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2018

**RISING STAR**

Medical Leaders



Left to right: Tom Lalley, Dean Johns, John Dovich, Chris Brennan, Bill Bruns, and Shawn Fishbaugh

Congratulations to the Class of 2018 Rising Star Medical Leaders!

We've sponsored this award for several years and each year the class of honorees grows more and more diverse with regards to their expertise and interest within the healthcare field. Our firm has a long history in serving healthcare practitioners as our very first clients, and we've enjoyed that tradition for many decades. This year is no different. We've reached a milestone in our fourth year of sponsoring this award in that we've now recognized over 100 Rising Star Medical Leaders in the Greater Cincinnati area, covering more specialties within the medical field with every year. And yet, before we begin to herald in our newest Class of honorees, we want to be sure and take a moment to offer our deepest and most sincere thank you to all of our past Rising Star Medical Leader honorees of 2015, 2016 and 2017, as well as the leadership of their organizations. All of you continue to offer exemplary medical care to the people of the Greater Cincinnati region and we thank you!

We've enjoyed meeting each member of this year's class of honorees. Some of the qualities and characteristics that stood out among these medical professionals were not just raw intelligence and sheer brilliance, but bravery, honesty and determination to see their patients through some of the darkest days they might ever have to face. Other qualities that stood out included the ability to listen to patients and their desire for better access to health care, including access to appropriate medications. In today's challenging health care landscape that's quite a feat! Those are the qualities we all want in healthcare professionals, and we are fortunate and blessed to have them in our doctors, nurses and practitioners here in the tri-state region!

We hope you enjoy reading about these intriguing and very special people, and encourage you to seek them out when you find yourself needing a new medical professional in the coming days ahead. We are fortunate to have access to some of the brightest and most dedicated healthcare professionals in our city. They are young, they are rising stars and they are all proud to call Cincinnati home.

Congratulations to our 2018 Rising Star Medical Leaders! We thank you for all that you do for our entire community.

Sincerely,

John D. Dovich, CLU, ChFC
President

Thomas J. Lalley, CFA, CFP®
Principal

William C. Bruns
Principal

Chris Brennan, CFP®
Principal

Shawn L. Fishbaugh, CFA
Chief Investment Officer

Dean R. Johns, CPA, CFP®
Principal



JUSTIN COX, M.D.

Urology, The Christ Hospital Health Network

Q: Why did you choose this career field and your specialty?

A: I wanted to go into a surgical field, and I also wanted to do some of the advanced laparoscopic and robotic surgery. Urology was one of the first specialties to do that. I was also interested in the cancer aspect of urological surgery. Robotic surgery is certainly trending for various surgeries. There are not many within urology that you can't do robotically.



DUSTIN CALHOUN, M.D.

Emergency Medicine, UC Health

Q: What advice would you give to young adults wanting to study medicine?

A: In training and when studying, every time you wonder if you can train a little more or study a little more, think about how much you would want the doctor taking care of your family to have trained or studied. It is very hard to keep pushing and keep studying. You basically give away a decade of your life to become a doctor, but it's all worth it.

TONYA DIXON, M.D.

Orthopaedics & Sports Medicine, UC Health

Q: What is one of your fondest memories as a physician?

A: In my first year I met a patient that I am continuing to follow. It was my first traumatic amputation and it was on an 18-year-old boy. Watching him bounce back and go on with life with an amazing attitude was incredibly significant for me as a young orthopaedic surgeon. He is still doing great. I will never forget him.



ALISON EARLY, M.D.

Comprehensive Ophthalmology, Cincinnati Eye Institute

Q: What do you want to achieve or accomplish as a healthcare professional?

A: Helping improve the daily lives of my patients. I have patients who are diabetic with bad cataracts, for example, and they can't read their glucose monitors or see the supplies they need to give themselves insulin. After cataract surgery, they can perform those necessary daily tasks. When I have people coming in just one day after cataract surgery and their lives are changed for the better, that is really rewarding.



YAIR GOZAL, M.D.

Neurosurgery, Mayfield Clinic

Q: What challenges do you face within the industry?

A: I trained to do complex cranial surgeries and obviously, there are challenges on a case-by-case basis. These are also cases that many neurosurgeons are not interested in doing because they take a long time. Looking to and working with my partners to give the best care to my patients and get the best possible outcomes can be a challenge. It is important to know the limits of what you can do and when to allow another specialty to help.



KATIE GREATHOUSE, BSN, RN, CCRN

Project Management Nursing, UC Health

Q: Now that you are working in medical project management, do you miss the patient interaction?

A: I absolutely do miss it. There is something so special about taking care of patients. That patient becomes your patient for the day, whatever work that takes. That part is really special and has been an adjustment for me. I am now teaching others what I have learned. It's nice for a staff nurse to be elevated onto a global level to see that we can do other things to make an impact as well.



YASIR KHAN, D.O.

Bariatric and General Surgery, Mercy Health

Q: What would you like to change about healthcare?

A: As I've finished my training and learned about the real world, there is a reality of cost. That is something that we have to consider within our industry. There are economic realities. Balancing those with what is right for the patient is sometimes difficult. This is something you are not taught in medical school and residency. You have to learn this on the fly.

JAMES KONG, M.D.

Cardiology, The Christ Hospital Health Network

Q: What was the best career advice you were ever given?

A: I'm at a point in my career where I'm looking forward but also looking back. I see people around me who might ask for my advice or are looking to advance in their careers. I would say, looking at my own position, I didn't get here by myself, despite how hard it was to get through medical school. No one makes it on their own. I tell new physicians that people helped me. Likewise, let people help you. Accept help when it is there and then pass it on and help people when you are in a position to do so. The support of family members, friends and colleagues is crucial.





ALISHA KUMAR, M.D.

Ophthalmology (Glaucoma), Cincinnati Eye Institute

Q. What made you get into healthcare in the first place?

A. I come from a family of physicians. When I was very young, I was immediately interested in going into medicine. Watching my dad and my mom and how they interacted with their patients and how they were so dedicated to patient care really motivated me. My brothers are physicians as well.



ALBERTO MALDONADO, M.D.

Sports Medicine and Rehabilitation, Beacon Orthopaedics & Sports Medicine

Q. Are patients memorable to you?

A. I have a patient, a young guy that came from one of the schools in Cincinnati. He is a football player who had an injury and came in with his dad. He followed all the instructions but was re-injured, similarly. I questioned the patient and his dad about the future of football for him. The dad was quick to point out that sports is not the most important thing. It is more about the entirety of his life and career and family. That taught me a lot.

JENNIFER MANDERS, M.D.

Surgical Oncology, The Christ Hospital Health Network

Q. What is the best thing about what you do?

A. My relationships with the patients. I meet the patient right at the beginning of their diagnosis. I also take care of high risk individuals – people who have other breast-related crises. So when I get to meet them, it is normally a very emotion-filled time in their lives. I then spend a lot of time going through the journey with them. The most rewarding part, aside from being able to help them at that time, is seeing them back six months after that and seeing them get back to normal and how they incorporate this into their lives.

NICHOLAS F. MARKO, M.D.

Neurosurgical Oncology, UC Health

Q. Why did you choose this career field and your specialty?

A. It's just something I've always wanted to do. I've always been interested in science and medicine. I'm not sure what it was initially that made me catch the neuro bug, but the brain was always interesting to me. It's a growing field with a lot of new technology coming out all the time, but you also see a lot of humanity in that space. It's a privilege to have the opportunity to interact with people at such a critical time in their lives.



MARY MCCARTY, M.D.

Internal Medicine and Pediatrics, UC Health

Q. Why did you choose this career field and your specialty?

A. I always loved science. A very good family friend recommended I go into biomechanical engineering. In college I got involved in the volunteer ENT program. I had an amazing experience with them and decided to go into medicine. Originally I thought about surgery because of my biomechanical engineering background, but after my internal medicine rotation, I chose the internal medicine and pediatrics combo because of the broad scope.



HEATHER MCKEE, M.D.

Neurology and Rehabilitation Medicine, UC Health

Q. What would you like to change about healthcare and why?

A. The biggest thing I would like to change is access to care and medications. I don't want any barriers to care or medications, whether it is a brand name drug or a generic drug. I want to be able to offer everyone what I think they should be on and what avenue I feel they should take.



NICHOLAS MESSINGER, PHARM.D, BCPS, BCACP, CDE, BCADM

Pharmacology, UC Health

Q. What is the best thing about what you do?

A. I go to diabetes camp every summer for kids ages 8-15 and I serve as a cabin doc. My job is to keep them safe so they can have a fun and healthy summer experience. Often kids with diabetes can be the only one at their school with this disease. So this is a place where there are 150 kids with exactly the same struggles. It is a unique experience for them to be part of that environment and feel that camaraderie. It is called Camp Karelitz.



LEANNE OLSHAVSKY, M.D.

Obstetrics/Gynecology, The Christ Hospital Health Network

Q. What do you want to achieve or accomplish as a healthcare professional?

A. I think about this a lot. What is my goal? I think it's to continue to push the envelope in providing quality care that is affordable and accessible to our population of women. And, most importantly, I believe we can really impact patients when we take some time to help them understand what we're asking them to do. When I see "patient non-compliant," it is usually because no one sat down with them and spent an extra 10 minutes to explain what the heck it all means. So, that's my overall goal – let's be teachers of medicine, not just prescribers of pills.





UCHECHUKWU F. ONYEWUCHI, D.O.

Primary Care and Pediatrics, Mercy Health

Q. Why did you choose this career field, and your specialty?

A. Outside of my career, I have naturally been drawn to social justice issues and disparities in general. As I got older I fell in love with medicine and realized it was a wonderful way to merge with two things I was passionate about. I have made it my quest to find fulfillment with every patient, to seek out health disparity issues and address them and to seek social injustice issues and try to incorporate that into healing. I wanted to be able to see the patient from a total mind-body-spirit perspective.



AMANDA PORTER, MSN, PMHNP-BC, CARN-AP

Psychiatric Nurse Practitioner and Outpatient Services, Lindner Center of HOPE

Q. What are the top three things you want to tell patients and why?

A. 1. Drive home the fact that the best form of mental health care is preventive mental health care. Don't wait till you hit rock bottom before you come to see me.
2. That medications are not for everyone. They are not all-healing. They can and do work well for many people. But they are not the be all and end all.
3. Other factors such as diet, exercise, personal health and human interaction play a role in mental health as well.

ANDREW RAZZANO, D.O.

Sports Medicine and Shoulder Replacements, Beacon Orthopaedics & Sports Medicine

Q. What is the best thing about what you do?

A. Seeing a patient through the whole process. Maybe we see them on day one on the field when they're injured, or the day they come in with an arthritic shoulder. Then we see them through the injury – maybe it doesn't involve a surgical procedure, but talking to them so they understand the issues they're facing or what the outcome is going to be. And we see them through physical therapy or medications or a surgical procedure. We see them through it all.

JON SCHILLING, M.D.

General Surgery, The Christ Hospital Health Network

Q. What challenges do you face personally within the industry?

A. The changing landscape of healthcare is a challenge. It never stops changing – new information, new discoveries, new technology changes, and policies and politics. I know I am not done training for this job. I am a life-long learner. In the last five years, I have embraced a career in robotic surgery. I was not trained in robotics as a resident, but I have integrated it into my practice. It has been incredibly difficult, but also fun and rewarding.

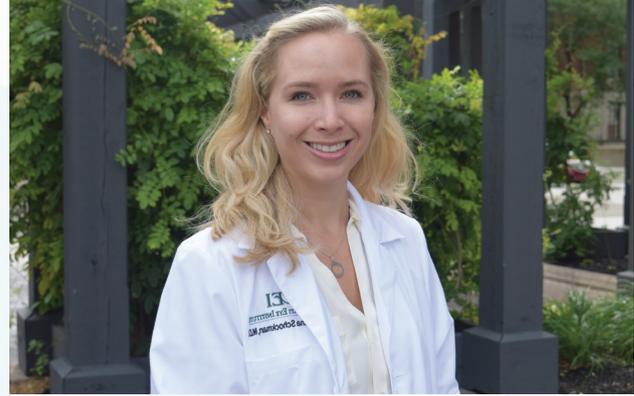


SAMANTHA SCHOCKMAN, M.D.

Ophthalmology and Cataract Surgery, Cincinnati Eye Institute

Q. Why did you choose this career field, and your specialty?

A. It happened by happenstance. I did a rotation in medical school and was drawn to ophthalmology - the precision of it. I really enjoyed the idea of doing surgery but also the longterm continuity of care with patients. I knew this field would allow me to do that. To be able to help patients with their eyesight is an incredible thing we do. We have a lot of very gracious patients.



WILLIAM D. TOBLER, JR., M.D.

Aesthetic and Reconstructive Plastic Surgery, TriHealth

Q. What's your fondest patient memory?

A. Earlier this year I had a patient who had skin cancer on her leg. She had had many incisions, her leg had been radiated over 30 times, and she had developed a huge, gaping wound that wouldn't heal, exposing her tendon. When she first came to my office, she felt defeated. She could barely walk, couldn't work or do yoga. I reconstructed her leg using a back muscle. The results were life-changing. Her energy is back, she is happy, able to once again do all those things she enjoys.



MATTHEW TUBB, M.D.

Family Medicine, UC Health

Q. What do you think is the most important thing a physician can do for a patient?

A. Eighty to 90 percent of a diagnosis comes through a patient's history. Too often, as doctors, we can get caught up thinking, "What's my next question?" or "My next patient is waiting." But I think active listening - really hearing a patient's story - helps them and us because it helps us make the proper diagnosis.



LILY L. WANG, M.B.B.S., M.D.

Neuroradiology, UC Health

Q. What is the best career advice you were ever given?

A. Someone once told me, "Tomorrow is another day." It doesn't matter how bad one day is, or how busy you are - take a breath and take a break. I think it's very easy to get caught up in the moment when we are really stressed, especially in medicine, and all you can see is the now. You can't see past how tired you are, how many patients you still have to see or how many studies you have to read. So, remember to just take a big breath in, remember tomorrow is another day, and pick it up from there.



CHRISTINA WILSON, MSN, APRN, FNP-C

Family Nurse Practitioner, Cincinnati Eye Institute

Q. Tell me about one of your most memorable patients.

A. At CEI, thus far, I have had one gentleman who really touched my heart. I knew I had made an impact on his life. He had experienced a recent passing of a loved one. In his grieving, he let go of some of his medical care. I helped him figure out what next steps to take to get back on track. Those one-on-one conversations I have with patients are priceless.

