undetected.

The benefits of the Duly grant extend to Midwestern University's students as well. A larger and more diverse patient base enhances clinical education for optometry students, who gain experience diagnosing and managing a wide range of conditions.

To date, the grant has supported vision care for more than 200 patients.



ARIZONA

## Midwestern University Zoological Medical Institute to Open in 2026 at Phoenix Zoo Veterinary Medical Center

Midwestern University and the Phoenix Zoo are partnering to create the Midwestern University Zoological Medical Institute, a state-of-the-art veterinary medical center set to open in 2026. The Institute will be located at the Phoenix Zoo and will offer cutting-edge veterinary care for the Zoo's

animal residents, while also serving as a premier educational and research facility for veterinary students.

The collaboration will allow students from Midwestern University's College of Veterinary Medicine to gain hands-on clinical experience with a wide variety of exotic and endangered animals. The Institute will include diagnostic, surgical, and treatment facilities, as well as space for clinical research. This initiative underscores both institutions' commitment to advancing animal care, conservation, and veterinary education.



ARIZONA

## Glendale Eye Institute Adds New State-of-the-Art Refractive Suite

Midwestern University Eye Institute now offers a new refractive suite, featuring cutting-edge technology designed to deliver advanced vision correction solutions.

The new suite is equipped with the latest industry-leading devices, expanding the range of corrective options available for patients. With these new additions, the Eye Institute now offers individualized, minimally invasive, advanced services, including LASIK, Photorefractive Keratectomy (PRK), Small Incision Lenticule Extraction (SMILE), and Implantable Collamer Lenses (ICL). These procedures are tailored specifically to individual patients' needs and address a wide range of refractive errors, including myopia (nearsightedness), hyperopia (farsightedness), and astigmatism.

Two ophthalmologists from the Arizona College of Optometry (AZCOPT) provide specialized services in the new suite. Robert Fintelmann, M.D., Associate Professor, a board-certified and fellowship-trained cornea surgeon with the highest surgical qualifications, performs the specialized surgical procedures.

# Alumni in Focus

**Name:**

John S. Potts, D.O., FAAFP

**Title/Work Organization Name:**

Vice President, Chief Medical Information Officer (CMIO) at Main Line Health

**Education:** B.A., Dickinson College; D.O., Chicago College of Osteopathic Medicine (CCOM '97); Internship & Family Medicine Residency, Philadelphia College of Osteopathic Medicine

**Family:** Wife and four children

**Residence:** West Chester, PA

**Professional Memberships:** Pennsylvania Osteopathic Medical Association (POMA), American Academy of Family Physicians (AAFP), American Medical Informatics Association (AMIA), American College of Healthcare Executives (ACHE)

## What do you do?

As the Vice President, Chief Medical Information Officer, I serve as the strategic link between clinical operations and health IT systems. I lead efforts to improve the electronic health record, clinical applications, clinical equipment, and data workflows to enhance both patient care and provider efficiency. I ensure our technology complies with regulatory standards while driving digital transformation aligned with strategic goals. I work closely with medical staff, IT teams, and executive leadership to foster innovation and improve outcomes. Ultimately, I advocate for the safe, effective, and meaningful use of health information technology across our organization.

## Why did you decide to go into this field?

In 2010, the health system I was working for implemented Epic. Every time, there was an upgrade, for everything it

fixed, the upgrade broke two to three other things. I felt this cycle impeded clinical care. I complained my way up the chain to the Associate Chief Medical Information Officer, who endured me for almost a year, and then he challenged me to get involved. I joined a few committees and found I liked the work. A few years and four Epic certifications later, I was working 60% IT and 40% clinical.

## What is the hardest thing about your job?

Navigating ambiguity between clinical, operational, and executive leadership while balancing federal and state regulations and technology trends.

## What is the most rewarding thing about your job?

The most rewarding aspect of my role as CMIO centers on the transformative impact I have on patient care,

clinical outcomes, and organizational excellence. I've been able to help lead my team to achieve Epic Magna Cum Laude Honor Roll and Gold Stars 9 status, placing our health system among the top 2% of Epic clients nationwide. This recognition reflects not just technical achievement, but the real-world improvements in care delivery and clinician experience. I have the privilege to manage a team of 160 across Enterprise Applications, Epic, Clinical Informatics, Training, and Biomedical Engineering. This gives me a unique vantage point to influence system-wide innovation. I feel my dual identity as a practicing family physician and informatics leader brings authenticity and empathy to my work. It allows me to bridge the gap between frontline care and digital transformation, ensuring that technology serves clinicians rather than burdens them.

### **What is your favorite quote or personal philosophy?**

“Success usually comes to those who are too busy to be looking for it.”

-Henry David Thoreau

### **What are your favorite hobbies?**

Reading, soccer, hiking, gaming

### **Who do you admire the most?**

General Georgy Zhukov. He led Soviet forces against the German invasion in World War II and captured Berlin.

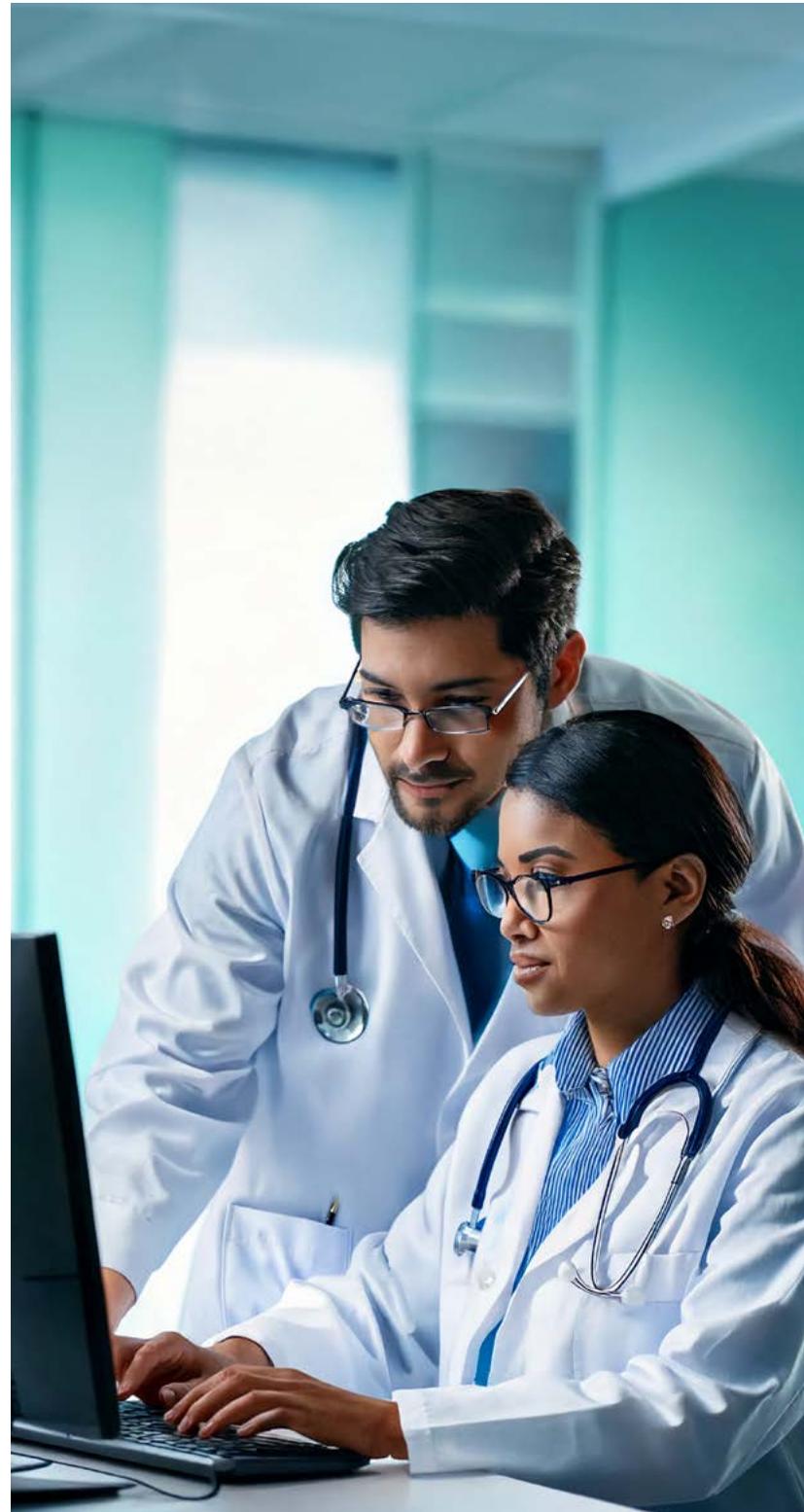
### **How have you used Artificial Intelligence in your practice?**

To give a few examples, we have used AI to:

- Leverage ambient listening to generate the physician's note
- Install multiple predictive risk scores
- Review radiology studies – one program looks for large vessel stroke, and if it determines a patient potentially meets criteria, it alerts the stroke team and brings the study to the attention of a radiologist for immediate interpretation
- Help our physicians pick the most specific diagnosis
- Help our clinicians generate a discharge summary
- Assist our revenue cycle team with insurance denials and appeals (in process)

### **What potential do you see in Artificial Intelligence for the future of healthcare?**

AI is meant to replace tasks, no matter if you are a clinician, support staff member, or administrator. If we can have AI perform enough tasks, then it frees up staff to do other things.



# Alumni in Focus

**Name:**

Katelyn Gunn, D.M.D.

**Title/Work Organization Name:** General Dentist, Smile Xpressions**Education:** D.M.D., College of Dental Medicine-Arizona (CDMA '18)**Family:** Hunter Buckles (husband), three daughters: Scout (5), Porter (3), Holland (2)**Residence:** Artesia, NM**Professional Memberships:** American Dental Association (ADA), New Mexico Dental Association (NMDA), Edmonton & District Dental Society (EDDS)

## What do you do?

I currently practice three days per week serving families in rural New Mexico. Daily practice includes general restorative care, extractions, implant placement, root canal treatment, pediatric dentistry including stainless steel crowns, full mouth restorative rehabilitation, oral conscious sedation, cosmetic restorative cases, and Botox injections.

## Why did you decide to go into this field?

I started dental assisting in high school and quickly fell in love with the idea of working with people, science, and my hands, all in one occupation.

## What is the hardest thing about your job?

The hardest thing is overcoming the perception of dentistry that has tainted our profession for a long time.

Being told that you're "hated" before ever being given a chance can feel like a really steep uphill battle.

## What is the most rewarding thing about your job?

Overcoming the negative perception of dentistry. I've been told, "I don't get scared to come anymore," or a small child will recognize me in Walmart and be excited to see me.

## What is your favorite quote or personal philosophy?

Live to serve.

## What are your favorite hobbies?

Canning (apricots and other jams), tending to my house plants, playing 42 (dominos) and Settlers of Catan, dressing my girls in matching outfits.

## Who do you admire the most?

That's hard, I have two: 1- My little sister. She is a mortician, but more importantly, she is a woman of God, a steadfast wife, and the best mom. 2- Dr. George Dougherty in the College of Dental Medicine-Arizona, Midwestern. As my Clinical Care Coordinator in Suite H, he taught me so much in those last two years of school. I learned later how well prepared I was for private practice immediately after graduation. Earning his respect should probably go under my "Major Accomplishments."

## What's the best advice you ever received?

Work and treat people right, and you will be just fine.  
- Dr. Ken Merritt.

## How have you used Artificial Intelligence in your practice?

We are currently a two-doctor, six-hygienist practice with 10 operatories. Efficiency is key. We learned of Pearl at an American Association of Dental Office Management (AADOM) conference in Scottsdale, Arizona in 2022. We use Pearl daily to aid in reading radiographs, primarily bite wings on hygiene patients.

## What potential do you see in Artificial Intelligence for the future of healthcare?

AI will only continue to improve healthcare. Consider that an image can be compared against thousands of other images in seconds, where I can only use my personal judgment based on experience. AI has the ability to raise the standard simply by eliminating subjectivity among providers, conservative, aggressive, or in-between. AI doesn't get optic fatigue after seeing 30 patients or lose sleep from toddlers the night before.

## What experiences have you had in rural healthcare?

Rural healthcare is hard. Most of us are way overworked due to the patient-to-provider ratio being extremely high. I'm not complaining about being busy, but it's hard to tell new patients you are booked nine months out for a hygiene appointment, or ask your assistants to stay late because there is no one else to see a patient who's in pain.

## What do you see as the most critical need for rural healthcare?

Incentive. Whether it be state or federal, there has to be

something to draw providers to rural areas. Larger tax credits, loan forgiveness, higher Medicaid reimbursement, and malpractice caps (NM) are just some examples.

## What is unique about rural healthcare that appeals to you as a professional?

You get to do what you like and refer out what you don't like. As a general dentist, I like it all. But we're so busy, I've never felt pressured to do something I'm not comfortable with for the sake of "producing." Where I practice, asking a patient to see a specialist is essentially asking them to drive at least three hours. So there is something to be said for providing comprehensive, quality care in a rural setting.



From the Archives

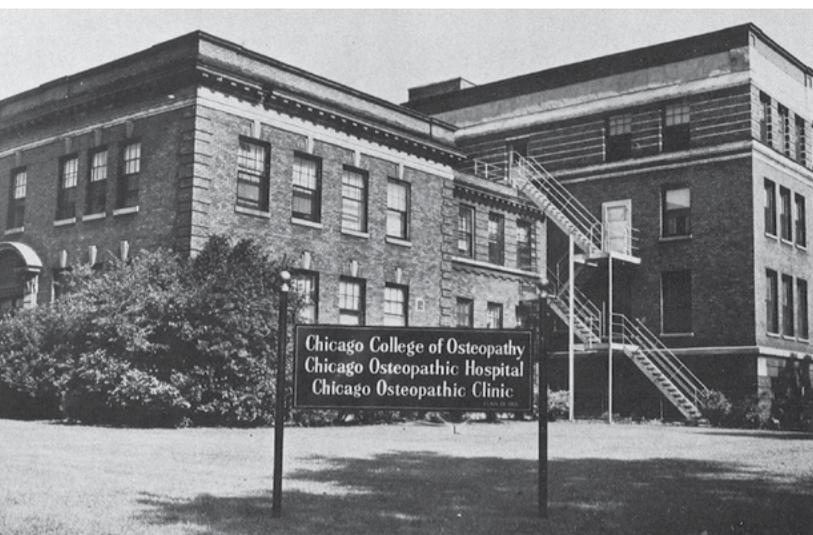
# Through the Years:

## 125 Years of the Chicago College of Osteopathic Medicine



The Chicago College of Osteopathic Medicine (CCOM) celebrates its 125th anniversary this year. Founded in 1900 by the three Littlejohn brothers—John Martin, James, and David—the College has built a distinguished legacy that began on Chicago’s West Side, continued through the Hyde Park neighborhood, and now thrives in Downers Grove, a western suburb of Chicago.

To mark this milestone, we’ve gathered a collection of photographs from across the decades showcasing CCOM’s enduring history and community spirit. – Submitted by Dan Grooms, University Archivist



The original Chicago College of Osteopathy campus, shown prior to its major expansions in the 1960s.

CCOM students have always embraced a vibrant campus life. This photo from the 1924 college prom highlights the strong sense of camaraderie that has long been part of the student experience. During the 1920s and 1930s, students also took part in athletics and a variety of social fraternities and sororities.





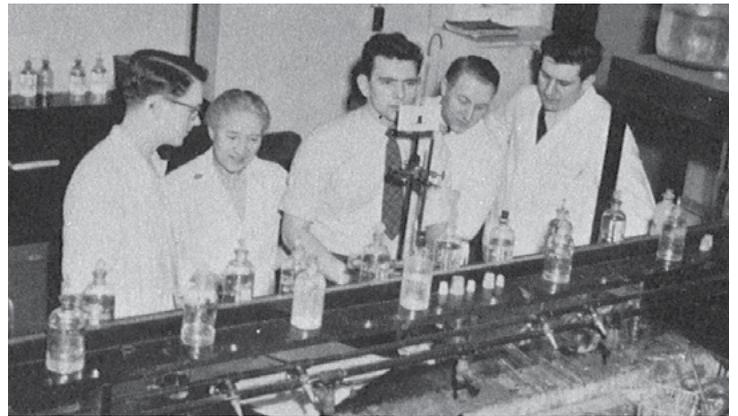
In 1973, CCOM broke ground on an expanded Family Clinic at its Hyde Park Campus. Completed in 1978, the clinic provided essential primary care services to the surrounding community.



In 1947, CCOM's Hyde Park hospital began the first of several expansions. Following the challenges of World War II, it became the first hospital in Chicago to expand—made possible through the generosity of alumni and the broader CCOM community.



A glimpse inside the CCOM bookstore on the Hyde Park Campus during the 1970s—a hub for textbooks, supplies, and student connections.



Dr. Ida Kraus, longtime Chair of the Department of Biochemistry, is pictured here in 1952 working with students in the biochemistry laboratory.



Floyd F. Peckham, D.O., Class of 1921 (pictured far right), was a longtime faculty member and member of the Board of Trustees. As Board Chair in the 1950s, Dr. Peckham helped secure the landmark 1955 Illinois Supreme Court decision granting professional parity to osteopathic and allopathic physicians. In 1968, CCOM honored his leadership by dedicating the Basic Science Building in his name.



A view of the Hyde Park Campus in 1980. The hospital's main entrance, MacBain Pavilion, was named in honor of Dr. Richard MacBain, Class of 1924, who served as CCOM President from 1937 to 1967.

Lights illuminate the Glendale Campus, highlighting the architecture against the clear desert night.







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