

MD/MBA Futures

MD/MBA Program in Health Management, Tufts University School of Medicine

Issue 14/Spring 2007

Business and Management in Medicine: The Mini MBA Selective at TUSM

Grace Mitchell, MD/MBA '09

The lengthy academic path to becoming a doctor is filled with opportunities to teach and mentor other young students and physicians. Attending physicians guide residents, who oversee interns, who help the medical students, all together making learning a dynamic process. The field of medicine, however, is not limited to the studies of disease and drugs. Increasingly, health care professionals are realizing the benefits of learning beyond the traditional curricula, and many are turning to education in business and management. Whether to run a hospital smoothly, consult with insurance companies or operate a private practice, doctors recently have been seeking business and management education. Currently, however, there is little offered beyond MBA programs, which may be impractical for many health professionals. Consequently, after much thought and planning, the Business and Management in Medicine selective at Tufts University School of Medicine (TUSM) was born.

Recognizing that many students, doctors, nurses and hospital staff may have an interest in learning about the business of health care, three first-year MD/MBA students—M'08s Justin Ko, Maristella Evangelista, and Jessica Hsu—teamed up with advisors Dr. John Ludden, Dr. Michael Goldstein, and Dr. David Fairchild to design a program to address this need. Together, during the spring of 2005, they wrote a grant proposal and conducted a survey. They were rewarded with a grant, as well as

with significant interest in a potential curriculum in business and management in health care. When designing the curriculum, the team took into account both short- and long-term goals. They decided that for the near future, the best avenue through which the project could be de-

The Selectives program allows students to explore different aspects of medicine, whether by shadowing a specialist in his/her field or by volunteering at a student-run free clinic.

livered was through the TUSM Selectives program for 1st and 2nd year medical students. Later goals included expanding the project to residency programs at NEMC, and potentially into a product to implement at other medical schools and hospitals.

The Selectives program allows students to explore different aspects of medicine, whether by shadowing a specialist in his/her field or by volunteering at a student-run free clinic. In order for this new project to fit into the Selectives schedule, the team designed a nine-session pro-

gram intended to offer a taste of relevant topics within the world of business and management in medicine. These sessions, or 'modules,' included an introductory teamwork module, medical ethics, healthcare law, accounting/finance, leadership, negotiations, operations management, marketing and healthcare systems. Each was designed to be integrative and discussion-based, with cases and debates to fuel conversation. The M'08 students worked these plans into a comprehensive syllabus, using material from their own MBA classroom experiences.

The following year in 2006, three new 1st year MD/MBA students joined the project: M'09s Grace Mitchell, Zach Fisk, and Jon Moran. Together with the M'08 students, the team focused next on creating lesson plans and lecture slides for each of the modules. Aware that one day this small-scale project could grow to be much bigger, they wrote short quizzes to

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\$50,000 e-mail!

Director's Message

John M. Ludden, MD, FACPE

Norman S. Stearns MD Professor of Health Management



"I hear and I forget.
I see and I remember.
I do and I understand."

Confucius

As we look forward to a new class of students in June 2007, we are particularly excited by the reorganization we have begun with our curriculum. Curriculum change can be a dry subject for faculty, but it is a vital part of meeting student needs. As health care has evolved in the past decade, the importance of sophisticated management and savvy business sense has never been clearer. Gaining actual hands-on exposure to the complexities of the health care business has never been more important.

With these needs in mind, we have taken the first steps toward centering our four year combined degree program on real world experiences that will move us toward what we have come to call a "project-based curriculum." Rigorous academic disciplines will remain, but the program will concentrate on developing meaningful field experiences from the very beginning of the program.

As our new class begins its first summer session with us, they will spend almost half their time in a new course, the Physician Executive Field Experience. This course has been developed by Carl Nelson, PhD, Associate Professor at Northeastern University's College of Business Administration, and will send students to the Cambridge Health Alliance (CHA). The Cambridge Health Alliance is an integrated hospital, practice, and community organization that is active in teaching medical students from Tufts and Harvard. Under the guidance of Dennis Keefe, CHA's CEO, teams of students will observe, explore and analyze areas of the organization's operations and care delivery. With faculty support, the student teams will seek to become engaged with the organization's manifold functions in health care, and will explore their experiences with one another.

In the other half of the first summer's experience, new students will take an intensified series of courses in accounting, economics, operations management, and ethics on the Brandeis campus. These courses have been reformatted, and will emphasize a rapid immersion in their subjects. Tufts students have always been "quantitatively adept" and rapidly able to move through the fundamentals of such disciplines to the more complex problems that each presents for health care.

As our reorganization expands through the four year program, we expect to focus on organized team projects that link students' clinical interest with their expanding managerial and business experience.

A handwritten signature in black ink that reads "John M. Ludden MD".

2007 Residency Matches

Trevor Emory, Anesthesiology, Dartmouth-Hitchcock Medical Center, Lebanon, NH

Babar Khokhar, Neurology, Yale-New Haven Medical Center, New Haven, CT

Young Lee, Internal Medicine, William Beaumont Army Medical Center, El Paso, TX

Michael Madanat, Pediatrics, UCLA Medical Center, Los Angeles, CA

Bryan Monson, Transitional, Tufts-New England Medical Center, Boston, MA

Matthew Novak, Diagnostic Radiology, Dartmouth-Hitchcock Medical Center, Lebanon, NH

Robert Osterhoff, Internal Medicine, University of California, San Francisco, San Francisco, CA

Le Grand Reynolds, Emergency Medicine, Baystate Medical Center, Springfield, MA

Sachin Shah, Internal Medicine, Beth Israel Deaconess Medical Center, Boston, MA

Tuan Tran, General Surgery, Loma Linda University, Loma Linda, CA

Lorraine Wu, Diagnostic Radiology, North Shore LIJ-Albert Einstein College of Medicine, New Hyde Park, NY

Arthur Yan, Internal Medicine, University of California, San Diego, San Diego, CA

MD/MBA Alumni Panel 2007

Charles Frankhouser, MD/MBA '10

The seventh annual MD/MBA Alumni Career Panel was held on March 6, 2007. The eleven alumni who participated represented the diverse opportunities that are available to students who straddle both business and medicine. The panel consisted of medical practitioners, as well as business analysts and investors. This made for interesting stories of what led each of them into their respective professions. Regardless of what path they took, the panelists' messages were the same: the skills taught in the MD/MBA program were vitally important, and both degrees were needed to supply them with the skills to compete in their jobs. The following describes the experiences and advice of the individual panelists:

Matthew Greenhawt (MD/MBA '01) did his residency at Morgan Stanley Children's Hospital in New York, and is now a fellow at the University of Michigan Medical Center in allergy and immunology. He had some regrets that he did not keep up to date with his business skills, but plans on taking business refresher courses. He feels that he was well prepared for positions on committees and for general management in a hospital setting.

Marina Feldman (MD/MBA '05), a first year resident in radiology in New York, feels that having an MBA lets you understand the industry to which you are dedicating your life.

Do Chan (MD/MBA '01) did his residency in anesthesia at Beth Israel Hospital in Boston, MA and his fellowship in pain medicine at St. Elizabeth's Medical Center in Boston. He is currently in the process of building a pain clinic. He stressed that medicine is still a

business, and most doctors do not understand the business aspects of medicine.

Joseph Scaramozza (MD/MBA '00) did his residency in pediatrics at Baystate Medical Center in Springfield, MA and is now in a group practice. As a resident in group practice, he felt that the group could have used his expertise during their switch to electronic medical records.

Dennis McCoy (MD/MBA '01) has worked with medical device and drug company startups, and is currently working for an investment fund. He has found that having his MBA as well as his MD has provided him with the know-how to excel in business.

Allison Daigneault (MD/MBA '00) did her residency in pediatrics in New Orleans, but finished before Hurricane Katrina hit. She currently works as a hospitalist at Children's Hospital in Boston, MA. She states that patients understand that medicine is a business and they have demands for their money. She has had success using her business knowledge to negotiate a better contract for herself.

Rena Beckerly (MD/MBA '03) is an anesthesia resident at Brigham and Women's Hospital in Boston, MA where she is constantly asked for her opinion on business matters at the hospital.

Kirsten Shu (MD/MBA '03) is a third year resident in radiology at Brigham and Women's Hospital in Boston, MA. She is opening scanning centers.

Jason Akus (MD/MBA '01) works as a healthcare/biotech analyst for a mutual fund company. While he may not practice medicine, he feels that he is more aware of the leading edges of medicine than doctors typically are. He has been

more recently reminded of the risks associated with business as a result of the volatility of the stock market.

Jami Doucette (MD/MBA '05) founded his own angel investing firm. He believes that practicing doctors are more aware of microtrends within medicine while analysts are more aware of macro trends within the industry.

Mike Tung (MD/MBA '01) did his internship in order to be certified, but he knew from the beginning of medical school that he did not want to practice. He feels that this was beneficial for him.

All the panelists agreed on the importance of managing one's own career. They offered this advice: look at each rotation as a potential job, because it could very well be, and network because you never know who might offer you an opportunity either in business or medicine. The consistent message from those who are practicing medicine is that having the knowledge gained from the MBA makes one a better doctor.

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<http://www.tufts.edu/med/education/mddual/mdmba>

Economics and Ethical Considerations in Kidney Transplant Surgery

Jon Kerr, MD/MBA '08

While on rotation through Tufts-New England Medical Center I met one of their first liver transplant recipients. She was a lovely and animated, yet badly jaundiced woman in her fifties who had received a liver decades earlier and had since then lived a relatively normal life until the past few years. She was in the hospital preparing for a second transplant. While caring for this patient, I reflected on the science, economics, and medical/legal issues surrounding organ transplantation. Tufts has played a key role in this aspect of surgical science.

In the 1950's, researchers Robert Schwartz and William Dameshek from Tufts University discovered 6-mercaptopurine, a compound that when chemically altered led to the development of the immunosuppressive drug azathioprine. This significant step enabled immunosuppressive organ transplantation to occur. Nearly a decade later at Tufts-New England Medical Center's Floating Hospital for Children, Dr. Herbert Fischer performed the first human small bowel transplant surgery. Since then, the hospital has performed 650 liver transplants and over 950 kidney transplants, a success rate higher than the national standards.¹

Today, 95,449 individuals are on waiting lists to receive donated organs.² Many of these individuals will have to wait for someone to die before an appropriate organ is found. Some will never find such an organ, and they will die. Researchers at Washington University School of Medicine, the University of Michigan, and the American Society of Transplant Surgeons are looking at novel ways of incenting individuals to donate organs when they die, or to donate partial organs or a kidney while

they are living.³ Long considered unethical, incenting on various levels may be making its way into the mainstream. Directed donations to specified individuals are also gaining ground.

Such was the case with Peter Lucia and Robert Colavito, two long-time friends from the Bronx, NY, both sick and near death. When Lucia died of a stroke, his wife willed his two kidneys to Colavito, who was dying of renal disease.⁴ Unfortunately, only one kidney was sent to Colavito. Court documents record that doctors said the kidney was "damaged" and therefore useless. Colavito requested the second kidney and was informed by the New York Organ Donor Network (NYODN) that the kidney already had been transplanted into another individual. Court documents show that the kidney had not been placed into a recipient until three days after Colavito's request. Colavito was never made aware of this discrepancy, and consequently he sued the Network. The Court of Appeals, relying on centuries-old common law regarding corpses and autopsies, ruled against him. These laws were not intended for legal determination in transplant cases. Nonetheless, it was found that Colavito "Did not have ownership of the second kidney." Furthermore, "In deciding that Colavito did not have property rights to the second kidney, the Court of Appeals weighed heavily on the fact that the kidney had no medical value to Colavito."⁵ It was found the kidneys were not a good match, and therefore the NYODN said they were useless to Colavito. "Left unresolved, of course, is the question: Who does have property rights over the kidneys in question? The kidneys have value. Indeed, they have life saving value."⁶ Instead of leaving the other kidney with the deceased Lucia, the Net-

work took that one and placed it into another recipient. If Colavito, who had been willed the kidneys, did not own the kidneys, and Mrs. Lucia, the wife of the deceased, also did not own the kidneys, how did the NYODN become the legal owners of the organ? What does this imply for individuals who designate they are not future donors? How will this affect organ designation and ownership in individuals, whether living or dead? While this maelstrom of questions was rising, Colavito perished because he did not have a suitable kidney.

What the courts did not discuss was the underlying economic principle of organ transplantation and how that can have drastic swaying power in the lives that are saved (or lost) because of it. Robert Hickey, the first person to receive a transplanted organ found through the Internet (without the services of UNOS, the United Network for Organ Sharing), recently commented on the obstructionist statements made by Arthur Caplan (representative for the UNOS/Organ Procurement and Transplantation Network, OPTN) regarding the bureaucratic red tape associated with donating an organ. He said, "The UNOS/OPTN are opposed to any strategies which will threaten their monopolistic revenue stream...[concerning] the UNOS/OPTN revenues...According to Hanto at a Harvard Medical School forum on 05/12/05, the UNOS/OPTN contract from H&HS is \$54 million annually, which represents 12% of the total annual budget. In a Denver Post investigative piece published on 10/19/04, it was reported that none of the cadaver organs procured through the UNOS/OPTN are 'donated' to anyone. They are SOLD! The going rate for a kidney

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assess whether students learned from the modules, as well as evaluations to determine whether the students themselves felt they gained useful knowledge. Armed with material and information, the M'09 students then shifted their focus to the logistics of implementation for the Fall 2006 Selective Block 1. The biggest challenge during this phase of planning was finding speakers and teachers for each of the modules. A preferable balance of teaching and discussion-leading could be met by having MD/MBA students teach the basics of the module, while industry professionals would lead the discussions. Although the students who designed the selective would have liked to have been the teachers, their schedules would not allow it, and consequently 4th year MD/MBA students were invited for the role. Three M'07s—Arthur Yan, Matthew Novak, and Loraine Wu—volunteered. They overcame the challenges of teaching other people's work quite well.

The professionals invited were involved in healthcare or business in some capacity, and often in both. The selective was fortunate enough to have several distinguished guests, including Professor Jon Chilingirian of Brandeis University (intro/teamwork module), Mr. David Fleming of Genzyme (ethics module), Mr. Davey Scoon (finance/accounting module), Dr. Harris Berman of TUSM, and Dr. Robert Dickman also of TUSM (healthcare systems module), Professor Jody Hoffer Gittel of Brandeis University (operations management module), Professor Marcia Boumil of TUSM (healthcare law module), Dr. John Ludden of TUSM (marketing module), and Ms. Debbie Goldstein also of TUSM (negotiations and leadership modules).

While organizing the speakers and 4th year student teachers, the M'09 students were in close contact with the Office of Educational Affairs at TUSM. Donna Merrick was an invaluable resource, and helped to maneuver the

Leadership is found in many forms, and is crucial to being a successful doctor. Whether taking charge of a patient's care, directing interns on the wards, or running a hospital, leaders possess a unique set of skills applicable almost anywhere.

dream from paper to reality. With her guidance, the proposed selective was approved by program director Dr. Mark Pearlmuter, and by September 2006, twenty-two non-MD/MBA 1st and 2nd year medical students were enrolled in the inaugural selective entitled Business and Management in Medicine. Some students had business backgrounds and wanted to learn more about the applicability to healthcare, while others had never heard of a balance sheet and wanted some exposure to aspects of medicine not found in a cadaver.

By the end of the nine-week selective block in fall 2006, the program had received overall positive and encouraging reviews. Now spring 2007, the 2nd year M'09 student organizers have begun to train three M'10 1st year MD/

MBA students to carry the program forward. To acquaint themselves with the details of the project, the M'10 students are not only taking over the logistical tasks of running the selective for the fall 2007, but they are also compiling the data from the quizzes and evaluations from the fall 2006 block. This data will be presented at the annual Massachusetts Medical Society Research Symposium on April 21, 2007, and will also be submitted for journal publication sometime in the next year.

Additional plans for the immediate future include creating an organized framework to ensure sustainability of the project. Because the project is turned over to new 1st year MD/MBA students each year, guidance is necessary for the frequent transitions. Consequently, the current 2nd year M'09 students are writing a guidebook of the tasks to be completed, which the M'10 students can consult and update after their own experiences. Furthermore, for fall 2007, the 4th year student teachers will actually be the M'08 students who began the project, and who have a familiarity and vested interest in the project's success. From now on, the 4th year student teachers will be the same students who ran the program during their 1st and 2nd years.

Leadership is found in many forms, and is crucial to being a successful doctor. Whether taking charge of a patient's care, directing interns on the wards, or running a hospital, leaders possess a unique set of skills applicable almost anywhere. The Business and Management in Medicine selective is intended to help introduce these skills, especially in settings not normally explored in a medical curriculum. As the selective is refined and perfected, it will evolve into a comprehensive program that will be useful to health care professionals across the country.

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today is \$25,000 plus an \$8,000 to \$12,000 organ procurement fee charged by hospitals. These fees are levied only for cadaver organs. This is what UNOS is protecting by its obstructionism using hired guns like Caplan and Magnus. Six hundred million dollars annually in revenue from organ sales and regional registration fees.⁷⁷ Does our system of competition and free enterprise have any part in this legal precedence? Perhaps this question will be answered by the teams of researchers at the Washington University School of Medicine and their colleagues.

This economic foundation sets the stage to discuss the ethical underpinnings of organ transplantation. The Colavito case is a perfect example to conceptualize the ethical issues within the framework of six commonly applied medical values. These are: beneficence—a physician (or organization) should always act with the patient’s best interest in mind; non-maleficence—the first objective is to do no harm; autonomy—patients are ultimately in control of their own healthcare, to refuse or accept care is their right; justice—distributing a scarce resource like healthcare requires a balanced and fair system; dignity—the patient and respective stakeholders deserve to be treated as human beings; truthfulness and honesty—these encapsulate informed consent, accurate descriptions of patient status and outcomes, among others.

Given the context that at UNOS, “It’s all about life,” one must really wonder whose life it’s all about. After all, Colavito was willed *two* kidneys, not just one, and yet, he is dead, and the other patient, who was not willed anything, is

living. UNOS (of which the NYODN is a member) surely profited from that exchange. With this in mind, beneficence and non-maleficence easily go hand-in-

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hand. Even if UNOS is the money-grabbing monster Hickey paints it out to be, surely the organization is also acting out of goodwill—UNOS was instrumental in performing over 25,000 transplants last year alone and is saving people’s lives. However, when applying the standard of beneficence, UNOS obviously falls short. By lying, and by not making another more appropriate kidney available (when an extra one was available to trade for it), they did not have the patient’s best interest in mind. UNOS gets paid for providing these organs; this was not acting in the patient’s best interest, but rather their own. To do no harm is the lofty goal of all practitioners of medicine. Unfortunately, Colavito died because he had no kidney. Would he have lived if he had received the kidney willed to him? The harm done is critical: How many

other potential donors will now be deterred because they are afraid their direct donation wishes will not be honored? Colavito’s attorney stated, “[This ruling] weakens the authority of the donors’ wishes...It means if you make a directed donation and sign the consent form, they’re under no obligation to give the organ to the person you consent to.”⁷⁸

Autonomy mandates that a patient be in control of his or her own healthcare. It substantiates or reinforces the patient’s right to choose the doctor and agree with or deny the method of care the doctor offers. UNOS abandoned this principle by failing to communicate other options to Colavito, and in this way the principles of truthfulness and honesty were undermined. UNOS owes its patients the right to be informed. When UNOS failed to inform Colavito that he would receive only one kidney they broke this essential relationship of trust. When they indicated that the kidney had been placed when it had not been, the principle of honesty was again undermined. Colavito’s right to autonomy was stolen from him. Perhaps UNOS was acting on the knowledge that the kidney was not a match for Colavito, and they chose to preserve it for a better fit. This would have been appropriate if they had informed Colavito, and if they were the lawful owners of the kidneys.

Doctors on the case may have known that the first kidney was not a “good match.” If this was the case, it was unfortunate that the first kidney was given to Colavito at all. It would have been far better to communicate the poor match to Colavito and arrange for a replacement—essentially trading for different kidneys. By making the kidneys available to others and then letting Colavito receive the first kidney that

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was appropriate for him could have potentially saved two lives, and made two more kidneys available than otherwise would have been. This is the principle of distributive justice. UNOS relies on a principle of distributing a finite number of organs to a much larger population in need. They select candidates by an algorithm that considers the patients' age, degree of illness, and ability to survive the operation with a positive outcome. Though this may not be the fairest program, it is just, because it is a publicly acknowledged system of balances. It becomes unfair when the system is compromised for personal gain or when better systems are available but are not utilized. UNOS relies on an old, out-of-date system that sorely needs to be updated.

Finally, by failing to inform Colavito of his options, and assuming that they had the final say in an event they had no right to be involved with at the outset, UNOS, and its affiliate the NYODN, robbed Colavito of his human dignity. They made decisions for him when they had no right to do so.

The UNOS case tells a larger story about organ transplantation and the provision of healthcare generally. Not only must we determine how we will provide for our patients but how we will interact with all patients and providers such that we may first do no harm.

References

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² <http://www.optn.org/>,
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⁴ Goldstein, Joseph. A Kidney Is Given Away, and Patient Can't Sue To Get It Back, Court Says. New York Sun. December 15, 2006. http://www.nysun.com/article/45295?page_no=1

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\$50,000 e-mail! MD/MBA Student Places Second in Tufts Business Plan Competition

*Jonathan Waldstreicher
and Doina Iliescu*

It pays to read your e-mails! In December 2006, Jonathan Waldstreicher read (in an e-mail) that the Tufts Entrepreneurial Leadership Program (TELP) at the Gordon Institute (Tufts School of Engineering) was accepting entries for the Third Annual Business Competition for student entrepreneurs. Such competitions offer entrepreneurs the chance to win substantial cash and in-kind services to start or further build small businesses. This one was offering a chance to win a total package of services worth \$50,000.

About a year ago, Jonathan partnered with four friends from undergraduate school to start a business in kosher beef jerkey. With no competition, low start-up costs, and a broad knowledge of the market, they were poised for success.

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Student & Alumni Milestones

Rahul Sharma, MD/MBA '01, Attending Physician in the Department of Emergency Medicine at New York-Presbyterian Hospital/Weill Cornell, was recently promoted to Core Faculty status in the Department for his significant contributions in teaching, research and publishing. He writes "This will reduce my total clinical hours and give me more opportunity to teach and contribute to the Emergency Medicine Residency." This past year, Rahul also traveled to Amman, Jordan and to India on humanitarian and educational missions, which included helping educate and train several physicians in Advanced Cardiac Life Support, and various emergency medicine-related topics.

Nitun Verma, MD/MBA '04 is currently finishing his pediatric residency at Georgetown and will start his sleep medicine fellowship at Stanford in July.

In February, **Ethin Rowin, MD/MBA '09** presented an abstract at the annual conference of the American Federation of Medical Research entitled "Error and Adverse Event reporting: An Analysis of 266,224 Reports Comparing Physician and Nurse Trends." Rowin was praised for his work by Dr. Deeb Salem, Chair of the Department of Medicine, and Dr. Stephen Pauker, Vice-Chairman for Clinical Affairs, both of Tufts-New England Medical Center in Boston, MA.

Matthew Weissman, MD/MBA '01 and his wife Juliet proudly announce the birth of their daughter Liana Yael Weissman, born 4/12/07, weighing 7 lbs. 7 oz.

\$50,000 e-mail! MD/MBA Student Places Second in Tufts Business Plan Competition

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Now, nine months later, they have a website (kosherheaven.com), a product sold in 15 retail stores, and a strong following of kosher meat eaters.

Having read his e-mail that day in December, Jonathan learned that anyone from any of Tufts' schools could enter the competition for student entrepreneurs. Hoping to win at least a part of the prize to help bring their business to the next level, Jonathan and his partners agreed that they had nothing to lose by entering. They worked for countless hours on their financial models and a 25 page business plan. Soon after submitting their work they received the news that they had been accepted as finalists in the competition.

TELP connected Jonathan and his team with the founder of SoBe™ Beverages to help them prepare for their final presentation, which they would make to a panel of highly qualified judges. On March 28, on the Medford Campus, they faced the judges panel and successfully answered a set of intricate questions. Their hard work and team effort earned them second place, amounting to half of the cash (\$8,500), legal services from Skadden, accounting, and advising services from Deloitte, and web design help from web.com.

The team gained a wealth of experience in participating and defending their work. Jonathan noted, "I felt very proud to represent the MD/MBA program, which will surely have a strong presence in this competition for many years to come."

Contribute to MD/MBA Futures!

MD/MBA Futures is seeking article submissions and program-related news for the fall 2007 issue. Students, alumni and MD/MBA faculty are all invited to contribute to the newsletter. Please e-mail your submissions to doina.iliescu@tufts.edu by Monday, September 17 for inclusion in the fall 2007 issue.

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