

Spring 2010

FLORIDA STATE UNIVERSITY COLLEGE OF MEDICINE

# FSU MED

*From ideas to outcomes*



10<sup>th</sup>

anniversary

2000-2010



**M**any people can hardly believe that, in June, it will be 10 years since the governor's signature created the Florida State University College of Medicine.

Our anniversary is an appropriate time to salute those who overcame daunting obstacles to create an unprecedented medical school. This issue of FSU MED celebrates what this school has achieved and reminds us why it was worth the struggle.

Some who weren't around at the College of Medicine's birth wish they had been. "Those must have been exciting times," people often tell "Founding Mother" Myra Hurt, who then dryly replies, "Excitement is highly overrated." For the most part, starting a top-notch medical school requires hard, unglamorous but important work.

That's also exactly what it takes to maintain a top-notch medical school. The important work the entire College of Medicine family is doing now is what inspires me as I look ahead.

Ten years ago, Job One was building a student body, building a faculty, building a curriculum, building the classrooms, building the vision. When I arrived as dean in August of 2008 the question in my mind, and in the mind of many people I spoke to, was, "What's next?"

As we reach full enrollment of 480 students with the next incoming class in May and continue preparing for our fast-approaching reaccreditation process, we already are fully engaged in answering that question.

We are hard at work building upon the strong foundation that helped this medical school achieve so much in such a short time. Part of our duty is to be good stewards of that progress, and that means devising strategies to maintain our strengths, address our problems and fulfill our mission.

This college that began as an idea full of promise has produced encouraging outcomes, such as those that filled our recent annual report. You need only compare the first-year class photos of 2005 (30 students) and 2013 (119 students) to see how dramatically we have blossomed. We're dedicated to harnessing every person's talents and every square inch of space to the best use in our students' medical education.

The regional campuses and rural training sites – which 10 years ago were just words on paper – are flourishing. So is our amazing statewide network of more than 1,500 physician/faculty members. Research, too, has seen impressive growth in terms of NIH funding and other measures. Here's one indicator of our students' growing involvement: Compared with last year, the number of posters in our recent Research Fair increased by 24 percent.

Right now we are busy preparing for our LCME accreditation site visit in April 2011. Some might regard it as a grueling exercise, but in fact it is our best defense against drifting away from our mission and squandering that hard work done 10 years ago. Together we're creating a Strategic Plan designed to let us routinely measure how well we are maintaining the pillars of excellence that support this medical school: teaching, research, service and clinical care, and community partnerships.

In this anniversary year, thank you for all you're doing to shape the College of Medicine's next 10 years.

John P. Fogarty, M.D.

Dean, College of Medicine

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12

## Taking a chance

12

From the first students who enrolled in an unaccredited medical school to faculty who left stability for a program temporarily based in trailers, the College of Medicine wouldn't be where it is today without its early pioneers.

## Making the case

16

Atticus Finch could have been based on Sandy D'Alemberte. Fortunately for the College of Medicine, this resourceful attorney was the university president and not a literary figure during the tumultuous accreditation process.

## The gift of the girl doctor

18

By Ron Hartung

The story of Dr. Charlotte Maguire and a chance meeting that seemingly has been a gift from heaven for the College of Medicine.



16



18

### soap notes

2

Scientific Endeavors, On Main Campus,  
People of Note

### second opinion

22

Disagreeing with conventional wisdom about medical  
education

### zebras

24

Few knew what to expect in a brand-new medical school

### class notes

32

Checking up on our alumni



### on the cover

The College of Medicine is celebrating its 10th anniversary in many ways during 2010. This issue of FSUMED is dedicated to the story of the first new medical school of the 21st century and the journey from ideas to outcomes.



## The earlier you can detect autism...

Red flags are not always fire-engine red. They also can be subtle.

Watch an 18-month-old toddler for hints of autism. It's not easy with one so young, but it's possible.

You need to know what to look for. With two new grants from the National Institutes of Health, Amy Wetherby is continuing the work she has done for 27 years: trying to make those red flags more visible to more people – including parents – earlier in the child's life.

"Sometimes the parents don't know, when they see certain behavior at home, that it's anything to be worried about," Wetherby said. "Or the child might show it at home and not when they come in to the doctor.

"If we could figure out which activities are really going to highlight the red flags, then the parents could eventually record it on their iPhone, and their doctor or other professional could look at the clip and say, 'You need to have a diagnostic evaluation.'"

Wetherby, a professor in the College of Medicine and director of the Autism Institute at Florida State University, keeps chipping away at ASD (autism spectrum disorder) because catching it early makes a difference.

The American Academy of Pediatrics recommends all children be screened for signs of autism at age 18-24 months. But most often in the U.S. autism is not detected until 3-5 years. With minorities, it's 4-6 years.

A \$1.9 million, two-year grant from the NIH's Eunice Kennedy Shriver National Institute of Child Health and Human Development is funding Wetherby research aiming to develop a well-validated, ASD-specific screener for children 18-24 months old in pediatric settings. Her two-year, \$465,000 grant from the National Institute on Deafness and Other Communication Disorders is funding research that may lead to culturally sensitive screening and evaluation methods. It will involve children as far away as South Africa.

"The complication with autism," Wetherby said, "is that it can actually lead to intellectual disabilities – what used to be called mental retardation.

"Let's say an infant is not looking at faces enough, not drawn to people, not listening to the parents modeling the language. If they keep doing that, they're going to miss out on learning at a time when the brain's potential to absorb information and learn is at its maximum. If they make it to kindergarten that way, they're going to have a severe disability."

That's why Wetherby and her team won't give up.



RAY STANYARD

## Discoveries making news

Nowhere is growth in the College of Medicine's research program more obvious than in the publications choosing to carry the news of its scientific breakthroughs.

In recent months, Akash Gunjan, Yoichi Kato and Choogon Lee, assistant professors of biomedical sciences at the medical school, all recently published articles in prestigious scientific journals.

In March, *Developmental Cell* carried an article Kato and his lab developed outlining a key mechanism in the way congenital disorders occur.

"We discovered that the interaction between two major oncogenes, whose abnormalities lead to cancer formation, plays a crucial role for positioning of internal organs in an embryo," Kato explained. He added that the revelation also could contribute to developing a diagnostic method and treatment of congenital disorders.

*Nature Cell Biology* published Gunjan's article about the role proteins play in the transfer of the human genetic code from one cell to another. His work solved a century-old mystery regarding the role of histones in that process and could lead to better ways of fighting cancer.

Proceedings of the National Academy of Sciences and the *Cell Press* journal both carried articles by Lee regarding important discoveries about human circadian rhythms. Lee's findings could lead to improved treatments for disorders associated with circadian clock malfunction, including manic depression, seasonal affective disorder and chronic sleep problems in the elderly and shift workers.

"All of these publications are top-notch, high-impact journals in the world of science," said Myra Hurt, senior associate dean for research and graduate programs. "That these journals have examined, and chosen to publish, articles detailing important work by our faculty is an important indicator of the value of the research taking place here."

## Our newest molecular detectives

When Tim Megraw moved from Dallas to Tallahassee in August, he didn't come alone. There was Ling-Rong Kao, his wife and research partner of eight years. There was their daughter, Carina, age 4. There were hundreds of boxes loaded with the instruments – and fruit flies – that now inhabit his lab at the College of Medicine.

And then, shortly after he arrived, there was that four-year, \$1.2 million grant from the National Institutes of Health. Now Megraw, an associate professor, and Kao, an assistant in research, are continuing the work they began in 2003 at the University of Texas Southwestern Medical Center.

Researchers are cellular detectives. They know that cancer is caused by runaway cell division. They slice off different pieces of the division process in attempts to discover how it's supposed to work and why it goes awry. For Megraw, the focus is on a cell component called the centrosome, which organizes the microtubules essential to cell division. Much has been discovered in recent years, by Megraw and others, about how these puzzle pieces fit together. Yet, as Megraw noted in his grant application, "the centrosome 'parts list' is still being compiled."

"We're interested in how centrosomes are organized and regulated – both their numbers and their activity," he said recently. "What regulates their assembly and duplication and then how do they function: Both of those goals are outlined in this new grant – goals to understand bits of those processes."

The awareness of centrosome-based diseases is fairly recent. Megraw had always been fascinated with studying at the molecular level. Then, when he was a postdoctoral fellow, someone in the lab where he was working discovered the protein centrosomin. It was a game-changer.

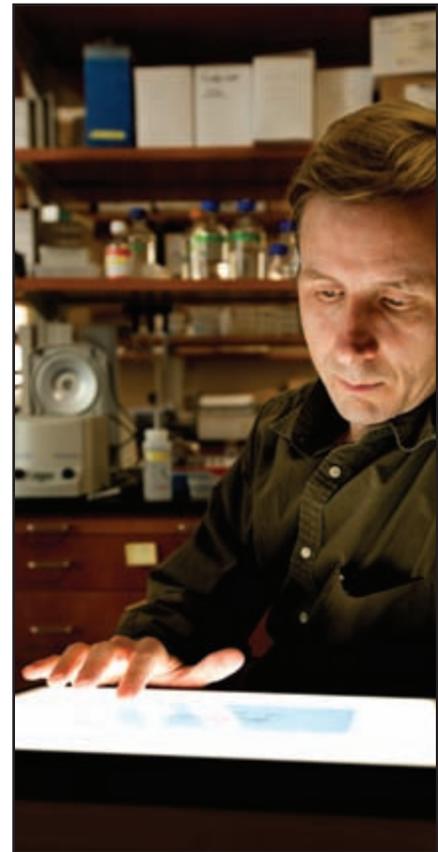
"At the time we knew almost nothing about the molecular makeup of centrosomes or how they worked," he said. "That was something I could jump in on. So I did, and it took my research in a new direction."

He's been following that path ever since. Who knows where it might lead?

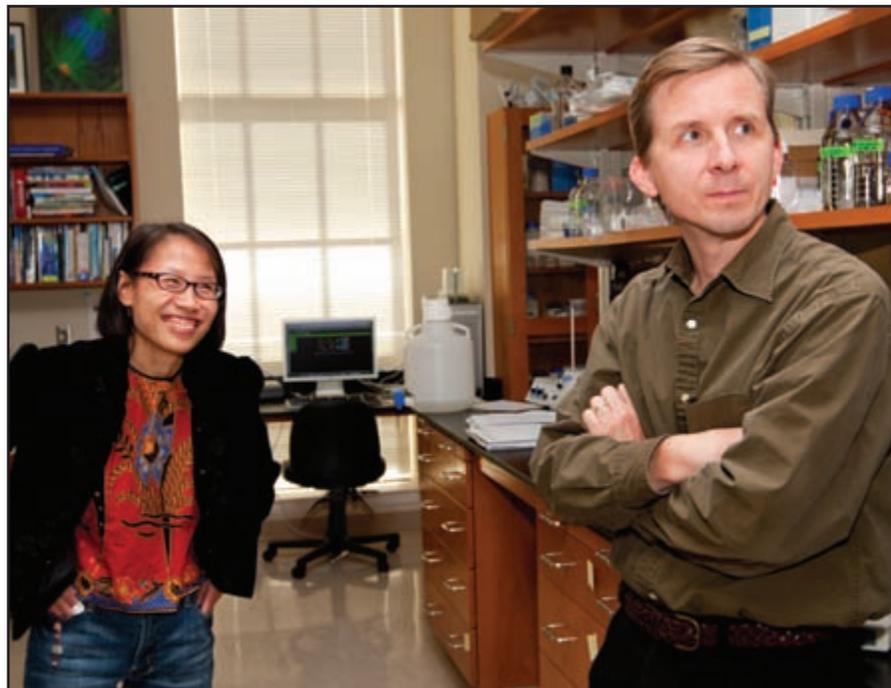
"Just today, I finalized inviting somebody who's coming to speak at Grand Rounds [in April] about ciliopathies, diseases that underlie the polycystic diseases of the kidneys. I call them centrosome-based diseases in general; most of them affect these little hair-like structures that stick out of our cells – cilia." Until fairly recently, people thought cilia were totally useless. "Now," he said, "they appear to be key signaling centers. I have trouble keeping up with the list of diseases that are now associated with defective cilia."

It helps to have married someone who's as fascinated as he is, someone who understands the magnetic pull of the lab. One of their recent papers, on centrosomin's role in the formation of furrows associated with cell division, was written up prominently in *Current Biology* and *Faculty of 1000*.

"She's the first [listed] author of that paper," Megraw said. "We're pretty proud of that. That study was a breakthrough for us. It works well, our partnership."



**Associate Professor Tim Megraw and his wife, Ling-Rong Kao, an assistant in research, are two key additions to the Department of Biomedical Sciences.**



COLIN HACKLEY

on main campus

# Biomedical Sciences' new leader

The Department of Biomedical Sciences is developing a robust research program at a time when funding is not easy to come by, and that effort has been aided with the addition of several new federally funded investigators.

Recently, the department also got a new leader.

Richard Nowakowski, an eminent neuroscientist who earned his Ph.D. in cell and developmental biology from Harvard University, was attracted by the opportunity to join an up-and-coming research program at a momentous point in time for science and medicine.

"It is clear that the next decade will bring revolutionary changes in the structure of medical schools, the economy and also science," Nowakowski said.

"These changes will be layered on top of the major scientific revolution of the past decade, specifically the sequencing of genomes that has quite literally changed the world of biology."

In addition to chairing the department, Nowakowski is the first Randolph L. Rill Professor of Biomedical Sciences in the College of Medicine. Rill, a founding member of the medical school's faculty, died last year. He established the biochemistry content of the medical curriculum, played a key role in establishing the Biomedical Sciences Ph.D. program, served as its director, and wrote the successful proposal for the M.S. in Biomedical Sciences Bridge to Clinical Sciences degree for our Bridge program.

**Nowakowski and his wife and "chief collaborator," Nancy L. Hayes, Ph.D. She is an associate professor in the Department of Neuroscience and Cell Biology at the UMNDJ-Robert Wood Johnson Medical School, where he spent the previous 25 years on faculty.**



## In search of epilepsy's cause

Florida has about 6 percent of the U.S. population – but about 12 percent of the epilepsy. Fortunately, Florida also has top neuroscientists exploring what happens in the brain during epilepsy's electrical storm. One of those researchers is in the College of Medicine.

"Epilepsy has escaped a cure for thousands of years," said Sanjay Kumar, assistant professor of biomedical sciences and neuroscience. "It's very hard to get at the underlying cause."

In December he was among researchers honored by the American Epilepsy Society for receiving an Epilepsy Foundation grant in 2009. He focuses on the most common type in adults: temporal lobe epilepsy.

"Lots of people study temporal lobe epilepsy in the hippocampus," he said. But he thinks the "hyperexcitability" of neurons that characterizes this type of epilepsy actually may originate in part of the brain called the entorhinal cortex. For the two-year Epilepsy Foundation grant of \$50,000, he proposed studying the role of an adjacent, relatively unknown area of the temporal lobe called the presubiculum.



Eventually, he thinks answers might be revealed in scrutinizing how the brain fires nerve impulses.

"I like to study things at the level of the synapse," Kumar said. "What basic research like this does is to fill in the blanks between what happens at the cell level and circuit level in an epileptic brain."

He sees a definite application of this work to stem cells: "All these pieces of information become very important for people to take stem cells, differentiate them into the type of neurons that exist in these regions, and implant these cells there. Once that's done, they could actually prevent the occurrence of seizures.

"So there is hope that you could use this knowledge to make lives better down the line."

The Epilepsy Foundation of Florida reports that 200,000 U.S. residents are diagnosed with epilepsy every year. As for Florida's high rate, one theory is that it's related to the state's high geriatric population. A stroke can trigger an epileptic seizure, as can head trauma, high fever and many other conditions. There's still much to discover.

"The brain is the only organ that has not been well understood," Kumar said. "We are just scratching the surface."

## A measure of zinc

While we have known for a long time that the brain contains a large amount of the trace element zinc, we know far less about the role of this essential metal in the brain and how diets low in zinc may disrupt normal brain function. That may soon change with an ongoing, \$1.3 million research project funded by the National Institutes of Health. Cathy Levenson, associate professor of biomedical sciences at the College of Medicine, is part of a team of Florida State University researchers seeking to fill a gaping hole in the scientific literature regarding zinc.

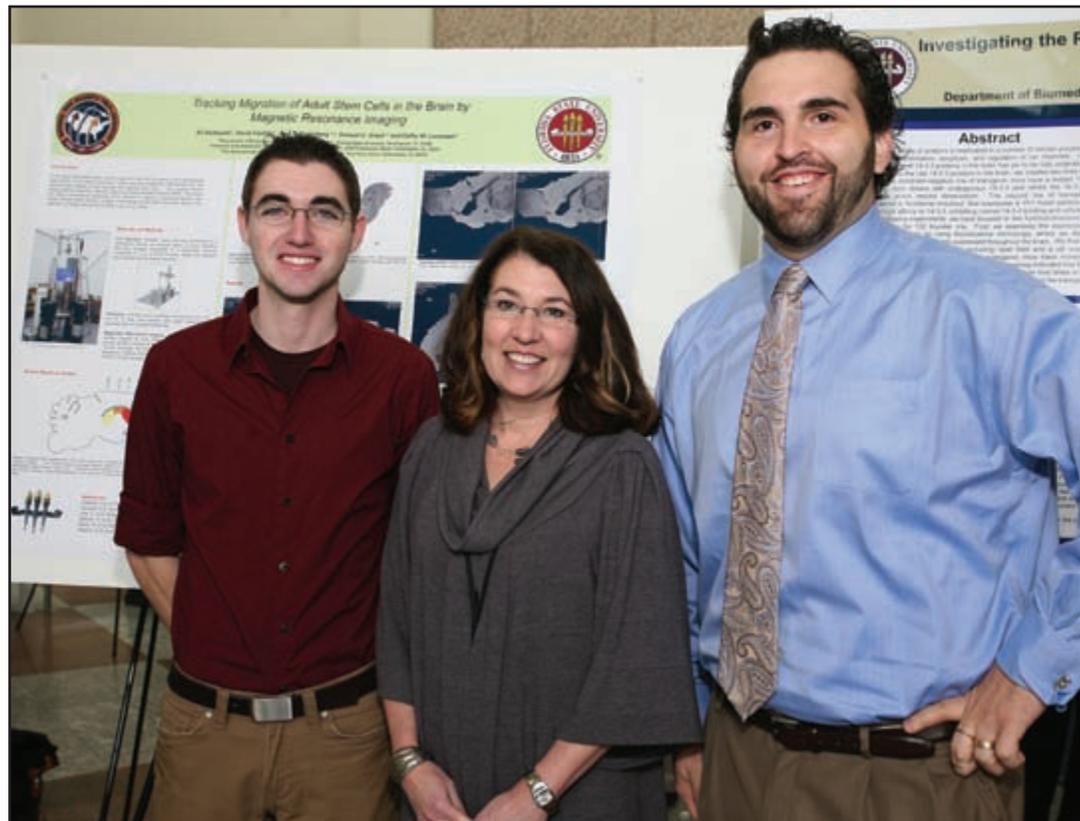
During the five-year study, the team is seeking a way to effectively measure zinc levels in the brain and other organs using an analytical process known as fluorescence microscopy. The research team includes Lei Zhu, assistant professor of chemistry and biochemistry, and Michael W. Davidson, a research associate at the National High Magnetic Field Laboratory

and one of the world's foremost experts in the field of optical microscopy.

Zinc levels are known to be concentrated in particular regions of the body, especially in brain regions known to be associated with learning, memory and emotion. Work in the Levenson lab has shown that in one such region, known as the hippocampus, the brain uses zinc for the growth of new adult stem cells. An aim of the program is to design new fluorescent probe molecules that will bind to zinc ions to create a far more accurate method of measuring levels of zinc in brain cells and cells of other organs. "This grant will enable us to determine how much zinc is needed by the stem cells in the brain, where the zinc is localized in these and other cells of the hippocampus and how changes in dietary zinc alter brain zinc," Levenson said.

If successful, the research could lead to new therapies for the diagnosis and treatment of a variety of neurodegenerative and neuropsychiatric diseases related to zinc imbalance within the brain and body.

**Cathy Levenson with lab assistant Ali Darkazalli, left, and medical student David Castillo, who assisted in a project on display at the recent Research Fair.**



BILL LAX/FSU PHOTO LAB



**Elena Reyes in front of the Freedom Tower during her recent trip to Miami.**

## Saluting a lifetime of serving others

Miami's Freedom Tower is a place of memories for Elena Reyes. In the 1960s, when she was a child in Miami, Freedom Tower was an Ellis Island for Cuban refugees – people her family regularly provided with food and temporary shelter. It was also where her grandmother, a former immigrant, went for health care. Reyes went along as her interpreter, since few doctors spoke Spanish.

In October, Reyes returned to the Freedom Tower for the first time in more than 40 years. With Michelle Obama looking on, she received Florida Campus Compact's Service Learning Faculty Award for encouraging lifelong leadership among her students.

"It was really very moving," she said, "to think about going from being a kid that grew up in the pretty much blue-collar, working-class immigrant neighborhood to being there receiving an award from the first lady."

One of the College of Medicine's founding faculty members, Reyes now is the behavioral sciences curriculum director and an associate professor. She has been a major proponent of incorporating service opportunities into multiple courses. In the first-year doctoring course, for example, students spend three weeks shadowing a doctor in an underserved area. In the community medicine clerkship, third-year students work at community agencies to learn how to provide better care for patients.

Reyes also is faculty advisor for FSUCares, a medical student volunteer organization. Besides providing health care to locals in need, it makes annual service trips to Panama, the Texas-Mexico border and Immokalee.

"Our goal is to come back to Florida and better serve the patients here," she said. "It's very good to see where they come from and what the cultures are like there, so we can use that in providing their health care."

At the award ceremony, Obama praised the honorees' dedication to service, even in these tough times.

"She reinforced everyone's efforts to inspire a new generation of students to do service," Reyes said. "Not just something to do once a month, but rather have a life of service in what you do."

## Brock is back to enlist support

As the former director of special projects and director of health affairs, Laura Brock is well acquainted with the medical school. She even helped collect the input used in creating a College of Medicine at Florida State University while serving as Provost Larry Abele's assistant on health policy.

Now she's back as the College of Medicine's new director of external relations. Among other things, that means she'll act as a liaison with the Florida State governmental relations office, and she'll work on developing a strategic constituency plan to organize and mobilize community resources.

Brock also is well acquainted with Florida State as a student. Her bachelor's degree, her master's in public administration and public policy, and her master's in religion all came from this university, and now she's pursuing a Ph.D. in religion on campus as well.

## New Medical Humanities chair no stranger to campus

Two upbeat words stand out as Janine C. Edwards discusses returning to Florida State to become chair of the medical school's Department of Medical Humanities and Social Sciences:

- "Transformative." That's how she describes her experience years ago as a Florida State graduate student in education.

- "Delightful." That refers to her goal of forming partnerships with some of the university's excellent programs in music, fine arts and comparative religion.

Edwards, who starts her new job May 17, is professor emerita of humanities in medicine at Texas A&M University Health Science Center College of Medicine and a member of the Rural and Community Health

Institute. She is also a volunteer faculty member in the Department of Psychiatry at the University of Wisconsin College of Medicine. She is known for her research and publications concerning faculty development and the admissions process in medical education. Her current research interests focus on distance learning, international health education, language learning, and health services research.

The onetime English teacher in New Orleans earned her Ph.D. in instructional systems – across the street at the Florida State University College of Education. She praises the medical school’s mission and collaborative culture, as well as the department’s “fine spirit of cooperation and communication.”

The current chair, Distinguished Research Professor Suzanne Johnson, will devote more time to her research.

## Video games rival recess

Video games often are blamed for turning children’s minds and muscles into jelly. Even the label “interactive” doesn’t guarantee physical activity.

Komal D’Souza, a third-year student at the Daytona Beach regional campus, studied one popular game, called “Dance Dance Revolution,” during her summer research fellowship in 2008. In April, at the Society of Behavioral Medicine’s annual conference in Seattle, she is making an oral presentation based on her data.

“The goal of the project was to evaluate if the [game] was effective in increasing physical activity levels among kids in Gadsden County,” D’Souza said.

What she discovered was that the students she monitored burned a significantly higher rate of kilocalories per

minute with “Dance Dance Revolution” than they did at recess.

Gareth Dutton, Ph.D., assistant professor of medical humanities and social sciences, said D’Souza’s project was chosen as a Meritorious Student Presentation. “It is a special accomplishment,” he said, “for a student to receive this recognition from a large and well-respected organization at its national research meeting.”

## Lucke likes to fire up students about pediatrics

Ashley Lucke says she knew at age 7 that she wanted to become a pediatrician – after she saved her little brother from drowning. And she’s so passionate about the field that it’s no surprise the American Academy of Pediatrics has appointed her to its Medical Student Subcommittee. Her appointment started in December and will continue through graduation in 2011.

She’s a third-year student at the Tallahassee regional campus. At the main campus last year, under her leadership, the College of Medicine Pediatric Interest Group tripled its membership and sponsored 22 events.

Clearly she has firepower that could inspire other student leaders across the country. And that’s part of her role in the Networking Workshop.

“My job is to connect all of the pediatric interest group presidents nationally – something I really wish had been available when I was president,” she said. “I plan to make a listserv and Facebook page to allow students to collaborate and find new ideas for their campus groups. Additionally, I hope to increase national awareness of the AAP and the benefits of medical student membership.”

## Law, medicine and all things in between

Already designed to take a non-traditional approach to medical education, the College of Medicine continues to break ground in new areas. The medical school recently received approval to open a new Center for Innovative Collaboration in Medicine & Law.

“Many law schools have health-law centers; many medical schools have medical humanities departments that touch upon legal issues. But I think both in terms of its potential educational program and projects it might do, this mission is unique for an academic enterprise,” said Marshall Kapp, the center’s new director.

Kapp holds advanced degrees in both law and public health and for many years has been teaching courses in both medicine and law. He has published and spoken extensively on topics in health law, medical ethics, and law and aging.

His latest endeavor seeks to enter new territory in studying the middle ground between two fields with a profound impact on society. The medicine and law center will conduct research that should prove useful as legislators debate the balance between protecting individual consumers and preserving the public’s need for quality health care.

“As an academic institution we can present information and counsel without having our own agenda, other than wanting to benefit patients and legal-service clients,” he said. “I think if we can establish that credibility, legislators will come to us. Whether we do briefings, programs or publications for the policymakers, they will see what we have to say on issues.”



Brock

Edwards

D'Souza

Lucke

Kapp



Senior Associate Dean Chris Leadem and first-year student Amy Haddock at the college's Research Fair in February.

## Students are Leadem's top priority

The first change Chris Leadem made in August, when he was named associate dean for student affairs and admissions, was to move his office to the second floor — where the students gather in their learning communities.

"We want to take care of our students as we hope they'll care for their patients — with their best interests coming first," Leadem said.

That's the philosophy he followed during his 18 years as senior associate dean for student affairs at the University of Arizona College of Medicine, where he earned his Ph.D. in anatomy and also taught cell biology and anatomy for years. Tucson was home, but even Tallahassee's humidity couldn't sway him from accepting the job offer from Florida State.

"I've worked for six deans, so I know what college of medicine needs are, and Dean [John] Fogarty is so different," Leadem said. "Not only is he a strong leader, but he also has the right value system. The students are the No. 1 priority here."

In June, Leadem will teach gross anatomy with Lynn Romrell, in part to bond with incoming first-year medical students.

Having that professor-student role with them, Leadem said, develops trust and respect.

He strives for a collegial relationship among faculty, administration and students. In schools where the administration encourages a more authoritarian approach, "the first thing that the student throws out the window is a caring attitude," Leadem explained. "Because then it's about self-preservation. So creating that positive environment for students becomes so critical then in the formation of a very caring physician."

Moving his office out of the administrative labyrinth of the first floor was a good start.

"Dr. Leadem's door is often open — no appointment necessary," said second-year student Diana Mauldin. "He also visited the learning communities to seek out student feedback."

"At that time, one source of concern was the upcoming lottery for determining which students will go to which regional campuses. He helped take some mystery out of the process and gave us helpful information about our campus selection."



## Farewell to 'a wonderful friend'

In September the College of Medicine lost one of its chief supporters when businesswoman, entrepreneur and community leader Mina Jo Powell died. "Mina Jo was a wonderful friend of the College of Medicine who recognized our potential early," Dean John Fogarty said. "We are grateful for her support and her guidance in our early years."

Actually, the whole university has benefited from her talents and generosity. In fact, adjacent to the Longmire Alumni Building is the Mina Jo Powell Alumni Green, named in 1990 to honor her lifelong service to the university she attended.

She was born April 11, 1928, in Gainesville. She started in 1946 at the Florida State College for Women (which would become Florida State University) and graduated in the Class of 1950. She was awarded a master's in social work from Florida State in 1963.

For many years she and sister Esther co-owned the Holiday Inn in nearby Thomasville, Ga., and during that time the hotel began hosting the Seminole football team before its home games. She founded the Southwest Georgia Seminole Club in Thomasville and was one of the original Golden Chiefs. She also was the first woman to serve on the board of directors of Seminole Boosters, a post she held from 1974 to 1984.

Her generosity to Florida State has included gifts to endow the Mina Jo Powell Presidential Scholarship Fund and to help establish the College of Medicine.

## Dancing to records

The largest student-run philanthropic event at Florida State, and perhaps in the state of Florida, got bigger in 2010 by going smaller. Instead of having participants dance for 32 consecutive hours, event organizers switched to having two 20-hour sessions over a 40-hour period in mid-February.

The results were staggering.

The change brought out a record number of student dancers (more than 1,100) and resulted in a record fundraising total of more than \$450,000. The changes went so well that Dance Marathon's national director said he envisions Dance Marathons at more than 100 universities nationwide following FSU's lead.

The money raised goes directly to the Children's Miracle Network at Shands Hospital at the University of Florida. Half of the money is returned to the Florida State University College of Medicine to fund pediatric outreach programs in the Tallahassee area.

Despite a sluggish economy, the FSU Dance Marathon soared to new heights in participation and generosity. The new format came about after some FSU professors complained that students missed too much class time in the days following past events, citing their exhaustion after 32 consecutive hours of dancing.

The College of Medicine uses its share of the proceeds to fund several projects, including two school-based health-care centers in Gadsden County, one of the most medically underserved communities in Florida. The school program provides health services and preventive programs for more than 1,400 children.

Some of the funds are donated to Tallahassee Memorial HealthCare for the purchase of equipment in the hospital's pediatric and neonatal intensive-care units. The care units serve children throughout North Florida, and the additional equipment makes it more likely they'll be able to receive the care they need in Tallahassee instead of being relocated to larger facilities elsewhere.



The 2010 Dance Marathon Overall Committee was all smiles after announcing its record-breaking result.



Sarasota Memorial Hospital

## Partner recognition

The hospitals that partner with the College of Medicine for the teaching of third- and fourth-year students are among the best in the nation. According to HealthGrades, an independent health-care ratings organization, several College of Medicine partners rank among the Top 50 hospitals in the United States.

The partner hospitals included in HealthGrades' Top 50 are Florida Hospital Memorial Medical Center in Daytona Beach (including its Ormond Beach, Flagler Beach and DeLand locations), Lawnwood Regional Medical Center and Heart Institute in Fort Pierce, and Sarasota Memorial Hospital.

Students from the College of Medicine's Daytona Beach, Fort Pierce and Sarasota campuses complete rotations at those hospitals.

"We use Sarasota Memorial Hospital as our flagship institution because it has services to cover almost our entire mandatory curriculum," said Bruce Berg, M.D., dean of the Sarasota regional campus.

## A gift for students and older patients

An initial \$20,000 donation from Charles Mathews, M.D., will fund new programs at the College of Medicine to benefit Florida's aging residents.

Mathews' gift will pay for students' summer research projects in the field of aging as well as special community projects for the state's aging population, with hopes that the initiatives will encourage students to take an interest in geriatrics. His donation stems from his friendship with Ken Brummel-Smith, M.D., chair of the college's Geriatrics Department, whom Mathews met through the Capital City Cyclists.

After graduating from the University of Oklahoma, Mathews devoted his life to the practice and study of medicine. He was a military flight surgeon, a pulmonary specialist in the Sarasota area and chief medical officer of the Florida prison system. Mathews also began several charitable-intent programs, and until recently he volunteered his time at a Tallahassee public health clinic.

Mathews will mentor geriatrics students, and his generous donation will help the college fulfill its mission to improve the health care of the state's elders.

## TEN YEARS AFTER

**C**onventional wisdom and accepted research said the United States needed no more primary care physicians and no more medical schools. Traditional views of medical education said a medical school based on community partners around the state, rather than one central teaching hospital, wouldn't work. Ten years later, the nation's shortage of primary care physicians is worsening, but the Florida State University College of Medicine is leading the way in creating solutions.

For people who only scanned the headlines, it was just another mystifying Florida political struggle. But for those in the middle of it, this was the start of something revolutionary in medical education.

In the end, thanks to dedicated souls who crisscrossed the country researching the smartest ideas in 21st-century teaching – plus a persuasive study warning that Florida faced a physician shortage – plus some Seminole muscle in the Legislature – the Florida State University College of Medicine was born.

It is not your grandfather's medical school. That was the whole point: to create a school that looked forward more than it looked back.

Unlike most medical schools, it is not built around a teaching hospital. Instead, its students get their clinical experience in doctors' offices, nursing homes and other community facilities – not just in Tallahassee but across the state. And the students learn directly from the physicians, not from residents.

The idea of a distributed model had worked for a small percentage of the more than 120 medical schools accredited by the Association of American Medical Colleges at the time Florida State was making its plans. But medical schools such as those at the University of Minnesota and Michigan State University based their regional campuses around a teaching hospital similar to the way traditional medical schools operate.

The Florida State University College of Medicine took a more extreme approach and today partners with more than 1,500 community physicians across Florida for the teaching of its third- and fourth-year students. The model is far different from the one at other Florida medical schools, and that was part of its strength: It was the right school at the right time for residents of the state.

Also unlike most medical schools, it focuses on producing physicians who will practice primary care – the ones now predicted to be in the shortest supply. In 2008, 20 percent of the College of Medicine's graduates

### STEP BY STEP, A MEDICAL SCHOOL IS BORN

December 1997: State Rep. Durell Peaden tells Florida State University President Sandy D'Alemberte that Florida State ought to have a medical school to help produce primary care doctors for rural Northwest Florida. D'Alemberte invites Peaden to find out more about Florida State's Program in Medical Sciences (PIMS) and meet Director Myra Hurt.

February-March 1998: Peaden introduces a bill to create a medical school at Florida State but it goes nowhere. A compromise puts money in Florida State's budget to enhance PIMS and to fund a study on the need for physicians in Florida.

February 1999: At a Board of Regents meeting, Florida State presents data documenting the need for 150 more medical students in Florida each year.

1999: Charlotte Edwards Maguire, M.D., creates an endowed scholarship fund with a \$1 million gift to medical education at PIMS and later at the College of Medicine.

March 1999: Provost Larry Abele, Hurt and two MGT representatives visit a community-based medical school at the University of North Dakota. It's the first of many trips to view and learn from other medical schools.

July-November 1999: Hurt, Abele and others travel to Jacksonville, DeFuniak Springs, Pensacola, Orlando, Madison, Perry and elsewhere to talk to community members about a medical school with a mission to serve the elderly and underserved.

# COLLEGE OF MEDICINE, 2000-2010

entered family medicine residencies, while just 3 percent of graduates at the other three medical schools in the state did the same.

Unlike most medical schools, it emphasizes geriatric care and service to rural and other communities that traditionally have too little access to good medical attention.

Unlike most medical schools, it goes out of its way to recruit and nurture would-be medical students from those same underserved areas.

Unlike most medical schools, its library and classroom instruction are almost entirely digital.

Ten years ago, skeptics weighed in immediately.

“FSU’s push for a new medical school is driven by politics, not need,” The St. Petersburg Times editorialized in January 2000, noting the political influence of House Speaker (and FSU alum) John Thrasher.

Even the Association of American Medical Colleges didn’t see the need. The visionaries behind the College of Medicine were clearly swimming against the tide.

Since then, the tide has shifted. The data that Florida State assembled in its effort to earn accreditation proved to be prophetic. Consider this remarkable admission by the AAMC in 2006:

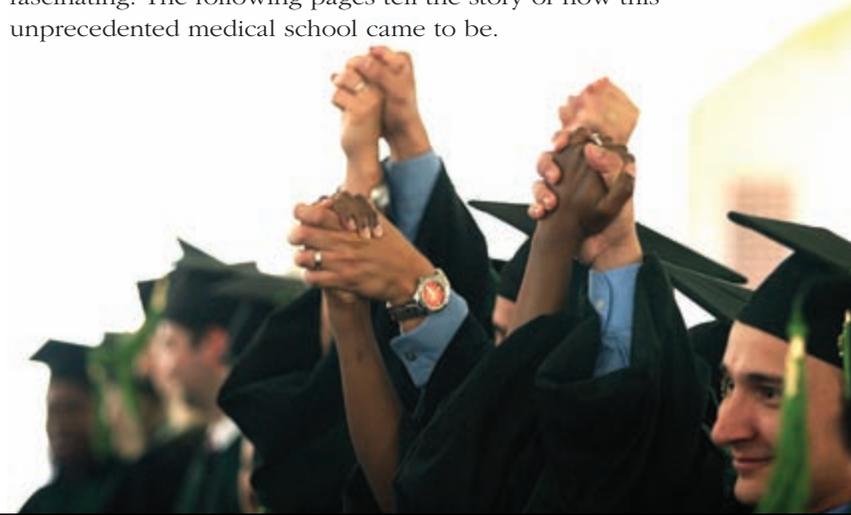
“In the 1980s and 1990s, workforce analysts and public policymakers, with few exceptions, predicted the United States would experience a substantial excess of physicians by the beginning of the 21st century.... It is now evident that those predictions were in error.”

Medical education now is expanding across the country, thanks to Florida State’s campaign to wake up a slumbering system.

In the 10 years since then-Gov. Jeb Bush signed the measure creating it, the Florida State University College of Medicine has flourished

A school that began with 30 students will reach full enrollment of 480 in May when the Class of 2014 arrives. Test scores by College of Medicine students on national standardized exams have exceeded all predictions. The clinical preparation is top-notch. A large percentage of graduates already are becoming family physicians in Florida. Care for elders, minorities and the poor is becoming more available.

The future looks promising. But the past is absolutely fascinating. The following pages tell the story of how this unprecedented medical school came to be.



2000

Spring 2000: Peadar files House Bill 1121, the first to propose in detail the unique structure and mission of the medical school. The Board of Regents is opposed.

May 2000: The Florida House and Senate agree on a final legislative budget that includes a medical school for Florida State.

June 2000: Bush signs the bill into law.

August 2000: The College of Medicine is officially established. Hurt becomes the acting dean.

November and December 2000: A College of Medicine group attends briefings in Tallahassee with academics from across the country who are experts on rural medicine and underserved populations; medical education in community settings; informatics and technology in medical education; and the medical library of the future.



Kimberly Ruscher

## TAKING A CHANCE ON FLORIDA STATE

**T**he paths of 30 aspiring doctors came together for the first time on May 7, 2001, in borrowed space on the first floor of the Florida State University School of Nursing. The youngest was 19; the oldest, 32. Each had a story.

“We were 30 strangers – the first class of a new medical school – full of uncertainty,” remembered Kimberly Ruscher, who was 24 at the time.

Full of uncertainty because, as a new school, the FSU College of Medicine was not yet accredited. Uncertainty because there was, as yet, no medical school building at FSU. Not even on paper. Uncertainty because it had been a generation since a new M.D. program had been established anywhere in the United States.

Florida State’s medical school initially operated out of a few thousand square feet that had been carved out of the nursing school’s Duxbury Hall for the Program in Medical Sciences. Established in 1970, PIMS annually provided the first year

of medical education for 30 students, who then completed medical school at the University of Florida.

“We assembled daily for gross anatomy in an old [renovated] bowling alley on the other side of campus,” Ruscher said. “Our dean’s office was in a trailer. The nursing and biology departments lent us office and classroom space.”

In spite of Spartan accommodations and a seemingly doubtful future, some of the top faculty from medical schools around the nation signed on at FSU, leaving behind secure jobs in places where they had tenure and a settled life. Most in their fifties, they loaded up their books, teaching awards and belongings and headed to Tallahassee to begin anew.

The allure of a clean slate drew teaching veterans, including Graham Patrick, an award-winning teacher from the Medical College of Virginia. Former PIMS faculty members Charles Ouimet and David Balkwill, both of whom had been recognized among FSU’s top teachers, took on the leadership of the biomedical sciences department.

By the end of 2001, halfway through the first academic year, the school was still so small that a large living room could hold all of the faculty and staff, along with the entire student body.

Still, the school’s faculty resources actually surpassed those of PIMS, which had been approved by accreditation officials as providing an equivalent education to that of first-year students at the University of Florida. But because some of the former PIMS faculty retained their appointments in the College of Arts & Sciences instead of the newly formed College of Medicine, they were not counted by accreditation officials, who also wanted to know how the second, third and fourth years of the curriculum would be delivered.

Based in part on what appeared to be a lack of faculty resources, the medical school was denied initial provisional accreditation in February 2002.

The news hit the students hard.

Suddenly, camera-wielding television news crews, along with print journalists, crowded into a small hallway space

# '01

January-March 2001: A search committee interviews candidates for dean, including two sitting deans of U.S. medical schools.

February 2001: The Liaison Committee on Medical Education, in charge of accreditation, rules that the College of Medicine is not ready for a site visit, citing the need for a founding dean, facilities and other resources.



Charlie Ouimet

outside the office of then-dean Dr. Joseph Scherger, who still had anxious students coming to him with dozens of questions about what next and what if.

The trailers that housed the offices of the dean and about half the faculty and staff stood beside the nursing building. On Feb. 18, 2002, the front page of the Metro & State section of The St. Petersburg Times carried the headline “Striving to meet standards” above a photograph of the outside of the trailers.

A small cadre of devoted faculty, staff and administrators began meeting religiously to hammer out solutions to the six accreditation standards (out of 126 on which medical schools were judged) that were holding up accreditation.

President of FSU from 1994 to 2003, Talbot “Sandy” D’Alemberte played a key role in the development of the medical school, and his devotion to the cause was unflinching.

An appeal to the Liaison Committee on Medical Education (LCME) brought the areas of concern from six down to two. Then, after only a few months – in October 2002 – the medical school earned provisional accreditation.

Students in the inaugural class now were essentially guaranteed they would be eligible to sit for the U.S. Medical Licensing Exam and enter residency, both requirements for obtaining their medical licenses.

Still, there was plenty of work to do, and not many people around to do it. The curriculum remained just one step ahead of the students.

In January 2003, Dr. J. Ocie Harris replaced Scherger as dean. As the first M.D. faculty member hired by the College of Medicine in 2000, Harris brought continuity and stability.

Harris was the early architect of the medical education program, while former PIMS director Myra Hurt, serving as associate dean for student affairs, oversaw student life along with the college’s admissions and outreach programs. She also chaired the building committee. Widely regarded as the “mother” of the College of Medicine, Hurt also had served as interim dean in the college’s earliest days and played a vital role in the accreditation process.

The medical school’s model called for regional campuses where students would receive their clinical training at the experienced hands of community physicians around the state. The first three campuses were to be in Orlando, Pensacola and Tallahassee. Setting up each campus involved establishing hospital affiliations, hiring faculty and staff, and developing a facility.

Many of these details fell to Mollie Hill, director of community clinical relations. One of the school’s first hires, Hill rarely unpacked her suitcase for more than a week at a time. She was involved in everything from interviewing candidates for faculty and staff positions to working with contractors and picking out the wallpaper and light fixtures for the campus facilities.

The three campuses received third-year students simultaneously in July 2003.

As the regional campuses were taking shape, so were the medical school’s main campus facilities. In April 2002, the school’s headquarters moved out of the nursing school and the “annex” (oft-used euphemism for the faculty double-wide) and into a former K-12 school on the FSU campus. Although the aging buildings had been renovated for the medical school’s use and were more than adequate, some areas were plagued by minor flooding problems, antiquated air-conditioning units and leaking roofs. Adding to these inconveniences were occasional water outages and noise from the construction.

“The back wall in Room 704 used to vibrate so loudly from the construction outside that it was hard to hear the professor,” said student Rosemarie Garcia. “Sometimes it felt like a wrecking ball was about to fly through it.”

The long-awaited medical school complex held its first classes in November 2004.

In February 2005, the LCME voted in favor of granting the medical school full accreditation. With tears welling, Hurt told reporters gathered outside the new building complex, “Failure was never an option.”

*Adapted from a 2005 FSU MED article by Nancy Kinnally.*

April 2001: Joseph E. Scherger, M.D., MPH, associate dean for primary care at the University of California-Irvine, is named dean of the College of Medicine.

April 2001: The final PIMS class is transferred to the University of Florida College of Medicine.

May 2001: Harry Jonas, former co-secretary of the LCME, recommends submitting the required database to the LCME in August for consideration at an October meeting so a site visit can take place in December and provisional accreditation might be accorded in spring. The database is submitted on schedule.

May 2001: The 30 students of the Class of 2005 arrive at the Florida State College of Medicine, which is operating in borrowed space. The first five Bridge Program students also arrive. They’re students from medically underrepresented, rural and inner-city populations who did not gain direct admission to the medical school but can earn their way in if they excel in this three-semester program.

July 2001: Scherger arrives at FSU to assume responsibilities as first dean of the college. He names a leadership team that includes Dr. J. Ocie Harris, associate dean for medical education; Hurt, associate dean for student affairs; and Dr. Robert Brooks, associate dean for health affairs.

## THE BIG FOUR

**S**hown here on groundbreaking day in February 2003 are, from left:

**Durell Peaden Jr.**, who in 1998 was a physician/legislator eager to tackle the physician shortage in his rural Florida Panhandle district. He took his dreams of a medical school to...

**Sandy D'Alemberte**, who was president of Florida State University and played a huge role in surmounting accreditation obstacles for the fledgling College of Medicine. But his key role at the beginning was to introduce Peaden to...

**Myra Hurt**, who in 1998 directed the Program in Medical Sciences. Designed to address the need for physicians in rural Northwest Florida, PIMS let students complete their first year of medical school at Florida State. She wanted to create a unique student-centered medical school to produce diverse, patient-centered physicians. But that required legislative approval, the specialty of...

**John Thrasher**, Florida State Class of '65, who was speaker of the state House of Representatives. As leader of a U.S. Army medical evacuation team in Vietnam, he had learned the importance of competent, compassionate medical care. He became a staunch advocate for the College of Medicine – where a building is named for him.



'02

*“We will stay true to the mission of the medical school and the commitment our legislators made to the state of Florida. Our students are already living proof of that commitment, and I couldn’t be more proud of them.”*

(JOSEPH SCHERGER, M.D., FIRST PERMANENT DEAN, 2002, AFTER THE COLLEGE OF MEDICINE RECEIVED INITIAL PROVISIONAL ACCREDITATION)

# 'A NEW MODEL'

*The bill that proposed the Florida State University College of Medicine (House Bill 1121, 2000 session, by Rep. Durell Peaden, Jr., R-Crestview) spelled out the case for a new medical school. This language taken directly from the bill amounts to its marching orders.*

It is the intent of the Legislature that the Florida State University College of Medicine represent a new model for the training of allopathic physician healers for the citizens of the state. In accordance with this intent, the governing philosophy of the College of Medicine should include the training of students, in a humane environment, in the scientific, clinical, and behavioral practices required to deliver patient-centered health care in the 21st century.

Key components of the College of Medicine, which would build on the foundation of the 30-year-old Florida State University Program in Medical Sciences (PIMS), would include:

- Admission of diverse types of students who possess good communication skills and are compassionate individuals, representative of the population of the state.
- Basic science training utilizing medical problem based teaching.
- And clinical training at several dispersed sites throughout the state in existing community hospitals, clinics, and doctors' offices.

The Legislature further intends that study of the aging human be a continuing focus throughout the 4-year curriculum and that use of information technology be a key component of all parts of the educational program.

The College of Medicine shall also explore all alternatives for cooperation with established graduate medical education programs in the state to develop a plan to retain its graduates in residency programs in Florida.

*“The time is right to launch a new approach to teaching physicians how to practice patient-centered medicine. That approach will be launched at The Florida State University.”*

**(MYRA HURT, PH.D., WHO BECAME ACTING DEAN IN 2000)**

February 2002:  
The LCME denies initial provisional accreditation, citing concerns about curriculum, resources, faculty size and other matters.

March 2002:  
D’Alemberte files Florida State’s formal notice of appeal with the LCME.

April 2002: The LCME upholds its decision to deny initial provisional accreditation. Shortly afterward, D’Alemberte meets with the Florida State Board of Trustees. They invite antitrust officials from the state Attorney General’s Office and ask the AMA and AAMC to listen in. The antitrust officials say they plan to issue subpoenas. Within days, the LCME calls: If the college can submit an updated database by June, the LCME can send a survey team for a site visit in August.

May 2002:  
The 40 students of the Class of 2006 arrive.

April 2002: The medical school moves its headquarters into Florida High, the former K-12 school across from the College of Education.

October 2002:  
The LCME grants initial provisional accreditation.

# SANDY D'ALEMBERTE TOOK ON THE LCME ... AND WON



*In October 2009, former Florida State University President Sandy D'Alemberte reminisced about the College of Medicine's creation. Here are excerpts from his remarks.*

**W**hen I became president, I wanted a medical school for Florida State University because I wanted us to attract students who had an interest in science. I also thought that would help us attract research grants, a very important aspect of building a university.

Those are good reasons to have a medical school, but they're not THE reason. You ought to have a medical school that's dedicated to training physicians who will actually serve people.

[One day in late 1997] Durell [Peaden Jr., R-Crestview] had just driven across North Florida, and he said he was beginning to think about how few physicians were in these small towns he was going through. And he said, "I think we need to think about a medical school for Florida State."

I said, "You need to get to know more about the Program in Medical Sciences," and I suggested that he visit with Myra Hurt and see this incredible program that was operating to recruit medical students who cared about serving people but also was really good about recruiting minority students, and many of them became primary care physicians. He visited in January of 1998. He introduced a bill, but we didn't get it passed the first year.

Very important in [the legislative leadership] was the person for whom this building was named: [then Speaker of the House] John Thrasher, a graduate of Florida State, a lawyer who had worked for the Florida Medical Society,

03

January 2003: J. Ocie Harris, M.D., is named dean. Before coming to Florida State in 2001, he had a distinguished career at the University of Florida College of Medicine spanning nearly 30 years.

January 2003: Alma Littles, M.D., is named associate dean for academic affairs. She joined the college in August 2002 from her previous position as director of the family medicine residency program at Tallahassee Memorial Hospital. Littles becomes a key member of the administration and plays important roles in the accreditation process, the development of the mission-based curriculum and the growth of the medical school.



general counsel for the Florida Medical Association, and in Vietnam he had headed a medical evacuation team. Steve MacNamara, [Thrasher's] chief of staff, had been an assistant dean for me when I was dean of the law school.

[In 1998] we didn't get the medical school, but we got funding for a study.

Over a period of time, we selected a model of distributed clinical work ... where medical students came to the main campus for the first two years and then the clinical years were spent in other places.

We began to realize that it was not just Northwest Florida that had this great short[fall] in terms of physicians but around the state. Our idea was to orient students toward the idea that they would actually provide medical services where they were really needed.

[Peaden filed another bill in 2000, and the medical school was approved – despite Board of Regents opposition.]

The Board of Regents and the Board of Control have never favored a medical school. It's always been done through a political process.

[Regarding Florida State] I think a number of [regents] had swallowed the idea that the American Medical Association was promulgating – that we don't need any more physicians

The Liaison Committee on Medical Education leadership shifts each year between the AMA and the Association of American Medical Colleges. They do the accreditation. I actually had chaired the committee of the American Bar Association that accredits American law schools, so I had a little bit of background in accreditation. I understood how you start out a law school and how you put a law school through its paces up to provisional accreditation and then to full accreditation.

[But the LCME] had no rules for provisional accredita-

tion. They did not contemplate there would ever again be a [new] medical school in the United States. Their Web site said: There's no need for any additional physicians in the United States; there should be no new medical schools; you should not allow people who have gone to foreign medical schools a path to getting a medical license in the United States. Now, if you're an antitrust lawyer, and you want to describe an anti-competitive position, you now have the classic case. And they've got it on their Web site!

They agreed to send in a site-inspection team. We were able to show them a rollout plan approved by the Legislature showing how much money we'd be getting each year. [They wrote] a great report. All logic told me that we were going to get provisional accreditation. I just didn't understand that THEY didn't understand what provisional accreditation was. It goes before the Liaison Committee, and they turn us down. So we filed an appeal. We lost!

I now have to report to the Board of Trustees at Florida State. Who's the chair at this point? John Thrasher! Our general counsel, Richard McFarlain, [said], "What we need to do is invite the attorney general's antitrust people to that meeting."

We made sure that the AMA and the [AAMC] and their lawyers knew they were welcome to listen in. And the chief and deputy chief of the antitrust division of the Attorney General's Office show up. [They say], "We'll issue subpoenas to these organizations right away to let them know that there's an antitrust investigation. And we'll ask for certain records." [Within two days] we get a notice from the LCME that they'd like to reopen our proceedings.

When I look back [on my years as] president, I'm pretty proud of a lot of things, but a couple of national football championships don't come anywhere close to the pride I feel in this medical school.

**February 2003:**  
Faculty, staff and students, plus university administrators and special guests, celebrate the groundbreaking for the College of Medicine complex.

**July 2003:** The College of Medicine establishes the Department of Geriatrics, becoming the first medical school in the state with a separate department devoted to geriatrics training for medical students.

**October 2003:**  
The medical school announces the State University System Board of Governors' approval of its first doctoral program, a Ph.D. in biomedical sciences.

**May 2003:** The 46 students of the Class of 2007 arrive.

**July 2003:** The medical school's first three regional campuses open in Orlando, Pensacola and Tallahassee for third- and fourth-year clinical education. Plans at that time are to open future campuses in Jacksonville, Sarasota and Fort Myers.

# THE ADVENTURES OF CHARLOTTE MAGUIRE:



'04

*"I was impressed that the student shows enough confidence to put the patient at ease. When I was in medical school I had virtually no exposure to patients in those first two years. They've done that [at Florida State] without compromising academics."*

(MIKE FORSTHOEFEL, M.D., QUOTED IN 2004 WHILE TEACHING STUDENTS ON INTERNAL MEDICINE ROTATIONS AT THE TALLAHASSEE REGIONAL CAMPUS)

# FROM 'GIRL DOCTOR' TO PHILANTHROPIST

By Ron Hartung

If your only mental picture of Charlotte Edwards Maguire is of a petite white-haired charmer holding a million-dollar check, picture this.

Picture a first-grader whose parents encouraged her to learn at least one new thing each day. Picture a 7-year-old girl losing her mother, then being raised by a caring father. Picture a would-be physicist having to cut short her studies in Germany because of Adolf Hitler's growing menace.

Picture a young medical student working 11 p.m. to 7 a.m. as a long-distance telephone operator seven days a week. Picture her in class, the only woman, resolutely enduring a faculty's hostility. Picture a young pediatrician with a soft spot for crippled children and others who were medically underserved. Picture a mother of two, now also a widow, getting up at 4 a.m. to tend to her orange groves. Picture her as a board member and consultant in demand by seemingly everyone.

Picture her learning from her father's Quaker family that our obligation – during life, not after death – is to give back to the community what we have amassed.

She took that lesson to heart.

The Florida State University College of Medicine's library is named for her. So is its Center for Clinical Simulation. So is a professorship in the school's Department of Geriatrics. So are numerous scholarships.

During the 10th anniversary of the College of Medicine's creation, it's worth celebrating this compelling woman, the school's top individual donor.

"She has very generously donated her time, talents and resources to help this new model of medical education grow and thrive," said Dean John P. Fogarty. "She is loved, admired and respected by all who are lucky enough to know her."

**This United Press International photo of Charlotte Maguire in the 1960s accompanied one of many newspaper stories about her.**

## TOUGH TIMES

Charlotte Edwards was born Sept. 1, 1918, and grew up in Orlando. Her family had moved from Illinois, where her father had a mercantile business, because the doctor thought a warm climate would be better for her mother's severe diabetes.

"My mother died in October 1925," she recalled. "My father, grandmother, teachers and friends all helped me through some difficult times."

One scary time arose in 1938 when she was on a scholarship to study chemistry and physics at the University of Heidelberg in Germany. While she was there, the rumblings of what would become World War II grew louder, and her father demanded that the U.S. embassy "bring her home now!" She was awakened during the night by three people who told her she was leaving immediately.

"They put me on a boat with no name, no lights," she recalled. On the long journey to Key West, they ran out of food.

Back in the States, she attended Memphis Teachers College and graduated with a bachelor's degree in 1940.

When one of her fellow students filled out an application for the medical school in Memphis, she and three friends did the same – just for fun. They threw them into the trash, but – as she tells the story – a dean who had it in for them scooped up those applications, signed them and sent them in. And she was accepted!

But not for long. On the third day of class, she said, she was dismissed, told that someone else needed that spot. At first she was delighted, thinking she could get back to her first love, physics. But through her grandfather's intervention, she enrolled at the University of Arkansas medical school.

She got a chilly reception. The faculty, she said, thought a woman had no business there.

2004: A \$2.3 million bequest from the estate of Leon and Billye Tully, matched by the state of Florida, creates a \$4.6 million endowed scholarship fund for College of Medicine students.

May 2004: The 58 students of the Class of 2008 arrive.

August 2004: The medical school admits its first Ph.D. students in biomedical sciences.

November 2004: An LCME survey team makes another site visit.

November 2004: Classes begin in the new building complex on FSU's main campus. Demolition of Florida High begins.

“The professors hated every minute of it,” she said.

Her fellow students, however, took notes for her whenever the professors banished her to another room. She stuck it out.

Never idle, she also had a night job as long-distance operator. She used the time between calls to study, to nap – even to sew the white skirts that went with her physician’s white coat.

She graduated with her M.D. in 1944 and headed home to Orlando, where the newspaper reported “the attractive woman physician was appointed to serve on the medical staff of the Orange General Hospital.” A memorable headline proclaimed her “First Orlando Girl Doctor.”

In 1946 she became the first woman in Orlando to establish a private practice in pediatrics, which she operated for 22 years.

## SUDDENLY, CITRUS

In 1948 she became Charlotte Edwards Maguire. Raymer Francis Maguire Sr., a well-known lawyer, citrus grower and land developer in Orlando, already had children, and he and Charlotte Maguire later had a son of their own.

Because he was such an active University of Florida alumnus, she was asked to assist in the creation of the UF College of Medicine in the 1950s.

That decade was incredibly busy for her. Her 61-line listing in Who’s Who in the World includes private practice; hospital staff member; delegate to World Health Conference in London, working directly with Prince Phillip; chief of staff for Children’s Home Society physicians in Central Florida; director of Orlando Child Health Clinic; director or consultant for two crippled-children groups; and on and on.

In 1960, her husband died.

“I inherited the management of many acres of citrus,” she said. “Actually it was 100 miles round trip to visit each of the five groves and manage the many different aspects of cultivation and preparing for marketing. I did that for 10 years. I went to Florida Southern College and got a citrus certification.”

Toward the end of that decade she moved to Tallahassee and began a career in government. She had important jobs in the state Department of Health and Rehabilitative Services and the federal Department of Health, Education and Welfare, even moving briefly to Atlanta and then Washington, D.C.

Eventually she sold the orange groves, but she continues to be trustee of her family’s Orlando Fashion Square shopping center.

## THEN THE CPA CALLED

True to her father’s wishes, about 20 years ago she began to distribute her wealth: first to her family, then the community. She thought she had taken care of everything – until one day she got a surprise.

“My CPA called and said, ‘Do you remember a savings account that you had in the bank as a child?’ I said, ‘Sure, my dad made me do it every week.’

“By the time I got out of school, they said, ‘Well, you need to buy some stock in the bank,’ so I had done that, but I had completely set it aside. You know, the stock doubled, and it tripled, and it did this and it did that, and I just never paid any attention.

“The CPA called me and said, ‘Well, it’s time to divvy up a little bit. You’ve got all this money.’ The CPA advised me that the federal government would be taking capital gains taxes.”

Fate was about to smile on Florida State.

It just so happened that Maguire’s lawyer knew Elena Reyes, now a professor at the medical school but then on the admissions committee of Florida State’s Program in Medical Sciences. She and the lawyer had spoken of PIMS’ hard-working, nontraditional students, and one day he invited her to talk about PIMS to a friend waiting in his office. The friend was Maguire, and before long she was having lunch with PIMS Director Myra Hurt. So it was that in 1999 Maguire donated \$1 million to create the Charlotte Edwards Maguire Eminent Scholar Chair in the PIMS program.

05

February 2005: The LCME notifies the College of Medicine that it has been granted full accreditation, making it the first new U.S. allopathic medical school to be established and accredited in 20 years. The LCME praises the “remarkable enthusiasm” of faculty, staff and students; the college’s success at recruiting underrepresented minority and rural students; the use of information technology; and the “outstanding facility,” including the “state-of-the-art” Clinical Learning Center.

February 2005: The medical library is named for Maguire. She announces she’s making an additional donation of \$1,000,001 to benefit geriatrics education.

March 2005: The College of Medicine opens its fourth regional campus, in Sarasota.

March 2005: The College of Medicine participates for the first time in national Match Day, when medical students nationwide find out where they will complete residency training. All Class of 2005 students match with residency programs.

In 2000, she became an outspoken advocate for creating the Florida State University College of Medicine.

“Dr. Maguire is a pioneer for women in medical sciences and an inspiration for future doctors,” said Sandy D’Alemberte, then president of Florida State. “She has dedicated her career to caring for those who needed it most – minorities, disabled children and the indigent – and has helped FSU establish a medical school where that philosophy will flourish.”

In 2004, she learned of two prospective students who wanted to stay in Florida and work with medically underserved patients – but other medical schools were offering full-tuition scholarships that the new Florida State school couldn’t match. So she donated enough for two full-tuition scholarships.

She takes great interest in the medical students, said Barbara Shearer, director of the College of Medicine library: “Recently when Charlotte visited the library, she stopped and gently touched a student on his shoulder and asked how he was doing.”

## A MILLION AND ONE

The year 2005 brought an even bigger surprise. On Feb. 25, a crowd had gathered for a ceremony officially naming the medical library in Maguire’s honor. She stole the show by waving a dollar bill and announcing that she was giving the college an additional gift – of \$1,000,001. (The extra dollar increased the state’s match from 70 percent of the total amount to 75 percent.)

The new gift was earmarked for geriatrics.

Since 1991, Maguire has lived in a comfortable home at Tallahassee’s Westminster Oaks retirement complex. There, with her 10-year-old sheltie named Windy, she pursues genealogy and painting. Her portrayals of flowers, as well as exotic animals from around the world, brighten her walls.

Not surprisingly, her generosity has improved the residents’ quality of life. Most recently, she donated \$1 million toward Westminster Oaks’ new Maguire Center for Lifelong Learning.

So Westminster Oaks, like the College of Medicine, owes a huge debt of gratitude to Charlotte Maguire – and to that phone call from her CPA.



COLIN HACKLEY

**March 2005:** The college officially dedicates its 300,000-square-foot facility to its mission: “educate and develop exemplary physicians who practice patient-centered health care, discover and advance knowledge, and are responsive to community needs, especially through service to elder, rural, minority, and underserved populations.”

**June 2005:** The 80 students of the fifth class, the Class of 2009, arrive. It’s the most diverse class to date: 62.5 percent female and 51 percent minorities, with 20 percent underrepresented minorities.

**July 2005:** A rural track is added in Marianna. Students may spend their third year doing rotations with area physicians, both in private practice and at Jackson Hospital.

**May 2005:** The Class of 2005 has its graduation ceremony in the courtyard, with D’Alemberte as commencement speaker. A portrait of him is unveiled; it now hangs in the Westcott Building.

**July 2005:** Nine students begin their third year at FSU’s regional campus in Sarasota. The campus is affiliated with Doctors Hospital of Sarasota and Sarasota Memorial Hospital.

# A STUDENT-CENTERED 'AGITATOR' AND THE CHANGING FACE OF MEDICAL EDUCATION

**Myra Hurt and Ocie Harris in front of the College of Medicine during its construction.**



*These are excerpts from oral-history interviews of Myra Hurt, senior associate dean for research and graduate programs, conducted in 2006 by Karen Thomas for the Reichelt Oral History Collection at Florida State University.*

went to college in 1965 in a small town in Arkansas. All of my female role models that were educated were nurses or teachers, and so I picked teacher. I taught high school biology for six years in northwest Arkansas in a little town of 3,000, very rural. Had an absolutely great time. But I always knew I wanted to go on with my education.

I did my postdoc [at Baylor College of Medicine] in the Department of Cell and Molecular Biology, working with medical geneticists. I got a really close-up look at the continuum of medical education.

I think if you're student-centered and you're focused on recruiting the students that will meet the needs of the state, that means you've got to get outside the box and look for nontraditional students and minority students that may need some help – because they come from perhaps disadvantaged schools and disadvantaged homes and they don't have the role models and they're not read to when they're infants or they don't come from professional parents, etc.

FSU had wanted a medical school for 34 years. But when I became director of PIMS in 1992 and had dug through all of our historical documents and kind of refocused us on our mission, I could already see the forces, and so could a lot of people, that were going to drive health care out of the [academic] medical center. I actually put together a proposal that I gave to my bosses here at Florida State and eventually presented to the dean at Gainesville in 1993 to have a community-based track in the University of Florida College of Medicine where students would do their first two years at Florida State and then there would be three clinical training sites [in] Tallahassee, Gainesville and Jacksonville. And they listened politely to me, and I never got a real response.

I began to really agitate with the guys at UF over a different kind of training program. Yeah, I think they were kind of paternalistic at times, but the thing I had going for me was that I was from Venus and they were from Mars, so to speak. I was this blond female that was always calling and asking them questions and they didn't know how to deal with me. And it was a great advantage, I guess. And the other thing

'06

COLIN HACKLEY



**Hurt and Sandy D'Alemberte visited his bronze statue near the medical school after he delivered a Grand Rounds speech in October.**

*“The model being employed by the Florida State University College of Medicine and the pilot project underway at Harvard Medical School and the Cambridge Health Care Alliance are examples of the kinds of innovative approaches for teaching clinical medicine in ambulatory settings that are badly needed.”*

was, you know, I really did grow up outside the box.

The conventional wisdom said there was going to be this huge surplus of physicians in the United States. And this defied logic, because there hadn't been a new medical school created nor a seat added to an existing medical school since 1981. What was happening to the population of the United States? I mean, come on! Plus, the physicians were getting older. All the studies on physician workforce now have turned completely in the other direction. We turned that around for people.

The local physicians were very threatened. Because when you said to them "medical school," what did they see in their mind? They saw the teaching hospitals where they were trained. And so they actually said to me things like, "You're going to hire x-number of surgeons and we'll be out of business." And my argument was, "No, we're not going to do that. But moreover, you have so many patients, you can't see people [until] months [from now]." When was the last time any of us called the doctor's office and they said, "Sure, come tomorrow"?

I was sitting in a leadership workshop at Harvard in June of 1999, and we had this business professor talking about how change happens in established corporate cultures. Basically it doesn't happen, because the commitment to maintaining the culture and how the decisions are made is a product of the culture.

I was listening to this and I thought, "We can do this!" Everybody in medical education in the U.S. knew what the new medical school should be like, what the new medical curriculum should be like and how clinical training should happen in ambulatory sites and how medical students should be trained in small groups and to restore the art side of medicine.

But the existing medical schools couldn't do it, because they were so invested in maintaining the culture. And from that day on, I thought, "My God, whatever I have to compromise professionally in terms of my time for science, in terms of the teaching that I love, who gets this kind of chance in a lifetime?"



January 2006: NCH Healthcare System agrees to help the College of Medicine establish a training program focusing on rural health in Immokalee, home to many poor farm and migrant workers.

April 2006: The partnership between Sacred Heart Hospital in Pensacola and the College of Medicine expands to include the medical school's sponsorship of Sacred Heart's residency programs in obstetrics-gynecology and pediatrics.

June 2006: The 100 students in the Class of 2010 arrive.

June 2006: The College of Medicine is one of 10 medical schools nationwide to receive a \$2 million grant from the Donald W. Reynolds Foundation. It plans to expand its curriculum to teach principles of geriatric care that can be applied to patients of all ages.

2006: The Tallahassee regional campus expands to give students clinical training opportunities in Thomasville, Ga., with support from the Williams Family Foundation of Georgia Inc. and John D. Archbold Memorial Hospital.

# A BRAVE 'GUINEA PIG' FROM THAT FIRST GRADUATING CLASS

*Lorna (Fedelem) Stewart, Class of 2005, looks back on those memorable early years in these excerpts from a recent interview.*



**A**s an undergrad I went to the Program in Medical Sciences office for advisement on “What courses should I take to get into medical school,” and through that process I got to know [Assistant Director] Helen Livingston and [Director] Myra Hurt. Getting to know them, and knowing that they were the women behind this school, is what boosted my confidence. It was a risk for me to do that, but I thought it was worth it.

I don't think I really had a full grasp on what it meant to go to an unaccredited medical school until that first moment when we didn't get the accreditation and I went, “Oh, this isn't what I thought it was going to be!”

## **Bad accreditation news**

We were in our LC [Learning Community], which is not the very nice LC they have now. That was in the basement of the nursing school building. We had our three or four dirty recliners and a couple of study rooms. It wasn't a very

big room. The 30 of us [students] were there, a lot of our professors were there, and the administration was there. I remember sitting in this room for a couple of hours waiting for the news.

I can't remember if anybody cried. I think we all probably felt like crying just because we were so sure we had it and we'd done a good enough job. It was kind of surreal. “Did that really just happen?” Nobody dropped out. Nobody jumped ship when we didn't get it the first time. We were all committed to the cause. When we got provisional accreditation later, we were at the old Florida High campus at that point. We were just all hugging each other and celebrating.

## **Scattered classes**

We did gross anatomy in the basement at Montgomery Gym, on Landis Green. I had taken my scuba-diving class there, so I knew the pool was there. But I didn't know that there were cadavers in the other room! I was familiar with the building, but we were in that little room, and we had eight cadavers crammed into this little room. It had a real low ceiling, no windows, no ventilation – it was kind of creepy.

For our first Doctoring course we were across Landis Hall in some psychology building in these crazy little rooms. I had forgotten about this – our first experience with the one-way mirrors. We were assigned a teacher, and there were three or four people in the group, and we'd have a standardized patient [an actor who would feign certain medical problems]. The whole team would watch you through the one-way mirror. They would critique you on your interviewing skills, any bad habits you had: “You say ‘um’ a lot.” “You say ‘cool’ a lot.” “You say ‘Oh wow.’” “You're too excited.” Or “You're not excited enough.”

It was really important because that's your foundation. It wasn't really important that you figured out the case or asked the right questions. It was more that you build a rapport with somebody – that was important in our first year.

# '07

*“The program created here likely will have an impact on medical education in this country for many years to come. Our unique program has demonstrated it can produce quality physicians capable of changing the face of medicine.”*

(J. OCIE HARRIS, M.D., SECOND DEAN, 2007)

And then second year was when we had transitioned to the old high school, and they had renovated those rooms. Those were groups of eight to 10, with one teacher and a standardized patient. That was more interviewing skills, say, in uncomfortable situations. Like the one I remember was when I was in the hot seat with a young girl, and this girl was a very good actress. She was pretending that she had been violated by either a family member or boyfriend, and she had come to me. It was SO intense!

Afterwards I was just exhausted because the conversation was really powerful about somebody physically hurting the patient. We learned what you do and how you feel and how you respond to a patient appropriately and say the right things.

It's an incredible learning experience. It just almost brought you to tears because you were in that situation and it felt so real without being with a real patient. The value of that, being a second-year student, is just incredible. From what I understand, a lot of medical schools wouldn't have any patient contact until the third year. They wouldn't even know how to use a stethoscope....

**The Spirit of 2005**

We were very close with each other. We experienced births and we experienced deaths: Our receptionist Dee died, someone that everybody had known and loved. It happened sometime in our second year. We went through so much together.

What I would say for incoming students is try to hold on to that closeness and support for each other. When you get out into the medical field, it's not a cutthroat kind of atmosphere. You work together with all of your consultants. It's all about forming professional relationships and personal relationships with the people that you work with.

I knew Joda [Lynn] before we went to med school. I knew him from church during undergrad. I knew Christie Sain and I knew Julie Gladden already from our MCAT prep class. I knew a couple of other people from biology classes

in undergrad. I studied with one of my classmates' brothers in undergrad in physics. I mean, there's really a small world in this huge university.

We all meshed so well. It was small, but it really laid the foundation for the College of Medicine, for the kind of students that they accepted. I don't think the cutthroat approach to medical education is a good learning environment. If you don't feel threatened, you learn so much more, and you just come out a much better person and a much better doctor.

As a hospitalist [a hospital-based general physician who assumes the care of hospitalized patients in place of their primary care physician], I routinely have people that are 85 years or older. I deal with hospice DNRs ["do not resuscitate" orders]. Using those skills that were drilled into us in medical school is what I do every day!

I appreciate the experience because it did prepare me for the ability to quickly build rapport with patients and talk about those tough situations in a caring and compassionate way when you really need to talk about that information: "Your family member is dying. What are we doing to do? We need to decide."

I feel like that's one of the gifts I have, being able to build rapport. Being at the College of Medicine really just improved the skill set that I already had.

Being in the inaugural class was an incredibly unique experience, unlike anything I could have had at any other medical school. Really getting to know the staff and all of our administrators and teachers so well is an experience that I know the current students couldn't possibly have now, not at the level that we did.

Even with the rollercoaster ride that it was – the ups and downs, the nonaccreditation and then getting the accreditation, being the guinea pigs for pretty much everything, the satellite locations, what works in these small groups and what doesn't – I still wouldn't have changed a thing. And it's just that much better for the students who are coming to the College of Medicine now.

May 2007: NHC Healthcare System transfers to Florida State the deed on the Isabel Collier Read Building and accompanying 9.4 acres in Immokalee. Mrs. Read later donates \$1 million to the College of Medicine to endow the education program at what becomes the Isabel Collier Read Medical Campus.

June 2007: Third-year students arrive at new regional campuses in Daytona Beach and Fort Pierce.

May 2007: The first full class of 120 students, the Class of 2011, arrives.

September 2007: The College of Medicine ranks second in the U.S. in percentage of graduating doctors choosing to specialize in family medicine, according to the American Academy of Family Physicians. It has been in the top five ever since.

September 2007: The College of Medicine ranks among the top 10 medical schools in the country for Hispanics, according to Hispanic Business magazine.

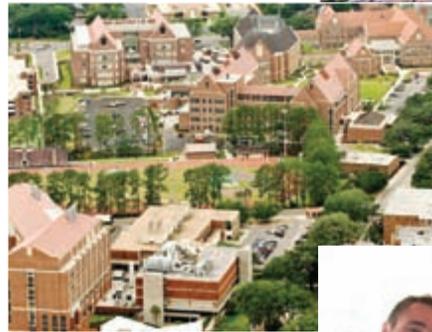
Fall 2007: The College of Medicine, through a project funded by Florida State University's Dance Marathon, begins working with the Gadsden County Department of Health and Gadsden County School District to expand services in student health centers.

2007: The Clinical Research Network is established.





Those long buildings behind the unfinished College of Medicine complex in this 2004 photo are part of Florida High, the K-12 school that was affiliated with the College of Education across Call Street. Former Florida State President Sandy D'Alemberte explains that Education leaders were reluctant to relocate their school, which they said was the basis of much of their scholarly work. He asked them to provide a stack of the papers that had used the school as a basis for research. When the stack turned out to be fairly short, he told them they had lost the argument.



Clockwise from top: The one-time administrative offices in front of Duxbury Hall (College of Nursing); demolition of temporary offices as the current medical school building rises in the background; a 2009 aerial shot of the university's "Science Corner," with the medical school at upper right; Adam Ouimet, Julie Gladden Barre', Christie Sain, Sarah Fein Mulkey and Kimberly Ruscher celebrate news of the college's accreditation; the Class of 2005 at graduation.

# 08

February 2008: The Charlotte E. Maguire, M.D. and Tallahassee Memorial HealthCare Center for Clinical Simulation goes into operation. High-tech patient simulators help students learn how to react to unexpected medical developments in a no-risk environment. The center, which honors Maguire, is made possible by her generosity and a \$750,000 gift from the TMH Foundation matched by the state of Florida.

February 2008: Laurie L. Dozier Jr., M.D., funds a \$2 million charitable remainder annuity trust for the ultimate benefit of TMH and the College of Medicine.

April 2008: FSU and the Mayo Clinic in Jacksonville sign an agreement to work as research partners.

Spring 2008: The Autism Institute, directed by longtime Florida State researcher Amy Wetherby, Ph.D., opens as part of the College of Medicine.

# TEN YEARS OF ACCOMPLISHMENTS BOILED DOWN TO TEN BULLET POINTS:

**1.** Enrollment has grown to 451 first- through fourth-year students.

**2.** A total of 242 students have graduated. Fourteen of the 63 graduates from the Classes of 2005 and 2006 so far have become chief residents. Twenty-one graduates have completed their residencies and become practicing physicians. Fourteen (two-thirds) of them are practicing in Florida; 10 are practicing primary care; and six are practicing in a rural area.

**3.** The College of Medicine ranks among the top five in the nation for the percentage of its graduating doctors who choose to specialize in family medicine.

**4.** Regional campuses have been established in Daytona Beach, Fort Pierce, Orlando, Pensacola, Sarasota and Tallahassee.

**5.** The physician-faculty across the state of Florida has grown to more than 1,500. Those physicians receive continuing medical education from the College of Medicine and are plugged into the college's electronic library.

**6.** Three-fourths of third-year students' clinical patient encounters have taken place in outpatient settings, working directly with physicians, according to data gathered in 2008.

**7.** The college has set up a rural track in Marianna, where students can spend their entire third year learning primary care in doctors' offices and at Jackson Hospital.

**8.** At the other end of the state, in Immokalee, the Isabel Collier Read Medical Campus gives migrant workers and other underserved residents access to health care and gives students invaluable hands-on experience, as well as lessons in delivering culturally competent care.

**9.** The medical school is one of the few nationwide with a separate department of geriatrics. Such a structure has helped to emphasize geriatric care so effectively that, based on results of the 2008 Association of American Medical Colleges Graduation Questionnaire, College of Medicine graduates may be better prepared to care for elders than students in all other U.S. medical schools.

**10.** Even though the emphasis is on primary care, research is a strong element at the College of Medicine. From 2002 through 2008, research grants grew by more than 500 percent. One example: In 2008 and 2009 alone, researcher Amy Wetherby received more than \$9 million in National Institutes of Health grants for work with autism spectrum disorders that has attracted national and international recognition.



June 2008: Researchers from the College of Medicine and the University of Michigan begin using a \$7 million grant from the National Institutes of Mental Health to find out how effective early intervention is for children diagnosed with Autism Spectrum Disorder by the time they are 18 months old. The study is one of the largest of its kind and one of the first to explore intervention in children that young.

2008: Dillon Fritz becomes the first student to graduate from the College of Medicine's Ph.D. program in biomedical sciences.

August 2008: Dr. John P. Fogarty, formerly senior associate dean at the University of Vermont College of Medicine, becomes the new dean of the Florida State College of Medicine. In 2007, he was honored as Vermont Family Physician of the Year and also received the Distinguished Service Award from the Vermont Medical Society.

August 2008: Fourteen members of the first class of students to graduate from the College of Medicine complete the journey to becoming full-time practicing physicians.

# 'GO WITH YOUR GUT': RESIDENCY TIPS FROM YESTERDAY'S STUDENTS

**F**our years ago, a few members of the Class of 2005 sat down with FSU MED to discuss how life in a residency was different from life in medical school. When asked, they offered advice or encouragement for future medical students. Their words still seem helpful for today's students – and for tomorrow's.

**Dr. Kimberly Ruscher**, then a general surgery resident at the University of Connecticut Health Center:

"I love my residency program. In internship, I have learned more, at a faster pace, than at any time in my life. The hours are long. Being a good intern has often required sacrificing sleep, exercise, time with loved ones, and hobbies."

**Note to medical students:** "Enjoy your fourth year – you may never have so much control over your schedule again. Don't be afraid to apply to competitive programs, but have good back-up options."

**Dr. Sachin Parikh**, then an otolaryngology resident at the University of North Carolina-Chapel Hill:

"This is one of the best years of learning I have had. The fact that we are integral in patient care is exhilarating. I like the fact that we fix problems with immediate gratification, most of the time. One of the things that has surprised me is

the difference we can make as patient advocates. Now that we have just a little clout we can really push to make sure that our patients get the best care possible."

**Note to medical students:** "Choose a specialty that makes you happy, but also look into the types of people you will be working with. Make sure your personality is similar to the residents and attendings in that field. The people you work with, and how much you enjoy or dislike their company, can make or break you during residency."

"Finally, do NOT let your USMLE Step 1 score dictate your specialty choice. There are a million other ways to shine."

**Dr. Javier Miller**, then a urology resident at the University of North Carolina-Chapel Hill:

"Internship year couldn't be going any better. I'm at a phenomenal institution and working with great people. I've been operating quite a bit, and I look forward to going to work every day. What's surprised me the most has been how quickly you learn when you're thrown into the fire."

**Note to medical students:** "First, residency programs are looking for people that will fit in. By that I mean they are looking for residents who have a good attitude and are hard-working."

"I also recommend that the students choose a field that they will always enjoy. We will be working in our respective fields for a very long time, so we need to consider all facets."

**Dr. Laura Dacks**, then a general surgery resident at East Tennessee State University:

**Note to medical students:** "When interviewing, sometimes you have that deep pit of feeling in your stomach as to whether they're coming across really honest with you. With a couple of places I just really had a good feeling about them, and I knew that's probably where I wanted to go. My advice: Go with your gut, because I don't think your gut lies."

**Dr. Adam Ouimet**, then an emergency medicine resident at the University of New Mexico School of Medicine:

"This is one of those programs that exists to actually

# '09

2009: The Bridge to Clinical Medicine major is approved as part of the Master of Biomedical Sciences degree program.

Spring 2009: Suzanne Bennett Johnson, chair of Medical Humanities and Social Sciences, becomes the first College of Medicine faculty member honored as a Florida State University Distinguished Research Professor.

April 2009: Florida State University and TMH create a research partnership.

July 2009: Rhodes Scholar and college football All-American Myron L. Rolle and family announce plans to build a medical clinic and sports complex in Exuma, Bahamas. The College of Medicine will partner with the Myron L. Rolle Foundation to advise on the project and launch an initiative through the FSUCares Program to bring a medical mission to Exuma each year.

teach you to be a good ER doc, not to work you into the ground.”

**Note to medical students:** “Pick a specialty that suits your personality well, and go where you feel most comfortable. I picked a place where I go mountain biking or rock climbing a few times a week with my fellow residents.”

**Dr. Christie Sain**, then a family medicine resident at Tallahassee Memorial Hospital:

**Note to medical students:** “When you wake up every day excited about what you do for a living and knowing deep down inside that this is your purpose in life, it’s a beautiful feeling.”

To get an update about where Drs. Ruscher, Miller, Parikh, Dacks, Ouimet and Sain are now, visit <http://www.med.fsu.edu/alumni> and select “Class of 2005.”



The Class of 2005 got its first inside look at the medical school’s state-of-the-art main campus while wearing hard hats during a visit in May 2004 – only one year before graduation. Three of the alumni quoted on this page appear in the photo: Adam Ouimet and Javier Miller are at the far left end of the back row, and Christie Sain is third from the left in the front row.

March 2010: Richard Nowakowski, new chair of Biomedical Sciences, becomes the first Randolph L. Rill Professor of Biomedical Sciences in the College of Medicine. The medical school’s first named professorship honors Rill, a founding member of the faculty, who died in 2009.

March 2010: The College of Medicine and College of Law join forces to create The Florida State University Center for Innovative Collaboration in Medicine & Law, based in the medical school.

March 2010: As it has done every year since the College of Medicine was created, FSUCares sends faculty physicians and students on a cross-cultural medical outreach trip. They split up and visit Filipinas, Panama; the Texas-Mexico border; and Immokalee.



# Class of 2010 Residency Match

## ANESTHESIOLOGY

**Marc Gutierrez**  
Vanderbilt University Medical Center  
Nashville, Tenn.

**Phung Van Nguyen**  
Orlando Health (*transitional*)  
Orlando, Fla.  
Jackson Memorial Hospital  
Miami, Fla.

**Jennifer Zingarelli**  
Vanderbilt University Medical Center  
Nashville, Tenn.

## DERMATOLOGY

**Emily Overholser**  
University of Tennessee College of Medicine  
Memphis, Tenn.

**Kate Ross**  
University of South Florida College of Medicine  
Tampa, Fla.

## EMERGENCY MEDICINE

**Brandon Allen**  
University of Florida-Shands Hospital  
Gainesville, Fla.

**Adam Branoff**  
Medical University of South Carolina  
Charleston, S.C.

**David Gonzalez**  
Allegheny General Hospital  
Pittsburgh, Pa.

**Travis Grace**  
University of Nevada Affiliated Hospitals  
Las Vegas, Nev.

**Tracy Graham**  
University of Florida-Shands Hospital  
Jacksonville, Fla.

**Carolyn Johnstone**  
Pitt County Memorial Hospital  
Greenville, N.C.

**William Long**  
Medical University of South Carolina  
Charleston, S.C.

**Molly McIntyre**  
University of South Florida College of Medicine  
Tampa, Fla.

**Heidi Neal**  
Palmetto Health Richland  
Columbia, S.C.

**Jennifer Stahl**  
Pitt County Memorial Hospital  
Greenville, N.C.

**Megan Stultz**  
University of Chicago Medical Center  
Chicago, Ill.

**Vanessa Vasquez**  
Johns Hopkins Hospital  
Baltimore, Md.

**Jill Ward**  
Florida Hospital  
Orlando, Fla.

**Christopher Wilbert**  
New York Methodist Hospital  
Brooklyn, N.Y.

## FAMILY MEDICINE

**Tanya Anim**  
Halifax Medical Center  
Daytona Beach, Fla.

**Elizabeth Brooks**  
McLennan County Family Medical  
Waco, Texas

**Megin Gregory**  
Carolinas Medical Center  
Charlotte, N.C.

**Bernice Hippolyte**  
University of South Florida College of Medicine  
Tampa, Fla.

**Fernando Porter**  
Chestnut Hill Hospital  
Philadelphia, Pa.

**Stephenie Box Scully**  
Naval Hospital  
Pensacola, Fla.

**Kristin Sochet**  
Bayfront Medical Center  
St. Petersburg, Fla.

**Cortney Whittington**  
Tallahassee Memorial Hospital  
Tallahassee, Fla.

## INTERNAL MEDICINE

**Daniel Chevy**  
Greenwich Hospital  
Greenwich, Conn.

**Leroy Floyd**  
UMDNJ-New Jersey Medical  
Newark, N.J.

**Brittany Foulkes**  
Orlando Health  
Orlando, Fla.

**Sarah Cooke Friend**  
Orlando Health  
Orlando, Fla.

**Janelle Gooden**  
Mayo School of Graduate Medical Education  
Rochester, Minn.

**William Hammond**  
Dartmouth-Hitchcock Medical Center  
Lebanon, N.H.

**Mary Beth Hilal**  
Orlando Health  
Orlando, Fla.

**Katrina Sinclair Hilder**  
Christ Hospital  
Cincinnati, Ohio

**Glenn Hoots**  
Orlando Health  
Orlando, Fla.

**Chiaka Amarachukwu Igwe-Onu**  
Orlando Health  
Orlando, Fla.

**Uchenna Ikediobi**  
University of Iowa Hospitals and Clinics  
Iowa City, Iowa

**Arif Ishmael**  
University of Florida-Shands Hospital  
Gainesville, Fla.

**Jennifer Kinley**  
University of North Carolina Hospitals  
Chapel Hill, N.C.

**Jimmy Moss**  
Mayo School of Graduate Medical Education  
Jacksonville, Fla.

**Bridgette Provost**  
Orlando Health  
Orlando, Fla.

**John-Paul Soberano**  
West Virginia University School of Medicine  
Morgantown, W.Va.

**Jacquelyn Terry**  
University of North Carolina Hospitals  
Chapel Hill, N.C.

**Amanda White**  
Greenwich Hospital  
Greenwich, Conn.

**John Wynne**  
Carolinas Medical Center  
Charlotte, N.C.

## OBSTETRICS-GYNECOLOGY

**Allessa Allison**  
University of South Alabama Hospitals  
Mobile, Ala.

**Megan Hall**  
Exempla Saint Joseph Hospital  
Denver, Colo.

**Melissa Lee Kozakiewicz**  
Wake Forest Baptist Medical Center  
Winston Salem, N.C.

**Christina McCall**  
University of North Carolina Hospitals  
Chapel Hill, N.C.

**Saira Mir**  
Emory University School of Medicine  
Atlanta, Ga.

**Steffanie Swanson**  
Naval Medical Center  
San Diego, Calif.

**Marjorie Warner**  
University of Florida College of Medicine- Jacksonville  
Jacksonville, Fla.

**Tiffany Williams**  
Orlando Health  
Orlando, Fla.

**Halei Wong**  
Wright Patterson Air Force Base  
Dayton, Ohio

## OTOLARYNGOLOGY

**Thomas Babcock**  
University of Florida-Shands Hospital  
Gainesville, Fla.

## PATHOLOGY

**Lisa Radkay**  
UPMC Medical Education Program  
Pittsburgh, Pa.

## PEDIATRICS

**Danielle Barnes**  
Hershey Medical Center  
Hershey, Pa.

**Matthew Buck**  
Mercer University School of Medicine  
Macon, Ga.

**Melissa Graham**  
Creighton-Nebraska Universities Health Foundation  
Creighton, Neb.

**Noureen Idrees-Asad**  
Jackson Memorial Hospital  
Miami, Fla.

**Swati Jain**  
Baylor College of Medicine  
Houston, Texas

**Meghan Martin**  
Orlando Health  
Orlando, Fla.

**Nicole McCoy**  
Carolinas Medical Center  
Charlotte, N.C.

**Lesley Armbruster McPeak**  
Naval Hospital Medical Center  
Portsmouth, Va.

**Maureen Mendoza**  
Jackson Memorial Hospital  
Miami, Fla.

**Nora Pepper**  
Carolinas Medical Center  
Charlotte, N.C.

**Justin Ruoss**  
Medical University of South Carolina  
Charleston, S.C.

**Amanda Sebring**  
University of Chicago Medical Center  
Chicago, Ill.

**Anthony Sochet**  
University of South Florida College of Medicine  
Tampa, Fla.

**Chantel Walker**  
University of Florida College of Medicine - Jacksonville  
Jacksonville, Fla.



**Katie Wolter**  
University of Florida - Shands  
Hospital  
Gainesville, Fla.

**PSYCHIATRY**

**Brian Gadbois**  
University of South Florida College  
of Medicine  
Tampa, Fla.

**Holly Schwartz**  
Cedars-Sinai Medical Center  
Los Angeles, Calif.

**Alison Tam**  
Boston University Medical Center  
Boston, Mass.

**RADIATION ONCOLOGY**

**Michael Hall**  
Western Pennsylvania Allegheny  
Health System (*preliminary*)  
Allegheny General Hospital  
Pittsburgh, Pa.

**RADIOLOGY (diagnostic)**

**Craig Campbell**  
(*preliminary-internal medicine*)  
University of Florida-Shands  
Hospital  
Gainesville, Fla.

**Jamie Lynn Doster**  
Greenville Health Systems  
(*preliminary-internal medicine*)  
Greenville, S.C.  
University of Virginia  
Charlottesville, Va.

**Mariam Hanna**  
Albert Einstein Medical Center  
(*preliminary-internal medicine*)  
Philadelphia, Pa.  
Virginia Commonwealth University  
Health System  
Richmond, Va.

**Cara Irwine**  
Ochsner Clinic Foundation  
New Orleans, La.

**Matthew Irwine**  
Ochsner Clinic Foundation  
New Orleans, La.

**SURGERY (general)**

**Kristen Barrie**  
University of Florida-Shands  
Hospital  
Gainesville, Fla.

**James Boron**  
Atlanta Medical Center  
Atlanta, Ga.

**Rebecca Collver**  
Carolinas Medical Center  
Charlotte, N.C.

**Shoshana Hacker**  
St. Louis University School of  
Medicine  
St. Louis, Mo.

**Matthew Johnston**  
Orlando Health  
Orlando, Fla.

**Diana Levinson**  
University of South Florida College  
of Medicine  
Tampa, Fla.

**Naderge Pierre**  
Orlando Health  
Orlando, Fla.

**Vanessa Prowler**  
University of South Florida College  
of Medicine  
Tampa, Fla.

**SURGERY (vascular)**

**Ryan Suplee**  
Lenox Hill Hospital  
New York, N.Y.

**UROLOGY**

**Christopher Sherman**  
(*Surgery, preliminary*)  
University of Louisville School of  
Medicine - Louisville, Ky.

**Eilene Weibley**  
(*Surgery-preliminary*)  
University of South Florida College  
of Medicine  
Tampa, Fla.

**RESEARCH**

**Kelly L. Hodson**  
Will spend a year in clinical  
research at Bascom Palmer Eye  
Institute in Miami.

## Class Notes

'05

**Garrett Chumney, M.D.**, has a contract with Patients First in Tallahassee to practice urgent care medicine. He will serve as the medical director of the Lake Ella office, and he will stay active with his Tallahassee Memorial Hospital residency program, performing hospital rounds and teaching residents hospital medicine.

**Victor Gonzalez, M.D.**, is completing program-year five in radiation oncology at the Huntsman Cancer Hospital at the University of Utah, where he has become an avid rock-climber and backcountry skier. So much so that he moved to Big Cottonwood Canyon and "grew a gnarly beard to look the part."

In September, he and one of his former attending physicians, Dr. Lisa Hazard, married following an engagement that took place on a mountaintop in Alaska during a heli-skiing trip. Drs. Gonzalez and Hazard both have accepted faculty positions at the University of Arizona.

**Joda Lynn, M.D.**, is working as an emergency medicine physician at Doctors' Memorial Hospital in Perry and George E. Weems Memorial Hospital in Apalachicola.

**Karen Miles, M.D.**, was chief resident of Duke University's child and adolescent psychiatry fellowship for the 2009-2010 year. She will graduate in June – the same time that she and her husband are expecting their second child.

**Kimberly Ruscher, M.D.**, married Kevin A. Modeste, M.D., in Fort Lauderdale on New Year's Day. She has also been appointed the resident member of the American College of Surgeons Public Profile and Communications Committee.

'06

**Danielle Bass, M.D.**, graduated from the family medicine residency program at MacNeal Family Medicine Center in Chicago in June. She is in the first year of a sports medicine fellowship at O'Connor Hospital in San Jose, Calif.

**Stefano Bordoli, M.D.**, is in the fourth year of his general surgery residency at Rush University Medical Center in Chicago. He plans to pursue a vascular surgery fellowship after he finishes his five years of residency.

**Shellie Marks, M.D.**, was named chief resident of the University of Alabama at Birmingham Department of Dermatology.

**Shannon Price, M.D.**, will return to Tallahassee to join North Florida Women's Care in August. Last year she was named administrative chief of the Greenville (S.C.) Hospital System Obstetrics and Gynecology Residency Program.

**Chris Sundstrom, M.D.**, also will start to work for North Florida Women's Care in August. In 2009 he became chief resident at the Florida State University/Sacred Heart Hospital Obstetrics and Gynecology Residency Program in Pensacola.

'07

**Stephen Patrick, M.D., MPH**, will begin a neonatal-perinatal medicine fellowship as well as the Robert Wood Johnson Clinical Scholars Program in July. Both are at the University of Michigan.

Also, Patrick wrote op-ed essays for USA Today and the Ann Arbor News, both on the subject of health-care reform. In early October, President Barack Obama invited him to the White House alongside other doctors from all 50 states to discuss the current health-care system and possibilities for reforming it.

He also co-wrote a paper titled "Effect of Source of Admission on Outcomes for Critically Injured Children in the Mountain States," which appears in the March issue of Archives of Pediatrics & Adolescent Medicine. At the Pediatric Academic Society Annual meeting to be held on May 1 in Vancouver, Patrick will give a platform presentation titled "Medicaid: A Program for Children? Trends from 1991-2005."

**Erin Connelly, M.D.**, was named one of two fourth-year pediatric chief residents for the 2010-2011 academic year at the Arnold Palmer Hospital Pediatric Residency Program. Connelly is in the third and final year of her pediatrics residency at Orlando Health.

She also has taken on a leadership role with her community pediatrics initiative, "In the Zone," in conjunction with the Parramore Kids Zone in Orlando. Connelly hopes to complete a fellowship in child abuse after serving as chief resident for a year. In November she spoke at Pediatrics Grand Rounds at the Arnold Palmer Hospital for Children (part of the Orlando Health network) on the subject of "The State of Community Pediatric Training in Graduate Medical Education."

In announcing the appointment, Program Director Dr. Joan Meek wrote: "We had a number of very well-qualified candidates for the position this year. Dr. Connelly has been exemplary in her knowledge base, clinical skills, teaching and leadership skills, and, most especially, has been a model of professionalism. Dr. Connelly also has become a staunch child advocate in our local community and has taken a leadership role in our community pediatrics initiative. We at Orlando Health look forward to the leadership she will bring to the role of chief resident."

**Rebecca (Nickerson) Williams, M.D.**, was married Nov. 8 to her longtime boyfriend, Brandon Williams. She is in the third year of her ob-gyn residency at Emory University in Atlanta.

'08

**Jessica Auffant, M.D.**, and her husband welcomed their first child, Brayden William Auffant, Dec. 29. Auffant is a second-year resident in the obstetrics-gynecology residency program at Orlando Regional HealthCare.

**Paola Dees, M.D.**, was named Intern of the Year in the University of South Florida Pediatrics Residency Program in Tampa after also having received the Humanism and Excellence in Teaching Award. In March, she was inducted into the Barnes/Behnke Chapter of the Gold Humanism Honor Society.

**Kit Lu, M.D.**, and Gary Cribbs were married in November. Lu is in the second year of the internal medicine residency program at Johns Hopkins Bayview Medical Center in Baltimore.

**Ivan Porter, M.D.**, has been named chief resident of the internal medicine residency program at the Mayo School of Graduate Medical Education in Jacksonville.

'09

**Rich Rodriguez, M.D.**, was elected vice chairman of the Pennsylvania Medical Society's Resident/Fellow section, as well as vice chairman of the American Medical Association's Resident/Fellow section's Legislative Advocacy Committee. The Pennsylvania Medical Society also nominated him to serve in its House of Delegates. Rodriguez is a first-year resident in the emergency medicine residency program at Thomas Jefferson University Hospital in Philadelphia.

**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 e-mail with your news to [pr@med.fsu.edu](mailto:pr@med.fsu.edu).**



# 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
- 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 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 Memorial Health Systems
- Port St. Lucie Hospital
- Raulerson Hospital
- Sebastian River Medical Center
- St. Lucie Medical Center
- St. Lucie Surgery Center
- Surgery Center of Fort Pierce
- Surgery Center of Okeechobee Inc.

- Surgical Center of the Treasure Coast
- The Surgical Center at Jensen Beach
- Treasure Coast Center for Surgery
- Treasure Coast Hospice

## 3 Orlando Campus

- 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 Health
- Orlando VA Clinic
- St. Cloud Regional Medical Center

## 4 Pensacola Campus

- Baptist Health Care
- Escambia County Medical Society
- Fort Walton Beach Medical Center
- Haven of Our Lady of Peace
- Lakeview Center Inc.
- Naval Hospital Pensacola
- Nemours Children's Clinic
- Sacred Heart Health System
- Santa Rosa Medical Center
- VA Gulf Coast Health Care System
- West Florida Hospital

## 5 Sarasota Campus

- 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

## 6 Tallahassee Campus

- Apalachee Center Inc.
- Big Bend Hospice
- Bond Community Health Center Inc.
- Capital Health Plan
- Capital Medical Society
- Capital Regional Medical Center
- HealthSouth Rehabilitation Hospital
- Neighborhood Health Services
- Refuge House
- Tallahassee Memorial HealthCare
- Tallahassee Outpatient Surgery Center
- Tallahassee Plastic Surgery Clinic
- Tallahassee VA Clinic
- Westminster Oaks
- Archbold Medical Center – Thomasville
- Doctors' Memorial Hospital – Perry

## 7 Rural Track

- Collier Health Services Inc. – Immokalee
- Florida State Hospital – Chattahoochee
- Jackson Hospital – Marianna

## FSU-Sponsored Residency Programs

- Sacred Heart Hospital Pediatric Residency Program – Pensacola
- Sacred Heart Hospital Obstetrics and Gynecology Residency Program – Pensacola

## Family Medicine Residency Program Affiliations

- Bayfront Medical Center – St. Petersburg
- Florida Hospital – Orlando
- Halifax Health – Daytona Beach
- Mayo Clinic – Jacksonville
- Miller School of Medicine, University of Miami, Department of Family Medicine and Community Health
- Morton Plant Hospital – Clearwater
- Naval Hospital Pensacola – 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



**HERE'S TO THE FUTURE:** In our first year, we ordered only 30 white coats for our students. Last summer, we ordered four times that many for these members of the Class of 2013. Over the next 10 years, as many as 1,200 more students will have graduated from the College of Medicine. Well beyond baby steps, we're now taking huge strides toward patient-centered health care for the underserved.