

FSU MED

Hugs, watermelons
and chocolate-chip
cookies. A few of
the ways patients
say 'thank you' to
THEIR doctor.

AT HOME IN ARCADIA

PLUS:

MEDICAL EDUCATION - DELIVERED
FROM FOOTBALL TO FAMILY PHYSICIAN





Welcome to the Summer 2012 edition of FSU MED. Here at the College of Medicine, we continue our cycle: from graduation of one class to orientation of a new one just 10 days

later, followed by the new students' White Coat Ceremony, then on to the fourth-year students' Match Day and graduation. That cycle seems to be moving faster. It was a joy for me to preside over May's commencement ceremony for the Class of 2012, since that was the first class I welcomed as the "new Dean." That was four years ago already. Now that we have graduated eight classes since 2005, it's a good time to see how we're doing.

As the first new medical school of the 21st century, we committed to help solve Florida's physician shortage, particularly among underserved, rural and underrepresented communities. In previous issues of FSU MED we've highlighted early graduates who splendidly answered the call to serve in these areas and are thriving. In this issue, you'll meet another such alum: Fawn Harrison, Class of '05, now a pediatrician in Arcadia. Not only is she serving patients in rural southwest Florida, but also she is on our faculty and takes students from our Sarasota campus under her wing.

In my travels around the state, I've frequently said that we have better stories than statistics, but now we're developing great stats to back up those stories. We have graduated 567 new doctors, and they are matching at wonderful graduate medical education programs. More than 57 percent of them are matching in primary care, the kinds of physicians that Florida needs most. Unfortunately, the majority of our graduates (68 percent from the Class of 2011, 62 percent from the Class of 2012) are matching at out-of-state programs. I have several thoughts about that:

- Our students are competitive nationally for the best programs, and I'm pleased to see them match so well. Match Day highlights the quality of our educational program in spades.
- I believe that our community-based model and our focus on admitting Florida residents make it more likely that they'll return to Florida upon completing those out-of-state programs. Early data suggest that the relationships Florida communities build with our students is going to have a tremendous influence on future practice plans: As of June, one-third of our graduates who are in practice are doing so in a community where we have a regional campus.
- It is incumbent upon us to develop high-quality training programs that fit our mission and build our workforce here in Florida. Our newly accredited internal medicine residency program with Tallahassee Memorial and our family medicine residency program under review to start in 2013 with Lee Memorial in Fort Myers are huge steps in the right direction.

Besides describing our alumni's career paths, this magazine provides a glimpse into the heart of our program – the research, the achievements, the innovations, the people who make this a medical school to watch. And so the cycle continues. Before you know it, graduation time will arrive again, and we'll have a whole new batch of success stories to tell.

Keep your eye on the College of Medicine.

John P. Fogarty, M.D.

Dean, College of Medicine

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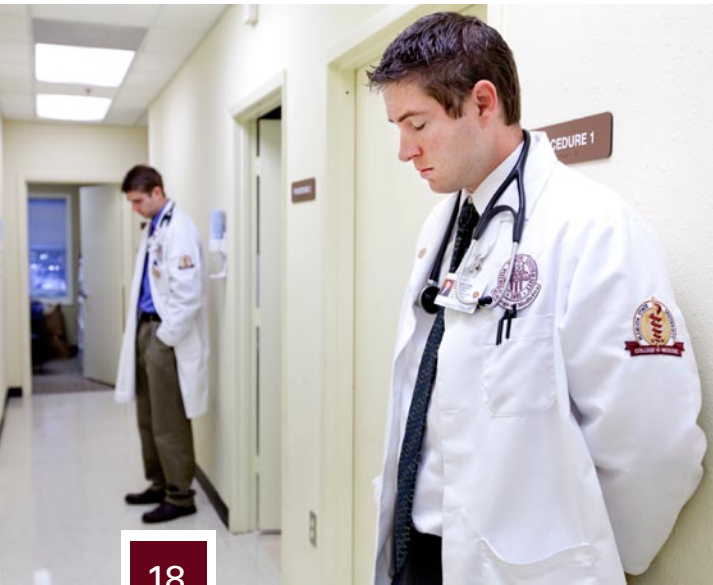
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Good lineman, good listener

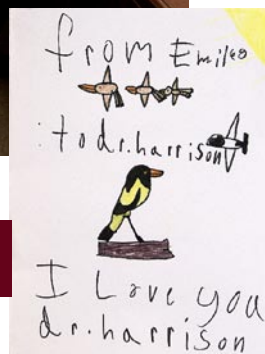
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The violent nature of the game forced former Florida State football player David Castillo to re-evaluate his specialty choice. Serving as an influential role model for kids affected by violence and drugs also had an impact.



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**on the cover**

Fawn Harrison (M.D., '05) always knew she'd take care of children in a small town. She's now a beloved pediatrician in Arcadia (population: 6,554)..

COLIN HACKLEY

scientific endeavors



At home in the lab

Growing up near the Bosnian capital of Sarajevo, Zarko Manojlovic was six years old when he remembers becoming fascinated hearing a family friend – a physician – talk about cancer one evening at the dinner table.

“I started thinking about it and I had this idea that trees do not get cancer, so I began collecting samples to see if there was something in the juices that prevent trees from getting cancer,” Manojlovic said, laughing at the memory.

Doesn’t matter that he later learned trees actually can, and do, get cancer. A love for science was born.

“That was a turning point for me,” he said.

The passion for research remains strong. It has survived a civil war and family moves from Bosnia to Germany and then to Thomasville, Ga. Science even won out over soccer when Manojlovic gave up an athletic scholarship to accept a full academic scholarship at Thomas University.

Today Manojlovic is pursuing a Ph.D. in biomedical sciences at the College of Medicine, working in the lab of his mentor, Associate Professor Branko Stefanovic.

The work is hard, often requiring days (and nights) of 15 or more hours in the lab. The rewards, of late, have made the investment worthwhile. Manojlovic won a competitive three-year, \$108,000 NIH grant that will fund his work through completion of the biomedical sciences program. His winning entry: “The translation and regulation of Type I collagen in liver fibrosis as a target for new drug development.”

Based on his success in Stefanovic’s lab, Manojlovic also was chosen to receive a Florida State University Graduate Student and Research Creativity Award and received the Randolph L. Rill Outstanding Graduate Student Award from the Department of Biomedical Sciences.

“I’m a very hard worker, and I’m very competitive,” Manojlovic said,

deferring credit for his success to his parents. They were the ones, after all, who pulled the family through the Bosnian civil war.

“We were lucky that at one point in the war there was a door open for people to leave and my parents took advantage of it,” Manojlovic said. “In a civil war, you never know who the enemy is – the next-door neighbor can pick up a gun and shoot you in the middle of the night.”

The move to Germany was temporary, just long enough for the situation in Bosnia to stabilize. Then came a choice: return to Bosnia, where Manojlovic said educational opportunities and the likelihood of a future job for people like him and his brother, Marko, were non-existent. Or, his parents could sacrifice their professional careers and take advantage of a chance to move to one of three countries accepting Bosnian war refugees: America, Australia or Canada.

His mother, Snjezana, a mining engineer in Bosnia, found work as a chef at a plantation in Thomasville. His father, Vlatko, a political sciences professor, didn’t have the needed command of the English language to teach in the U.S., so he accepted work as a long-haul truck driver.

“I am really very appreciative of my entire family,” said Manojlovic, who hopes to complete his Ph.D. as early as next year. After that, he hopes to find work confronting diseases that could be at the root of global epidemics.

The uncertainty about his next step is not so difficult to manage after everything Manojlovic has survived to reach this point. He is confident the love of science will pull him through.

“I’m very happy in the lab,” he said.



Exception to the rule

Sometimes researchers get published in big-name journals not because they've discovered something new but because they've looked at something old in a new way. That's the reason the August issue of *Developmental Cell* published a new paper by cell biologist Tim Megraw.

The conventional wisdom, spelled out in research papers last year, was that you wouldn't find the hair-like structures called cilia at a cell's outer membrane while the cell was dividing. But that's exactly what Megraw's research team found, they report in "Assembly and persistence of primary cilia in dividing *Drosophila* spermatocytes."

Even if you're not a scientist who peers into fruit fly cells, Megraw says, this kind of research is important to you. More and more human disorders are being traced to cilia.

"Understanding cilium biology is important for understanding all these ciliopathies – understanding how they're regulated in the cell cycle, or how they impede the cell cycle, or how you could regulate

them to block the cell cycle," said Megraw, associate professor in the Department of Biomedical Sciences. "There are some cancer cells that absolutely have to have the cilia, and there are others that don't have them. I think it's important for us to understand this connection."

For long periods during the 20th century, the prevailing view was that cilia were useless. Today, one author says, we're living in the golden age of cilia research.

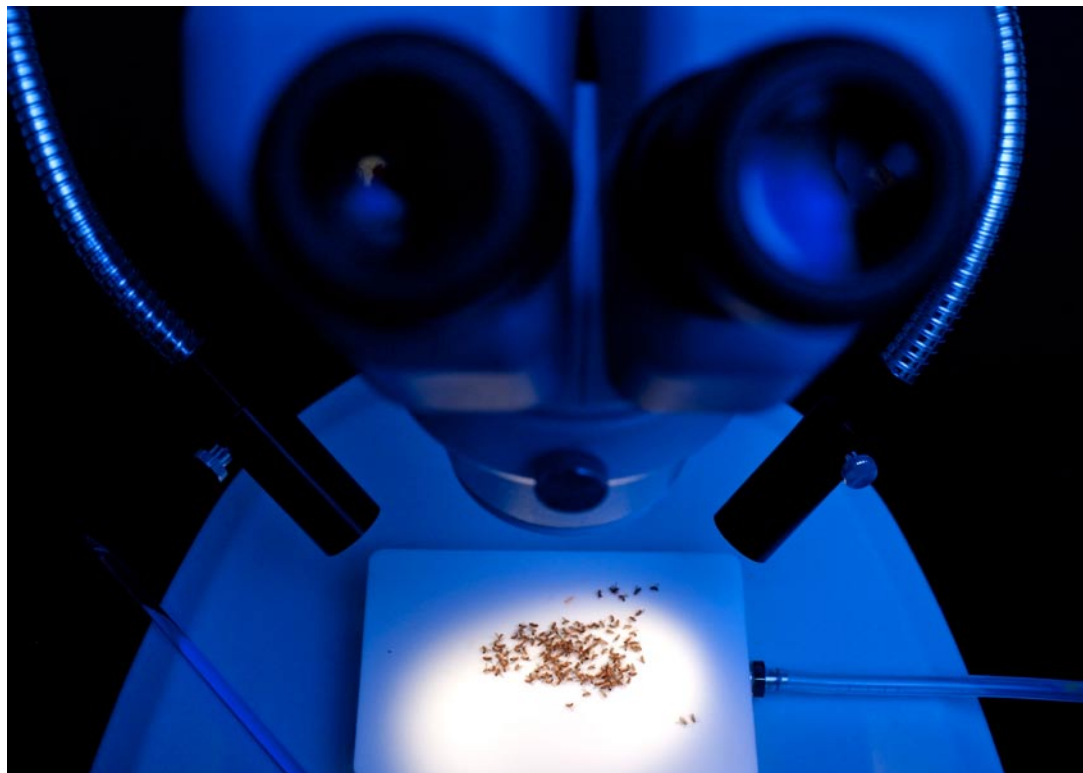
An important part of the cilia story is a small structure called the centriole. In most animal cells, it plays a key role in organizing cell material when the cell is dividing. Afterward it moves to the cell periphery, becomes what's known as a basal body and creates cilia. But cilia typically are not seen during cell division, leading some researchers to show that their presence inhibits the cell cycle.

"It seems to be true in mammalian cells in culture," Megraw said.

But his lab's research was on fruit fly spermatocytes *in vivo* – that is, in a living organism, not in a culture dish. His team also relied on molecular markers to identify the cilia present during cell division.

"We weren't saying that those other papers that came out last year were wrong," Megraw said. "We're saying that it is possible to retain cilia *and* be in the cell cycle. Spermatocytes might be an exception to the rule, but more studies in mammals *in vivo* need to be conducted to establish the prevalence of cilia during cell division."

Megraw, who presented his paper at the American Society for Cell Biology meeting, continues his search to understand what's unique about cilia. And in case you think it's all business with researchers, read this lyrical line from his article's introduction: "The elegant nine-fold radially symmetric design of the centriole is truly one of nature's aesthetic wonders."



on main campus



The dean's newest chair

College of Medicine Dean John P. Fogarty has never balked at opportunities to provide leadership in medical education. He is chair of the Florida Council of Medical School Deans and serves on the Liaison Committee on Medical Education, the group charged with accrediting new and existing medical schools.

Add one more role to the list: Fogarty has been named Chair Elect for the Section on Medical Schools with the American Medical Association. That means he will serve as the section chair starting in 2013.

The section plays an important role in developing AMA policy related to medical schools for issues ranging from education to patient care and research. Alma Littles, senior associate dean for medical education and academic affairs, also was named to the Section on Medical Schools governing council. She is one of three Members-at-Large.



Distinguished and honored

Suzanne Bennett Johnson, Distinguished Research Professor at the College of Medicine, has been named a 2012 Distinguished Alumni at her alma mater – Stony Brook University. Johnson received a B.A. in psychology at Cornell and a Ph.D. in clinical psychology from the State University of New York at Stony Brook.

She became the first chair of the College of Medicine's Department of Medical Humanities and Social Sciences in 2002 and served in that role until 2010. She moved into a new role as Distinguished Research Professor in 2010 to spend more time on her research, which has garnered worldwide attention in the areas of pediatric obesity and diabetes medical regimen adherence.

Currently, Johnson is president of the American Psychiatric Association, which held its national meeting in Orlando in early August.

'Such a blessing'

In the College of Medicine, serving the underserved is a cherished phrase. Although all students have served, few have been the underserved.

Shermeeka Hogans-Mathews has. At one point, she was a single-parent college student on Medicaid. She knows how it feels to have physicians refuse to accept your insurance.

What she doesn't know, apparently, is how to give up.

The American Medical Association Foundation looks for that kind of grit when it gives out its Minority Scholars Awards. This year, it gave out 13 of those \$10,000 scholarships. One went to Hogans-Mathews, who just completed her first year of medical school.

"I am completely humbled," said Hogans-Mathews, 29. "It's almost unbelievable, yet such a blessing."

Hogans-Mathews grew up in rural Liberty County and became a first-generation college student. For two years she taught high school science in Gadsden County. Although she's now the married mother of three kids, for a time she was a struggling single parent and full-time college student. It was tough to get health care. For many others, it still is.

"She is committed," said faculty member Curtis Stine, M.D., "to eliminating health-care disparities."





To shape health policy

Ken Brummel-Smith, M.D., chair of the Department of Geriatrics, has long had an interest in health policy. He's been a vocal advocate on behalf of Physicians for a National Health Program and, as past president of the American Geriatrics Society, has a keen understanding of how health policy impacts health care, especially as it relates to older patients.

Despite the scope of the honor, it shouldn't come as a surprise that Brummel-Smith has been selected as a 2012-13 Health and Aging Policy Fellow. The program, funded by The Atlantic Philanthropies, partners with the Healthy Aging Program at the Centers for Disease Control and Prevention.

The fellowship is designed to foster in health professionals the skills needed to influence development and implementation of health policies affecting older Americans.

Applicants are required to submit a proposal outlining the project they would like to focus on during the fellowship. Brummel-Smith's will center on getting the Physician Orders for Life-Sustaining Treatment (POLST) accepted in Florida. He also will be exploring the possibility of a national model

for POLST, which is intended to help individuals receive the end-of-life care they prefer, rather than care dictated by the nuances of the American health-care system.

Research has demonstrated that a POLST is more effective than living wills and advance directives alone for ensuring patients get the care they want.

"In most encounters, policies play some role in medical decision-making," Brummel-Smith said.

"Whether it's policies of income levels affecting whether a patient I see in the Neighborhood Health Services free clinic that our college staffs require him to pay a fee, or whether a policy mandating that a patient I see at an upscale continuing care retirement

center will go into the 'doughnut hole' if I prescribe a needed medication, policies affect care.

"The ideal is to create policies that foster the best care while containing costs, but such policies are rare."

Fellows are selected for the program based on their commitment and contributions to health and aging issues, leadership potential and interest in impacting policy. The program was designed to develop a network of geriatric and gerontology professionals able to contribute scientific and clinical knowledge to the arena of health-care policy.

"As a leader in geriatric health care and education for 30 years, I have seen the important role that health policy plays in achieving my career-long goal of improving care to older persons," Brummel-Smith said. "However, in spite of this long record of service, I am really looking forward to receiving guidance and training in policy development that only the fellowship can offer."

The fellowship will entail spending about six weeks in Washington, D.C. receiving training, visiting Canada to meet with health policy experts there and working closely with multiple groups to educate and advance the role of POLST in Florida.



at the front lines

Research blooms

The painstaking work of setting up the Clinical Research Network (CRN) and the Translational Science Laboratory is about to pay off for the College of Medicine. So says Myra Hurt, senior associate dean for research.

"Our research program is definitely growing," she said. "In an era of funding like the one we're in now, that's pretty remarkable." In fact, the medical school accounts for more than 20 percent of Florida State's total research funding.

As the program matures (it is barely 10 years old), faculty are thinking like entrepreneurs, striving to translate their work into solutions to community problems. Examples include Ewa Bienkiewicz's exploration of Vitamin B12 as a treatment for Alzheimer's disease; Jake VanLandingham's project involving an inhaler that could deliver a form of estrogen to the

brain of a concussion patient; and Kate Calvin's patent application to use the botulism neurotoxin to treat spinal muscular atrophy. (For more, visit med.fsu.edu and search for "*Researchers honored as innovators.*")

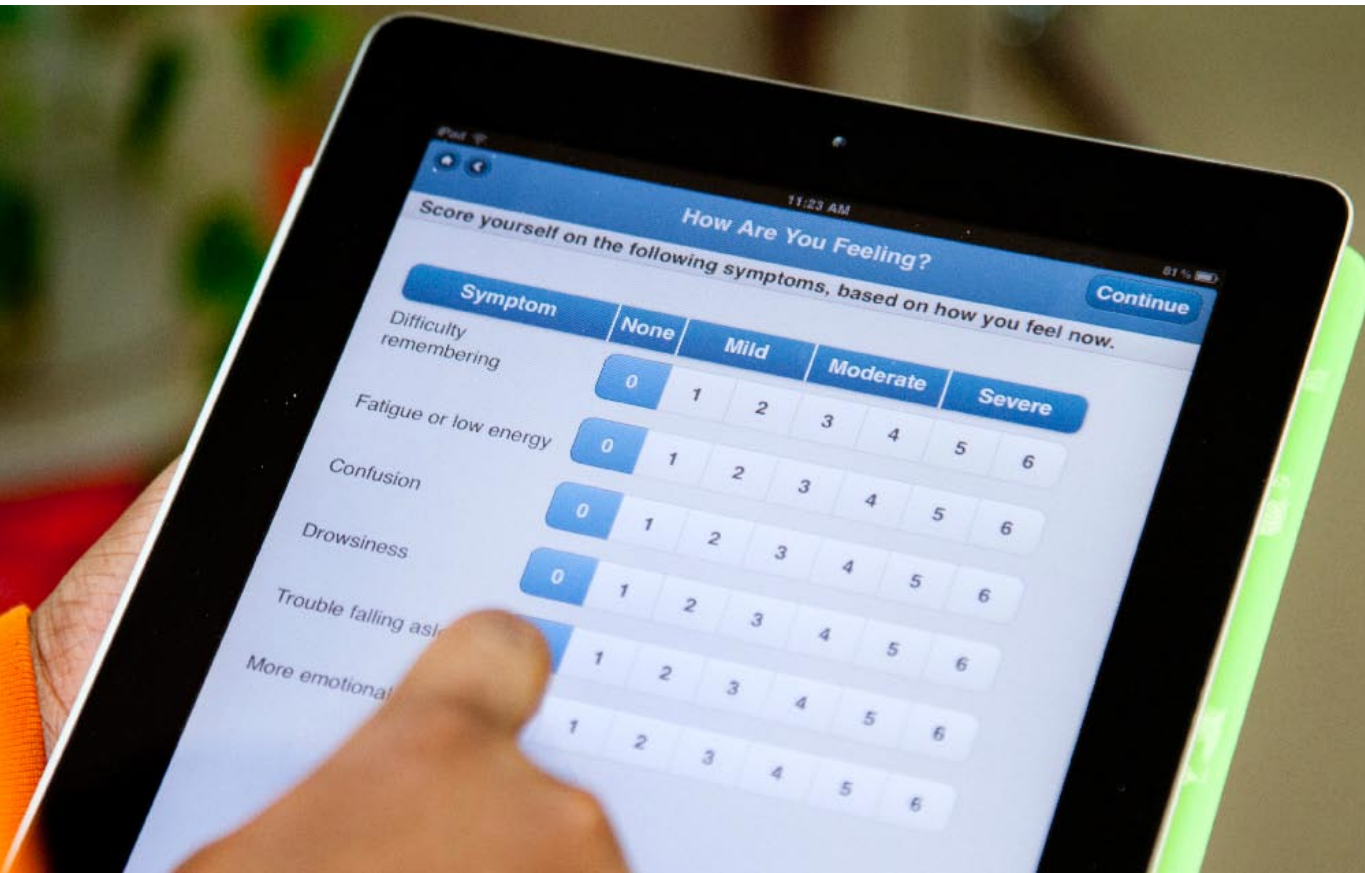
Hurt's lab has patent activity of its own. "We have a marker for cell division at a very specific moment in time that we could sell as a research reagent," she said. "That's the antibody that Millipore Corp. is looking at. It's also a marker for probably several hundred proteins at that stage of the cell cycle. There are only a couple other antibodies in the world that mark a specific time during cell division."

Led by Associate Dean Mike Muszynski, the CRN is slowly coming to life, Hurt said. In addition, almost everything is in place at the Translational Science

Lab in the research building at the main campus. "The only missing piece is the Laboratory Information Management System," Hurt said. "We hope to reach the point where we have lots of human samples, and part of taking human samples is tracking them responsibly. Then we'll be totally equipped. We have all the instrumentation there, both the genomic sequencing and the molecular elucidation, the ability to identify proteins, lipids and so on."

Shrinking sources of funding are frustrating, but Hurt remains optimistic.

"The best thing about science to me is that when you create a really well-designed experiment and you get an answer, you get 10 more questions," she said. "Which gets you that much closer to the answers that can make life better for everyone."





Expanding the mission

As the original and enduring faculty sponsor for FSUCares, Elena Reyes enjoys helping both medical students and the patients they interact with. By immersing students in the practice of multicultural medicine, she seeks to cultivate in future physicians a passion for working with the medically underserved, both in Florida and beyond.

Her devotion to the calling is now taking her in a new direction, as the College of Medicine's regional director for Southwest Florida.

It is part of the medical school's expanding presence in the region. In 2013, the college's new family medicine residency program at Lee Memorial Health System will open in Fort Myers. Reyes will play a vital role in developing its behavioral medicine curriculum.

As an experienced clinical psychologist and educator, Reyes already has produced a number of successful initiatives in Southwest Florida, including the development

of a psychology postdoctoral program that has brought new clinical psychologists onto the College of Medicine faculty. She also laid the groundwork for the possibility of an accredited health psychology program in partnership with Healthcare Network of Southwest Florida (formerly Collier Health Services).

Florida State has partnered with Healthcare Network to operate a Health Education Site in Immokalee since 2007. There, students from each of the medical school's six regional campuses across the state can complete required and elective rotations that go a step further in preparing them to eventually care for patients from across the spectrum of Florida's diverse cultures.

"As Florida State's commitment to the region grows, so does our need for local leadership to guide educational efforts, manage operations and further strengthen relationships with our partner organizations," said John P. Fogarty,

dean of the medical school. "While we will miss seeing her around the main campus, Elena will remain an integral part of the College of Medicine family as we expand our reach throughout the state."

Reyes is one of the medical school's founding faculty members, most recently serving as associate professor and vice chair for education in the Department of Medical Humanities and Social Sciences.

"This is a great opportunity to expand the school's mission by working with the family medicine residents and reinforcing the pipeline of primary care providers who are able to provide culturally appropriate care in Southwest Florida," Reyes said. "I'll also be involved in expanding opportunities at the Health Education Site in Immokalee, where the social determinants of health that are discussed in our classroom really come to life for students rotating through our clinics."

As for FSUCares, Reyes is nostalgic and confident all at once. She will be replaced by Kim Driscoll, assistant professor of medical humanities, as advisor and Ricardo Gonzalez-Rothi, chair of the Department of Clinical Sciences, as clinical advisor.

"Not being able to continue to advise the students in that capacity is clearly the most difficult aspect of this move," Reyes said. "I know they are in good hands with Drs. Driscoll and Gonzalez-Rothi. Also, this is a strong student organization with mission-driven leaders who have developed a sound foundation and organizational infrastructure over 10 years. They will continue to make the College of Medicine proud, and I look forward to hosting them this year when they return to Immokalee for their spring break trip."



Leading librarian

Martin Wood, assistant director of the Charlotte Edwards Maguire Medical Library, is the new president of the Florida Health Sciences Library Association (FHSLA). The organization was founded in 1961 to foster the development of medical libraries in Florida in accordance with professional standards, to inspire and educate medical library personnel and to implement the exchange of library materials and services.

Wood earned his Master of Library and Information Studies degree from the FSU College of Information and, prior to being promoted to assistant director, served as the head of e-resources and technical services for the medical library.

It's the second time a staff member from the FSU College of Medicine has been selected to serve as president of the FHSLA. Nadine Dexter, former associate director of public services for the medical library at the College of Medicine, led the organization in 2007-08.

Reinvent yourself

The intersection of art and medicine is becoming crowded for Florida State University College of Medicine students. Twice in a seven-month span medical students from FSU made the cover of *Academic Medicine*, the journal of the Association of American Medical Colleges.

The latest (November 2011) is a design – “Reinvent Yourself” – from current fourth-year student Zach Folzenlogen.

Folzenlogen, who was recently named to the Gold Humanism Honor Society, holds a degree in graphic art from the University of Miami. Prior to entering medical school he worked on the news graphics desk at the Miami Herald, where he produced visual aids to breaking news stories.

Jared Rich (M.D., '12) made the April 2011 cover of *Academic Medicine* with his painting “Silent Teachers.”

“Despite my rather dramatic career change, art has and will forever be an important part of my life. It is my outlet of expression,” Folzenlogen told *Academic Medicine* regarding his cover creation.

“My transition into medical school and the medical profession has been challenging and fascinating, especially coming from an untraditional professional background. Not only have I had to become a more efficient and thorough scholar, but I have also had to develop my character.

“I have learned, though, that medicine is an art in itself. It is the art of gathering, analyzing, and utilizing a tremendous amount of information in a compassionate way to better people's lives. With this piece I hoped to reflect the complex nature of a simple term: self-improvement.

“Continuing forward in my education and eventual practice, I and my fellow trainees will constantly need to reinvent ourselves for the better. I feel it is the process of continual reflection and revamping that will allow me to become a better physician.”





After they leave the hospital ...

Welcome to halftime of Dennis Tsilimingras' nearly \$1 million grant on patient safety. Midway into the two-year R01 grant from the federal Agency for Healthcare Research and Quality, he is closing in on recruiting the 590 patients he had hoped for – half of them from rural areas. Now he has another year to analyze their data.

The long-term goal is to help patients transition from hospital care to home life without experiencing what researchers call "adverse events." Experts look forward to this project's results because it's the first such U.S. study to focus on rural patients. Under pressure to reduce patient readmissions and preventable errors, hospitals welcome any evidence of what works and what doesn't.

"Post-discharge adverse events may not have been a big issue about 15 years ago," said Tsilimingras, M.D., director of the College of Medicine's Center on Patient Safety. "What has changed is that we have a new medical specialty called a hospitalist, an internal medicine or family medicine physician who practices only in the hospital." As the hospitalist hands patients back to their regular physicians, miscommunication can lead to errors, especially concerning medications. Those are the kinds of slip-ups this study is exploring.

Tsilimingras (pronounced chili-MING-gras) has assembled a strong team. College of Nursing doctoral student Ashley Duke and Leslee Hancock, nurse at Tallahassee Memorial Hospital, interview patients within three or four weeks of discharge, looking for incidents such as prescription-drug interactions. College of Medicine faculty members John Agens, M.D., and Stephen Quintero, M.D., ultimately judge whether such incidents were indeed adverse events and, if so, whether they could have been minimized or prevented. Jessica Bishop-Royce, Ph.D., a sociologist-demographer, is project manager.

Then there are the heavyweights from Harvard Medical School and Brigham and Women's Hospital. Consultant David Bates, M.D., and project co-investigator Jeff Schnipper, M.D., have participated in many similar studies. Tsilimingras considers Bates a mentor. Bates and Schnipper visited Tallahassee in June for an all-day workshop on this project, and they regularly keep in touch with the team by phone and email.

Questions have included: Which definition of "rural" should they use? What if a doctor's office won't

provide patient records? What if a physician gave a drug that had a tolerable side effect because it cost only \$4 instead of \$50 for a poor, rural patient? Is that a "preventable" incident? What if the patient can't arrange transportation to appointments?

In remote areas, the post-discharge challenges can be daunting.

"Sometimes there are real problems that the patients are complaining about that the primary care providers are just not picking up," Schnipper said during the June workshop, "and they would have picked it up a whole lot sooner if there had been more communication."

"ANY communication," Bates added.

The researchers are not targeting physicians, because most of them are physicians themselves. Schnipper, in fact, is a hospitalist. They're targeting preventable errors, and they're confident this study will help to identify them.

Tsilimingras hopes it can lay the foundation for a screening tool that would flag patients who are particularly at risk. Equipped with that information, the hospital physician would not discharge them until the risk factors had been addressed.

Tsilimingras hopes his next project can focus on even younger patients.

"Not even one study in the country," he said, "has identified post-discharge adverse events in children."



Getting outside the silo

Heather Flynn doesn't mince words: "Despite billions of dollars and decades of experts investing their time and energy in depression research, the prevalence rate has remained unchanged. The 'independent investigators doing their own thing' model has just not worked."

So, with a National Institute of Mental Health grant, Flynn is helping to create a new model. It's built around pooling data gathered by multiple researchers nationwide, through the kind of teamwork that thrives at Florida State. That collegial atmosphere, she said, is why she moved here from the University of Michigan in 2011 to become an associate professor in the Department of Medical Humanities and Social Sciences.

Since 1999, she's worked on detecting depression in women around the time of pregnancy.

"If you can do a better job detecting and treating them, you may have an opportunity to prevent poor outcomes not only for the woman but also for the infants," she said.

"So you have the potential for a lot of bang for your buck."

Depression, which is twice as common in women as in men, surfaces most commonly during the childbearing years. It rarely gets detected by a health-care provider. But women who are pregnant typically see a doctor – so the goal of Flynn's research has been to help clinicians who encounter pregnant women identify which ones appear to be depressed and how best to intervene.

That goal has proved elusive, for Flynn and many others.

"I started to notice, 'Oh, no, that person's doing the same study that I'm doing!' 'Oh, that person is, too!'" Flynn said. "At first it was alarming. Then I thought, 'This is crazy. We all have the exact same last paragraph of our research article, which is: 'We didn't have adequate statistical power to really answer the big-picture question.' It was striking how many people noticed the exact same problem in the field. They were trying to all do it in their own silos."

"Chronic health problems that are very complex, like depression, diabetes/obesity, cardiovascular disease, HIV/AIDS, will never be solved by one scientist or group. They're so multifaceted that they require a whole team of experts."

She started talking to other researchers, one on one, and they said, "It'd be a great idea if everybody would network." So Flynn started helping to organize them.

With the current NIMH grant, researchers are pooling 12 databases nationally into one and

"cleaning" the data to allow apples-to-apples comparisons. Flynn is the co-principal investigator.

She earned her clinical psychology degrees at FSU before the medical school was created in 2000. Janine Edwards, the Medical Humanities chair who persuaded her to return to Florida State, said right from the start she was "tremendously impressed."

"One of Dr. Flynn's colleagues told us, 'Her Women's Health and Infants Program includes integrated clinical research, interdisciplinary training, clinical care services and community outreach components. It is a gold mine for clinical care and research opportunities in women's mental health,'" Edwards recalled. "Another colleague said, 'She is known as a marvelous research collaborator.'"

Flynn loves the research environment here: "I was so attracted to the community-based model at the College of Medicine. It's an amazing context in which you can really understand important nuances about how to prevent, treat and manage these illnesses in the community. That's really the reason I came here."

She is also co-chair of the Women & Mood Disorders Network, part of the National Network of Depression Centers. Though frustrated that the word "depression" still carries a stigma, she's upbeat about what lies ahead if interdisciplinary collaboration puts public health ahead of career goals.

"I think the sky's the limit," she said. "Everybody values the same thing, which is, 'I want to make a difference.'"



'A clinician extraordinaire'

Dr. Niharika Suchak grew up in India, a country famous for revering its elders. Her aging parents have lived with her for 10 years. As the American Geriatrics Society's newest Clinician of the Year, she is a national spokeswoman for the compassionate care of seniors.

Yet at first she had no desire to pursue geriatrics. In fact, she explored it during her internal-medicine residency only because seniors' interwoven medical complexities made her feel uncomfortable and incompetent.

So this physician with the melodious voice ended up in a two-year geriatrics fellowship. Which is how geriatrics became her passion. Which is why she joined the Florida State College of Medicine, with its separate geriatrics department, its elder-friendly mission statement and a curriculum that teaches all students the basics of geriatric medicine.

Now she's also a star. She was nominated by one of her mentors, Dr. Knight Steel, a founding father of U.S. geriatrics.

"Niharika is a clinician extraordinaire," Steel said. "She has seemingly unlimited medical wisdom, knowing both the conclusions of innumerable studies and information about what may make the results relevant or not relevant for the patient under discussion. Possessing the most elegant bedside manner as well, she clearly defines that term for all house staff and students. If all

physicians could model themselves after Niharika, medicine would be the most wonderful profession that it is struggling to be."

What Suchak loves about geriatrics is the profound sense of satisfaction from touching each individual's life. "Probably every physician could say that," she acknowledged, "but here we treat the patient *and* the family, or the caregiver."

One grateful caregiver is Regina Ohanyan of River Edge, N.J., who praises Suchak's care of her mother, Dorothy Ekizian.

"She treated the whole person, prioritizing treatment objectives, relating calmly, compassionately and respectfully to my mother, and to me as primary caregiver," Ohanyan said. "She patiently answered all my questions, educating me so I could in turn help my mother. Her medical expertise was exceeded only by her humility." Ohanyan's mother died in 2008, "but the memory of how beautifully she was cared for by Dr. Suchak comforts me to this day. Florida State medical students are blessed to have her as a mentor."

This mentor knows that some medical students think seniors are all frail, all alike, all boring. Not so, she insists. She's grateful that her mentors from Johns Hopkins and Union Memorial Hospital in Baltimore opened her eyes to the medical and personal riches within her older patients.

Suchak, who has the Indian equivalent of an M.D. degree, came to the College of Medicine in

early 2011 from the Hackensack University Medical Center. Though she feels undeserving of the Clinician of the Year award, she does have a message for her colleagues nationwide: "Each contact with a patient – or student – can be a life-changing experience. Even though we may have cynicism about how long it may take systems to evolve, I still feel that each individual encounter should be treated with the utmost respect and sincerity."

Although medical students are not lining up to become geriatricians, she's optimistic.

"What gives me hope," Suchak said, "is that I have met subspecialists who provide good care to seniors from their perspective and are ready to collaborate with geriatricians."

New research in gerontology is providing a greater understanding of Alzheimer's disease and other age-related challenges. Suchak is particularly interested in interRAI, a not-for-profit network of researchers in more than 20 countries committed to improving health care for those who are elderly, frail or disabled.

As an informed caregiver in her own family, she knows the joys and challenges. Her parents have their own physician, so she intervenes only when necessary. Otherwise, as with her patients, she promotes self-care. And her parents, she said with a smile, are excellent learners.



Successful application

Francoise Marvel (M.D., '12) has only just begun her intern year in the obstetrics-gynecology residency program at Washington (D.C.) Hospital Center. Already, a promising side career is off to a running start.

Marvel recently won a Genivia Student Business Grant based on her proposal to establish a new business, DocTechMD.

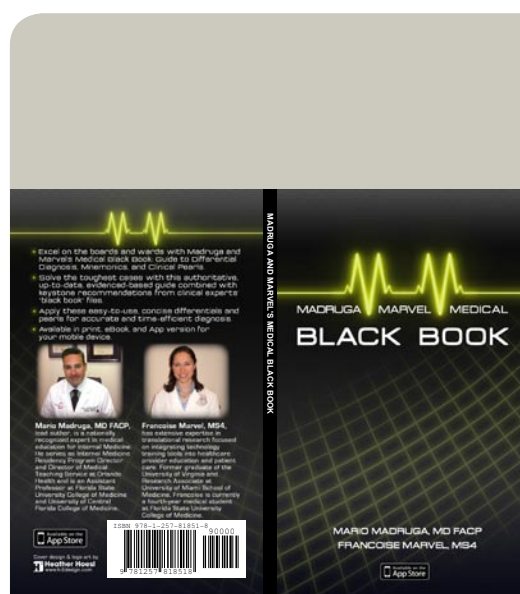
The \$5,000 grant is provided by the Genivia Fund for Entrepreneurship, created by the Genivia, Inc. software company in Tallahassee. The award was sponsored by the Jim Moran Institute for Global Entrepreneurship at Florida State University.

Marvel's goal is to develop and promote medical learning tools for both physicians and patients. The first is an app, the Madruga Marvel Medical Black Book. You can read about that app by visiting med.fsu.edu and searching keywords: Marvel black book.

Eventually, DocTechMD is to include mobile medical-technology products that will help consumers get accurate information on medical procedures, diagnosis and treatment. Marvel hopes to improve efficiency between patients and providers and to help reduce medical errors.

Marvel already received an Excellence Award at Florida State's DigiTech Awards Ceremony. At the ceremony, FSU President Eric Barron specifically mentioned Marvel's work as an outstanding example of the university's student innovation in technology with its potential to make a positive impact on the medical community and patient care.

"With Genivia's support, I will continue to revolutionize the way physicians learn, train and manage patients' health through technology innovations," Marvel said.





Grad's research goes global

As a pediatrician, Stephen Patrick (M.D., '07) is devoted to the care of children. Only five years removed from medical school at Florida State, his impact is extending well beyond those children he has attended to in person.

Patrick recently prompted a national health-policy conversation about the dangers opiates pose to newborn babies, and about how an overmedicated society may be overlooking its most innocent victims.

As lead author of a study published in the *Journal of the American Medical Association*, Patrick raised serious questions about what happens to babies whose mothers are addicted to painkillers, an occurrence that is increasingly becoming more common in the United States.

The study revealed that the number of newborns with drug withdrawal syndrome in the United States tripled from 2000 to 2009. In 2009,

more than 13,000 babies – about one an hour – were born in this country with drug withdrawal, which most commonly occurs when newborns are exposed to opiates during the pregnancy.

The increase likely is linked to increases in the use of prescribed painkillers. Over the same time period, sales of prescription opiates and deaths attributed to prescription opiates in the U.S. have quadrupled.

The condition is costly and places a great strain on available health care resources. "These babies had an average hospital stay of 16 days compared to all other U.S. hospital births of three days," Patrick said. "This study, I hope, will bring attention to this issue and will get more research dollars to study it."

Patrick appeared live on the national "PBS NewsHour" to discuss the study. The *JAMA* article

also prompted lengthy and detailed reports on the ABC national news and on National Public Radio and made headlines worldwide.

Patrick urged lawmakers to think carefully about how to address the problem. Laws aimed at prosecuting doctors who overprescribe painkillers or at pill mills, where dubious prescriptions go unquestioned, are not necessarily the best solution, Patrick said.

In most states, he said, people can go from one doctor to another to get prescriptions, with no way for such behavior to be detected by legal or medical authorities.

"What I think would be most helpful is thinking about this from a public health perspective – preventing this before it even becomes an issue, limiting opiates before they are even used," Patrick told *NewsHour's* Ray Suarez. "And I think we can do this through robust public health programs to think about the ways that we prescribe."

Patrick, a second-year clinical fellow in neonatal-perinatal medicine at the University of Michigan, is growing accustomed to participating in national health policy discussions. In 2009, he wrote a moving editorial published in *USA Today* detailing his mother's personal battle with cancer and the health-care system prior to her death. His editorial was in support of the Affordable Care Act.

His career focus is an extension of the College of Medicine's mission to care for the medically underserved. Patrick's research already has included an evaluation of resource allocation to children in the nation's Medicaid program and he plans to investigate how insurance status and social determinates of health might have an effect on clinical outcomes.

For more news about College of Medicine and PIMS graduates see pages xx.



AT HOME IN ARCADIA

By Ron Hartung

She's a pediatrician who sometimes cries with her patients' families. Gives parents her cell phone number. Goes by "Fawn," not "Dr. Harrison." Gets hugs, watermelons and chocolate-chip cookies from grateful families. Constantly touches her pint-size patients, whether she's listening to their lungs or just pulling a little girl's hair into a ponytail. Has more than two dozen family photos in her office, along with a Mr. Potato Head. Acknowledges God's place in her medical practice. Happily goes home every day to a cattle ranch, a "college-educated cowboy" husband and their kids Madelynn and Lane.

Dr. Fawn Grigsby Harrison, member of the inaugural Class of 2005, is just what legislators had in mind when they created this medical school. She has practiced primary care since 2008 in rural Arcadia, population 6,554 in the 2010 Census. She's among the first wave of alumni who have completed their residencies, gone into practice and begun teaching. As a clerkship faculty member for the Sarasota regional campus, she enthusiastically introduces students to the joys of small-town medicine.

Her husband grew up in Arcadia, east of Sarasota. She didn't, but she says it's nearly identical to her hometown of LaBelle, about an hour away. Even though she did her residency training in mega-Tampa, she remains a fan of

rural medicine and rural life. Tucked inside the DeSoto Memorial Hospital Center for Family Health, she says it's a perfect fit.

"It's a super-involved community," Harrison said. "They take care of the hospital. They fight for each other. I like Arcadia."

Hospital CEO Vince Sica says he wishes he could clone Harrison. Mario Leandre, the latest Florida State medical student to have her as a mentor, had no idea he'd get so attached to Arcadia or its pediatrician: "Everyone loves her. She's just awesome."

THE COMMUNITY

Harrison met her husband, Matt, when they were both undergraduates at the University of Florida. He's now working in the cattle business with his father.

"I went to the University of South Florida All Children's Hospital, a wonderful program," she said of her pediatrics residency. "But I chose it based on location, so my husband and I could get married and start our life in Arcadia."

Life is blossoming just as they'd planned.

"My advice to any medical student," she said, "is figure out what you want to do and then go where your life leads you, and not where the residency necessarily leads you."

Granted, not all roads lead to Arcadia. Sica acknowledges it's in one of Florida's poorest counties. But he says it's rich in so many ways. He loves the small-town lifestyle. He loves talking to people he sees on the street. He loves being the football announcer for the DeSoto High School Bulldogs. He loves job candidates who don't ask "Where's the best shopping?" but "How's the turkey hunting around here?" He couldn't believe his luck when Fawn Harrison moved to town.

"I grew up in a rural area," she said. "We appreciated having activities that were not structured. We hunted and we fished, and we just appreciated being outside. People have an appreciation for each other."



"It's a good place to raise your babies. To me there's not as much trouble to find in a small town, especially if you live in the woods. My 3-year-old daughter asked me, 'Why do we have to have these cows in our pasture?' I said, 'Well, the cows are in the pasture, and that lets us LIVE in the pasture.' She's learning an appreciation for rural life, and I think that's good."

Before work, she drops off her kids at her church, First Baptist: "I am very fortunate. That's another part of a small community – you know the people who care for your children."

Sica mentioned one other benefit of rural medicine: When he hired Harrison, the 49-bed hospital's rural status allowed him to get her enrolled in an academic-loan repayment program.

He has a finely tuned sales pitch for Arcadia life: "You can go to Sarasota and get all the culture you want in 45 minutes, or go to Fort Myers. If you're a pro football fanatic, you've got the Bucs in 90 minutes. If you want to have the 5 acres and a couple of horses, you can do that, too. There are many opportunities here. And financially, our package is as competitive as anyone in the big cities. It's just whether you want this lifestyle."

THE MEDICINE

For Harrison, "this lifestyle" means more time to spend with patients.

"We're not volume-driven," she said. "I have the benefit of being an employee of the hospital and being able to do medicine the way it was taught. There's always push-and-shove: Is it numbers or is it quality? But so far it's quality. The patients benefit. They don't get put on an antibiotic just because it's the easiest thing to do. They get educated about what's the right thing to do."

One stereotype is that small-town patients give their physicians no privacy.

"I think the people in this community are very respectful," Harrison said. "Occasionally you'll get stopped when your kids are screaming and you need to get out of the store, but for the most part everybody in the community is friends, and it works really well.

"They're also extremely generous. They send us pictures, they send flowers, they send plants. When they say thank you in different ways, it's very sweet."

She also denies that small towns are medically boring.

"We joke all the time that Arcadia has more pathology than any large town," she said. "We had a transposition-of-the-great-artries baby born at the hospital in the spring. That baby's doing fabulously. They shipped him up to All Children's in Tampa."

Mario Leandre, who finished up his first year of med school by spending a three-week Summer Clinical Practicum in Arcadia, was surprised by the medical variety.

"I encountered things like Nutcracker Syndrome, which I'd never heard of, and other rare diseases," the Tampa resident said. "The only thing I expected here was a well-child checkup."

Harrison is on call about every third week, she said, and about once a week she'll come into the hospital after hours to see somebody. She averages maybe one phone call a night.

"It's really not bad," she said. "Nighttime calls are usually the most exciting. It's usually something remarkable. We had congenital-heart-disease babies. We had rectal atresia. We had an epidermolysis bullosa – which is where the top layer of the skin, with any trauma, forms huge blisters and scabs. It's supposed to be super-rare, and it's here."

They also had a brain tumor. Sadly, that baby died.

"I don't think I even knew the family," Harrison said. "They had left a message that the baby wasn't walking straight. The appointment was two weeks out. I said, 'No, no, no, that won't work. Have them come see the walk-in provider.' The walk-in provider came and got me. The baby literally looked like she was drunk. She was 2 years old. I told the mom, 'You're going up to All Children's today.'"





Later Harrison got a phone call from the mother: “‘My baby’s going in for surgery. She has a brain tumor.’ She and I just cried.

“Her baby fought a long fight, but she didn’t have very good odds. She passed away.”

During those cases especially, her faith is invaluable.

“We have a really close-knit Baptist church,” Harrison said. “It helps. When you need support, it’s there. In medicine, you know you can’t fix everything. So without somebody’s help, it just doesn’t work. God is a huge part of our practice here.

“Each night when I pray with my little girl, I say, ‘Please take care of the babies that I take care of.’”

THE EDUCATION

Harrison has wanted to be a physician for as long as she can remember. The education she got at Florida State, she said, prepared her well.

“I think the one-on-one training is an unbelievable learning opportunity compared to traditional students, who usually are at the back of the group, trying to see what’s going on, and asking the next-closest person,” she said.

Like other alumni, she admits she disliked the role-playing involved in the Doctoring course – but now has a whole new appreciation for it. “You use SO MANY of those skills when you get into medicine,” she said. “One of the things I remember from Doctoring is if you have bad news, you just tell them. You don’t try to beat around the bush. You don’t try to hide it in different words. You don’t try to make it sound better. Just tell them and let them digest it. And then answer questions. To have some guidance on how to give bad news is extremely helpful

because many of the older physicians here who have a lot more experience – they’ll tell you that they weren’t told how to do this, and it’s awful, it’s really awful.”

Now Harrison is a teacher herself. During Leandre’s practicum, she included him in all her patient interactions and praised his progress. Already trained as a pharmacist, he has no plans to become a pediatrician – but he clearly enjoyed his time there.

“He’s a wonderful medical student,” Harrison said. “He’s very well educated. He works great with families. He plays with the kids – which is what pediatrics is about.” Sounding slightly disappointed, she added, “He didn’t get peed on.”

For her as well as Leandre, one of the best parts of the College of Medicine’s approach is the teamwork and collegiality.

“We benefited hugely from that,” she said of the Class of 2005. “We helped each other succeed, whether it was boards or clinical rotations. The College of Medicine is a good home for anybody, because you learn to be a good person and a good physician.”

And, maybe, a good rural physician.

“I think I have classmates that are still in fellowships,” Harrison said. “Their life has not started yet, in my opinion. Whereas if you short-track it and go out into rural practice, your life is more full.

“To me,” said the smiling pediatrician in Arcadia, “it’s more rewarding.”





TAKING MEDICAL EDUCATION ON THE ROAD

It's not just a bus – it's the star of a 10-day, 1,232-mile medical road show. In the past, third-year students and clerkship faculty members drove as much as 12 hours round-trip to Tallahassee for a required Formative Objective Structured Clinical Exam (FOSCE). But since 2010, the exam has come to them. As students wrestle with three medical mysteries, faculty members listen in and later provide feedback. Then the bus rumbles to the next regional campus, where the whole process begins anew. These photos are from Pensacola in November 2011, before the bus rolled on to Daytona Beach, Orlando, Fort Pierce and Sarasota. Here's a peek behind the scenes.

Everyone in this photo (with three exceptions) is a standardized patient. They rehearse scripts religiously and feign specific symptoms, designed to prompt student questions that lead to a proper diagnosis. From left: Janet Evans, Bob and Nancy Durocher, Jonathon Kerns (IT expert), Pat Propst, Mike Cravener, Deb Danforth (Clinical Learning Center director and organizer of this expedition), Jerry and Bobbi Hill, Jan Bland and Dr. Harold Bland (pediatrics education director).



TRANSFORMATION

At each stop, they unload equipment from the belly of the rented bus and spend hours installing closed-circuit cameras, plugging in microphones and otherwise trying to replicate the Clinical Learning Center at the main campus. Purpose: to administer the FOSCE (FOSS-key), a dress rehearsal for the OSCE (OSS-key), or Objective Structured Clinical Examination. It simulates conditions that physicians encounter and ensures that students can demonstrate certain clinical skills with patients.



CAMERA MAN

Faculty members need to see and hear the students interact with patients. IT problems always pop up when you set up a recording studio on the fly, which is why Kerns came along. Here he's attaching tiny cameras to the ceiling using magnets, a big improvement over the previous year's clamps.



THE BOSS

Danforth may not drive the bus, but she pitches in everywhere else to keep things running smoothly. Organization is key. The bays beneath the bus are packed in a certain sequence, depending on which campus is next. Containers are easily portable and carefully labeled. Everything is color-coordinated: Case 1 materials are pink; Case 2, yellow; Case 3, blue. Danforth has arranged a schedule of the day's encounters: which student sees which patient, in which room, with feedback from which faculty members.



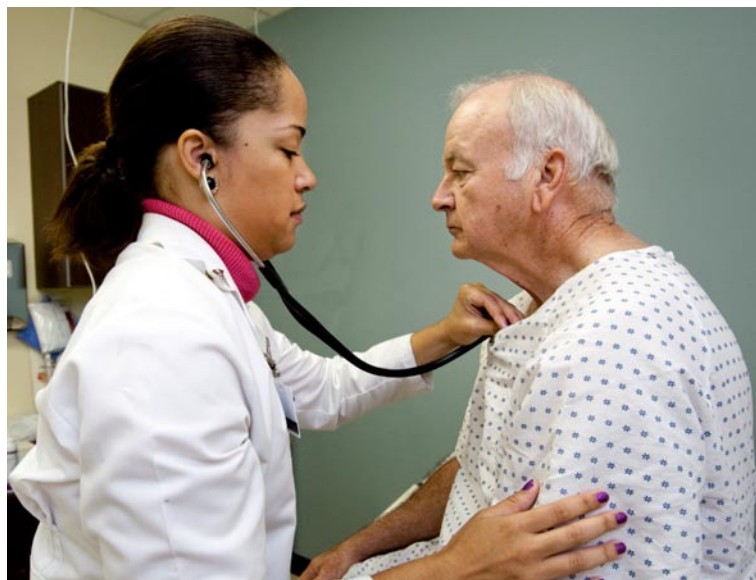


'BEGIN ENCOUNTER'

The FOSCE doesn't count toward a grade (it's practice for the OSCE, which does count). The first three students line up in the hallway outside the designated exam room. (From left: Brandon Cook, Felicia Blais and Brian Bauerband.) At the other end of the hall, watching the magnetic timers she has stuck to one doorframe, Danforth silently counts down the seconds. Leaning against the wall beside each closed door is a collection of clipboards, which contain the basic information about the patient inside. The student may pick up that clipboard only after Danforth announces into her walkie-talkie, "Begin encounter." They scan it, breathe deeply, knock, turn the knob and walk inside.

STUDENT MEETS PATIENT

The standardized patients like to talk about the mistakes they made when they were new to this. Jerry Hill, pictured here with Amanda Garnett, recalled how he broke the cardinal rule and volunteered way too much information. The point is to answer, without embellishment, whatever specific question the students ask. The medical school is training them to become medical detectives, teaching them that the personal-history interview is a goldmine of information – if they ask the right questions.





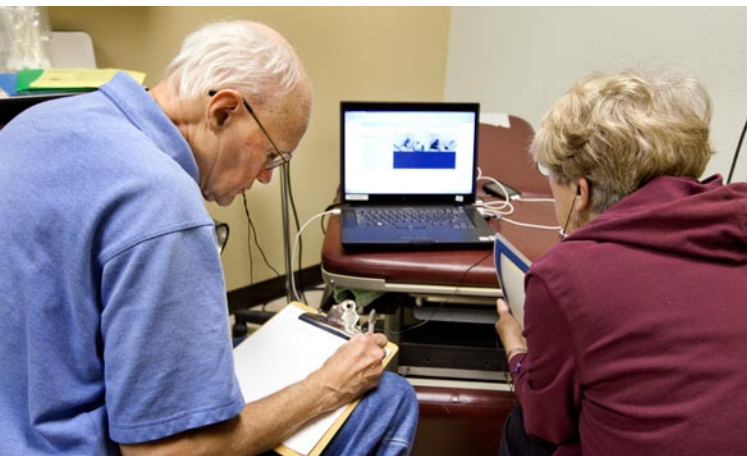
BABY CHALLENGE

Usually the patients in FOSCE exercises are human. But when the case includes medical conditions no human can safely mimic, a mechanical patient gets the call. Here, as Jan Bland holds the baby, Umar Karaman tries to determine ... well, because this case will be used in the future, it needs to be kept a secret. The baby does pose a problem, though, because mechanical patients get their power from a compressor, and compressors are noisy. So ...



FEEDBACK

After all the students have encountered each case and filled out reports, they learn what they did well and how they can improve. Here Sarah Barnette meets with Dr. Paul McLeod, dean of the Pensacola Regional Campus. Danforth says taking the exam to the students, rather than the other way around, results in a savings of more than \$80,000. Next scheduled departure date for this bus brigade: Nov. 29. For the first time, the bus this year also will be traveling to the College of Medicine's clinical training site in Immokalee.



AUDIO ANGST

... across the hall, Dr. Bland and Bobbi Hill strain to hear what's being said. Switching from ear buds to headphones doesn't help much. Meantime, IT expert Kerns pops in and out of their room, which doubles as a storage room, grabbing handfuls of cable to address IT emergencies in other rooms. Eventually, Bland and Hill sit in the exam room itself to monitor the encounter – until Kerns decides to move the compressor to another room.

*Photos by Colin Hackley
Text by Ron Hartung*



GOOD LINEMAN, GOOD LISTENER

By Ron Hartung

This football-player-goes-to-med-school story could have been about the six surgeries performed on David Castillo's hands. About those battered fingers nixing his plans to become an orthopedic surgeon. About football-style grit propelling him through medical school. About the Big Man on Campus wearing the size 3XL white coat.

But this is a quieter tale, one that most football fans don't know about the much-honored former center and recent medical-school graduate. It took place late in 2010, mostly in a modest building on Miccosukee Road where, during his three-week community medicine rotation, Castillo reached out to teenagers who were running toward the wrong end zone.

He didn't perform miracles or make headlines. But early in his journey toward choosing family medicine, he made an indelible impression on some star-struck kids who had never encountered such a mild-mannered mountain of a man.

The agency is Turn About. Its name tells you what it tries to do with its young clients' lives. And the kids, in the words of Executive Director Barbara Gilbertson, just ate up Castillo.

"Not only was he a former football

player, but he was a doctor in their estimation," she said. "One of the things we like about having the community rotation is that the interns have a level of respect from the kids that counselors don't. When *they* talk about drugs being dangerous, the kids listen. It's very valuable to us."

Castillo, who played for legendary coach Bobby Bowden in 2000-05 (including two medical redshirt seasons), got the young people's attention with his size. But he brought much more than that.

"He seemed to have an innate ability to read teenagers," she said. "He knew where they were emotionally. He knew from talking to them what troubles they were having with family. He wouldn't give them suggestions; he would help them explore. He was eager to learn from the kids about how they think and what works for them and what doesn't work for them."



Counselor Laura Summerlin remembered that Castillo was good at gently challenging the kids' "faulty thinking" – such as when they'd say, "Doing a little bit of drugs doesn't mean that you're going to be addicted." He said the same things the counselors would have said – "but since he was the new-guy-football-player, the kids were like, 'OK!'"

"I also remember there was one long-term client who said, 'You all only pick on the bad things I do! You don't ever notice the good stuff I'm doing! You're always going, "Oh, why do you have to use drugs?"' David made the point, 'You're in a drug-treatment facility. We're not here to talk about how nice your shoes look.' And the kid actually got it."

Despite this picture of a scholar-athlete confidently dispensing wisdom, Castillo was apprehensive at first.

"I have always enjoyed mentoring young people," he said. "However, I was very nervous to be working with Turn About. I felt like the clients may not take me seriously – because I had never experimented with drugs and alcohol."

That doesn't mean he hasn't been wounded by others' addictions, though.



"I grew up with several athletes that were far more talented than I ever dreamed of being. Many could be making millions right now playing professional sports. But they made poor choices," he said. "Since high school I have lost close to 20 friends to substance abuse. It is awful to see what their addiction does not only to them but the people who care about them."

Castillo's life gave the Turn About kids much to think about.

"They could see that he's popular, that he's got all these things, yet he doesn't have to drink," Gilbertson said. "He's also a good example of 'Yeah, I may be big enough to intimidate people, but that's not how I want to relate. When he's on the football field he's certainly competitive, but they were able to hear from this guy who was big enough to run people over that there are better ways."

"Some of these kids have never had a good male role model. His kindness, gentleness, caring, in spite of his size, gets their attention – that he doesn't use his size, doesn't need his size, to make a point."

She became too emotional to finish this sentence:

"We've got too many who've got violent fathers. For them to see a person like David be able to lend a hand instead of lending a fist...."

Now Castillo himself is a father. He and his wife, Nicole, brought Anna Grace Castillo, born in August 2011, with them this spring to Match Day. That's when her father learned he'd get to stay in Tallahassee, just as he'd hoped, and begin his training in the Family Medicine Residency Program at Tallahassee Memorial Hospital. His football-fractured fingers were not the only reason he'd changed his mind about a surgeon's career.

"I didn't want to be the kind of parent who didn't know their kids," he said. "There are a lot of orthopedic surgeons out there who can balance everything, but it is a lot more challenging. I did a family medicine rotation over at TMH, and I really liked it. Then I started realizing, 'Hey, I could get the patient interaction that I enjoy, developing long-term relationships with patients and having continuity, plus I can incorporate sports medicine into it and get the best of both worlds.'"

Eventually he'd love to become a team doctor for Florida State. He also stays in contact with Gilbertson and intends to be part of Turn About in the future: "The passion and enthusiasm that Barbara and the counselors had for helping their clients was remarkable. My experience there has made me a better doctor."

Gilbertson, meanwhile, looks forward to her next intern.

"The medical school should be very proud of what they're producing," she said. "Because they're very caring, very careful. They don't do things lazily or like, 'Oh, this is just a community internship – no big deal.' They're professionals."





A SCHOOL OF MANY CHIEFS

In the beginning, some wondered how students from a brand new medical school would fare on Match Day. Would top residency programs be interested in graduates coming from an unproven medical school?

Starting with the first class (2005) the answer was exceedingly positive, and FSU College of Medicine graduates have responded. One-third of the first class went on to be selected as chief resident. So did one-third of the Class of 2006.

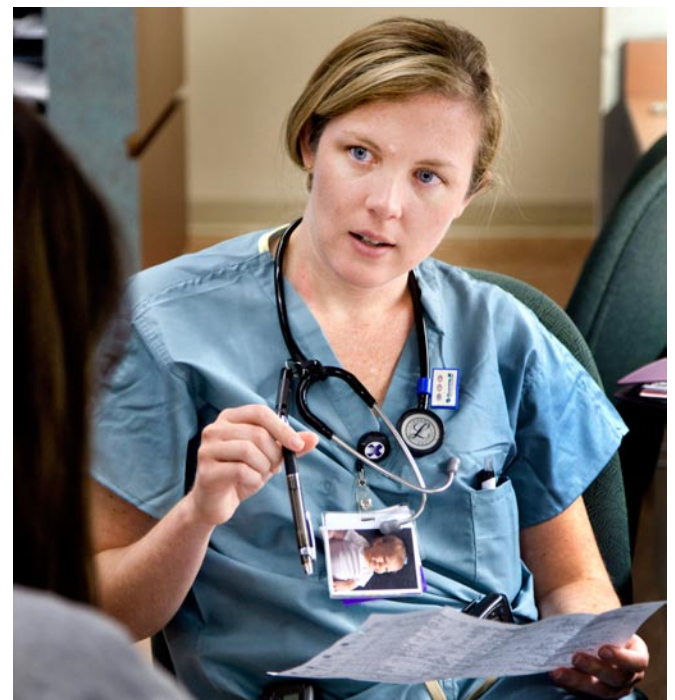
More recent classes, still working their way through residency, also are making their mark. Of the first 336 alumni to become eligible for chief resident status, 55 have been so honored.

Before she graduated this summer from the College of Medicine's OB-GYN residency program at Sacred Heart Hospital in Pensacola, FSU MED spoke with **Anne-Marie Piantanida-Whitlock (M.D., '08)** about her duties as chief resident there.

"One of my big roles is to serve as a buffer, or a filter between what's going on with the residents and the attendings or the staff," said Piantanida-Whitlock, who has joined Sacred Heart Medical Group Ob/Gyn. "I try to be a problem solver if I can and handle things at our level, so the

administration doesn't have to hear of every little problem. And then just making sure everyone's where they're supposed to be when they're supposed to be there. That's a big part of my role: making the schedule."

Julie DeCesare, M.D., director of the OB-GYN residency program, explained what she looks for in a chief resident: "Leadership ability, professionalism and poise. Anne-Marie handles all three of these with ease. The position is peer-selected, and functions in more of a 'junior faculty' capacity."



Familiar-looking faculty

It's not as if **Christie Sain (M.D., '05)** woke up one day, threw open the curtains and declared, "Bring me some medical students – I'm ready to teach!" Yet there she is on most Wednesdays in the Clinical Learning Center, passing along what she learned as a member of the College of Medicine's inaugural class – and what she has learned since.

Twelve years after it opened its doors, the medical school has welcomed back more than a dozen former students as faculty members. When the current first-year class arrived in late May, the faculty included 13 College of Medicine alumni and 27 Program in Medical Sciences alumni.

One of those faculty members – **Alex Ho (M.D., '05)** – recently received the 2012 Mission Model Award from the Tallahassee Regional Campus.

"Dr. Ho is an exemplary clinician and communicator who readily establishes rapport with our medical students," said **Ron Hartsfield, M.D.**, dean of the Tallahassee Regional Campus. "He accomplishes this by treating them as respected and valued learners. He adeptly integrates the foundational and clinical sciences as he nurtures the progressive development of each medical student."

For some alumni, being asked to join the faculty was a "Who, me?" moment. Sain, for instance, thought she needed more training, more seasoning and more how-to-teach guidance.

"I still remember the day that **Dr. Dan Van Durme** approached me to teach," she recalled, referring to the chair of Family Medicine and Rural Health. "I was in my third year of residency and was at a College of Medicine

function. He just walked up to me out of the blue, asked me if I'd be interested and then pretty much wouldn't take no for an answer. I remember my first day, being thrown in and praying that I didn't mess up."

She didn't. What's more, now she understands the satisfaction of teaching.

"It's so rewarding to see the look on a student's face when they 'get it,'" she said. "And it's so awesome to watch them transition from terrified first-year medical student to confident fourth-year medical student."

"Here I am, three years later. I think the students have taught me as much as I've taught them. And Wednesday is one of my favorite days of the week."

The latest graduate to join the faculty is **Elving Colon (M.D., '09)**. After completing residency in family medicine at the University of South Florida in Tampa, Colon accepted an offer from Archbold Memorial Hospital in Thomasville, Ga.

Colon will teach students from the Tallahassee Regional Campus who rotate at Archbold and other Thomasville medical clinics. Colon, by the way, is accepting new patients at Thomasville Family Medicine.

When Ho's classmate **Javier Miller (M.D., '05)** joined the Orlando Regional Campus clerkship faculty, there was already a Javier Miller on the roster. That was his father, **Javier Miller Sr.**, a pediatric gastroenterologist in Orlando. And there was a pediatrician named **Maria Miller**, his mother.

And then there's **Danny Miller**: He won't be joining his mom, dad and brother on the faculty just yet, but he is a member of the College of Medicine's Class of 2016.





Starting anew in La Paz

Few people would describe what **Kevin Broyles, M.D. (PIMS '83)**, did in August 2011 as retirement. Yes, he left his job as medical director of Duke University Urgent Care Services.

But retire? You decide.

Broyles moved with his wife, Noelle, and youngest daughter, Brianne, to La Paz, the capital of Bolivia. He took over as director of the Bolivian chapter of HOPE *worldwide*, a faith-based relief organization.

La Paz, which translates roughly to “the peacefulness,” had been a source of great restlessness for Broyles and his family. It is home to approximately 30,000 children who live and/or work on the streets every day to sustain themselves.

Most of the children have been abandoned by their parents.

Bolivia, though breathtakingly beautiful, is the poorest country in Latin America and the second-poorest in the Western Hemisphere (Haiti is the poorest). The social environment in La Paz is filled with violence – both physical and sexual – and is marked by neglect for children, most who are on their own in finding food, clothing and shelter.

Those children are the reason Broyles was ready to retire – or redirect his energy, to put it another way. He had been volunteering with HOPE *worldwide* since it began in 1991 and had a dream to eventually do full-time relief work overseas. Broyles spent 25 years at Duke before the change.

HOPE *worldwide* works with Foundation Arco Iris (FAI), a non-profit organization that runs a 100-bed hospital and social programs in La Paz, including three orphanages and a home for abused teen mothers and their babies.

Broyles spends a lot of time looking for ways to sustain the hospital and providing leadership development among hospital doctors, nurses and staff. In February, for example, the hospital started Bolivia’s first nursing assistant program.

Noelle Broyles works with the orphanages, one with 90 girls, ages 5-18, and one with around 60 boys.

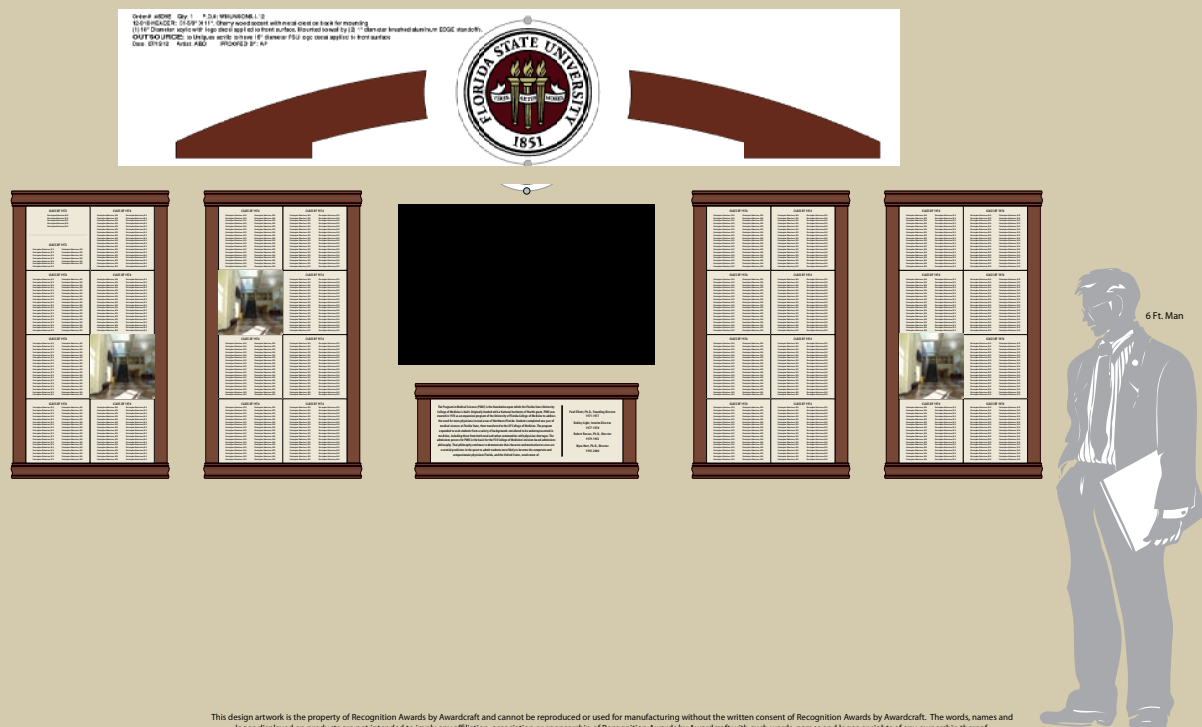
FAI has more than 100 employees and directly supports approximately 300 children, serving about 800 meals a day and providing guidance and education to more than 1,000 children. More than 5,000 children a year receive social, physical, psychological and legal support from FAI, in addition to vocational training.

The children have glaring medical needs and are cared for at Hospital Arco Iris, which opened in 2001 as a 100-bed full-service teaching hospital. The hospital and its mobile units provide more than 180,000 visits a year, with half of those at no cost to the patients and 60 percent of those to children under age 18.

“It’s an incredible privilege to live, work and serve in Bolivia,” Broyles said. “Never in my life have I felt so needed and appreciated. Everything I’ve ever experienced or have been taught from childhood through my professional training at FSU, UF and Duke is needed here.

“Working here is like planting seeds: some of the results are immediately evident; other results will be fruit that will be produced in the years to come. Often things grow and change slowly – *poco a poco* – like my Spanish. But in the end we always come to the same conclusion: *vale la pena* – it’s worth it.”





Tribute to the trailblazers

Without the Program in Medical Sciences (PIMS) there probably would not be a Florida State University College of Medicine.

Since the medical school's state-of-the-art main campus facility opened in 2004, the PIMS contribution to our history has been acknowledged through a recognition wall located on the second floor - just above the atrium. The wall features many PIMS class photos, though the collection is far from complete.

Now, thanks to the generosity of Jacksonville dermatologist **Scott Warren (PIMS '83)**, the recognition wall is about to get a major upgrade. Warren, a member of the College of Medicine and PIMS Alumni Board, provided the financial support needed to produce a more significant way to recognize PIMS alumni.

The *new and improved* wall will feature the names of all PIMS alumni. The wall is expected to be completed early this fall and all PIMS alumni are encouraged to come by the main campus to see it.

A ceremony to officially unveil the wall will be held in conjunction with a celebratory dinner to recognize the first College of Medicine and PIMS distinguished graduate. Look for details about that event, being planned for a Friday evening this fall, at med.fsu.edu.

Personal invitations will be mailed to all PIMS and College of Medicine alumni. If you have not received past mailings from the College of Medicine, please update your address by going to med.fsu.edu and clicking Alumni & Friends – Our Alumni – Update Your Profile. Or, contact **Alexa Von Staden** at (850) 645-9428 or alexa.vonstaden@med.fsu.edu

Meantime, the College of Medicine is interested in obtaining copies of any PIMS class or individual photos (1971-2000). If you have a photo you would like to share please contact Alexa Von Staden.

CLASS OF 2012 RESIDENCY MATCH





ANESTHESIOLOGY (8)

Nick Cummings, UF College of Medicine-Shands Hospital (Fla.)

Micah Gaar, Jackson Memorial Hospital (Fla.)

Neel Jethwa, Loyola University Medical Center (Ill.)

Sarah McNulty, Jackson Memorial Hospital (preliminary surgery) (Fla.)

Brian O'Hara, Vanderbilt University Medical Center (Tenn.)

Nitesh Patel, University of Alabama Medical Center-Birmingham (Ala.)

Allen Sirizi, University of Tennessee Graduate School of Medicine-Knoxville (Tenn.)

Helen Vo, Emory University School of Medicine (transitional) (Ga.)

DERMATOLOGY (1)

Alexander Kennon, Georgia Health Sciences University (preliminary medicine) (Ga.)

EMERGENCY MEDICINE (16)

John Abraham, Duke University Medical Center (N.C.)

Julio Arrieta, Wake Forest Baptist Medical Center (N.C.)

Megan Core, Orlando Health (Fla.)

Robert Daly, LSU Health Sciences Center-Shreveport (La.)

Natasha Demehri, Emory University School of Medicine (Ga.)

William Fields, York Hospital (Pa.)

Jessica Gondela, Mayo School of Graduate Medical Education (Minn.)

Brett Guido, Hospital of the University of Pennsylvania (Pa.)

Joe Lesnick, University of Texas Medical School-Houston (Texas)

Diana Mauldin, Carolinas Medical Center (N.C.)

Carolina Pereira, Orlando Health (Fla.)

Jerrid Pippin, Wake Forest Baptist Medical Center (N.C.)

Colby Redfield, Beth Israel Deaconess Medical Center (Mass.)

Jared Rich, New York Presbyterian Hospital-Columbia & Cornell (N.Y.)

Jordan Rogers, UF College of Medicine-Shands Hospital (Fla.)

Joseph Torres, Earl K. Long Medical Center (La.)

EMERGENCY MEDICINE-FAMILY MEDICINE (1)

Jesse Basford, LSU Health Sciences Center-Shreveport (La.)

FAMILY MEDICINE (14)

Steve Albrechta, Ohio State University Wexner Medical Center (Ohio)

Randy Almanzar, Chestnut Hill Hospital (Pa.)

Crystal Beal, Valley Medical Center (Wash.)

David Castillo, Tallahassee Memorial HealthCare (Fla.)

Laura Diamond, Swedish Medical Center (Wash.)

Belinda Gavino, Florida Hospital-Orlando (Fla.)

Jessica Malmad, Emory University School of Medicine (Ga.)

Michelle Miller, Tallahassee Memorial HealthCare (Fla.)

Jennifer Packing-Ebuen, Florida Hospital-Orlando (Fla.)

Amanda Pearcy Davis, Tallahassee Memorial HealthCare (Fla.)

Kenisha Pemberton, Halifax Medical Center (Fla.)

Ricardo Sequeira, Eglin Air Force Base Hospital (Fla.)

Helen Travis, Mountain Area Health Education Center (N.C.)

Mary Walch, Wake Forest Baptist Medical Center (N.C.)

INTERNAL MEDICINE (22)

Katie Alonso, Orlando Health (Fla.)

Elizabeth Anderson, Carolinas Medical Center (N.C.)

Sharon Aroda, USF College of Medicine-Tampa (Fla.)

Casey Cable, Mayo School of Graduate Medical Education (Fla.)

Robert Castro, USF College of Medicine-Tampa (Fla.)

Jason Colizzo, USF College of Medicine-Tampa (Fla.)

Michelle Cormier, Naval Medical Center-Portsmouth (Va.)

Bryan Garcia, UF College of Medicine-Shands Hospital (Fla.)

Martin Giangreco, USF College of Medicine-Tampa (Fla.)

Brandon Mauldin, Tulane University School of Medicine (La.)

Alex Parker, University of Virginia (Va.)

Anup Patel, Orlando Health (Fla.)

Chandni Patel, Orlando Health (Fla.)

Milin Patel, Florida Hospital-Orlando (Fla.)

Allison Poimboeuf, Baptist Health System (Ala.)

Jared Rosenfeld, Barnes-Jewish Hospital (Mo.)

Kristina Seeger, Mayo School of Graduate Medical Education (Fla.)

Dharmini Shah, Temple University Hospital (Pa.)

Michael Simpson, Greenville Hospital System/University of South Carolina (S.C.)

Mindy Stephenson, San Antonio Military Medical Center (SAMMC) (Texas)





Deepak Suresh, Loma Linda University (Calif.)

Shahab Virani, Rhode Island Hospital/Brown University (R.I.)

INTERNAL MEDICINE-PEDIATRICS (1)

Adam Holers, Baystate Medical Center (Mass.)

MEDICINE-PREVENTIVE MEDICINE (1)

Brian Cogburn, Kaiser Permanente-San Francisco (Calif.)

NEUROLOGY (1)

Demetrios Konstas, USF College of Medicine-Tampa (Fla.)

NEUROLOGY, CHILD (1)

Sarah Novara, University of Alabama Medical Center-Birmingham (Ala.)

OBSTETRICS/GYNECOLOGY (17)

Laurel Berry, Mountain Area Health Education Center (N.C.)

Lakeema Bruce, FSU-Sacred Heart Hospital (Fla.)

Trina Chakravarty, SUNY Health Science Center-Brooklyn (N.Y.)

Casey Cosgrove, Ohio State University Medical Center (Ohio)

Maria Alejandra Diaz, Orlando Health (Fla.)

Jeannie Herrero, Pitt County Memorial Hospital/Brody School of Medicine (N.C.)

Charlene Hylton, UF College of Medicine-Jacksonville (Fla.)

Andy Lane, Greenville Hospital System/University of South Carolina (S.C.)

Noemi LeFranc, Bayfront Medical Center (Fla.)

Lindsay Martin, Winthrop University Hospital (N.Y.)

Francoise Marvel, Washington Hospital Center (Washington, D.C.)

Maegan McCarthy, Orlando Health (Fla.)

Kristen Misiak, Kaiser Permanente-San Francisco (Calif.)

Aloknath Pandya, Albert Einstein Medical Center (Pa.)

Aaron Snyder, UF College of Medicine-Jacksonville (Fla.)

Mary Squire, New York Medical Center-Westchester/Metropolitan (N.Y.)

Tiffannie Walker, UF College of Medicine-Jacksonville (Fla.)

OTOLARYNGOLOGY (1)

Aaron Hilton, University at Buffalo School of Medicine (N.Y.)

PATHOLOGY (1)

Gina Johnson, Emory University School of Medicine (Ga.)

PEDIATRICS (16)

Stefani Altman, UF College of Medicine-Jacksonville (Fla.)

Erika Bernardo, San Antonio Military Medical Center (Texas)

Andrew Burzynski, Jackson Memorial Hospital (Fla.)

Tara Chumbris, Nationwide Children's Hospital (Ohio)

Kim Conaway, Medical University of South Carolina (S.C.)

Christina Dornshuld, USF College of Medicine-Tampa (Fla.)

Sareh Dyer, Orlando Health (Fla.)

Michelle Harper, Morehouse School of Medicine (Ga.)

Amber McClain, Orlando Health (Fla.)

Sarah Mike, LSU Health Sciences Center-Shreveport (La.)

Melissa Mullaney, Nationwide Children's Hospital (Ohio)

Shelley Murphy, Orlando Health (Fla.)

Gina Obmana, USF College of Medicine-Tampa (Fla.)

Monica Pena, Baylor College of Medicine-Houston (Texas)

Amol Purandare, St. Louis University School of Medicine (Mo.)

Coley Sheriff, St. Louis Children's Hospital (Mo.)

PSYCHIATRY (1)

Joseph Gaskins, Palmetto Health Richland (S.C.)

RADIOLOGY, DIAGNOSTIC (1)

Steve Beesley, UF College of Medicine-Jacksonville (preliminary surgery, Orlando Health) (Fla.)

SURGERY, GENERAL (8)

Harry Aubin, Tripler Army Medical Center (Hawaii)

Daniel Christian, New Hanover Regional Medical Center (N.C.)

Wesley Dailey, Mayo School of Graduate Medical Education (Fla.)

Marco Ferrara, Baptist Health System (Ala.)

Ben Greif, University of Oklahoma College of Medicine (Okla.)

Brett Howard, Medical Center Central Georgia/Mercer University School of Medicine (Ga.)

Sarah Park, University of California-Davis Medical Center (Calif.)

Chet Patel, University of Miami Miller School of Medicine/Palm Beach Regional Campus (Fla.)

SURGERY, ORTHOPEDIC (3)

David Alvarez, LSU Health Sciences Center-Shreveport (La.)

Paul McLendon, Mayo School of Graduate Medical Education (Minn.)

Michael Silverstein, Cleveland Clinic Foundation (Ohio)

UROLOGY (1)

Mark Cogburn, Maimonides Medical Center (preliminary surgery) (N.Y.)



CLASS NOTES

2005

Rob Allison, M.D., was named head of clinical quality at the Naval Medical Center in San Diego. He also is a member of the Naval Medical Center's Institutional Review Board.

Julie Barré, M.D., completed a fellowship in sports medicine at the Hughston Clinic in Columbus, Ga. Dr. Barré previously completed a residency in orthopedic surgery at the Medical College of Georgia (2011).

Ajay Mhatre, M.D., completed a fellowship in interventional cardiology at the University of Arkansas for Medical Sciences (2011) and another fellowship in interventional cardiology at the University of Florida-Shands in Gainesville (2010). Dr. Mhatre currently is a physician with the Phoenix (Ariz.) Heart Center.

2006

Nicholas Seeliger, M.D., currently is a family physician at Lajes Air Force Base in Azores, Portugal. Dr. Seeliger and his wife, Kristy, have two sons – Jonah and Noah.

2007

Shazia Aman-Haque, M.D., is a fellow in the Division of Cardiovascular Disease & Hypertension at the Robert Wood Johnson Medical School in New Brunswick, N.J.

Stephen Patrick, M.D., received the Pediatric Association Research Award, Best Abstract by a Fellow for his paper, "Federal Medical Assistance Percentage Policy and Medicaid/CHIP Enrollment for Children." To read more about Dr. Patrick, see page XX of this issue.

Joseph Rousso, M.D., is in the fellowship for Facial Plastic & Reconstructive Surgery at the New York Center for Facial Plastic & Laser Surgery of Albert Einstein College of Medicine in New York.

Karen Wallace, M.D., graduated from the Mount Auburn Hospital Radiology Residency Program in Cambridge, Mass., and is a radiology fellow at the University of California in San Francisco.

2008

Tanya Evers, M.D., joined the Tallahassee Memorial Hospital Family Medicine Residency Program as a staff physician in September. She completed her residency in obstetrics-gynecology at Vanderbilt University Medical Center.

Sarah Ritchie, M.D., was honored for her contributions as a teacher in the pediatrics department at the University of Florida-Shands in Gainesville. Dr. Ritchie is an assistant professor in the division of pediatric hospital medicine at UF.

2009

Joshua Dietzer, M.D., graduated from the family medicine residency program at Tallahassee Memorial Hospital and is a physician with Southland Emergency Medical Services, providing emergency department coverage in Adel, Ga.

Amy Harrison, M.D., celebrated the first birthday of her daughter, Whitney Elizabeth Harrison, in August. Dr. Harrison graduated from the family medicine residency program at Tallahassee Memorial Hospital in June. She is now a family physician with Patients First in Tallahassee.

Kelly Jones, M.D., is in a fellowship for medical genetics at the University of Washington.

Kimberly Thornton, M.D., co-authored a paper published in the journal *Endocrinology*, "Differential effects of hypothalamic IGF-I on gonadotropin releasing hormone neuronal activation during steroid-induced LH surges in young and middle-aged female rats." Dr. Thornton is administrative chief resident of obstetrics-gynecology at the Albert Einstein College of Medicine/Montefiore Medical Center in New York.

Mai Vo, M.D., was named Resident of the Year by the Orlando Regional Medical Center. She is chief resident of internal medicine at ORMC.

Mary Watson, M.D., is mom to a baby boy – Finn Jason Watson, born Dec. 18. Dr. Watson also recently was co-author of a research letter in the *New England Journal of Medicine* and a full article in the *American Journal of Medicine* on the abuse of psychoactive "bath salts."

2010

John Wynne, M.D., had his article "Dogwoods" published in the On Being a Doctor section of the *Annals of Internal Medicine*. The first-person article examines end-of-life issues and the physician's role. Dr. Wynne is chief resident of the internal medicine residency program at Carolinas Medical Center in Charlotte, N.C. To read his article, search on the web for "Annals of Internal Medicine Dogwoods."

2011

Desmond Fitzpatrick, M.D., was selected to serve on the GME resident education committee at the University of Florida-Shands in Gainesville. Dr. Fitzpatrick is a second-year resident in emergency medicine.

Ashley Lucke, M.D., received the 2011-12 Award for Clinical Excellence from the University of Texas Southwestern Medical Center at Dallas Children's Medical Center. Dr. Lucke now is a second-year resident in the medical center's Pediatrics Residency Program.

2012

Jordan Rogers, M.D., was selected as a Seminole Torchbearer by Florida State University. Seminole Torchbearers are alumni who were "exceptional leaders" while on campus. Dr. Rogers currently is a first-year resident in emergency medicine at the University of Florida-Shands in Gainesville.

Ph.D. program

Mindy Brown ('08) is a patent examiner with the United States Patent and Trademark Office in Alexandria, Va. In 2012 Dr. Brown received her Juris Doctorate.

Share your news: Did you get married? Start work in a new practice? Publish an article of note? The College of Medicine wants to share your good news with friends and classmates. Send an email with your news to pr@med.fsu.edu.

BEYOND THEORY: A HARSH LESSON IN PROFESSIONALISM

Kristen Barrie (M.D., '10) completed a fourth-year elective, Professionalism and Ethics, under the direction of Nancy Baker, M.D., the College of Medicine's family medicine clerkship director with the Fort Pierce Regional Campus. One of the assignments involved attending a Board of Medicine disciplinary hearing, where the lessons often are vivid examples of why professionalism and ethics are so important. Barrie wrote about her experience for an article published earlier this year in the Journal of Medical Regulation promoting "a partnership of state medical boards with medical schools to supplement professionalism and ethics education for medical students, residents, physicians and faculty members." Here is what Barrie wrote:

As the room starts to fill, I begin feeling a bit nervous. In front of me is a horseshoe arrangement of physicians who are today acting as disciplinarians.

Next to me is also a crowd of physicians, yet they are playing the role of the blamed. I soon learn that most of these physicians have made mistakes; Dr. X forgot to chart something properly, Dr. Y missed an abnormal lab value and Dr. Z failed to refer a patient to a specialist.

Most physicians are clearly remorseful and some have already taken action within their practice to prevent such mistakes in the future.

I can relate to the human factor of being a physician; humans make mistakes. However, physicians are held to a higher standard. Such simple mistakes are easy to make, but also easy to prevent. Most do not result in harm to patients, yet tell that to the one patient who has the poor outcome.

One case in particular leaves me uneasy. As the physician and his lawyer sit before the "judges," there is a different tone in the air. I don't see remorse on his face; I don't hear regret in his voice, yet this is by far the most serious case of the day.

This physician missed signs and symptoms of prescription drug abuse that led to the death of two young patients. I feel sick. Why was he prescribing such large quantities of pills? Didn't he feel the need to refer them to a specialist with such a complicated psychiatric case? How did he fail to evaluate his practice after the death of the first patient?

The board members must be having the same internal monologue because they begin asking similar questions. These questions are never answered.

The mother of one of the deceased takes the stand. Her son was the second young man to die. She is emotional, but surprisingly levelheaded as she confronts the physician who wrote her son prescriptions for hundreds of pills a month. The doctor fails to remember the name of the deceased.

I am shocked.

He sees no wrongdoing on his part.

I start trying to rationalize, but my shock is replaced by anger, disgust and disappointment. The members of the board suspend the physician's medical license until further investigation is complete.

As a medical student, professionalism and ethics are part of the curriculum to graduate. We spend hours in lecture and in small groups discussing issues such as patient autonomy, disclosure of medical errors and the patient-physician relationship. However, nothing has taught me the consequences of lapses in professionalism like spending a few hours watching a Board of Medicine disciplinary hearing.

This is real life, not theory. I think it is essential for students to learn how the system works for disciplining physicians. There is no better way to learn than sitting in on a hearing. All of those lessons in professionalism are brought into context. I have a new-found respect for the active efforts necessary to prevent mistakes, as it is each individual physician's responsibility to act professionally and ethically.

Dr. Barrie currently is a resident in anesthesiology at the University of Florida-Shands in Jacksonville.



Florida State University College of Medicine Partners

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.

RAY STANYARD

1 Daytona Beach Campus

Bert Fish Medical Center
Flagler County Health Department
Florida Health Care Plans Inc.
Florida Hospital DeLand
Florida Hospital Flagler
Florida Hospital Memorial Medical Center
Halifax Health
Stewart-Marchman-Act Behavioral Healthcare
Surgery Center of Volusia County
Twin Lakes Surgical Center
Volusia County Health Department
Volusia County Medical Society

2 Fort Pierce Campus

Florida Community Health Center Inc.
Florida Department of Health – Children's Medical Services
Grove Place Surgery Center
HealthSouth Treasure Coast Rehabilitation Hospital
Indian River Medical Center
Indian River Medical Society
Lawnwood Regional Medical Center
Martin Health System
Martin County Medical Society
Port St. Lucie Hospital
Raulerson Hospital
Sebastian River Medical Center
St. Lucie Medical Center
St. Lucie Surgery Center
St. Lucie/Okeechobee Medical Society
Surgery Center of Okeechobee Inc.
Surgical Center of the Treasure Coast
The Surgery Center at Jensen Beach
Treasure Coast Center for Surgery
Treasure Coast Hospice

3 Orlando Campus

Alliance Surgical Center
Central Florida Regional Hospital

Community Health Centers Inc.
Downtown Surgery Center
Florida Hospital
HealthSouth – Physician's Surgical Care Center
M.D. Anderson Cancer Center Orlando
Nemours Children's Clinic
Orange County Health Department
Orange County Medical Examiner's Office
Orange County Medical Society
Orlando Center for Outpatient Surgery
Orlando Health
Orlando VA Clinic
Seminole County Health Department
South Lake Hospital
St. Cloud Regional Medical Center

4 Pensacola Campus

Baptist Health Care
Covenant Hospice
Escambia County Health Department
Escambia County Medical Society
Haven of Our Lady of Peace
Lakeview Center Inc.
Naval Hospital Pensacola
Nemours Children's Clinic
North Okaloosa Medical Center
Sacred Heart Health System
Santa Rosa County Health Department
Santa Rosa Medical Center
VA Gulf Coast Health Care System
West Florida Hospital

5 Sarasota Campus

Aesculapian Surgery Center
Bay Pines VA Healthcare System
Cape Surgery Center
DeSoto Memorial Hospital (Arcadia)
Doctors Hospital of Sarasota
Doctors Same Day Surgery Center
GulfCoast Surgery Center Inc.
Lakewood Ranch Medical Center
Manatee Memorial Hospital

Sarasota County Health Department
Sarasota County Medical Society
Sarasota Memorial Health Care System
Venice Regional Medical Center

Tallahassee Campus

Apalachee Center Inc.
Archbold Medical Center (Thomasville, Ga.)
Big Bend Hospice
Bond Community Health Center Inc.
Capital Health Plan
Capital Medical Society
Capital Regional Medical Center
Doctors' Memorial Hospital (Perry)
HealthSouth Rehabilitation Hospital
Jefferson County Health Department
Life Care Centers of America (Thomasville, Ga.)
Madison County Health Department
Memorial Hospital and Manor (Bainbridge, Ga.)
Neighborhood Health Services
Red Hills Surgical Center
Refuge House
RiverChase Care Center (Quincy)
Tallahassee Memorial HealthCare
Tallahassee Outpatient Surgery Center
Tallahassee Plastic Surgery Clinic
Tallahassee Single Day Surgery
Tallahassee VA Clinic
Thagard Student Health Center (FSU)
Westminster Oaks

7 Rural Medicine

Collier County Health Department (Immokalee)
Florida State Hospital (Chattahoochee)
Healthcare Network of Southwest Florida (Immokalee)
Jackson Hospital (Marianna)

FSU College of Medicine-Sponsored Residency Programs

Family Medicine Residency Program at Lee Memorial Health System (Fort Myers)
Internal Medicine Residency Program at Tallahassee Memorial Hospital (Tallahassee)
Obstetrics & Gynecology Residency Program at Sacred Heart Health System (Pensacola)
Pediatrics Residency Program at Sacred Heart Health System (Pensacola)
Procedural Dermatology Fellowship Program at Dermatology Associates (Tallahassee)

Family Medicine Residency Program Affiliations

Bayfront Medical Center (St. Petersburg)
Florida Hospital (Orlando)
The Florida State University College of Medicine Family Medicine Residency Program at Lee Memorial Health System (Fort Myers)
Halifax Health (Daytona Beach)
Mayo Clinic (Jacksonville)
Miller School of Medicine, University of Miami, Department of Family Medicine and Community Health (Miami)
Morton Plant Hospital (Clearwater)
Naval Hospital Pensacola
St. Vincent's Medical Center Inc. (Jacksonville)
Tallahassee Memorial HealthCare

Other Affiliates

Cleveland Clinic Florida (Weston)
Gadsden County Health Department (Quincy)
H. Lee Moffitt Cancer Center & Research Institute (Tampa)



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(1) end note



Brian Bauerband and Brandon Cook, students at the College of Medicine's Pensacola Regional Campus, wait for the start of a timed Formative Objective Structured Clinical Exam (FOSCE). Jerry Hill, a volunteer standardized patient who portrayed various medical cases for the students, well, he was waiting for things to get started, too. See a photo essay about the mobile FOSCEs starting on Page 16.

COLIN HACKLEY