

FLORIDA STATE UNIVERSITY COLLEGE OF MEDICINE

FALL 2016

FSUMED

More physicians
providing access
to care

DIVERSE
BY
DESIGN

PLUS:

Medical errors – we're all human
The family doc turned researcher

Welcome back to FSU MED. This summer our Class of 2020 students received their white coats after successfully negotiating their Foundations of Medicine course, which covers anatomy and an introduction to doctoring. With their arrival, the new patient-focused and integrated curriculum is now THE curriculum for our students, and they've responded very well.



Once again we recruited a wonderful class with strong representation from our mission-focused groups, and I invite you to read about that success in this issue. Our early efforts to focus on diversity and create amazing pipeline programs for students to realize their medical-school dreams have generated nation-leading statistics for our young medical school. When other deans ask for our secret, I tell them, "Just start 15 years ago and build your student pipeline." It was a labor of love for my predecessors, and they deserve the credit for our success.

Faculty members continue to be fully engaged with our local communities to influence health care for the future. George Rust recently joined us after a remarkable career at Morehouse School of Medicine to direct the Center for Medicine and Public Health in our Department of Behavioral Sciences and Social Medicine. As a physician caring for the underserved for most of his career, he saw FSU as an ideal place to further develop research ideas to better address the societal and policy problems often behind poor health. Heather Flynn, also from Behavioral Sciences, has joined the state suicide prevention task force. She's a great example of faculty members who contribute expertise as the state drafts legislation to confront major health issues. She also directs the FSU Center for Behavioral Health Integration, researching and promoting the benefits of integrating primary care with behavioral health.

I hope you've seen our most recent MGT report, available on our website. I was pleased with the way it captured our continued focus on our mission, the great success of our medical education model, and the value and contributions of our regional campuses. The report also highlights our tremendous research growth and our success in establishing mission-focused residency education programs across the state. Eleven of our graduates this year matched in those recently established programs, a great way to keep our students local.

It's hard to believe that we've graduated 1,029 students and just enrolled our 16th class. We add to the history and success of the College of Medicine every day and will continue to produce the kinds of doctors that Florida really needs.

Enjoy the fall, and GO Noles!

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TO MAKE A GIFT
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on the cover

Meeting public health needs in Florida will require a more diverse physician workforce. The College of Medicine is doing its part and today is the most diverse medical school in the country, according to the Association of American Medical Colleges.

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Inviting talented students into the field of medicine – no matter the path they take.



COLIN HACKLEY

From bookshelf to bedside: Seeking help for stroke victims

Every year, more than 20 million people worldwide suffer strokes, resulting in nearly 6 million deaths. In the U.S., stroke creates annual health-care and lost-productivity costs exceeding \$36 billion. That figure is expected to top \$180 billion by 2030.

On her office bookshelf, Ewa Bienkiewicz found clues to fighting the problem.

Currently, no drugs effectively mitigate the damage caused when a weakened blood vessel in the brain bursts and leaks blood into the surrounding tissue. Hemoglobin, a red protein that transports oxygen in the blood and is vital to survival, is the source of the often crippling damage.

When it breaks down it generates toxic levels of hemin, triggering a series of events harmful to the injury site and killing neurons in the brain. A significant amount of the damage from stroke occurs in the days and weeks that follow.

Bienkiewicz's love of reading and natural curiosity led her to connect the dots on research done by others, and by her laboratory team. Her thoughts came back to a naturally occurring protein that protects neurons following injury, and to a fragment, or peptide, from the protein known to bind hemin.

Subsequent research in her lab has created hope that she has identified a peptide to serve as a "high-capacity scavenger" that would collect toxic hemin in brain tissue following a stroke.

"In stroke, the expression of a cellular protein known as PrP goes up as part of a natural response mechanism to injury," said Bienkiewicz, a research associate professor in the Department of Biomedical Sciences. "In our laboratory we identified fragments of that protein that bind hemin, and our goal is to use that mechanism to diminish cell damage in the brain."

Bienkiewicz's lab is testing one of those fragments (called OR2), along with a novel peptide engineered to mimic OR2's protective response to injury, but with greater capability to neutralize the toxic effects of hemin. The work will help determine which, if either, could be developed into a drug for physicians to use in treating stroke victims.

The discoveries created a flurry of successful funding activity that suggests her work has great potential.

The Florida State University Research Foundation granted Bienkiewicz two GAP awards, funding intended to quickly improve the odds that current research will lead to the public availability of new products or services.

Using those funds, Bienkiewicz advanced her research enough to be awarded two patents, prompting a private, Seattle-based product-development company to express interest. The company, Virtici, partners with scientists and clinicians with the goal of commercializing innovations that could help improve quality of life and save lives.

"The collaboration with Virtici demonstrates that there is interest outside FSU for Dr. Bienkiewicz's work, and that the interest has a commercial basis," said Brent Edington, director of Florida State's Office of Commercialization. "Virtici is not interested in basic science. They are interested in commercial potential."

Additional optimism for the work came from the National Institutes of Health, which awarded a \$430,000 Small Business Innovative Research grant to Virtici with Bienkiewicz as the academic principal investigator. The NIH describes the grants as "an integral source of capital for early-stage U.S. small businesses that are creating innovative technologies to improve health ... and create life-saving technologies."

Bienkiewicz is cautious about whether her theory will result in such a drug.

"You see on a personal level how stroke can affect people and change not just their life but their family's life as well," she said. "This is one of the reasons why I am a very strong proponent of translational research.

"In the context of hemorrhagic stroke, there is no pharmacological intervention. If we fail we will be in good company, as many people before us have failed at this. But because it does have the potential to work, I thought it was my responsibility to try."

Open access: Unlocking the doors to faculty research

Like many other faculty members at the FSU College of Medicine, Xan Nowakowski focuses much of her research activity on serving marginalized populations in Florida.

“People with asthma and other chronic health conditions living in financial hardship, in rural areas and in substandard housing represent key audiences for many of my publications,” said Nowakowski, a researcher in the Department of Behavioral Sciences and Social Medicine. “Consequently, being able to share publications with members of the public is crucial, both for me and for all of us as a school.”

But the ability to share publications was severely restricted — until February. That’s when the Florida State University Faculty Senate voted unanimously to adopt a university-wide open-access policy.

If you’re neither a researcher nor a librarian, you might not appreciate the ensuing jubilation. Suffice it to say this was a welcome solution to a thorny, longtime problem for many College of Medicine researchers. The new policy allows FSU to make scholarly articles publicly available for noncommercial purposes.

Many believe that, until now, profits had been placed ahead of advancing discovery in academic publishing. Legally downloading a single journal article without a subscription costs around \$30, and even searches on narrow topics can return thousands of articles.

“Journal prices have been rising twice as fast as the price of health care over the past 20 years, so there’s a real scandal there to be exposed,” Harvard University Director of Scholarly Communication Peter Suber told the *New York Times*.

The costs strain library budgets, including FSU’s.

“Currently, the College of Medicine funds the Maguire Medical Library at nearly \$1 million annually to license and provide access to the electronic resources used in medical education, biomedical research and related interdisciplinary endeavors,” said Library Director Martin Wood.

Any cost savings related to open access likely will be evident only in the long term, Wood said. “The chief change with this new policy initially,” he said, “will be greater interaction between our medical librarians and medical and biomedical

PLAID (“People Living with And Inspired by Diabetes”) was created by Wood, who said its subscription could cost \$3,000 if it weren’t an open-access publication. In creating *PLAID*, he cited the importance of having a forum where good, research-backed information about diabetes is widely accessible.

Researchers everywhere want colleagues to see their results and run with them, according to the medical school’s scholarly communications librarian, Roxann Mouratidis.

“There is something called the ‘open access citation advantage,’” she said, “which means that theoretically, articles that are freely available are likely to be accessed by more researchers worldwide, which in turn means those articles would be cited more often.

“And if scholars are unable to access research articles because their library or institution cannot afford the cost of subscriptions, how can those researchers ethically cite and build upon the existing research?”

Open-access policies now exist at Harvard, MIT, Duke, Kansas, Georgia Tech, the University of California system and at least 50 others.

Nowakowski welcomes the new policy.

“Being able to share my research more systematically with the communities I serve and the key non-academic partners with whom I collaborate will enhance my ability to help members of marginalized social

and economic groups organize for targeted action engaging research and evaluation findings,” she said. “It is much easier to build a multi-stakeholder coalition for grant writing and project planning when you can share your publications widely and know that your potential collaborators will be able to review these works in detail.”

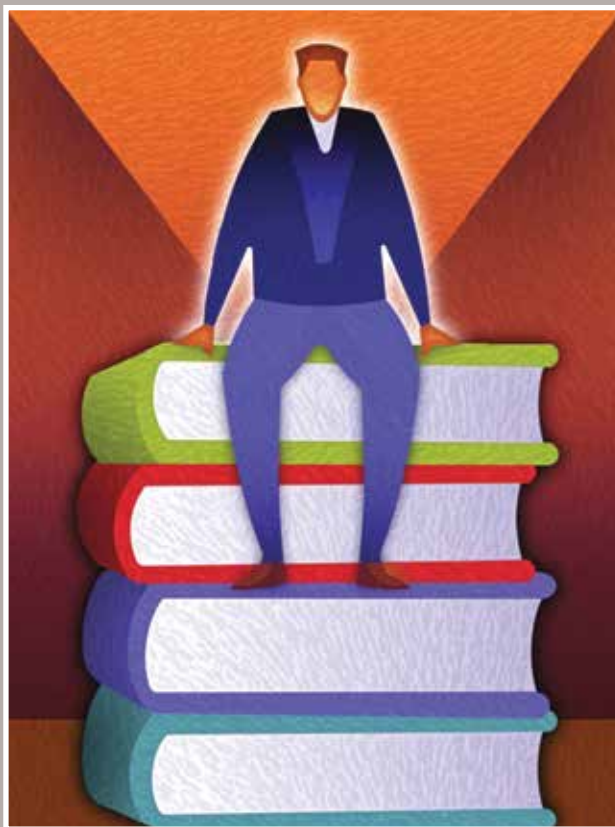


Illustration Works

researchers who are publishing their work and want to have their publications featured in DigiNole, FSU’s research repository.”

One publication already enthusiastically supporting open access before the Faculty Senate weighed in was *The PLAID Journal*.

New tools for epilepsy

Electricity powers homes, computers and even the human brain. In varying levels of intensity, electrically charged signals form the basis of communication between neurons within brain circuits. Although neuroscientists have learned much about brain structures, they don't fully understand the way individual neurons and neural circuits operate, especially within the temporal lobe.

Sanjay Kumar, biomedical sciences researcher, has received a \$1.6 million grant from the National Institute of Neurological Disorders and Stroke to identify components of underlying epilepsy-causing neural circuits within three key temporal lobe areas: the presubiculum, the parasubiculum and the entorhinal area.

"We record neurons' electrical activity and manipulate circuits in different regions of the brain to see if activity can be altered," said Kumar, associate professor in the Department of Biomedical Sciences. "Although the temporal lobe structures are interconnected, the precise details of that connectivity are still unknown."

The temporal lobe region is responsible for turning sensory information into meaningful

visual memories, language comprehension and emotion association. Temporal lobe epilepsy — the most common form in adults — is not improved with anti-epileptic medications. Kumar and his electrophysiology lab want to gather precise details for better treatment.

"The only way to get to therapeutic avenues for treatment is to understand what happens to the circuits and the neurons," Kumar said. "A hallmark of temporal lobe epilepsy is the loss of a vulnerable population of neurons in a particular region called the entorhinal area."

That region stores memories temporarily. During preliminary studies, Kumar and his team wanted to know why neurons there are overstimulated and die during an epileptic seizure.

"For a long time we looked for answers within the entorhinal area itself," he said, "and it dawned on us that perhaps the circuits that drive these neurons to become overactive are in two surrounding regions: the presubiculum and parasubiculum. These regions were not being studied, and nobody knew what was happening in these structures during epilepsy."

In studying the structure and function of neurons in these surrounding regions, Kumar and his lab characterized seven types of neurons. One became hyperexcitable during

epilepsy and projected to two areas at the same time: the entorhinal area and the hippocampus, which are responsible for learning and memory.

"This was a new discovery," Kumar said.

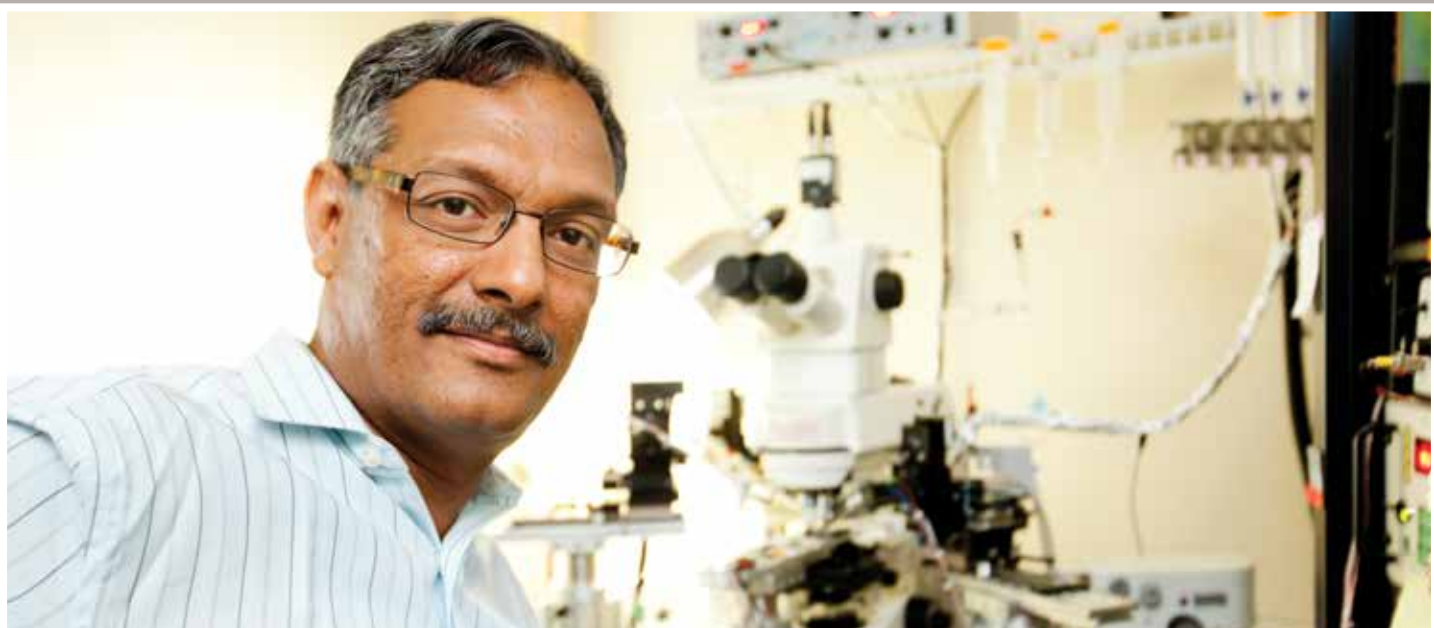
With this information, and with the new grant, the lab is now ready to look for additional culprit neurons and neural circuits.

Kumar hopes his research will lay the groundwork for neuroscientists developing new methods of treatment, such as replacing lost and/or hyperexcitable neurons with stem cells or using optogenetics.

"By differentiating stem cells into particular types of neurons, implanting them back into the region, making them proliferate and integrate into circuits, stem cell researchers are suppressing epilepsy," he said. "Optogenetics uses a light stimulus to activate or suppress specific populations of neurons, including inhibitory neurons that directly alter excitability."

Kumar believes his research will help advance such therapies for temporal lobe epilepsy.

"In both of these approaches, you need to know which cell types become hyperexcitable and which circuits are responsible for bringing about epileptic seizures," he said. "Our study will allow us to get new tools to intervene in people with temporal lobe epilepsy."



Sanjay Kumar



Les Beitsch

Best-selling author? Most-cited will do

The *Journal of Public Health Management and Practice* recently compiled a list of its 100 most-cited authors to provide recognition and gratitude for its contributors.

At the top of the list? Les Beitsch, chair of the College of Medicine's Department of Behavioral Sciences and Social Medicine. In fact, Beitsch was No. 1 with 245 cited articles even before the journal realized he had dozens of additional articles published under a slightly different variation of his name. In total, Beitsch has had 310 cited articles in the journal.

"Dr. Beitsch is a national leader in public health who has advanced the field in efforts to develop accreditation for all state and local public-health agencies," said Lloyd Novick, the journal's editor. "He has been a pioneer in quality improvement for population-health activities."

The news of his reach took Beitsch by surprise.

"Well, this is not the *New England Journal of Medicine* or the *Wall Street Journal*, but for my kind of work in the field of public health it's the place to showcase that work.

"It's a compliment to me that I'm stunned by."

Beitsch kids about his articles being of interest to only a few, but more people are starting to pay attention. His interest is amplified by his time as deputy secretary of the Florida Department of Health, and as head of the Oklahoma Department of Health.

"I saw firsthand that the infrastructure and capacity to do that work is threatened. It was inadequately funded," Beitsch said. "Health departments around the country couldn't do their jobs. Even with the Zika virus, the ability of public health to respond is only as strong as the weakest link in the system."

FSU Senior Health filling unmet needs

Faculty members in the Department of Geriatrics are not only teaching FSU med students how to treat older patients but increasingly offering geriatric care to Tallahassee-area communities. This year, the College of Medicine enterprise known as FSU Senior Health has expanded its reach.

Now, in addition to residents of Tallahassee's Westminster Oaks retirement community and rural Taylor County, FSU Senior Health also is offering geriatric care to Capital Health Plan members.

"CHP's membership is aging, mirroring the demographics of our area and country," said Chris Mulrooney, chief operating officer of the college's faculty practice plan. "And they have not always been able to find good ways to address some of their geriatric syndromes."

At CHP's Governor's Square site, FSU Senior Health sees Medicare-eligible patients who've been referred by their primary-care physicians. The geriatricians operate within CHP's Center for Chronic Care under the FSU Senior Health banner. In many cases, patients have multiple medications prescribed by multiple doctors.

"Providers who understand the value of a geriatrician will refer them, so there is somebody who is looking at all the components

of their care and coordinating them," Mulrooney said.

"Some patients are overmedicated, and some need other care that they weren't getting," Mulrooney said. "There's a big need we're helping to fill."

That's precisely the goal, said Daniel Van Durme, M.D., associate dean for clinical and community affairs: to help meet the unmet health-care needs of the Tallahassee region. For example, in rural Perry, where faculty members are providing consultation services through Doctors Memorial Hospital clinic, no other geriatric services are available.

With FSU Senior Health as the model, the College of Medicine is exploring additional niches where its mission and expertise can fill unmet community needs. Two enterprises in the works are FSU Primary Health and FSU TeleHealth.

FSU Senior Health geriatricians are Ken Brummel-Smith, M.D., medical director; Paul Katz, M.D., department chair; John Agens, M.D., education director; Lisa Granville, M.D., associate department chair; and Niharika Suchak, MBBS, associate professor. Both students and medical residents have rotated through FSU Senior Health practice sites.



Ken Brummel-Smith

A Capitol investment for Florida's patients

Not far from where Florida State University medical students begin learning how to care for patients, state legislators make decisions that shape the care those future physicians will provide.

"So much of what they learn in medical school in terms of good patient care is put into practice within the context of health-care policy," said Heather Flynn, associate professor and vice chair for research in the Department of Behavioral Sciences and Social Medicine. "Medicaid policies, for example, dictate medical practice in an enormous way."

Flynn, a licensed clinical psychologist specializing in child and maternal mental health, is particularly interested in efforts to integrate mental-health and substance-abuse treatment with primary care. She is director of the FSU Center for Behavioral Health Integration.

At present, a patient needing mental-health care or help with substance abuse might get a referral from a doctor, but the doctor and specialist generally don't work together on a coordinated plan of treatment.

Many patients with mental-health needs in Florida end up receiving more-expensive and ultimately less-effective acute care at hospital emergency rooms, or end up in jail. Some commit suicide.

Flynn has worked with many families affected by suicide and mental-health problems, including depression. Her experiences have led her to the Florida Capitol with firsthand experience to offer legislators seeking solutions.

She recently was named to the governor's Florida Statewide Suicide Prevention Task Force, which is examining options to confront an alarming public-health threat: Florida's suicide rate has increased nearly 25 percent over the last 10 years, and it's the second-leading

cause of death among young adults. It's also the third-leading cause of death among youth ages 10-24 in Florida.

"Medical students could learn about adolescent health all day, but they also need to know that what is going to kill many of these kids is suicide," Flynn said. "We need to train them to detect, manage and monitor risk, because there are risk factors that are abundantly clear. More than 90 percent of those who die from suicide have a diagnosable mental disorder — usually depression or anxiety."



COLIN HACKLEY

Heather Flynn

The task force will look at existing sources of suicide data and try to improve coordination for a more cohesive and reliable way to track those data. Then it will look at plans for intervention.

"Dr. Flynn explained to the task force that our data-collection and surveillance systems are currently inadequate and need to be improved, and that early intervention and treatment, especially for depression, could help reduce the number of these deaths," said Mike Hansen, president/CEO of the Florida Council for Community Mental Health.

Flynn hopes lawmakers will continue to find ways to take advantage of expertise — like hers with suicide and mental health — from a medical school in the Capitol's shadow. And she hopes FSU medical students will see the relationship between health policy, health care and patient outcomes.

"Heather brings huge amounts of expertise, not only around suicide prevention, but around infant and maternal health and mood disorders," said Les Beitsch, Flynn's department chair. "She's an international expert on some of those things, and Florida, quite frankly, needs assistance in creating policy and providing services to that population."

"So her value to them is enormous, and there are others in our department who make important contributions for the state in this effort."

Researching and promoting the benefits of integrated primary care is an important part of the education process, and is a focal point for the FSU Center for Behavioral Health Integration.

"We hope these efforts are going to have a direct impact on the integration of mental health and substance abuse within the context of primary care," Flynn said. "This is really important for the practice of medicine in the future."

Weighing health careers? Follow this path

How long does it take seven deans, half a dozen department chairs, a provost, a president, a Board of Trustees, a Board of Governors and a successful CEO in Atlanta to bless an ambitious new program? In the case of FSU's new Interdisciplinary Medical Sciences Program, hardly any time at all. Though discussions began in earnest just last year, the program's first students are already in class.

The idea originated in the restless brain of Senior Associate Dean Myra Hurt.

Her vision was to create a broad, clearly defined path for all incoming undergraduates considering a health profession — not just medical school but nursing, pharmacy, social work, health policy, technology and all the rest. The new curriculum gives them the necessary sciences but also requires them to explore career options and spend time with medical practitioners of all kinds. And if they change their mind along the way, they needn't take the radical step of changing majors. They just detour to a parallel path.

There's no other program like it in the country, Hurt said. Hopes are high for its future.

"Even during the lowest part of the recent recession, health care was still a dependable career," Dean John P. Fogarty said. "With this program, we can make sure that FSU students get a great education while meeting the health-care needs of our state and nation."

Seven colleges are participating: Arts and Sciences (departments of biology, chemistry, physics and psychology); Communication and Information; Human Sciences; Medicine; Nursing; Social Sciences and Public Policy; and Social Work. In addition, students from the College of Business are conducting case studies to determine the best way to recruit the right students as well as employers. They're taught by Dan Cowan, the CEO mentioned above.

"I was amazed at how quickly he grasped what we're doing and had a different perspective on it," Hurt said. "It's been a really fulfilling experience to have all this energy from all these different places coming together."

The program resides in the College of Medicine and is directed by Hurt and Associate Dean Helen Livingston, who previously partnered to flesh out PIMS (FSU's Program in Medical Sciences), the Bridge Program and the medical school itself.

Here's a sampling of what IMS offers students:

- **Choice of three majors.** The pathway has three branches: Pre-Professionals, including physicians, nurses, physician assistants and pharmacists; Patient Care in the Community, including social workers, patient navigators and health advocates; and Health Policy and Technology, including social scientists and health informaticists.
- **Core sciences for everyone.** During the first two years, every IMS student takes the core sciences. "When you finish this you have a fundamental basis for any field in health care, wherever you go," Livingston said.
- **Real-world experiences.** Every student will have regular contact with health professionals in the community, through shadowing and seminars. They get answers to key career questions: "What professions are available?" "Could I see myself doing this job?" "Hours? Income? Training required?" "What are the social and psychological components of being in health professions?"
- **Flexibility.** In the past, students sometimes chose a narrowly defined major without all the information they needed — then wasted time and money changing their major. Sometimes they ended up with a degree but no profession. The interdisciplinary approach provides new opportunities to take electives and explore options. "For example,

there are a number of College of Human Sciences courses, like child development, that someone interested in pediatrics could take," Hurt said. "That really wasn't an option before."

- **Continual advising.** Students don't come to college equally prepared. Some get poor advising along the way. Some don't cope well with life's surprises. "So we hope to provide lots of guidance," Livingston said. "Not just in an academic sense, but in terms of how they're growing personally and professionally and helping them determine a career path."
- **Team-based approach.** These future health professionals work side by side, mirroring the real world's increasing demand for collaboration.

"It's an exciting moment for Florida State," said Provost Sally McRorie. "We will vigorously pursue this innovative approach to preparing students and helping them find jobs in medical fields. I predict we will become *the* destination for students from Florida who want access to the full range of health professions."

Livingston is constantly amazed by Hurt's big ideas.

"Myra is a visionary," she said. "She has this ability to look at the landscape and almost immediately see what's missing, what works, what doesn't work — to see how we might be able to shape the future."



COLIN HACKLEY



LAB/BILL LAX

'A FANTASTIC MESSAGE'

AAMC DATA: FSU COLLEGE OF MEDICINE IS MOST DIVERSE

BY DOUG CARLSON

Before the Florida State University College of Medicine enrolled its first class of 30 students in 2000, Helen Livingston was growing concerned. She had already experienced the challenge of producing a diverse group of 30 students each year as admissions director for the Program in Medical Sciences.

"I'm thinking, 'Yeah, we can eke out 30 students from this applicant pool, but 120?'" she said. "We're not going to meet the mission."

The mission, as written into the statutes creating the nation's first new medical school in two decades, involved creating more primary-care physicians. And it called for the FSU College of Medicine to produce more physicians to work with the underserved in rural and urban areas alike. Livingston knew those things could not be done without diversifying the applicant pool.

Her worries, and those of others like her, were not in vain. They were a catalyst for careful planning about how the new medical school might overcome the challenges.

Now, 15 years after its first class arrived, the FSU College of Medicine has become the most diverse medical school in the country, according to current Association of American Medical Colleges enrollment data.

Out of 144 AAMC-member institutions, it's the only one among the top six for enrollment of both black and Hispanic students. In fact, its enrollment percentage for black students is double the national average.

"There's an old Chinese proverb: 'The best time to plant a tree is 20 years ago. The next best time is today,'" College of Medicine Dean John P. Fogarty said. "Our outreach efforts are a great example of that.

"We're recruiting kids from rural, underserved and underrepresented communities, retaining them in school and watching them leave here to train in specialties where they're likely to one day serve in those areas. That's how we know we're meeting our mission."

Back up 20 years and the path to this point was hardly clear.

"One of the problems that we had as I was reviewing applications for PIMS was there were just very few African-American and Hispanic students applying," Livingston said. "And most of the Hispanic students were Cuban. Very few Mexican-American and Puerto Rican students applied, and if they did, their credentials were just weak. They

didn't have the numbers, even just the minimum.

"That was a concern of mine."

The solution involved outreach programs intended to broaden the applicant pool, including one that introduced students as early as seventh grade to the idea of one day becoming a physician. SSTRIDE (Science Students Together Reaching Instructional Diversity and Excellence) was developed by the PIMS program in 1994. A Rural SSTRIDE component came along later to develop more applicants from rural communities.

USSTRIDE was added as an undergraduate-level incarnation. That's how Jimmy Moss decided to become a doctor. He went from a childhood marked by extended periods of homelessness to College of Medicine graduate (2010). Today, Moss is completing a critical-care anesthesia fellowship at Harvard.

Myra Hurt, PIMS director from 1992 to 2001 and currently senior associate dean for research and graduate programs, brought an idea to Livingston for arguably the most successful of the college's outreach programs. It involved giving students from underrepresented backgrounds (primarily rural, black or Hispanic) a year's worth of preparation designed to get them ready for medical school.

Starting with that meeting in February of 2001, Livingston outlined a plan for what became known as the college's Bridge Program. Within a few months, she identified five students to be part of the first Bridge class, which started school in May of that year.

More than 70 percent of College of Medicine alumni who entered medical school by way of the Bridge Program are either in a primary-care residency program or practicing as a primary-care physician.

In addition to U SSTRIDE, Director of Outreach and Advising Thesla Berne-Anderson introduced the Minority Association of Premedical Students (MAPS) pre-health chapter, which is affiliated with the Student National Medical Association. SNMA is a program developed by the National Medical Association, an organization of physicians of African descent.

The undergraduate programs were developed to prepare more students from underserved backgrounds for medical school or a career in health care.

Moss remains an enthusiastic advocate for all College of Medicine outreach programs. He shared his story with FSU MAPS participants just before his graduation, telling them:

"I had heard a few of my classmates toss around during group study sessions the idea of becoming a physician. I was quite nervous even



thinking about such an idea, let alone requesting information about it from Ms. Anderson.

Before I could even mention the idea, though, she looked over my transcript and asked, ‘Have you ever considered going to medical school?’

“That moment has changed the fabric of my existence. The benefit of having an emotional and structural support system during my transition from nontraditional undergraduate to nontraditional medical student is indescribable.”

Read more about Jimmy Moss in ‘First Person,’ page 35.

“Clearly there’s something good that’s happening at Florida State in contributing toward a diverse physician workforce,” said Marc Nivet, former chief diversity officer for the AAMC. “It’s a fantastic message that should be shared with all medical schools, because we all could learn from that.”

The lesson learned at Florida State is that diversity doesn’t happen by itself, no matter how rapidly the population is changing.

“I think that diversity has moved from what I’d say was an important issue to an urgent issue,” Nivet said. “A lot of medical schools have responded by utilizing holistic review in admissions. They’ve become less reliant on strict MCAT scores as a proxy for students who could be successful at their medical school.

“And they’re really beginning to say, ‘What are those other attributes we’re looking for in terms of the entire person? And what insight could we get into this person’s ability to be empathic, humanistic and deliver the kind of care that we hope they will deliver in the future to patients?’”

Yet getting to diversity is a slow process. Fewer black males were enrolled in AAMC-member medical schools in 2014 (515) than in 1978 (542). This, despite the emergence of approximately 32 new medical schools in the U.S. over that time period.

Livingston said academics alone rarely are responsible for why many people with the

potential to become a quality physician never make it to medical school.

“What I learned along the way was the things that often flummoxed students had nothing to do with the educational setting, but often it’s life,” she said. “Life happens. How do you help students cope with that? You have to help them find the way to be proactive in their lives and to assess what goes wrong and help them find a solution to whatever problem might arise. And that’s not an easy task.

“In the admissions arena, during PIMS time, we practiced holistic admissions. We were looking for a certain kind of person. They had to have a heart for service. They had to have a real strong motivation for medicine that was genuine.”

Nationally, 18 percent of students enrolled in medical school in 2015 were Hispanic or black/African-American. At Florida State, 24 percent of the 1,029 graduates to date are Hispanic or black.

Since 2008, nearly 8 percent of FSU’s graduates attended a high school designated as being in a rural area. It’s one way to measure how many students with rural backgrounds are being recruited to the College of Medicine, and a predictor of how well the medical school will do in placing new physicians where they are needed in rural communities. Dating to 2008, more than 70 College of Medicine alumni physicians have entered practice somewhere in the Florida Panhandle.

“Our tree has grown and blossomed,” Fogarty said. “These results are not by chance;

THE CASE FOR DIVERSITY

In Florida, 40 percent of the population – but only 21 percent of the physician workforce – is black or Hispanic, according to the U.S. Census Bureau and the Florida Department of Health. Numerous studies have shown that diversity in the physician workforce leads to better health outcomes.

In a review of 55 published studies on the topic, the U.S. Health Resources Services Administration reported on the rationale for diversity in health professions by concluding:

- Underrepresented minority health professionals, particularly physicians, disproportionately serve minority and other medically underserved populations.
- Minority patients tend to receive better interpersonal care from practitioners of their own race or ethnicity, particularly in primary-care and mental-health settings.
- Non-English-speaking patients, particularly in mental-health care, experience better interpersonal care, greater medical comprehension and a greater likelihood of keeping follow-up appointments when they see a practitioner who understands their language.

they're by continual effort to make the face of our physician workforce look more like the face of our population."

Ninety-nine percent of fourth-year medical students at Florida State over the last five years report agreeing or strongly agreeing that they are adequately prepared to care for patients from different backgrounds. That's from the annual AAMC Graduation Questionnaire, which also reports that 80 percent of FSU students in that time frame say their knowledge or opinion was influenced or changed during medical school by becoming more aware of the perspectives of individuals from different backgrounds.

Livingston is proud of how those early struggles to diversify the applicant pool have led to outcomes that once might have seemed

unrealistic. In some ways, the college's journey has been like the one she described to students from underserved backgrounds who wanted to know how to get into medical school.

"Getting into medical school begins now," Livingston told them. "You have to watch the numbers. You have to be focused and study hard. But first of all you have to understand why you're motivated to go into medicine.

"You have to really be able to articulate that to yourself and to others, and it needs to be something that is intrinsic, something that you really want to do. Because it's hard work, and it's a long road. And you want to be successful, so think seriously about this."

Julie Jordan contributed to this report



Jacob Hentges

'SUCH A GREAT OPPORTUNITY'

During middle school, Jacob Hentges was one of five children living on a farm in rural Madison, Florida. Neither of his parents went to college, and they couldn't afford to pay his tuition. But he was a good student and was interested in medicine. He was invited to join the College of Medicine's Rural SSTRIDE program as a seventh-grader.

"I've known I wanted to do something in medicine ever since I was a kid, though I didn't really know what I wanted to do. I spent a lot of time in the hospital as a kid with asthma – the ambulance people knew my address. I knew I always liked medicine. I liked the ambulance.

"In Madison, the school system is struggling. And then there's one little tiny program where 14 kids actually get an opportunity to take real classes. I was taking anatomy and physiology when I was in middle school.

"At Madison, I got to do this stuff, and it was such a great opportunity. I wouldn't be in med school right now without SSTRIDE."

Hentges is a member of the College of Medicine's Class of 2020.

— Julie Jordan



COLIN HACKLEY



COLIN HACKLEY

A first-choice medical school

To some, the FSU College of Medicine might have seemed an odd fit when *U.S. News and World Report* published a list of the U.S. medical schools where gaining admission was the most difficult. After all, this medical school wasn't created to be exclusive.

On the contrary, the FSU College of Medicine goes to great lengths to include applicants from medically underserved backgrounds who traditionally have not had a smooth path into medical school.

In fact, the College of Medicine's pipeline programs likely played a role in FSU's being ranked No. 2 on the list.

"Long before they apply to medical school, many of our applicants from rural and other underserved backgrounds have been involved with our effort to expand the pool of qualified applicants," said College of Medicine Dean John P. Fogarty. "By the time we go through our admissions cycle we have numerous outstanding applicants who identify strongly

with our mission and have made up their mind that this medical school is the right fit for them."

The College of Medicine extended 151 offers to fill out its class of 120 students admitted in May of 2015. That's from among more than 6,200 applicants. By comparison, the college was extending more than 200 offers when it first reached full enrollment several years ago.

"We clearly have become a medical school of choice not only because our students consistently match with outstanding residency programs, but because word has gotten out about the tremendous experiences our students have during their four years of medical education," Fogarty said.

"While we may be extremely competitive in the selection process, our priority continues to be finding students who believe in our mission and will help us continue to produce the doctors Florida needs most."

The 10 most competitive U.S. medical schools for admissions (Class of 2019)

- 1) Mayo Medical School
- 2) **Florida State University College of Medicine**
- 3) Stanford University
- 4) George Washington University
- 5) Brown University
- 6) Georgetown University
- 7) University of California – Davis
- 8) Wake Forest University
- 9) University of California – Los Angeles
- 10) University of California – San Diego



COLIN HACKLEY

BEYOND THE EXAM ROOM

RESEARCH AS THE BEST ANTIDOTE

For several years in the 1980s, nurses with diabetes expertise advised migrant farmworkers in the Groveland, Florida, practice where George Rust worked as a family physician.

“An example would be a farmworker who was having trouble with low blood sugar, and the classic advice would be, “Try to eat your meals at the same time every day, and try to take your medicine at the

same time every day,”” Rust recalls.

“And your patient would nod and smile, because they wanted to show you respect, but in reality they were going to get on a truck that night and drive 13 hours to South Carolina and pick peaches for 12 hours the next day under the leadership of a crew chief who was going to give them zero control over what time they ate, or what time they would take a break so they could have some water to take their medicine with.”

It was a pivotal time in Rust’s life, when he learned to innovate and

began to envision ways that he could be more effective as a physician. It's when he started to think about how to improve health for many patients, not just the ones in front of him on a daily basis.

That's why he's now an M.D. who does research, especially in the area of health equity. Still, his love of patient care takes him back to the clinic whenever possible.

Rust is the new director of the College of Medicine's Center for Medicine and Public Health. The center promotes improved health outcomes through research, education, policy change and service.

"The idea is there are things you can do to connect that moment when you have one doctor, and one patient in the exam room to the health of the larger community, because patients don't live in our exam rooms," Rust said.

"Traditionally that has been the purview of public health. Primary care and public health were seen as completely separate entities working in their own silos. We can get everybody to better health if we all do it together."

The center, created by Behavioral Sciences and Social Medicine Chair Les Beitsch in 2012, has done policy and public health research for the Florida Department of Health, the National Governors Association and the Association of State and Territorial Health Officials.

"Up until now the center has been focused on reporting on policies already in place," Beitsch said. "With Dr. Rust here, we can step back and ask ourselves how we might take the next step and effect change in health policy for the common good. He can do so many things, and his experience complements so much of the work already being done here."

Rust said the center's commitment to evidence-based health policy may lead to specific studies to understand the impact of existing policies on outcomes and health equity. He cited a current collaboration with Florida State University Professor David Folch, who does spatial analysis in his role with the Department of Geography.

They are analyzing how effectively community health centers reach the uninsured as a predictor of how often the uninsured visit emergency departments. The goal is to reduce the frequency of those visits. After leading a simpler version of the study in Georgia, Rust was cited by the Congressional Budget Office and asked to provide expert testimony before a U.S. Senate subcommittee.

Rust spent the previous 24 years as a professor and health researcher at Morehouse School of Medicine in Atlanta, where he founded and directed the National Center for Primary Care. At Morehouse, Rust and his Medicaid outcomes-management partners saved the state around \$100 million a year in Medicaid spending. It required an investment in integrated primary care in clinics that traditionally were limited to dispensing advice and prescriptions.

That's the kind of policy change the Center for Medicine and Public Health was created to foster.



COLIN HACKLEY

"You're trying to identify the people who are at greater risk of ending up in the hospital, having a nurse care manager within your practice who is coordinating to make sure people don't fall through the cracks," Rust said.

"And then having community health workers and social workers coordinating with patients in their real-world setting to make sure all the other stuff that is going on behind them doesn't get in the way of them taking care of their health."

The College of Medicine is doing similar work in Immokalee led by Regional Director for Southwest Florida Elena Reyes. In another community faced with health disparities, College of Medicine Nurse Practitioner Susan LaJoie provides school-based primary care for children in Gadsden County.

Rust said the center hopes to document the impact of those practices in order to encourage other communities to emulate and adopt them.

The Medicaid program Rust innovated in Georgia drew national attention through a research article he published in the journal *Population Health Management*. Then a new wave of state budget cuts eliminated the program, saving \$5 million — in the short term.

The experience took Rust back to his roots as a family physician, where he had been struck by how little the diabetes expertise brought into the clinic had done to actually improve outcomes.

"We had hired people who were experts in diabetes, but not necessarily expert at being a migrant farmworker, or at being a low-income African-American," Rust recalls. "We needed people who understood how people ate, and how they lived, and what was realistic in their lives, and what wasn't, in order for them to become effective at self-managing their own diabetes."

Leaning on some things he had learned while visiting Haiti as a fourth-year medical student, in the late 1980s Rust suggested the clinic try using *promotoras* — trusted members of the community who would serve as advocates, educators, mentors and translators for their friends, neighbors and family.

He was among the first in the nation to bring the innovative approach into primary care practice. The clinic began training a few diabetics from within the farmworker community, along with low-income African-American and white patients who became experts within their own neighborhoods and circle of friends.

Outcomes began to improve. *Promotoras* taught realistic ways for fellow diabetic farmworkers to control their diabetes. Still Rust was being drawn to transition from primary-care doctor to health-outcomes researcher who cares for patients.

"I was spending a lot of time caring for people and seeing that the health system wasn't really responsive to their needs," Rust said. "I spent a lot of time on the phone trying to get specialists to see my patients, and various other ways trying to get the system to work for my patients, and seeing that farmworkers, in particular, had needs that were not being adequately met.

“So the first academic paper I ever wrote was ‘Health Status of Migrant Farmworkers in America’ — for the *American Journal of Public Health*.”

It brought to light nationally the plight of the farmworker, and led to greater understanding of the poor health conditions they face.

Rust’s research today focuses on health inequities and the effort to make sure that underserved populations are not left behind in achieving optimal and equitable health outcomes. He is also documenting success stories of communities successfully eliminating health disparities.

He still takes advantage of every opportunity to see patients, especially the most vulnerable, but most of Rust’s time is dedicated to finding solutions like the one that proved in Georgia, albeit temporarily, that there’s a better way of looking at health care when traditional approaches aren’t working.

“The next step of integrating medicine and public health, which is what the center is all about, is to say, ‘OK, now let’s not just do that one patient at a time, but can we improve the outcomes of all the diabetics in this neighborhood? Or even just all the diabetics in my practice as a primary-care physician?’” Rust said.

“This is becoming the new model for primary care — not just how you react to the patient who shows up in your exam room at this moment, but how can you help your entire panel of patients get to better health outcomes? And have them spend less time in the hospital, with less suffering. And, frankly, cost society less as well.”



'I MADE A MISTAKE, AND I'M SO SORRY'

BY RON HARTUNG

THOSE ARE EIGHT OF THE TOUGHEST WORDS FOR PHYSICIANS TO SAY. MAYBE NO ONE TAUGHT THEM HOW. AT THE COLLEGE OF MEDICINE, IT'S PART OF WHAT STUDENTS LEARN.

Sixty-two-year-old Mrs. Thompson's emphysema had flared up enough to send her to the hospital. Because she's a diabetic, her physician wrote an order for 10 units of insulin. To the nurse, though, it looked like "100." Which is how Mrs. Thompson got 10 times more insulin than she should have, her blood sugar plummeted and she wound up in ICU — where her physician, choosing words with great care, later tried to explain how she got there.



- **Doctor:** “People with diabetes can have wide swings in their blood sugars. This morning, yours was dangerously low. Fortunately we were able to get it back up to the normal range.”
- **Patient:** “What caused it to go so low?”
- **Doctor:** “I’m almost positive it was a bad reaction to the insulin you got this morning.”
- **Patient:** “What do you mean, ‘bad reaction?’”
- **Doctor:** “It appears that you got more insulin than you needed.”
- **Patient:** “How much did I get?”
- **Doctor:** “It appears the nurse gave you 100 units.”
- **Patient:** “What kind of moron would give a patient who usually gets 10 units of insulin a hundred? That could have killed me!”
- **Doctor:** “I understand you’re angry, Mrs. Thompson, but there’s no need to yell.”
- **Patient:** “You’d be yelling too if someone almost killed you! Do you people have any idea what you’re doing around here?”

The case of Mrs. Thompson, based on an actual occurrence, is immortalized in the College of Medicine curriculum. She’s part of a podcast that Ken Brummel-Smith, the Charlotte Edwards Maguire Professor of Geriatrics, sends to second-year students in preparation for a class on medical errors. As part of that class, he and other faculty members confess specific medical errors they’ve made. And a handful of staff members report what it’s like to be on the receiving end of such errors.

It’s not unusual for extreme medical mistakes to make news. In May, the headlines were particularly disturbing: A new study at Johns Hopkins estimated that medical errors are actually the nation’s third-leading cause of death.

For students, Brummel-Smith’s class is a wakeup call: *Yes, you’ll serve the underserved, and you’ll wear your white coat with honor. But you’ll also make mistakes. Maybe serious ones. We’re here to teach you how to avoid them, how to deal with the errors you make, and how to keep your focus on your patient rather than yourself.*

“There’s a difference between saying ‘I’m sorry’ and apologizing,” Brummel-Smith said during the March 14 class. “‘I’m sorry’ is a statement that we would use whenever something bad happens to a person, whether or not we had any role in its causation. Apology is an actual medical strategy for dealing with medical errors. It only occurs after you have vetted the issue and you know that it is a mistake that you made.

“That’s a very important differentiation. It also is likely to involve both emotional responses and potential legal responses on the part of the patient. The evidence is that the legal response after an apology is usually better than the way we do it now, which is to hide-and-deny. Yes, it is often something that brings a lot of emotion out from the patient or their family,

and it should. Part of this training is to try to help you learn to deal with the emotional response.”

Brummel-Smith, former head of the American Geriatrics Society and highly respected physician and teacher, then admitted his own fallibility. He recently had written “30” instead of “3” on a prescription for melatonin, to help an older patient sleep. The patient reported that the melatonin was causing him to sleep excessively, so Brummel-Smith looked at the bottle.

“It was so embarrassing to say, ‘I wrote the wrong number here. I don’t know why I did it, but I’m so sorry about it,’” he told the students. “Fortunately, there were no long-term effects.”

When you apologize to a patient, he said, it should be more heartfelt than a typical “I’m sorry.”

“It’s such a harmful thing that a medical error occurs,” Brummel-Smith said. “Patients put us at such a high level of trust when they put themselves in our hands that it’s incredibly scary to them to know that an error occurred.”

The students heard the patient’s point of view, too. Staff member Heather Smith, for example, described her two-year struggle to find someone who could diagnose the recurring pain in her hands, feet and facial muscles. Eventually it was Professor Bob Watson, who works down the hall from her, who solved the mystery within minutes: hypocalcemia. (After her gastric bypass surgery in 2001, her doctor should have had her taking calcium chews and B12 shots — so her body was seriously low on Vitamin D and more.)

Staff member Karen Chavez talked about the unbearably long first year in the life of her son. Sick all the time, tired easily, slept a lot, never seemed to get well. Her pediatrician attributed it to day care. Pneumonia landed the boy in the hospital, but after returning home he still wasn’t well. She asked the doctor to review the whole record, but he didn’t. Shortly after she switched pediatricians, her son was diagnosed with congenital heart disease. He’s doing well now, she said.

In both cases, the women said, the doctors didn’t listen to them. In fact, Brummel-Smith confirmed, the No. 1 cause of malpractice suits is patients’ feeling that they weren’t heard. Too often, he said, physicians cling too long to a diagnosis that just doesn’t stand up to scrutiny.

“I see this happening in the Clinical Learning Center with you,” he told the students. “You jump to a diagnosis, and then you look for every sign that proves your diagnosis, rather than sticking with, ‘This is weird.’ ‘This doesn’t fit.’ That hesitancy that you have in your mind is a very important clinical tool. You have to really trust that.”

The podcast discussed “medical narcissism,” as in: “This is my diagnosis, and I’ve got to be right!” Instead, the College of Medicine teaches its students to acknowledge any uncertainty and to tell the patient, “We’re going to work together to figure this out.”

Students also learn that a physician is part of a complex system — and that often mistakes are *system* mistakes.

“I wrote a prescription for melatonin for 30 mg; I started the mistake,” Brummel-Smith said, returning to his prescription error. “But why did the pharmacist fill that without calling me and saying, ‘Hey, this doesn’t really

fit. How come you're using so much?"

The ideal response, he said, is to say: "Let's look at the system and make sure that we catch each of the steps, not just let one person be the fall guy."

Brummel-Smith cautioned the students that the medical bureaucracy doesn't always embrace apologies, nor do some malpractice companies. But he thinks the tide is turning. In the podcast, he cited one study showing that 37 percent of patients suing providers reported they wouldn't have sued if they'd received an apology.

Then he demonstrated how the physician in Mrs. Thompson's case could have communicated with her far more effectively.

- **Doctor:** "Mrs. Thompson, I wanted to talk with you a bit about what happened this morning and why you had to go into the intensive-care unit. This is going to be hard for me to say and probably hard for you to hear. We made a mistake by giving you 100 units of insulin instead of 10 units that you should have received. I can't express the depth of my regret that this happened, and I apologize that it happened. Would you like me to discuss it in more detail now, or would you rather talk about it at a different time?"
- **Patient:** "What? A hundred units? You're kidding me! What kind of moron would give a patient who usually gets 10 units of insulin 100? That could have killed me!"
- **Doctor:** "Mrs. Thompson, this should not have happened, and we're sorry beyond words that it did. I can't imagine how you feel right now, and you have a perfect right to be angry. The problem was that I didn't write the order clearly, and so the nurse misread the dose as 100 instead of 10. This has nothing to do with anything that you did. It was our mistake."



A LAWYER RESPONDS

It's not unusual for College of Medicine classes to consider both medical and legal viewpoints. In fact, one faculty member's job is to explore creative ways to do just that. Marshall Kapp, J.D., MPH, directs the Center for Innovative Collaboration in Medicine and Law, a joint project of FSU's medical and law schools.

We asked Kapp to look over the accompanying article, and he elaborated on two points:

1. Brummel-Smith told his class, "The evidence is that the legal response after an apology is usually better than the way we do it now, which is to hide-and-deny." Kapp agreed with that statement, "but with the emphasis on 'usually.' The small amount of evidence we have on the impact of apology on the filing of malpractice lawsuits is equivocal, but we are able to say with confidence that, on average and accepting that there are some exceptions, physician apologies do not increase the risk of lawsuits being filed. Even if a lawsuit is brought, most states (including Florida) have statutes that make the apology inadmissible in evidence as proof on the issue of whether negligence occurred."
2. When Brummel-Smith said "the No. 1 cause of malpractice suits is patients' feeling that they weren't heard," Kapp concurred. Then he provided further context, noting that such suits are only one of many ways to measure dissatisfied patients. "Malpractice lawsuits that get filed represent fewer than 5 percent of the people who walk into a lawyer's office with thoughts of suing a physician," he said. "In other words, plaintiff lawyers turn away 19/20 people who walk into their office. That means there are a lot of upset patients, and malpractice suits are just the tip of that iceberg."



COLIN HACKLEY

A thousand grads

No balloons descended onto the stage. No confetti showered the caps and gowns. But the May 21 graduation ceremony in Ruby Diamond Concert Hall paused just long enough to acknowledge an impressive milestone.

“It is now my pleasure,” announced Senior Associate Dean Alma Littles, “to introduce **Dr. Joda Lynn**, who will join us to hood the 1,000th graduate in the history of the Florida State University College of Medicine.

“Dr. Lynn was the very first student accepted into the FSU College of Medicine in 2000, not long after we became the first new medical

school in the United States in nearly a quarter-century.

“Dr. Lynn graduated with our first class in 2005 and today cares for patients in his hometown of Perry, Florida. He serves on the alumni board and encourages each of you to be active with our alumni group to help ensure we continue to thrive so that all of our graduates remain proud to call themselves FSU Medical Alumni.

“Dr. Lynn, will you please do the honors as I call our 1,000th graduate: **Dr. Elizabeth Ellen Coughlin.**”

Imagine: 1,000 graduates. To the people who were here at the beginning, before the curriculum was created, before the faculty was hired, before the shiny new buildings replaced the beat-up trailers, before the students even arrived, it must have seemed that this day would never come.

Sixteen years after the governor signed this college into existence. Eleven years after the inaugural class graduated. Six years after full enrollment.

The College of Medicine is now old enough to have graduated 1,029 students — but still new enough to keep careful count of each alum who, like Joda Lynn, practices in Florida.

Continued on next page

Every annual report contains updates of those numbers and many more. Today, let's look at some different measurements of how far we've come on the journey from first student to 1,000th grad. *(The numbers below were accurate as of May 2016.)*

- A list of "Brag Points" from 2005 proclaimed that about 700 community physicians and 15 hospitals were involved in the clinical training of FSU's medical students. Today it's more like 2,500 community physicians and 90 facilities.
- The top five specialties in which our alumni are practicing:
 1. Family medicine.
 2. Emergency medicine.
 3. Pediatrics.
 4. Internal medicine.
 5. OB-GYN.
- The number of alumni who are teaching at FSU or elsewhere, either full or part time: 87.
- The number of alumni who've committed to military service: 41.
- The number of alumni now in residency programs sponsored by FSU: 22.
- The number of alumni who left Florida for residency training but returned to practice in the state: 83.
- Some of the notable residency programs where those 83 trained:
 - Baylor College of Medicine.
 - Beth Israel Deaconess Medical Center/Harvard Medical School.
 - Dartmouth-Hitchcock Medical Center.
 - Duke University Medical Center.
 - Emory University School of Medicine.
 - Johns Hopkins.
 - Kaiser Permanente-Los Angeles Medical Center.
 - Vanderbilt University.
 - Wake Forest Baptist Medical Center.
 - Yale-New Haven Hospital.
- The number of alumni who've served as chief residents or chief fellows: 148.
- The number of alumni couples in which both were chief residents: 3 (**George & Kristen Barrios, Rachel Bixler & Josh James, Jazmin & Joseph Lesnick**).
- The number of alumni who were both chief resident and chief fellow: 2 (**Erin Mariano and Regan Rostorfer**).

And in case you're curious, we also looked up the most common last names among our alumni. In a four-way tie for third place are Gonzalez, Martin, Nguyen and Walker (5 alumni). In second place is Davis (6 alumni). And in first place, way out in front, are the 18 alumni named Patel.



Golden couple

Neeka Akhavan, M.D., and Tony Brar, M.D., joined the University of Florida's Internal Medicine Residency Program in the "couples Match." And they've now become two of only three people in UF's entire medicine department nominated recently for membership in the Gold Humanism Honor Society.

"We have been recognized for our humanism, which we developed during our time in medical school," Brar said. "We are extremely proud to have graduated from the FSU College of Medicine, and we think awards like this speak very highly of the excellent education we received in medical school."

"We are starting to learn that, as physicians, times can be emotionally punishing, but connecting with patients as fellow human beings is what renders this much more than just a job to us. It is showing us the importance of life. We do not just treat illnesses; we treat people with illnesses. We are incredibly grateful to have this responsibility."



Michael Weiss

COLIN HACKLEY



Garrett Chumney

Honoring distinguished alumni

When they received their newest garment at the White Coat Ceremony in August, the Class of 2020 also met two role models. Drs. Garrett Chumney and Michael Weiss received Distinguished Alumni Awards for sharing medical knowledge and improving lives.

Chumney was a member of the College of Medicine's inaugural Class of 2005. Having grown up in Apalachicola, he understands the health-care needs of small communities in rural areas, where recruiting new physicians can be a challenge.

He lives in Tallahassee, serving as a preceptor to first- and second-year medical students and taking care of patients at Tallahassee Memorial Hospital's Behavioral Health Clinic. He also regularly drives an hour each way to direct the emergency room and care for patients at Calhoun Liberty Hospital in Blountstown.

In addition, Chumney makes himself available to speak with FSU medical

student groups about the challenges and opportunities awaiting them.

The other honoree, Weiss, is an alumnus of FSU's Program in Medical Sciences. He completed his first year of medical school through PIMS, then transferred in 1991 to the University of Florida. There he has become a leading expert in providing critical care for preterm infants with brain injuries.

He directs the Florida Neonatal Neurologic Network, a collaboration of hospitals providing whole-body cooling for infants who suffer from microbleeding in the brain before delivery.

In the past, there were few options for improving the odds for these babies. But Weiss has been a leader in using high-tech cooling blankets to protect cells on the verge of death and in reducing long-term disabilities for babies who've suffered brain damage.

"Look to these award winners as examples," Assistant Professor Christie Alexander told the first-year students, "and consider the legacy you will build."



John Thomas



Matt Welsh

After the shootings

Among the many health-care professionals who won praise after the tragic shootings in Orlando's Pulse nightclub in June were two Class of 2014 alumni now working as surgery residents at Orlando Health. In a note to Orlando Regional Campus Dean Michael Muszynski, Julie Brown, the senior academic program manager in the orthopedics department, wrote:

"I watched my attending and resident physicians step up and run like a fighting machine. Two of the residents that were here during the critical time were FSU alumni. **Matthew Welsh** and **John Thomas** were two of the many that made us proud."



Gone to Gitmo

For the first time, the College of Medicine has an alumnus practicing at Cuba's Guantanamo Bay. **Andy Hogan** (M.D., '13) completed his residency training at Naval Hospital Camp Pendleton this summer and now serves as one of the staff family medicine physicians at Naval Hospital Guantanamo Bay.

"Andy really pushed for this assignment," said his wife, Alexa, the College of Medicine's former alumni relations coordinator. "We anticipate being here for 2 1/2 to 3 years."

She's so excited that she's even begun a blog called "Discover GTMO" (discovergtmo.wordpress.com), in which she plans on "sharing it all — the move, daily life, and the hidden gems about living on a military base, on a communist island, in the middle of the Caribbean."

The family of four includes son Luke, who turned 1 in June, and golden retriever Camilla.

Combining health care and IT

Never heard of "clinical informatics"? It's the use of data and information technology to deliver health care and assist patients in monitoring their own health — and it's the newest subspecialty approved by the ACGME, which accredits graduate medical education programs.

Now the College of Medicine has its first alum who's board-certified in clinical informatics:

Randa Perkins (M.D., '08).

She actually completed her residency in family medicine at Tallahassee Memorial Hospital. This is how she describes herself on her LinkedIn page: "A techie Family Medicine Hospitalist who has fallen in love with informatics and its potential to improve health care." Perkins has been TMH's executive director of medical informatics since 2012, and at the College of Medicine she teaches a fourth-year elective on the same topic.

"We combine the best parts of IT with the best medical practices and work to improve both," Perkins said in an interview with Intel IT Peer Network. "When working to implement a new IT system into clinical situations, it is imperative to get the clinicians involved. They must have a voice and explain what they need and how they operate. If you don't understand the needs of the physicians, you run the risk of disturbing the doctor-patient relationship; the nurse-patient relationship. You can't afford to interrupt that bond. My main goal is to understand what I can do to deploy the technology and be supportive for a seamless transition."



Patrick honored as 'rising star'

Stephen Patrick (M.D., '07) was one of two Vanderbilt physicians honored this summer by the Tennessee chapter of the American Academy of Pediatrics.

Patrick, assistant professor of pediatrics and health policy in the Division of Neonatology with Vanderbilt's Monroe Carell Jr. Children's Hospital, received the Early Career Physician of the Year Award.

"His passion, drive and determination are truly admirable," said his division director, Susan Guttentag.

Since leaving Florida State, Patrick has been at Harvard School of Public Health, among many other institutions, and has been a Robert Wood Johnson Foundation Clinical Scholar and a senior science policy advisor to the White House Office of National Drug Control Policy. He has focused his career on improving public health systems to optimize maternal and child health.

He's a health services researcher with a focus on Medicaid policy, eliminating health-care-associated infections, substance-exposed infants and neonatal abstinence syndrome. He joined the Vanderbilt faculty in 2013.

"Dr. Patrick is a true rising star in pediatrics," Guttentag told the Vanderbilt University Medical Center *Reporter*. "He has been able to focus media attention on the problem of drug exposure during pregnancy in a way that has mobilized communities and government in positive, not punitive, ways."



Cianna Hatfield, general surgeon

Some medical specialties lean way more toward one sex than the other. General surgery, for example, is an overwhelmingly male pursuit — but not entirely. Among the College of Medicine’s female alumni practicing general surgery are Laura Dacks (M.D., ’05), Maria Castilla (M.D., ’09) Jada Leahy (M.D., ’09) and, as of this summer, **Cianna (Pender) Hatfield** (M.D., ’11).

What’s more, both Cianna and her husband/ classmate, **Jackson Hatfield**, who recently completed their residency training at Louisiana State University, are practicing within a stone’s

throw of the Big Bend, where they grew up.

“Cianna and I accepted jobs in Thomasville, Georgia, and began the last week of August,” said Jackson, a family physician. “Thomasville is close to both of our families and favorite fishing spots. It will give us the opportunity to practice in a rural community but still have excellent medical facilities. Cianna joined a hospital-employed group of six general surgeons. I will be the fourth doctor in a hospital-employed group and will be able to do outpatient and inpatient medicine.”

Alumni tailgate and reunion

Match Day, one of the most action-packed dates on the College of Medicine calendar, is getting even better. Starting in 2017, Match Day also will be the anchor of the Alumni Reunion weekend.

So in addition to fourth-year students converging on the main campus from every regional campus, alumni will also be joining the celebration. Although all alumni are welcome at every reunion, the upcoming reunion especially features the Classes of 2007 and ’12, in addition to the Program in Medical Sciences Classes of T-’77, ’82, ’87, ’92 and ’97.

Alumni, please consider not only attending but also serving as a reunion volunteer. The No. 1 role of those volunteers is to encourage classmates to attend. If you’re interested, call Alumni Relations Coordinator Chelsea Knott at (850) 645-9428 or email her at chelsea.knott@med.fsu.edu.

Coming up much sooner on the calendar is the Oct. 15 Fall Tailgate, in the College of Medicine courtyard on FSU Homecoming weekend. This year FSU is playing Wake Forest, and the tailgate will begin four hours before the game starts. (Kickoff time TBA.) Depending on the time, there will be either a catered brunch or a catered lunch, free of charge. There will be games for kids, too, so we encourage you alumni and friends to bring your families.

2005

Sarah (Fein) Mulkey, M.D., after several years at Arkansas Children's Hospital, is now a physician at Children's National Health System in Washington, D.C.

2007

John Beach, M.D., received the Doctor of the Quarter award at Holy Cross Hospital in Fort Lauderdale. He and his wife, Jaime, welcomed the birth of their son, John, in March.

Sandy Ruiz Calle, M.D., has been promoted to assistant medical director of pediatrics at Miami Beach Community Health Center.

2008

Thomas Griffin Gaines, M.D., finished his interventional cardiology fellowship at Lenox Hill Heart and Vascular in Manhattan this year and has joined Cardiology Associates of Bradenton.

Kathryn Hunt, M.D., completed seven years of active duty with the U.S. Navy and is practicing family medicine in the Sacred Heart Health System in Pensacola.

2009

Maria Castilla, M.D., completed her residency training in Roanoke, Virginia, and is working as a general surgeon in Punta Gorda, Florida.

Michael Lee, M.D., is assistant professor of pathology and cell biology at Columbia University in New York.

Lauren Ruoss, M.D. (*See Justin Ruoss item under Class of 2010*)

Kimberley Thornton, M.D., is a reproductive endocrinology and infertility specialist at Reproductive Medicine Associates of New York. She also is assistant clinical professor of reproductive endocrinology and infertility, Icahn School of Medicine at Mount Sinai.

Mai Vo, M.D., is associate program director of the critical-care fellowship at Orlando Regional Medical Center.

Aaron Wagner, M.D., is a vascular surgeon at Memorial Hospital West in Pembroke Pines, Florida. He completed his residency at Temple University Hospital in 2014 and afterward completed a fellowship at Montefiore Medical Center in the Bronx.

2010

James Boron, M.D., is in a surgical critical care, trauma and burn fellowship at John H. Stroger Trauma Center, in Chicago's Cook County Health System.

Shoshana Hacker, M.D., is a private-practice general surgeon at St. Lucie Medical Center in Port St. Lucie, Florida.

Glenn Hoots, M.D., is an interventional radiology attending physician with Florida Interventional Specialists at Tampa General Hospital. This summer he completed a fellowship there in vascular and interventional radiology, and last summer he finished his diagnostic radiology residency program at University of Massachusetts Memorial Medical Center.

Meghan Martin, M.D., has completed her pediatric emergency medicine fellowship in Buffalo and begun her role as an attending physician at Johns Hopkins All Children's

Hospital in St. Petersburg. Last year was also a big year for her: She was named to the Gold Humanism Honor Society and became the mother of Riley Martin, her third child.

Vanessa Prowler, M.D., is doing a one-year breast surgical oncology fellowship at Mount Sinai Beth Israel in New York. Afterward she hopes to practice in Tampa, where she did her residency.

Justin Ruoss, M.D., and spouse **Lauren (Walker) Ruoss, M.D.** (Class of 2009), have moved to Gainesville so Justin can pursue his additional residency in radiology. He completed a pediatric residency at Medical University of South Carolina and took part in a pediatric cardiology fellowship program at Harvard. Lauren completed a Harvard fellowship in neonatal-perinatal medicine and now is a neonatologist with UF Shands.

Anthony Sochet, M.D., has completed his pediatric critical care fellowship at Children's National Medical Center in Washington and is an attending physician at Johns Hopkins All Children's Hospital in St. Petersburg. His classmate/wife, **Kristin Sochet, M.D.**, is a family physician at Bayfront Health in St. Pete.

Alison Tam, M.D., is a psychiatrist at two of Boston Medical Center's affiliated community health centers and the director of the Quality Improvement Curriculum at the Boston University Psychiatry Residency Program. She also completed a Master of Public Health degree in May at Boston University School of Public Health.

Chantel Walker, M.D., is in a pediatric emergency medicine fellowship at Carolinas HealthCare System in Charlotte.

John Wynne, M.D., is an internist at Carolinas Medical Center in Charlotte, North Carolina. This summer he completed a fellowship in critical care/pulmonary medicine.

2011

Brett Armstrong, M.D., who got married a year ago, finished his residency in June, one day before the birth of his son, Gabriel Matthew. He has moved back to Tampa and is the new general surgeon with BayCare working at St. Joseph's Hospital North.

Sanaa Bhatti, M.D., has completed her child and adolescent psychiatry fellowship at Mount Sinai Hospital, where she served as chief fellow in her second year. Now she has joined the faculty as an attending physician in the outpatient clinic at Mount Sinai St. Luke's. She is also an assistant professor of psychiatry at the Icahn School of Medicine at Mount Sinai.

Veronica (Finnegan) Carden, M.D., completed her residency at SUNY Upstate Medical Center and is practicing at First Radiation Oncology Group in St. Augustine.

Natalie Ciomek, M.D., is doing a fellowship in hematopathology at Icahn School of Medicine at Mount Sinai. That's where she just completed a fellowship in gastrointestinal pathology.

Matthew Cox, M.D., is taking part in an otology and neurotology fellowship program at the University of Arkansas for Medical Sciences, where he just graduated from the otolaryngology residency program.

Kathleen Crick, M.D., is working for Pediatrix Medical Group of Florida in Orlando. Her residency training was at Orlando Health.

Jonathan Dean, M.D., graduated this summer from the Halifax Health general surgery residency program. He's now practicing with Florida Health Care-General Surgery in Daytona Beach.

Nihar Ganju, M.D., has a digital health fellowship at George Washington University Hospital, where he completed his residency in OB-GYN.

Jessica Gershen, M.D., and **Robert Daly, M.D.** (Class of 2012), have returned to Daytona Beach to work as emergency physicians at Halifax Health.

Jennifer (Tota) Kemper, M.D., is a forensic psychiatrist and assistant professor at University of North Carolina Medical Center-Wake Brook Recovery Center Hospital in Chapel Hill. Last year she completed her residency at University of California San Francisco.

Eric Martinez, M.D., wrapped up his general surgery residency program this summer and has begun a two-year transplant surgery fellowship at the University of Wisconsin-Madison.

Kathleen McGlynn, M.D., is practicing at Gianna Center of the Gulf South in Covington, Louisiana. She completed her OB-GYN residency at St. Johns Mercy Medical Center in St. Louis and a fellowship in medical and surgical NaPro Technology at Pope Paul VI Institute in Omaha.

Kara Monday, M.D., has completed her general surgery residency at Washington (D.C.) Hospital Center, where she was administrative chief resident. She's now in the Surgical Critical-Care Fellowship Program at Baylor University Medical Center-Dallas.

Joshua Powers, M.D., has completed his fellowship in interventional pain management at Emory University. In October, he'll begin practicing in Tampa at Bain Complete Wellness.

Lauren (Engelmann) Smith, M.D., is a family physician at Fairview Clinics in Columbia Heights, Minnesota. This summer she completed her residency at the University of Texas Southwestern-Austin.

2012

Andrew Burzynski, M.D., is in the anesthesiology residency program at Yale New Haven Hospital. He already completed a pediatrics residency at Jackson Memorial Hospital in Miami.

Trina Chakravarty, M.D., completed her OB-GYN residency training at SUNY Downstate Medical Center in Brooklyn and is working in a private practice in Boston.

Brian Cogburn, M.D., has completed his preventive medicine residency at Kaiser Permanente in San Francisco. "I was hired as junior faculty in the Global Health Department at UF," he wrote, "working half the time as a hospitalist at Shands and half the time in Haiti."

Robert Daly, M.D. (*See Jessica Gershen item under Class of 2011*)

Lindsay (Martin) Kissane, M.D., matched into the female pelvic medicine and reconstructive surgery fellowship at University of Alabama Birmingham.

Demetrios Konstas, M.D., is in the multiple sclerosis fellowship program at USF Health in Tampa, where he completed his neurology residency training this summer.

Andrew Lane, M.D., has completed his OB-GYN residency at Greenville (South Carolina) Hospital System and is in a maternal-fetal medicine fellowship at Eastern Virginia Medical School.

Amber McClain, M.D., is a pediatric gastroenterology fellow at Salt Lake City, Utah.

Kristen Misiak, M.D., is practicing at Kaiser Permanente in San Francisco, where she completed her OB-GYN residency program this summer.

Alok Nath Pandya, M.D., is chief resident at his family medicine program at Temple University Hospital in Philadelphia. His wife/classmate, **Dharmini Shah, M.D.**, is a hospitalist at Temple.

Chetan Patel, M.D., has been named chief resident for the Jackson Health System General Surgery Residency Program at the University of Miami – Palm Beach Regional Campus. He has accepted a fellowship in advanced GI and minimally invasive surgery at the University of Alabama Birmingham.

Carolina Pereira, M.D., is an assistant professor in the Department of Emergency Medicine at UF Health-Jacksonville. She completed her residency training at Orlando Regional Healthcare and a yearlong fellowship in EMS/disaster medicine at the Fire Department of New York and Long Island Jewish Hospital.

Aaron Snyder, M.D., is practicing emergency medicine with Emergency Resources Group in Jacksonville.

Joseph Torres, M.D., has moved to Asheville, North Carolina, and is working as an emergency physician at Haywood Regional Medical Center. His residency program was in Baton Rouge.

Helen Vo, M.D., has completed her residency training at Emory University and joined the JLR Anesthesia Group at Florida Hospital in Orlando.

2013

Emile Barreau, M.D., is a family physician at Cleveland Clinic Florida in Weston. Last year he was chief family medicine resident at the University of Miami/Jackson Memorial Hospital.

Eva Bellon, M.D., completed her family medicine residency at Halifax Health in Daytona Beach and is now a hospitalist at Orlando Regional Medical Center.

Zeena Mae Bentinganan Cortes, M.D., is medical director of the Community Medicine Clinic-Florida Hospital. That's in Orlando, where she also did her residency training.

Gabrielle (Messmer) Boodoo, M.D., is working in an outpatient pediatric clinic in Culpepper, Virginia, and husband/classmate

Jesse Boodoo, M.D., is taking part in a rheumatology fellowship at the University of Virginia. Their residency programs were at Palmetto Health in Columbia, South Carolina.

Jason Boothe, M.D., is doing a sports medicine fellowship at the University of North Carolina Chapel Hill. He wrapped up his family medicine residency at Carolinas Medical Center this summer.

Andrew Calzadilla, M.D., is chief resident of the University of Miami-Jackson Memorial Hospital Family Medicine Residency Program.

Monica Chatwal, M.D., completed her internal medicine residency at Emory University and is in a hematology/oncology fellowship at Moffitt Cancer Center in Tampa.

Marc Cillo, M.D., has an endocrinology fellowship at the University of Texas Health Science Center in Houston.

Stephen Cooke, M.D., is a family physician in Jacksonville. This summer he completed residency training at the Southern Regional Area Health Education Center in Fayetteville, South Carolina.

Meghan Fabrizi, M.D., finished her residency at the University of Connecticut and is practicing emergency medicine at Columbia-St. Mary's Hospital in Milwaukee.

Amanda Garnett, M.D., is practicing outpatient general pediatrics at Leboeuf & Buras MDs in Metairie, Louisiana. She did her residency training at the LSU School of Medicine in New Orleans.

Sarah Genet, M.D., completed her internal medicine residency at Georgetown University Hospital/Washington Hospital Center. She writes: "I am engaged, getting married in Miami on Dec. 11 and moving to Australia."

Patrick Gill, M.D., has completed his internal medicine residency at Carolinas Medical Center and is practicing at Thomasville (North Carolina) Medical Associates. His wife/classmate, **Kathryn Winn, M.D.**, has

completed her pediatric residency at Carolinas Medical Center and is pursuing a neonatology fellowship at Wake Forest Medical Center.

Zachary Hale, M.D., is in a cardiology fellowship at the Texas Heart Institute in Houston. This summer he finished his internal medicine residency at the University of Michigan Hospitals in Ann Arbor.

Jason Konopack, M.D., has an academic appointment with the University of Florida, in his location of UF Health Family Medicine-Old Town.

Stephen Lozier, M.D., is an emergency physician at NCH Healthcare System in Naples, Florida. This summer he completed his residency at Wake Forest Baptist Medical Center.

Zarko Manojlovic, Ph.D., is now senior postdoctoral fellow at Keck Medicine, University of Southern California.

Jennifer Miller, M.D., has joined Novant Health Rowan Family Physicians in Salisbury, North Carolina. She completed her residency training at Wake Forest Baptist Medical Center this summer.

Mary Norton, M.D., and husband Doug welcomed twin daughters Emily Rose and Abigail Lily in June and moved back to Florida from South Carolina. "I plan to start working at an outpatient pediatric office or urgent care center part time in the spring. Any suggestions for job opportunities would be greatly appreciated."

David Page, M.D., completed his emergency medicine residency at the University of Alabama Medical Center in Birmingham and has begun a two-year critical-care medicine fellowship at Washington University/Barnes-Jewish Hospital in St. Louis.

Fernando Parra-Ferro, M.D., is an emergency physician at Bixler Trauma & Emergency Center at Tallahassee Memorial HealthCare.

Roxanne Samuels, M.D., is now a pediatric hospitalist in Tampa. She completed her residency at Morehouse School of Medicine.

Shawn Shah, M.D., completed the internal medicine residency program at Dartmouth-Hitchcock Medical Center and is in the Gastroenterology and Hepatology Fellowship at New York Presbyterian/Weill Cornell Medical Center.

Dale Taylor, M.D., is a "nocturnist" (nighttime hospitalist) at UF Health Shands Hospital in Gainesville. He completed his family medicine residency there this summer.

Karina Walker, M.D., is an emergency physician at Trinity Hospital in Minot, North Dakota. This summer she completed her residency at Louisiana State University Health Sciences Center in Shreveport.

Emily (Dodenhoff) Walroth, M.D., is a general pediatrician at Beaufort-Jasper-Hampton Comprehensive Health Services in Ridgeland, South Carolina. She did her residency training downstate in Greenville.

2014

Matthew Clark, M.D., who's doing his pediatric residency at Vanderbilt University Medical Center in Nashville, has been chosen as chief resident for the 2017-18 year. He also got married in August.

Amarateedha Prak, M.D., is a flight surgeon with the 3rd Marine Aircraft Wing at Marine Corps Air Station Camp Pendleton in Oceanside, California.

Samantha Rupert, M.D., has been named Region 4 director of the American Medical Women's Association Resident Division.

Taylor (Smith) Simmons, M.D., is chief resident in the Emergency Medicine Residency Program at the University of Alabama at Birmingham.

David Swoboda, M.D., is chief resident in the Internal Medicine Residency Program at Georgetown University Medical Center and has accepted a hematology/oncology fellowship for next year.

Mitchell Whitehead, M.D., has been named chief resident of the Tallahassee Memorial HealthCare Family Medicine Residency Program.

2015

Maggie Hilder, M.D., who completed one year of pediatric residency at the University of Connecticut in Hartford, has accepted a PGY-2 position in psychiatry at George Washington University.

Program in Medical Sciences

1993

Michael Okun, M.D., chair of neurology at the University of Florida, was quoted extensively in a June 4 *USA Today* article on Muhammad Ali's Parkinson's disease.

These notes were received as of Aug. 31, 2016. Updates received after that will be included in the next issue of FSU MED.



CLASS OF 2016 RESIDENCY MATCH

FAMILY MEDICINE (20)

Alexandru Barabas, M.D., North Florida Regional Medical Center (Florida)

Daniel Bernabe Jr., M.D., Tallahassee Memorial HealthCare (Florida)

Casey Burnette, M.D. (family medicine/urban), Carolinas Medical Center (North Carolina)

Patricia Chipi, M.D., Mayo School of Graduate Medical Education (Florida)

Amanda Danley, M.D., Florida State University College of Medicine at Lee Memorial Health System (Florida)

Kristen Dimas, M.D., Florida State University College of Medicine at Lee Memorial Health System (Florida)

Gregorie Elie, M.D., Self Regional Healthcare (South Carolina)

Claras (Leandre) Ellis, M.D., Tallahassee Memorial HealthCare (Florida)

Louis Gerena, M.D., Trident Medical Center (South Carolina)

Aruna Khan, M.D., Mayo School of Graduate Medical Education -Jacksonville (Florida)

Brian McDaniel, M.D., University of South Florida Morsani College of Medicine (Florida)

Kenneth O'Dell, M.D., Florida State University College of Medicine at Lee Memorial Health System (Florida)

Huma Razzaq, M.D., Advocate Lutheran General Hospital (Illinois)

Makandall Saint Eloi, M.D., Jackson Memorial Hospital (Florida)

Robert Solomon Jr., M.D., Tallahassee Memorial HealthCare (Florida)

Luke Stowers, M.D., St. Anthony North Hospital (Colorado)

Amy-Joy Thompson, M.D., University of South Florida Morsani College of Medicine (Florida)

Tamra Travers, M.D., Icahn School of Medicine at Mount Sinai Beth Israel (New York)

Mary Jane Tucker, M.D., Tallahassee Memorial HealthCare (Florida)

Kadijo Wade, M.D., St. Vincent's Medical Center (Florida)

INTERNAL MEDICINE (18)

Omid Baniahmad, M.D., Louisiana State University School of Medicine (Louisiana)

Andrew Birr, M.D., Orlando Health (Florida)

Jared Davis, M.D., University of Alabama Medical Center (Alabama)

John Dudley, M.D., Rhode Island Hospital/Brown University (Rhode Island)

Marielys Figueroa-Sierra, M.D., Carolinas Medical Center (North Carolina)

Justin Forde, M.D., University of Florida College of Medicine-Shands Hospital (Florida)

Chad Gonzalez, M.D., Orlando Health (Florida)

Shaun Hoenstine, M.D., University of Florida College of Medicine-Shands Hospital (Florida)

Tiffany (Jacobson) Lambrou, M.D., University of Florida College of Medicine-Shands Hospital (Florida)

Syeda Muzaffar, M.D., Methodist Health System-Methodist Dallas Medical Center (Texas)

Todd Nanni, M.D., Naval Medical Center Portsmouth (Virginia)

Jesse O'Shea, M.D., Yale School of Medicine-New Haven Medical Center (Connecticut)

Maxim Olivier, M.D., Orlando Health (Florida)

Neeti Pradeep, M.D., Hofstra North Shore School of Medicine (New York)

Shakirat Salvador, M.D., Duke University Medical Center (North Carolina)

Trisha Sengupta, M.D., Kaiser Permanente (California)

Saritha Tirumalasetty, M.D., Hofstra North Shore School of Medicine at Lenox Hill Hospital (New York)

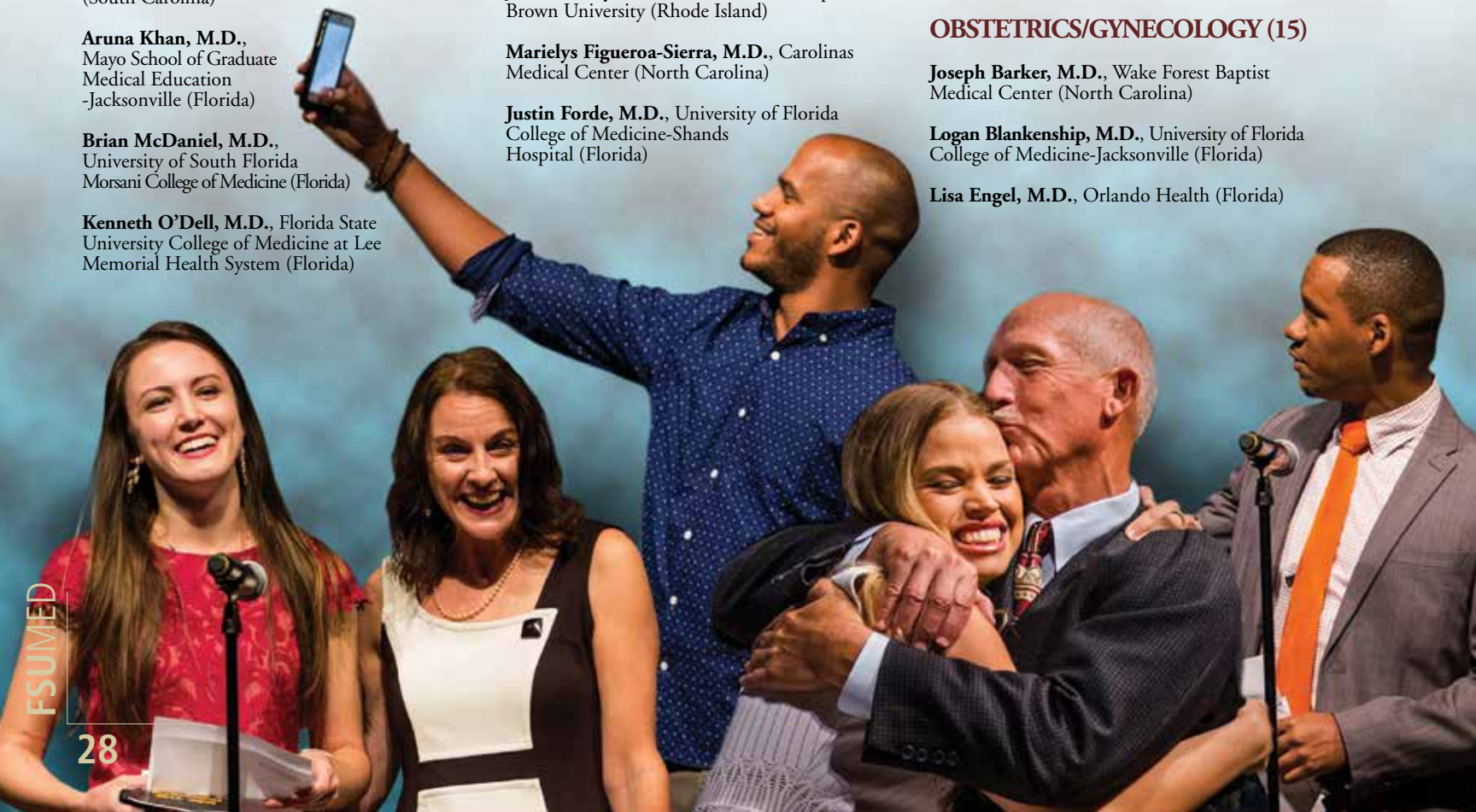
Nathan Wass, M.D., Mount Auburn Hospital (Massachusetts)

OBSTETRICS/GYNECOLOGY (15)

Joseph Barker, M.D., Wake Forest Baptist Medical Center (North Carolina)

Logan Blankenship, M.D., University of Florida College of Medicine-Jacksonville (Florida)

Lisa Engel, M.D., Orlando Health (Florida)



Sarah Evans, M.D., University of Florida
College of Medicine-Shands Hospital (Florida)

Cielo Gnecco, M.D., Orlando Health (Florida)

Jason Gronert, M.D., University of Florida
College of Medicine at Sacred Heart Health
System (Florida)

Nicholas Jeffrey, M.D., Keck School of
Medicine University of Southern California
(California)

Heather Lopez, M.D., Barnes-Jewish Hospital
(Missouri)

Lindsey McAlarnen, M.D., Loyola University
Medical Center (Illinois)

Carson Rodeffer, M.D., Orlando Health (Florida)

Arielle Schreck, M.D., East Tennessee State
University Quillen College of Medicine (Tennessee)

Ivana Simpson, M.D., University of Texas
Medical School at Houston (Texas)

Taleia Spence, M.D., University of South
Alabama Hospitals (Alabama)

Ashworth Woody, M.D., University of South
Florida Morsani College of Medicine (Florida)

Mariya Zhukova, M.D., WellStar Kennestone
Regional Medical Center (Georgia)

PEDIATRICS (15)

Anam Ali, M.D., University of Florida College
of Medicine-Jacksonville (Florida)

John-Anthony Coppola, M.D., University of
Florida College of Medicine-Shands Hospital
(Florida)

Elizabeth Coughlin, M.D., University of
Florida College of Medicine at Arnold Palmer
Hospital for Children (Florida)

Brittany DePriest, M.D., University of
Louisville School of Medicine (Kentucky)

Tavanner (Black) Dibert, M.D., University of
Florida College of Medicine-Shands Hospital
(Florida)

Brittany DiFabio, M.D., University of Florida
College of Medicine-Shands Hospital (Florida)

Clinton Dunn, M.D., Eastern Virginia
Medical School (Virginia)

Loren Farley, M.D., University of Tennessee
College of Medicine (Tennessee)

Raechel Irons, M.D., University of Florida
College of Medicine-Shands Hospital (Florida)

Elizabeth Keiner, M.D., Vanderbilt University
Medical Center (Tennessee)

Clarissa Lomonaco Dunn, M.D., Naval
Medical Center Portsmouth (Virginia)

Mark Rohaus, M.D., Cincinnati Children's
Hospital Medical Center (Ohio)

Priya Singh, M.D., Jackson Memorial Hospital
(Florida)

Robyn Torof, M.D.,
University of Toledo
(Ohio)

Alyssa Woodard, M.D., All Children's Johns
Hopkins Pediatric Residency Program (Florida)

SURGERY, GENERAL (10)

Shlermine Aupont, M.D., Florida State
University College of Medicine at Tallahassee
Memorial HealthCare (Florida)

Jordan Bilezikian, M.D., New Hanover
Regional Medical Center (North Carolina)

James Cassiano, M.D., Wake Forest Baptist
Medical Center (North Carolina)

Alejandro Chavarriaga, M.D., Atlanta Medical
Center (Georgia)

Ryan Fitzgerald, M.D., Akron General
Medical Center/Northeast Ohio Medical
University (Ohio)

Justin Lee, M.D., Florida State University
College of Medicine at Tallahassee Memorial
HealthCare (Florida)

Laurence Lentz II, M.D., New York Medical
College at Metropolitan Hospital Center (New York)

Gesnyr Ocean, M.D., Orlando Health (Florida)

Joseph Savarese II, M.D.,
University of Arkansas for
Medical Sciences at Little Rock
(Arkansas)

Alexander Schrodtt, M.D.,
Texas Tech University Health
Sciences Center-El Paso (Texas)





ANESTHESIOLOGY (9)

Joseph Babcock, M.D., University of Alabama Medical Center (Alabama)

Kevin Draper, M.D., Medical University of South Carolina (South Carolina)

Hanna Lee, M.D., New York-Presbyterian Hospital-Columbia University Medical Center (New York)

Nicholas Mangnitz, M.D., University of Alabama Medical Center at Birmingham (Alabama)

Christine McLaughlin, M.D., Yale School of Medicine-New Haven Medical Center (Connecticut)

Patrick Millan, M.D., University of Virginia School of Medicine (Virginia)

Cesar Moreno, M.D., University of Alabama Medical Center at Birmingham (Alabama)

Silvana Rolong, M.D., Kendall Regional Medical Center (preliminary-surgery, Florida State University College of Medicine at Tallahassee Memorial HealthCare) (Florida)

Heather Tramel, M.D., Vanderbilt University Medical Center (Tennessee)

EMERGENCY MEDICINE (7)

Aarian Afshari, M.D., Emory University School of Medicine (Georgia)

Joshua Burns, M.D., Case Western MetroHealth Medical Center (Ohio)

Adam Field, M.D., University of Arizona College of Medicine at Tucson (Arizona)

Andrew Freeth, M.D., Wayne State University School of Medicine/Sinai-Grace Hospital (Michigan)

Melissa Geary, M.D., Hospital of the University of Pennsylvania (Pennsylvania)

Sasha Kaiser, M.D., Denver Health Medical Center (Colorado)

Landon Lichtman, M.D., University of Florida College of Medicine-Jacksonville (Florida)

SURGERY, ORTHOPEDIC (4)

Kyle Andrews, M.D., University of Toledo (Ohio)

Eric Branch, M.D., University of South Florida Morsani College of Medicine (Florida)

Daniel Miller, M.D., Orlando Health (Florida)

Nima Rezaie, M.D., Orlando Health (Florida)

NEUROLOGY (3)

Tara Becker, M.D., Mayo School of Graduate Medical Education (Florida)

Kathleen (Wood) Murray, M.D., University of South Florida Morsani College of Medicine (Florida)

Megan Walley, M.D., University Hospital in Jackson (Mississippi)

OPHTHALMOLOGY (2)

Sarah Avila, M.D., Hofstra North Shore School of Medicine at Lenox Hill Hospital (preliminary-medicine) (New York)

Jason Miles, M.D., University of Florida College of Medicine-Shands Hospital (preliminary-medicine) (Florida)

PSYCHIATRY (2)

Cashana Betterly, M.D., University of Colorado School of Medicine (Colorado)

Matthew Harnach, M.D., University of Florida College of Medicine-Shands Hospital (Florida)

RADIATION ONCOLOGY (2)

Joshua Dault, M.D., Virginia Commonwealth University Health System (preliminary-medicine) (Virginia)



William Stross, M.D., Mayo School of Graduate Medical Education (Florida)

RADIOLOGY, DIAGNOSTIC (2)

Andrew Golden, M.D., Duke University Medical Center (preliminary-medicine, Florida State University College of Medicine at Tallahassee Memorial HealthCare) (Florida/North Carolina)

Ryan Sutherland, M.D., University of Maryland Medical Center (preliminary-medicine, Memorial Health University Medical Center) (Georgia/Maryland)

DERMATOLOGY (1)

Samantha Marrone, M.D., Florida State University College of Medicine at Tallahassee Memorial HealthCare (preliminary-medicine) (Florida)

MASTER OF PUBLIC HEALTH (1)

Cesar Garcia-Canet, M.D., George Washington University Milken Institute School of Public Health (Washington, D.C.)



OCULAR PATHOLOGY RESEARCH FELLOWSHIP (1)

Joah Aliancy, M.D., University of Utah (Utah)

OTOLARYNGOLOGY (1)

Julia Comer, M.D., University of Florida College of Medicine-Shands Hospital (Florida)

PATHOLOGY (1)

Christina Gutierrez, M.D., Emory University School of Medicine (Georgia)

SURGERY, NEUROLOGICAL (1)

John Kanter, M.D., Dartmouth-Hitchcock Medical Center (New Hampshire)

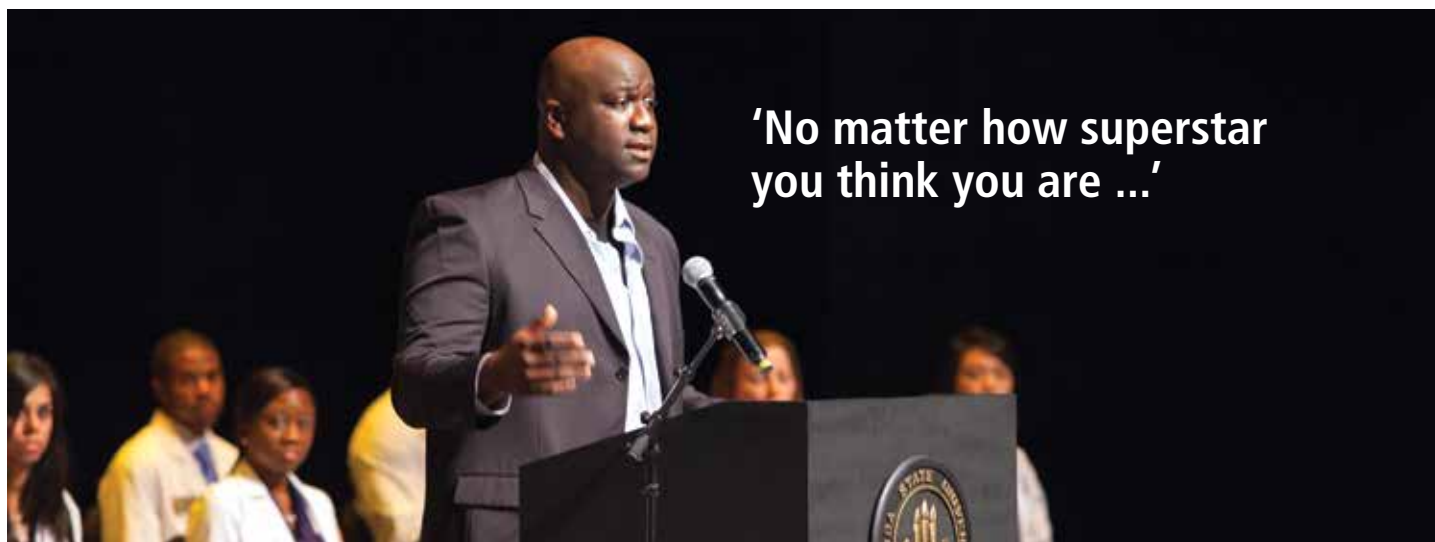
SURGERY, PRELIMINARY (1)

Daniel Tarazona, M.D., Milton S. Hershey Medical Center at Pennsylvania State University (Pennsylvania)

UROLOGY (1)

Eric Webb, M.D., Augusta University Medical College of Georgia (preliminary-surgery) (Georgia)





COLIN HACKLEY

Jimmy Moss (M.D., '10) is one of the College of Medicine's more remarkable stories. His father was in and out of jail. His mother was ill and unable to work. At age 13, he had a job, paid the bills and looked after his brother and sister. At times, they lived in a homeless shelter.

Yet, somehow, he thrived in school and completed internal medicine and anesthesiology residency training at the Mayo Clinic in Jacksonville, while also working as a primary-care physician seeing underserved patients in the evenings. He's currently a fellow in anesthesia critical care at Harvard. In part, he credits College of Medicine outreach programs with his success, so he's often asked to inspire others who don't have a smooth path into medical school.

Here's an excerpt from his speech at the Minority Association of Premedical Students induction ceremony, where he credited Director of Outreach Thesla Berne-Anderson. She was his academic advisor when he was "a clueless college kid seeking a career."

You're not just getting inducted into a premed organization. You're getting inducted into a family. Mrs. Anderson truly is a mom to me. Trust me, she has put a lot of energy into other people's dreams. This is a special place. And the investment that they put into you — they want a return. Not a financial return, but your effort, your dedication. They want you to put your best foot forward.

As you learn to become more successful, you're going to have to learn to deal with failure. It's inevitable. You can't be the best without having some of the biggest failures.

I tell you that from tons of experience. In October 2014, sitting at my dinner table, I opened up my cellphone and had a letter from the American Board of Internal Medicine. That letter said, "Internal Medicine Board Certification" — and next to that it said, "Failed." *Failed.* Wow. "This can't be happening! I'm Jimmy Moss. I don't fail tests. I don't NOT do well. How did this happen? How did I go through all the things I went through, why did God bring me to this point in my life, and I *failed*?"

Imagine how embarrassing that is. Imagine being an ambassador of this university. A leader at Mayo Clinic in the internal medicine department. And I failed my board exam! The last time I failed a test, I think I was in kindergarten. At the biggest moment of my life, I didn't show up.

So I reevaluated. Why didn't I do well? It dawned on me: I didn't study. Simple as that. Didn't study. I *thought* I studied. I looked at the questions. I thought: "I know this stuff. I'm teaching classes. I'm teaching residents. Internal medicine is like the back of my hand." But I got so used to being on top — I got so used to my Jimmy Moss-ness coming through at the last minute — that I got comfortable. "A test? I got this." I kept saying: "I got this." [*Even though he was also starting his anesthesia residency, and his daughter was born four weeks early:*] "I got this."

Then I went through the first five questions of the test and thought: "I *don't* have this!" I keep telling people to be better than who you were the day before. I thought that it was going to work out, but it didn't. "Did you really, really put the time in? Dedicate yourself?" No, I really didn't.

I'm telling you all that as a warning. Because no matter how good you are, no matter how superstar you think you are, if you don't keep putting the work in, you will fail.

When the next year came around — you've got to wait a whole year — I literally studied for two weeks hardcore. And passed with flying colors. It was so easy! If I had just put the information together and put the time in the previous year...

No matter how great you become, humble yourself. Continue to appreciate the process. Continue to put your time in. Don't put yourself in situations where your success can cause you to become numb.

It's a wonderful feeling being a physician. I walk into some of the best institutions in the world, and I get the opportunity to take care of patients. And it all started here.

So take advantage of this opportunity. Continue to appreciate everything that's happening right now. Continue to work hard. Continue to dedicate yourself. And I promise you it's all going to work out.

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As a community-based medical school, the FSU College of Medicine provides clinical training at regional medical school campuses around the state through affiliations with local physicians, ambulatory care facilities and hospitals. The medical school is proud to recognize its partner institutions and organizations.



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4 Pensacola Campus

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No pressure: Medical school can be nerve-wracking, especially for a first-year student in the first semester. For Payton Whiddon (center), the stakes seemingly increased one July morning in the college's Clinical Learning Center when College of Medicine Dean John P. Fogarty (left) dropped by unannounced to observe (and teach). Having a cameraman there as well? That probably didn't help, either.

END NOTE



COLIN HACKLEY