

FSUMED

Almost entirely electronic, the Charlotte Edwards Maguire Medical Library is not your grandmother's library.



JUST ASK DR. MAGUIRE

PLUS:

THREE LATIN STORIES

TOPPING THE FAMILY MEDICINE CHARTS



Seven years ago I was approached about being part of a new medical school – the first new M.D. program to be built in the United States

in almost a quarter-century. For someone who already had been working in medical education for more than 25 years, it looked like the opportunity of a lifetime.

I was not alone in believing the chance to help build a medical school from scratch was too good to pass up. Like others who believed there could be a better way to educate medical students, I accepted, joining the new FSU College of Medicine as associate dean for medical education.

Unbeknownst to me then, I later would be appointed to serve as dean of the new medical school for a period of more than five years. I can say that this period has had a major impact on my life as a medical educator. More importantly, the program created here likely will have an impact on medical education in this country for many years to come.

I know this: it should.

Our unique program has demonstrated it can produce quality physicians capable of changing the face of medicine.

Now, with the foundation of our educational program firmly in place, the time is right for transition. Before my retirement as dean, please allow me to share my gratitude.

It's been a team effort all the way, and everyone should be proud of what has been accomplished. I know I am. I can say with conviction that the next dean will be associated with a great group of people to help carry on the tradition put in place here.

While completing our facilities and expanding to six regional campuses with more than 1,200 faculty physicians across the state, we've graduated three classes, achieving remarkable success by any measure. We've built an active program in rural health and will further expand the unique and outstanding educational experiences available to our students with the development of a new program in Immokalee.

At our main campus we have built programs in simulated clinical medicine and community preceptorships that send our students into their third- and fourth-year rotations already well prepared. All of these elements work together and go beyond what community-based medical education has been able to accomplish before.

I think we see that in the quality of the education, the success of our students, and the enthusiasm for medicine they exhibit, as well as the enthusiasm for teaching we see in the community physicians who serve as our faculty.

To the faculty, our generous supporters, regional campus deans, students and dedicated staff, I can't think of a better way to close than this: thank you.

J. Ocie Harris, M.D.

Dean, College of Medicine

DEAN
J. Ocie Harris, M.D.

EDITOR
Nancy Kinnally

ASSOCIATE EDITOR
Doug Carlson

EDITORIAL ASSISTANT
Amber Smalley

CONTRIBUTORS
Doug Carlson
Nancy Kinnally
Amber Smalley
Nick Anthony

PHOTOGRAPHERS
Ray Stanyard
Bill Lax/FSU Photo Lab
Ben Tanner
Howard Robinson
Steven Martine
Barbara Banks

DESIGN
Martin Young
martinyoung@comcast.net

FSU MED is published by the
Florida State University College of
Medicine, 1115 West Call Street,
Tallahassee, Florida 32306-4300.
Send correspondence to Nancy
Kinnally, editor, or e-mail her at
nancy.kinnally@med.fsu.edu.
Letters may be edited for length,
style and clarity. If you'd like to
receive Electronic Medical Review,
the medical school's quarterly
e-newsletter, send an e-mail with
"Subscribe" and your full name in
the subject line to pr@med.fsu.
edu. This publication is available in
alternative format upon request.





11

Latin voices speak out

11

by Nancy Kinnally

Hispanic alumni talk about the roads they've traveled to a career in medicine and how they see themselves shaping the state's physician workforce.

Consulting with Dr. Maguire

16

by Nancy Kinnally

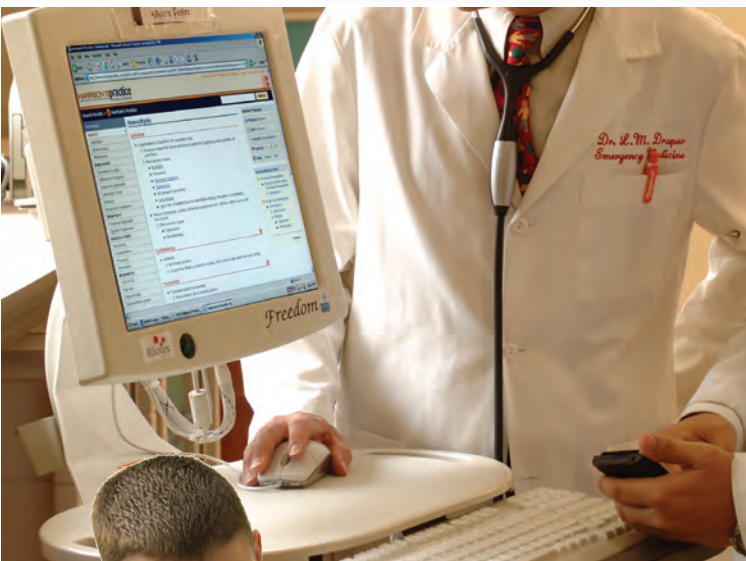
Named for a physician-philanthropist who has always been ahead of her time, the Charlotte Edwards Maguire Medical Library is helping faculty and medical students stay at the forefront of clinical knowledge.

Tops in family docs

22

by Doug Carlson

Staying true to its mission, the FSU College of Medicine has skyrocketed to the top of the family medicine charts.



16



22

RAY STANYARD

soap notes

2

Scientific Endeavors, On Main Campus,
At the Front Lines, People of Note

rounds

26

Checking up on our alumni

second opinion

29

A student shares his thoughts

now and then

31

All roads lead to medicine

zebras

32

Things you don't expect to find in medical school

**on the cover**

Dr. Charlotte Edwards Maguire welcomes online visitors to her library. Photo by Ray Stanyard. Photo illustration by Martin Young.

scientific endeavors

A smarter way to fight cancer

The problem with some human cells is they just don't know when to quit.

At the end of their life cycle, normal human cells stop replicating their DNA and expire by way of natural processes. Normal cells that have suffered damage to their DNA don't wait that long. They trigger genome maintenance capabilities to either repair the damage or, if necessary, shut down operations by targeting a cell for death through a process known as apoptosis. In effect, the cells commit suicide to make room for healthy surrounding cells and avoid passing on the damaged DNA to daughter cells.

But in some cases, something goes awry and cells with DNA damage continue to multiply, crowding out healthy cells and draining the body's resources in order to feed their own existence. The formal name for such

a scenario is cancer.

With help from a \$375,000 Bankhead-Coley Cancer Research Program grant, College of Medicine Assistant Professor Akash Gunjan is tracking down the different self-maintenance mechanisms, such as built-in tumor suppressors, by which cells might help in the fight against cancer.

It's a pivotal step in understanding cancer, as well as potential new treatments. Currently, radiation and chemotherapy remain the best options for stopping the runaway cell growth common to all forms of cancer.

"Especially when it comes to chemotherapy, it is almost like taking a potshot and hoping you got the bad guy," Gunjan said. "Maybe you did, but you

know you are definitely getting a lot of the good guys as well."

Years of laboratory work spent gaining an understanding of how natural genome maintenance mechanisms work in yeast cells has led Gunjan and his team of researchers to important discoveries. They know, for instance, that a complex protein known as Rad53 is responsible for regulating genomic stability in yeast cells, closely mirroring the work of a complex protein known as Chk2 in human cells.

Rad53 and Chk2 both intervene upon recognizing DNA damage, kick-starting the genome maintenance factors needed to halt replication of damaged cells.

The grant, earmarked for new researchers with promising proposals, affords Gunjan's team the opportunity to apply the lessons learned with yeast to human cell lines. Ultimately, their work could contribute to the development of far more accurate and effective cancer treatments.

At one time it may have sounded like science fiction, but researchers such as Gunjan are at the center of a pursuit to help the body heal itself of cancer.

Such treatments would depend on being able to artificially activate the natural, built-in tumor suppressors and other genome maintenance factors already found in healthy, living cells. Instead of scorching a large swath of cells with chemotherapy in order to kill the damaged cells, such treatments would instruct cells with DNA damage or otherwise unstable genomes to kill themselves, leaving healthy cells in the neighborhood to continue their work.

"We are hoping in the future it will be a combination of highly selective chemotherapy, along with a framework of suppressors of genomic instability, that prevent people from getting tumors," Gunjan said of the direction he envisions for future cancer treatment based on current discoveries.

"If we can boost this natural protective process maybe we can force the tumor cells to heal themselves rather than dumping a lot of chemicals and hoping to hit the bad guys."



Akash Gunjan



Mary Gerend

PHOTOS BY RAY STANFORD

In search of the anxiety patch

Public sentiment about smoking has contributed to a sharp decrease over the past decade in the number of Americans who light up. The overall reduction in the number of people who smoke, however, has leveled off in recent years.

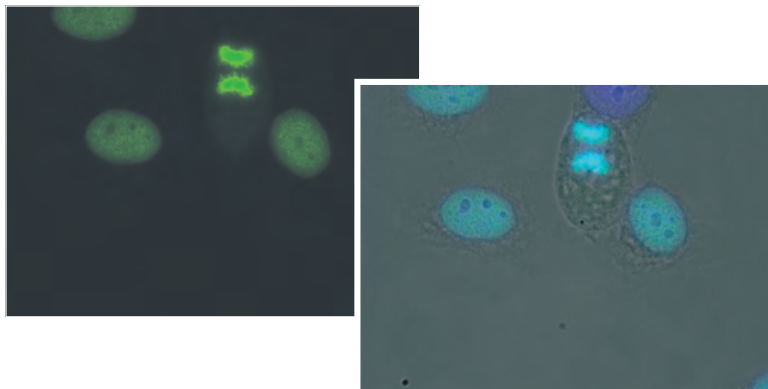
The U.S. Surgeon General reports 438,000 people die annually in this country as a result of tobacco-related illness, resulting in \$167 billion in health-care costs and lost productivity. The Centers for Disease Control estimates 45 million people smoke in the United States and that 70 percent of those would like to quit.

So what are they waiting for?

One explanation is that for many people who still smoke, quitting involves more than overcoming an addiction to nicotine.

Working with researchers in the psychology department at FSU, College of Medicine Assistant Professor Mary Gerend is hoping to establish smoking cessation treatment that does the trick for many who have been unable to quit, particularly individuals who may be at risk for future anxiety-related problems.

Images showing stages of mitosis in cultured human tumor cells reveal how histone proteins are intimately linked to the DNA during the transfer of genetic information from one cell generation to the next.



"What we found in other studies is that people with anxiety problems are at particular risk for developing smoking problems, and those folks have more difficulty quitting," said Brad Schmidt, professor and director of clinical training in the FSU psychology department.

Sensitivity to anxiety has been shown to make giving up cigarettes far more difficult. Essentially, smokers appear to relapse into a bad habit because of anxiety issues, not necessarily as an exclusive result of nicotine addiction.

Standard smoking cessation techniques focus on interrupting the nicotine addiction, often ignoring underlying or root causes.

Gerend has been awarded a \$375,000, three-year grant from the King Biomedical Research Program, which is funded through Florida's settlement with the tobacco industry.

Through the grant, she will recruit smokers with high anxiety sensitivity and randomly divide them into two groups — one that will receive standard clinically-proven smoking cessation treatment and another that will receive the standard treatment along with a cognitive behavioral therapy component.

"Most people want to quit, and those who are able to quit would have done so by now," said Gerend, who expects to be able to expand on a basic premise learned through Schmidt's research.

"If we can help people with higher anxiety levels deal with their fears and concerns, we think they'll be more successful quitting," she said.

"We know that it's a very hard habit to kick. For many people, the already extremely difficult task of breaking a nicotine habit is not enough. They need to do that in combination with learning to cope with their own anxieties.

"Then we believe they can be successful quitting, and we may see a renewed downward trend in the overall number of people who smoke."

For smokers with high anxiety, kicking the habit can be more than a matter of overcoming nicotine addiction.

Common links could lead to common cure

Branko Stefanovic already was on the path to understanding how excess collagen deposits lead to the always fatal liver fibrosis. Along the way he observed similarities to another, less common disease called scleroderma, which also has no known cure.

The assistant professor in biomedical sciences at the College of Medicine recently received a \$143,000 grant from the Scleroderma Foundation to study the proteins that regulate collagen in scleroderma patients. His proposal is one of seven funded by the foundation in 2007 using National Institutes of Health criteria.

The NIH previously awarded Stefanovic a five-year, \$900,000 grant to study liver fibrosis at the molecular level.

While he isn't expecting to solve two cases at once, Stefanovic is confident his research on one condition will benefit his understanding of the other.

"The idea is to use the knowledge we have in the process of liver fibrosis and apply this to see if we can figure out scleroderma," Stefanovic said.

Scleroderma, which means "hard skin," is a chronic disease in which the immune system attacks its own body. It can cause a thickening and tightening of the skin, and may cause serious damage to internal organs including the lungs, heart, kidneys, esophagus and gastrointestinal tract. About 300,000 people nationwide are afflicted.

"It starts with an inflammation," Stefanovic said. "That triggers excess collagen production, leading to calcification and hardening of the skin and perhaps the organs."

Too much collagen, a protein found in the connective tissue in bones and ligaments, is the common link between scleroderma and fibrosis. That, and the inability of physicians to treat it once it is diagnosed.

At best, sufferers may receive help with a symptom, such as hypertension. The bleak prognosis, as with liver fibrosis, remains the same, but scientists are starting to understand better the way both diseases operate.

"All these processes are based on the same principle or they are all activated by the same mechanism," Stefanovic said. "We are focusing on one mechanism we know is specific for collagen production.

"We have the key players, and I think we have some very good candidates to understand how this works. It's like a murder case — we have some suspects and now we will take a closer look.

"I believe we will be able one day to solve this, but for now we have an important link. I think we will find that the principle of how collagen is made, in both cases, will probably be the same."



Branko Stefanovic is looking into the role excess collagen deposits play in both scleroderma and liver fibrosis.

on main campus

Student Affairs under new leadership

Dr. Richard Christensen was appointed associate dean for student affairs, admissions and outreach July 1.

An award-winning teacher and clinician, Christensen came to FSU from the University of Florida College of Medicine, where he served as director of the Community Psychiatry Program and medical student clerkship director for UF's clinical campus in Jacksonville.

"Dr. Christensen is a quality individual who was held in the highest regard by his medical students, residents and colleagues

at the University of Florida," said Dean J. Ocie Harris. "We are extremely fortunate to have him leading our Division of Student Affairs."

Christensen's career as an academic community psychiatrist was focused on developing and providing psychiatric services to underserved populations, including Jacksonville's homeless. He has been involved in teaching medical students, residents and fellows since 1990.

At the UF College of Medicine, Christensen was a frequent recipient of teaching awards, including the school's highest teaching honor, the Hippocratic Award, for which he was selected by the graduating class in 1996.

RAY STANYARD



Professor Graham Patrick, left, and Dr. Richard Christensen.

Also in the Division of Student Affairs, Graham Patrick, one of the college's founding faculty members, has been appointed assistant dean for admissions. A professor of biomedical sciences and faculty scholar in pharmacology, Patrick likewise has numerous teaching awards to his credit. He will continue as course director for the general medical pharmacology course while overseeing the admissions process.

Healthy growth and high marks

The College of Medicine's growth plan has never been more evident than in the hallways and classrooms at the main campus. A full class of 120 first-year medical students completed the summer semester just as 105 students returned for the start of second-year studies.

"We aren't growing for growth's sake. We have created a quality medical education program and it is reflected in the quality of students we are attracting," Dean J. Ocie Harris said.

By 2010, the college is projected to reach full enrollment of 480 medical students. Currently, there are 357 spread

over the four classes. The Class of 2008 will be the largest graduating class to date with 57 students expected to become doctors in May.

College of Medicine students continue to take on leadership roles at the state and national level, while excelling academically.

Student performance on the United States Medical Licensing Exam, a required exam taken by thousands of medical students nationwide, has been outstanding. Well over 90 percent of students in recent classes have passed the USMLE Step 1 on the first take, and one class achieved a 100-percent first-time pass rate. USMLE Step 2 results have been even more impressive. To date, more than 95 percent of FSU medical students have passed Step 2 Clinical Knowledge on the first try, and all

but one class has had a 100-percent first-time pass rate on the Clinical Skills portion of the exam.

"To have every single member of the class pass these exams on the first try is almost unheard of," said Dr. Alma Littles, senior associate dean for academic affairs.

As further evidence of student success, the Class of 2007 scored above the national average on every required National Board of Medical Examiners shelf exam given at the end of rotations in family medicine, internal medicine, obstetrics and gynecology, pediatrics, psychiatry, surgery, advanced family medicine and advanced internal medicine.

With 120 students, the Class of 2011 is the largest class to be admitted to the College of Medicine to date.



Steele's framework stands tall

After chairing the Accreditation Task Force of the FSU College of Medicine and leading its Office of Medical Education for more than five years, founding faculty member David Steele departed in July to take on a new challenge.

Former associate dean for curriculum and evaluation at FSU, Steele is now serving as senior associate dean for medical education at the El Paso School of Medicine, a new medical school set to admit its first students in 2009 as part of the Texas Tech University Health Science Center.

"During David Steele's time here, the FSU College of Medicine grew from a start-up with 30 students into a mature medical school that is frequently regarded at the national level as having a model curriculum," said Dean J. Ocie Harris. "He played a tremendous role in that evolution."

Over the past six years, Steele oversaw the development and evaluation of the curriculum for FSU's distributed model of community-based medical education. Considered somewhat unorthodox back in 2001, when Steele arrived in Tallahassee as one of the medical school's initial handful of full-time faculty, FSU's curriculum has since been lauded for its effectiveness in teaching clinical medicine. *Academic Medicine*, the journal of the Association of American Medical Colleges, hailed FSU's model as one of the leading examples of "the kinds of innovative approaches for teaching clinical medicine in ambulatory settings that are badly needed" in a 2006 editorial appearing less than a year after the graduation of FSU's first class.

"I am truly grateful for the opportunity I had to be a part of the team that planned,

developed, and implemented the first new allopathic medical school in the United States in over 20 years," Steele said. "This was challenging, stimulating, and important work."

He said the commitment of his staff in the Office of Medical Education to

the planning and evaluation of students' education is "nothing short of phenomenal."

"These are truly dedicated people who work very hard to be sure that our students have good learning experiences," Steele said. "I think the true dedication to teaching and learning really sets the FSU College of Medicine apart as an institution."

Dr. Sebastian Alston, formerly associate dean for educational development, has been named associate dean for curriculum and director of the Office of Medical Education. Alston came to FSU in 2006 from Mercer University School of Medicine, where he was assistant dean for medical education and director of the Biomedical Problems Program.

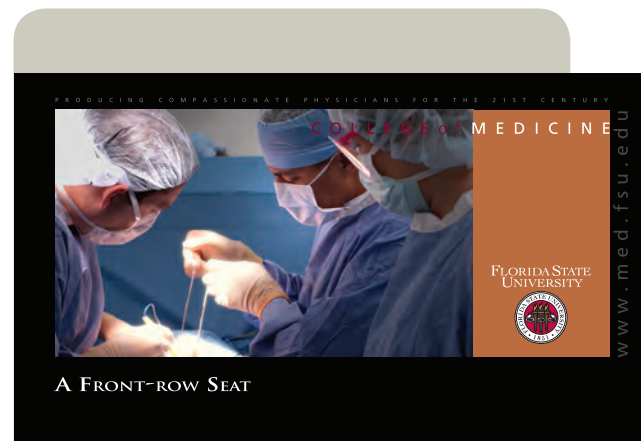


David Steele chaired the Accreditation Task Force for the FSU College of Medicine, which was the first new medical school to be accredited by the Liaison Committee on Medical Education in a generation.

PHOTOS RAY STANYARD



Dr. Sebastian Alston



Don't forget to write

With gas prices at historic highs, it pays to travel in cyberspace. In just a few clicks of the mouse, visitors to the College of Medicine's Web site can now tour all six of the medical school's regional campuses, as well as the main campus, through an updated and expanded Virtual Tour.

In addition to visiting the regional campuses in Daytona Beach, Fort Pierce, Orlando, Pensacola, Sarasota and Tallahassee, the tour provides information on the Rural Track, through which third-year students can do all of their required rotations in Marianna, Fla.

The tour also includes interviews with students and alumni about why they chose the FSU College of Medicine and what their experience was like. Take the Virtual Tour at med.fsu.edu/virtualtour. And while you're traveling, send a College of Medicine electronic postcard, available at med.fsu.edu/ecards.

BARBARA BANKS



Clinical teaching sites such as the Sarasota County Health Department are among the many locations visitors will see on the College of Medicine's new Virtual Tour.

at the front lines

Isabel Collier Read Medical Campus established in Immokalee

The College of Medicine is expanding its rural medical education program to Immokalee, Fla., now that the site for a new training center has been donated to FSU and an endowed gift has provided ongoing support to supplement funding from the Florida Legislature.

NCH Healthcare System transferred the deed on the Isabel Collier Read Building and accompanying 9.4 acres of land to FSU in May. Mrs. Isabel Collier Read subsequently made a gift to the college of \$1 million, which is eligible for a state match of 75 percent, to endow the education program at the Immokalee site, which will become the Isabel Collier Read Medical Campus. Read had originally donated funds for the building and the surrounding land to NCH Healthcare to provide medical care in Immokalee, home to many poor farm and migrant workers.

"We want to thank Mrs. Read. We are so appreciative of her, NCH Healthcare and everyone who worked to make her vision a reality," said FSU President T.K. Wetherell. "This will give FSU the opportunity to provide some needed services to an underserved area and, at the same time, give our medical students tremendous experience."

The transfer of the 29,000-square-foot building and land to the FSU Board of Trustees enables the College of Medicine to move forward with plans to offer primary health care services to the community. Students from the medical school's six regional campuses throughout the state will be able to fulfill several required third-year rotations and elective fourth-year rotations in Immokalee.

"We are excited about this project because it is consistent with our mission, which focuses on the needs of rural, elderly and other underserved populations, and it enables us to provide innovative educational experiences," said College of Medicine Dean J. Ocie Harris.

Already, College of Medicine students spend time in Immokalee with physicians from Collier Health Services as part of a three-week summer clinical practicum.

Collier Health Services will handle clinic management, including patient enrollment. The College of Medicine is searching for a physician to supervise the educational program on site and work with local physicians who will serve as clinical faculty.

Development of the Isabel Collier Read Medical Campus in Immokalee is now underway.



Psychology intern Angela Turner, left, and Dr. Maggie Blackburn talk with fourth-grader Ronderrick Cooper at the health center at George W. Munroe Elementary School in Quincy.



RAY STANYARD

Good news for Gadsden

As students returned to two Gadsden County schools this fall, they found some new faces greeting them in their school-based health centers.

College of Medicine faculty have begun working with the Gadsden County Department of Health and the Gadsden County School District to expand services in the health centers at James A. Shanks Middle School and George W. Monroe Elementary School.

"Rates of teen pregnancy, heart disease, obesity and diabetes are far higher in Gadsden County than for the rest of Florida," said Dr. Maggie Blackburn, assistant professor of family medicine and rural health. "School-based health clinics have been shown to provide a health-care safety net for school-aged children, so we believe this project will have a measurable impact."

Blackburn and Elena Reyes, director of the behavioral science curriculum, are leading the medical school's collaboration with the school system and health department, which has expanded the offerings of the school health centers to include full-service primary care, as well as mental health services.

The project is funded by the FSU Dance Marathon, through which 1,400 FSU student volunteers raised \$310,000 last February, surpassing the \$300,000 milestone for the first time. Event proceeds are split between the FSU College of Medicine and Children's Miracle Network at Shands Children's Hospitals.

The health centers will be staffed by a full-time nurse practitioner from the College of Medicine faculty. Blackburn, Reyes, and other medical school faculty, as well as psychology graduate students, are working in the clinics part-time. The Panhandle Area Educational Consortium provides support for bilingual graduate students to assist in working with migrant children who need services in Spanish. Additional funding for the behavioral health component comes from the FSU College of Medicine Area Health Education Centers Program.

Through the school-based health centers, FSU medical students can experience an integrated model of clinical and behavioral health-care services in a community setting. Services offered include annual physical exams and immunizations, behavioral risk assessments, diagnosis and treatment of major illnesses, chronic disease prevention and management, group and individual counseling, and crisis intervention.

Donations to FSU Dance Marathon are accepted throughout the year at dm.fsu.edu.

Engaging research

In addition to teaching medical students, community physicians belonging to the FSU College of Medicine's faculty now will be able to find new opportunities to engage in clinical research through a network being developed by the medical school's Office of Research.

"We've discovered tremendous interest and research activity among our clinical faculty in the various areas of the state that we're in," said Myra Hurt, associate dean for research and graduate programs.

"FSU is in a unique position to develop a Clinical Research Network because of our community-based structure, the location of six regional campuses and multiple rural training sites around Florida, and the involvement of more than 1,200 faculty physicians whose patients represent a broad spectrum of health and illness, gender, age and demographics."

The first step will be to assess the research interests of clinical faculty and identify practices that wish to participate. Those practices will be profiled for commonly treated medical conditions and patient demographics. The network will then be able to link qualified investigators with interested faculty physicians whose patient populations would best support a specific research project.

"We will put together a governing board that will entertain proposals from entities at FSU and from around the state and nation that would like to utilize these patients in various types of research. The network can connect them with interested community-based faculty to address a broad variety of questions important to health," Hurt said.

"We believe that this will be incredibly attractive to people because of the richness of the various communities in which we are educating our students, because of the various ethnic backgrounds, ages, and other patient characteristics."

The network fits in well with the recent emphasis at the National Institutes of Health on clinical translational research, which involves taking research from the laboratory to the bedside.

FSU's new Clinical Research Network will connect interested physicians from the medical school's regional campuses with researchers at FSU and elsewhere.

"This is one of the only areas at the NIH where funding is increasing," Hurt said.

Col. Michael P. Smith joined the College of Medicine in November as director of the Clinical Research Network. Smith, who has held several research-related positions at FSU, served most recently as executive director of the Florida Center for Prevention Research in the Institute of Science and Public Affairs.

College of Medicine Dean J. Ocie Harris believes the Clinical Research Network will be a significant new development for the college now that the medical education program has reached full maturity.

"I think this is an area in which we probably have resources that most other medical schools don't have, and that is our regional campuses with their large numbers of clinical faculty," Harris said. "This will be very beneficial for the college and perhaps give us a niche in research that other institutions don't have."



Uchenna Ikediobi, center, and Erica Lindsay, students at the Fort Pierce campus, examine a baby in the neonatal intensive care unit at Martin Memorial Medical Center in Stuart while on rotation with Dr. Ashok Joshi.

STEVEN MARTINE

A warm welcome

The first cohorts of third-year medical students have begun their clinical training at the medical school's new regional campuses in Fort Pierce and Daytona Beach, and once again FSU students have been welcomed with open arms by local doctors, health-care providers and the communities as a whole.

"It's been fantastic. We're getting a great reception from the community," said Mai Vo, a student at the Daytona Beach campus, which is located at Daytona Beach Community College and affiliated with Florida Hospital Ormond Memorial, Florida Hospital DeLand, and Halifax Medical Center.

"We're able to use all the community college's resources, and the hospitals are just wonderful to us."

Vo calls the quality of the physicians under whom she's trained "amazing" and said that in just her first four months she's already made friends she expects to have for life. She was particularly inspired by her internal medicine rotation with Dr. Bruce Bigman in DeLand.

"I could see the passion gleaming in him because he was so eager to teach, and I'm eager to learn, so it's a wonderful combination to have," Vo said. "He's the doctor of doctors in DeLand. He's very well respected. He makes me want to work in a community where people know me, too, and respect what I do. It makes me want to work in a small town."

Located on the campus of Indian River Community College, the Fort Pierce campus includes affiliated hospitals in three counties — St. Lucie, Martin and Indian River. Those hospitals are Indian River Medical Center, Lawnwood Regional Medical Center, Martin Memorial Medical Center and St. Lucie Medical Center.

Erica Lindsay, a student at the Fort Pierce campus, said she's glad she came to the Treasure Coast.

"It's filled with a lot of diversity, and I believe it's a good place to spend the third and fourth year," Lindsay said. "The faculty and staff here at this regional campus are awesome. They welcomed us with open arms and have taken care of us ever since."

DBCC and IRCC have provided the new regional campuses with temporary quarters while they construct new buildings that will include space customized to meet the medical school's future needs. Both of the new buildings are expected to be completed by May. While the new campuses started with eight third-year students each, enrollment at each campus eventually will increase to 20 third-year students and 20 fourth-year students.



people of note



BILL LAX/FSU PHOTO LAB

Flying high with Bob Dawson

An experienced university and medical school fundraiser and devoted FSU alumnus, Bob Dawson recognized fate back in 2001 when he saw it in black and white.

"I read in some FSU alumni publications that the university was starting a medical

In his retirement, Bob Dawson, a former performer with the FSU Flying High Circus, has not returned to the trapeze, but he is taking to the skies occasionally as a licensed pilot and flight instructor.

school and saw on the FSU Web site that the development job was open," Dawson said. "I thought the fact that my university was starting the first new medical school in a generation, and that I had a chance to help get it off the ground, was super."

When Dawson arrived to serve as the college's founding development director that fall, he was looking at an endowment of a little more than \$2 million. Six years later the college's endowment stands at ten times that amount. Major gifts have enabled the college to endow several chairs, provide dozens of student scholarships, develop new clinical training sites, create centers of excellence, and achieve technological innovations.

One of the college's first and foremost benefactors, Dr. Charlotte Edwards Maguire sees Dawson as instrumental in the college's success.

"There's no way we can possibly assess all the good things that Bob Dawson has done for us," Maguire said. "He has done so much, and had so little credit for it."

When Dawson retired May 1 as assistant dean for development, the total he'd raised in gifts and pledges had reached \$37 million. All of that support came from people without the traditional ties most medical school donors would have.

"We don't have grateful patients. We don't have rich alumni yet," Dawson said. "We just have people who see the potential in FSU having a medical school, and the chance to have an impact through their gift. It's all people who like the mission of the school."

For Dawson, who holds a bachelor's in criminology and Ph.D. in higher education administration from FSU, helping to build an institution that would live on at his alma mater was always his primary source of motivation.

"It's not about me," Dawson said. "It's about what the College of Medicine will do for society."

Medical students excel in service, leadership and research

Fourth-year medical student Moya Chin plans to pursue psychiatry as her specialty because she wants to make a difference in the lives of medically underserved mental health patients.

FSU PHOTO LAB



Moya Chin

Her proven commitment to service led to her selection as one of 12 medical students nationwide to receive the \$10,000 American Medical Association Foundation's Physicians of Tomorrow Scholarship.

Chin has served as president of the Student National Medical Association at FSU and was chosen as Organizational President of the Year in 2005-06.

Third-year student Richard Rodriguez was appointed to the American Medical Association Foundation board of directors this year. He is the only medical student with full voting privileges on a board that consists of AMA physician leaders from around the country.

"I am only the third medical student ever to serve on the AMA Foundation Board of Directors and I want to take this opportunity to mold the position into one that will allow future medical students to play a larger role in the betterment of health care through the AMA's charitable endeavors," said Rodriguez, who also was elected chairman of the Florida Medical Association Medical Student Section.

For the second consecutive year, an FSU College of Medicine student has won an Alpha Omega Alpha Honor Medical Society research fellowship.

Third-year student Kimberly Thornton was one of fewer than 50 medical students nationwide selected for the AOA Carolyn L. Kuckein Student Research Fellowship, which comes with a \$4,000 stipend.



Marcia O'Donovan Bourdon has been appointed assistant vice president for health and human sciences at the Florida State University Foundation. Bourdon brings 10 years of major gift fundraising experience, having served most recently as director of development for the College of Design, Construction and Planning at the University of Florida. If you would like to discuss gift opportunities at the College of Medicine, please contact Marcia Bourdon at (850) 644-4389 or marcia.bourdon@med.fsu.edu.



Myra Hurt has developed a following at the Harvard Macy Institute Physician Educator Program.

and the College of Medicine, now provide inspiration for other physician educators from around the world who are interested in how one new medical school in Florida made something non-traditional work so well.

Hurt is part of the HMI faculty, leading others in a case study of how FSU did things differently.

"I feel that her teaching and presence in the course inspires the others to consider moving outside the box, which is what the course is about," said Elizabeth Armstrong, associate professor in pediatrics at Harvard Medical School and director of educational programs for HMI.

"Each year we get comments to that effect, that the example Myra presents to them gives them confidence that they could be successful designing innovative medical education programs in other parts of the world."

Dr. Gordon French, the dean of one arm of the national health system in England, wrote to Hurt after his return home.

"Your talk was inspiring to me as it just has to be the way ahead in the United

Kingdom, but few here see it!" wrote French, who oversees more than 2,000 medical residents and accompanying staff in hospitals spread over an area roughly the size of the Florida Panhandle.

French was intrigued by how the College of Medicine utilizes technology to maintain communication and electronic oversight of students, clerkship faculty and staff in regional campuses and hospitals across Florida. With additional input from Hurt he plans to propose a business model for the Eastmidlands Healthcare Workforce Deanery based on the FSU College of Medicine.

In particular, he was interested in the medical school's Clinical Data Collection System, which is used to track students' patient encounters while on third- and fourth-year rotations.

That exchange of ideas is why Armstrong wanted Hurt to join the HMI faculty for its summer workshops.

"She was inspired by us, and now medical educators from around the world are being inspired by her," Armstrong said.

Hurt at Harvard

Associate Dean Myra Hurt remembers the doubters when the College of Medicine was creating its non-traditional model of community-based medical education. She also remembers the inspiration she found in June 1999 at the Harvard Macy Institute (HMI) Physician Educator Program.

That's where she learned that innovation is never easy, but is often the only avenue for meaningful change. And it's where she,

An act of hope

When the Lifespan Respite Care Act finally became law in late 2006, a thank-you letter arrived at the FSU College of Medicine from the office of Sen. Hillary Rodham Clinton.

It was addressed to Suzanne Johnson, professor and chair of the department of medical humanities and social sciences, who authored the original legislation as a Robert Wood Johnson Health Policy Fellow in Clinton's office in 2001.

The bill is designed to assist family caregivers in accessing affordable and high quality respite care programs.

During her fellowship, Johnson met with constituents who were all passionate about their individual health-care issues.

"They travel all the way to the nation's capital because they want you to support a bill that benefits their particular illness only," she said. "The unfortunate reality is that there are very few bills written that ever pass the Senate, and of those that do pass, there are very few that actually become law."

This reality encouraged Johnson to create a bill that would meet the health-care needs of as many constituents as possible, and as a result, would also have a greater chance of becoming a law.

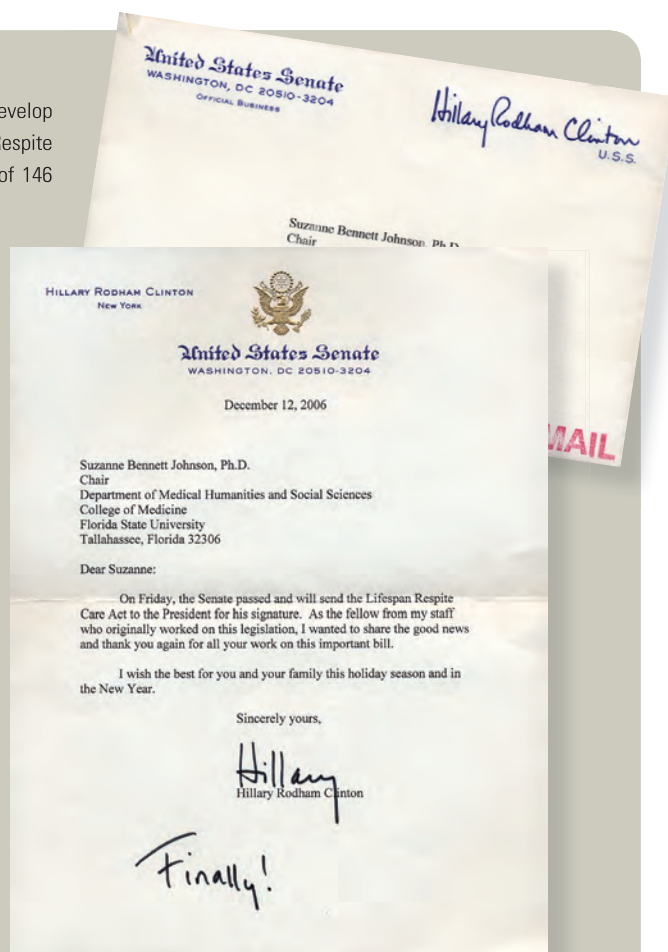
Johnson helped Sen. Clinton's office develop strong bipartisan support for the Lifespan Respite Care Act in Congress and form a coalition of 146 organizations that endorsed it.

During her fellowship the Senate passed the legislation by unanimous consent. No action was taken on the House version that year, but the bill did achieve 134 House bipartisan cosponsors.

"I can take credit for initially getting the bill rolling, but not for its final passage. Senator Clinton's office, the coalition, and several House members were behind the bill every year until its final passage," Johnson said.

The final version authorized \$90.5 million in federal grants to the states per fiscal year. However, one hurdle remains. Congress has yet to allocate the funds.

If funded, the grants would enable agencies to provide temporary relief to caregivers of individuals with chronic illnesses and disabilities. Such respite care has been shown to help keep families together, prevent abuse and neglect, and avoid premature, costly institutionalization.



Bequest to benefit neuroscience research

Researchers at the FSU College of Medicine will have future funding for the study of neurological disorders and aging through a multi-million-dollar bequest by Mina Jo Powell, an FSU alumna who earned her bachelor's degree in 1950 as a member of the university's first coeducational class.

Today a member of the College of Medicine Dean's Advisory Council, Powell's interest in medicine – and in helping those in need – dates back 50 years to a time when she worked at the Baylor College of Medicine and as a public welfare social worker in Houston. She went on to earn a master's degree in social work at FSU in 1963.

Powell's support will enable the College of Medicine to attract more attention to the innovative research being conducted at FSU in the areas of neuroscience and degenerative diseases.

"Mina Jo Powell has taken a real interest in the College of Medicine, and we are honored by her faith and trust in what we plan to accomplish in the years ahead," said Dean J. Ocie Harris. "Neuroscience is one of the primary focus areas of our



Mina Jo Powell

BILL LAX/FSU PHOTO LAB

biomedical research agenda, and we hope this bequest will one day lead to the discovery of new therapies for those suffering from neurodegenerative diseases."

Powell hopes her bequest will one day lead to treatments for diseases such as Alzheimer's and Parkinson's.

"Since I never married and don't have any children, I thought this would be the ideal way of benefitting future generations over the life of FSU and the College of Medicine," Powell said. "Many neurological disorders don't receive the funding that they probably should, so I hope this will help support some of the college's promising research initiatives."



On graduation day, the College of Medicine courtyard looks like a scene from Hollywood's Walk of Fame as graduates and their families take snapshots of the engraved brick pavers in the walkways.

Paving our way...

...brick by brick

BRICKS CAN BE INSCRIBED WITH A MESSAGE HONORING A GRADUATE, FACULTY MEMBER, LOVED ONE OR ANYONE IN A BEST SUPPORTING ROLE.



ORDER ONLINE AT MED.FSU.EDU/ALUMNI

Latin voices speak out

by Nancy Kinnally

Tucked away in the Big Bend region of northern Florida, Tallahassee has the feel of a laid back, mid-size Southern city, and yet it has proven an attractive destination for medical students accustomed to the faster pace and more culturally diverse environment of cities like Miami and Tampa.

Among them are Hispanic students who say they are drawn by the welcoming, family-like atmosphere at FSU, as well as the medical school's emphasis on medically underserved populations.

The popularity of the FSU College of Medicine among Hispanic students was among the factors that led Hispanic Business magazine to name FSU one of the Top 10 U.S. medical schools for Hispanics in its September 2007 issue.

For Natalie Muñoz, a native of Nicaragua who attended Homestead High, just south of Miami, FSU was attractive because it seemed that service to the underserved wasn't just part of the school's mission, or an addendum to it.

"It was actually *the* mission," said Muñoz, now a third-year student at the medical school's Orlando campus.

Research shows that minority physicians are more likely to treat minority and indigent patients and are more likely to practice in underserved communities. For example, the Association of American Medical College's 2004 Graduation Questionnaire found that 33 percent of Hispanic graduating medical students reported intentions of practicing in underserved areas, as compared to 18.4 percent of white, non-Hispanic students.

"It's very obvious to me that I'm extremely drawn to minority patients," Muñoz said. "I don't know if it's a kinship. I don't know what it is. I've encountered patients who didn't speak any English at all. It feels so powerful to be able to tell a patient: 'Look your baby's going to be okay,' when no one else was able to communicate that to them."

Nationally, Hispanics are the largest and fastest growing ethnic group, accounting for nearly half the nation's population growth between 2000 and 2005. In Florida, Hispanics now number 3.3 million, or about 19 percent of the state's population.

While Hispanics make up more than 13 percent of the U.S. population, only 2.8 percent of the country's physicians were Hispanic as of 2004, and Hispanics made up only 7.1 percent of the U.S. medical school applicant pool. In Florida, the numbers are more encouraging. A recent analysis by FSU College of Medicine faculty using a sample of data collected by the Florida Department of Health

found that about 15 percent of the state's physicians are Hispanic.

Still, Hispanics have the highest rate of uninsurance in Florida, at about 31.8 percent, according to a 2005 study commissioned by the Agency for Health Care Administration. That is more than double the rate of uninsured among white, non-Hispanic Floridians, and almost 50 percent higher than the rate among the state's African-American population.

The language barrier alone is significant when it comes to caring for Hispanic populations – an issue that could be addressed by an increase in the number of bilingual health-care providers.

While working as a translator at an indigent clinic in Tampa during her undergraduate studies at the University of South Florida, Christine Rojas witnessed the struggle for health care endured by migrant workers, many of whom were Hispanic.

"These patients would come in at 5 in the morning and wait until the door was open at 8 a.m. They would lose one day of work just to sign up to see the physician," Rojas said. "Then, they would lose another day to actually have the appointment. They had jobs they were trying to keep and families they were trying to raise."

Coming from a solidly middle class background, Rojas, whose parents are from Colombia, initially was drawn to working at the clinic because she knew it would be an opportunity to use her bilingual skills.

But the experience instilled in her a desire to continue working in medical outreach. At FSU, she traveled to Filipinas, Panama, with FSU *Cares*, through which students and faculty provide primary care services to underserved communities in the United States and abroad. She also went to Ghana with Students Interested in Global Health, another FSU medical student organization.

"We sometimes forget that there are areas where people have nothing," Rojas said, speaking not of her trips to Africa and Panama, but of her work with the indigent in Tampa. "By working with the underserved population here in the U.S. as well as in other countries, I have realized that I really want to reach out to this population in the future."



The newest student organization at the FSU College of Medicine is ALMS, the Association of Latino Medical Students, led by Vanessa Vasquez of West Palm Beach. Of the 357 medical students enrolled at FSU as of fall 2007, 32 are Hispanic.



BILL LAX/FSU PHOTO LAB

“It was so good to be surrounded by people who love what they do, people who work as a team and enjoy helping you. Everybody was so different, from so many different cultures, but we all got along so well.”

– DR. SADY ARMADA ('07)

At long last, Dr. Armada

by Nancy Kinnally

When Sady Armada took to the stage of Florida State University's Ruby Diamond Auditorium on May 26, 2007, to receive her M.D., she carried memories from a day 10 years earlier when she had been almost as close to becoming a doctor.

On July 3, 1997, a few days before her medical school classmates received their degrees in Cuba, Armada left the island for a new life in Tampa, Fla., not knowing whether the six years she already had spent in medical school would ever serve a professional purpose.

"Now I'm practicing finally. It's been a long way," Armada said from her home in Tampa, where she is at the beginning of a three-year residency in internal medicine at the University of South Florida.

Armada had applied for a visa to come to the United States during her third year of medical school, which in Cuba begins right after high school and takes six years to complete. But by the time she was granted the visa, she was only three months away from earning her degree. Had she completed her medical degree, she would have owed the Cuban government three years of service, but her visa was only valid for a year. Her choice: forsake the degree and start over in the United States.

Having arrived in Tampa with no money, she worked as a medical assistant for a Tampa chiropractor while studying English at night and preparing to take her high school equivalency exam.

With her credits from Cuba, she could have entered college without getting her GED, but not understanding the system or speaking the language, Armada sometimes found herself taking the long route.

"Learning how to drive, how to manage your finances, everything was different when I got here," Armada said. "When you come from a Third World country, you have to learn everything."

Even when she was ready to apply for medical school, Armada was still encountering obstacles. She didn't realize she would have to take the MCAT, the medical school admission test,

well in advance of applying. Having missed the deadline, she had to spend an extra year in college at the University of South Florida.

"So I said, 'If I'm here, I need to use the time wisely,'" Armada said.

Undaunted as always, she volunteered with bone marrow transplant patients and did research at the H. Lee Moffitt Cancer Center. She wrote an honors thesis based on her research in order to graduate from the USF Honors College.

When she came to FSU for her medical school interview, Armada immediately felt she had found the right school for her.

"It was the only environment that made me feel at home," she said.

That feeling continued all the way through medical school.

"It was family around me," Armada said. "It was so good to be surrounded by people who love what they do, people who work as a team and enjoy helping you. Everybody was so different, from so many different cultures, but we all got along so well."

When the medical school decided to offer a course in medical Spanish, Armada saw it as an opportunity to help her classmates better serve their future Spanish-speaking patients.

Armada spent the summer after her first year of medical school working with FSU Spanish instructor Carmen Sualdea to develop course materials, then volunteered as a teaching assistant in the class. Her reward was being able to see her classmates apply the Spanish they'd learned at health fairs for the migrant community in nearby Quincy, Fla.

"We were doing flu shots, but we were also doing patient education about hypertension and diabetes, and I heard them explaining things about diet, and I said, 'Gosh, I didn't know you learned so much.'"

When Armada finally graduated, she did so with style, having racked up so many awards, she needed help carrying them home from the awards ceremony held two days before graduation. Among them was the medical school's award for altruism in medicine.

In nominating her for one award, Elena Reyes, associate chair of the department of medical humanities and social sciences, said Armada exemplifies the ideals of the FSU College of Medicine.

"She came from a difficult journey, overcoming incredible barriers and showing determination," Reyes wrote. "She excelled academically and helped her peers along the way."



NASA: FLORIDA, BAHAMAS AND CUBA

Sixteen years after beginning medical school in Cuba, Sady Armada arrived at the end of an educational odyssey that included stops in Tampa, Tallahassee and Orlando. Dr. Michael Muszynski, dean of the medical school's Orlando campus, had the privilege of hooding Armada at her graduation ceremony, where she finally was able to claim the title of "doctor," an honor she'd essentially earned twice.

Dr. Manny Herrera speaks Spanish on a daily basis with his patients at the Winnie Palmer Hospital for Women & Babies in Orlando, where he estimates that more than 25 percent of his patients are Hispanic. Herrera is a second-year obstetrics and gynecology resident at Orlando Regional Healthcare.



BEN TANNER

At home in Orlando

While on rotations in the obstetrics and gynecology residency program at Orlando Regional Healthcare, second-year resident Dr. Manny Herrera uses his Spanish with patients on a daily basis.

That's not surprising, considering that the Latino population of Orlando increased by 859 percent between 1980 and 2000, making the city one of the nation's top "hypergrowth" metro areas for Hispanics, according to the Brookings Institution.

"About 25 percent of our patients are Hispanics, but due to my bilingual skills, I do have a much greater ratio of Hispanics on my service," Herrera said.

"Speaking the first language of my patients helps me create a rapport and connect to them in an easier way. It also helps ensure accurate history taking and diagnosis. Also, being Hispanic helps in understanding the family dynamics and other psychosocial aspects of the patients' health issues."

Married to his wife Judith for 12 years, Herrera made his way through medical school while helping raise two sons, Christopher, 8, and Sebastian, 6.

The son of a Cuban physician, Herrera entered the FSU College of Medicine in 2002 with the intent to practice among underserved populations, particularly Hispanics – a goal he says has not changed now that he is nearly halfway through his residency training. Central Florida has been the family's home since Herrera began his third year of medical school at the College of Medicine's Orlando campus.

"The growing population of Orlando has a big proportion of Hispanics, providing me a great opportunity to reach my goal," Herrera said. "That is one of the reasons why my family and I are planning to stay."

Dr. Stephen Carlan, director of Orlando Regional Healthcare's obstetrics and gynecology residency program, is hoping for just that.

"He's an extremely strong resident, one of the best we've had by any measurable characteristic," Carlan said.

"His competence, interpersonal skills, professionalism and clinical knowledge are all outstanding. I'm confident when he's on call. I know patients are going to be taken care of properly. It's Manny's unique combination of life experience, his kindness, his compassion. You put that in with his brains and you've got a guy I'd like to keep around here."

"Speaking the first language of my patients helps me create a rapport and connect to them in an easier way. It also helps ensure accurate history taking and diagnosis."

– DR. MANNY HERRERA ('06)

A family accomplishment

They loaded themselves into two rented vans and several other cars and headed from Miami to Tallahassee.

No fewer than 45 of Sandy Ruiz Calle's relatives traveled eight hours to watch her claim a title she had worked toward since arriving on the campus of Florida State University as a freshman in 1997 – that of doctor.

"They all wanted to come up," Calle said. "I couldn't say no."

The youngest of three sisters, Calle, whose parents immigrated to Miami from Colombia at the age of 18, became the first member of her family to earn a college degree in 2001. Now, she is the family's first doctor.

"They felt that it was a family accomplishment more than anything," Calle said. "So they all wanted to take part in that."

Sending their daughter off to college so far from home had not been easy for her parents, even though they had planned ahead and financed her education through the Florida Prepaid program.

"It was hard for them, belonging to Hispanic culture, to let their daughter leave home at 17," Calle said. "It was a big adjustment for them."

Little did they know back in 1997 that their daughter was embarking on a 10-year educational odyssey at FSU that would include earning an M.D. from a medical school that didn't yet exist.

While Calle was working on her undergraduate degree, FSU was laying the plans for the establishment of a new medical school. As fate would have it, her graduation coincided with the opening of the FSU College of Medicine.

Calle was admitted that May into the college's postbaccalaureate Bridge Program, which targets students who are underrepresented in medical school and helps prepare them to succeed academically.

"The program worked for me," Calle said. "I believe there's a purpose in life and a plan, but I don't think it would have happened without Florida State. The Bridge Program gave me that opportunity. It's an opportunity people like me are very fortunate to have, and I'm very grateful for that. Without that, I don't think I'd be where I am."

And Calle is exactly where she felt called to be – back in her hometown of Miami, doing a residency in pediatrics at Jackson Memorial Hospital.

"It's nice to come back here. I feel like I'm giving back to my community," Calle said. "Here at Jackson, this is what I wanted. It's an underserved area."

Her time in medical school was not without its trials.

"There were plenty of times I cried," Calle said. "But I had the family support that I needed and the faculty support to help me through all my little obstacles. Support is key, and I think FSU med school gives you that. They want to see all their medical students make it to graduation. They don't give up on you." ✦

"I believe there's a purpose in life and a plan, but I don't think it would have happened without Florida State. The Bridge Program gave me that opportunity. It's an opportunity people like me are very fortunate to have, and I'm very grateful for that. Without that, I don't think I'd be where I am."

– DR. SANDY RUIZ CALLE ('07)



Dr. Sandy Ruiz Calle celebrated her graduation with 45 members of her family. Among them were her husband, Steve Calle (in the center with Sandy), her father- and mother-in-law Oscar and Alba Calle (at right), and her sister-in-law Veronica Calle and boyfriend Danny Canchon.

feature

Consulting with



Dr. Maguire

FSU's medical library is named for Dr. Charlotte Edwards Maguire, a retired pediatrician and former federal health official who graduated from medical school in 1944 and hasn't stood still since. A woman who has always been ahead of her time, Maguire is a philanthropist devoted to supporting innovations such as the medical school's electronic library. "It's a brave new world," Maguire, 89, says of the changes taking place in medicine and medical education.

by Nancy Kinnally

After repeated violent outbursts, the schizophrenic woman had been deemed a danger to herself and others. She was hospitalized and placed on a standard regimen of anti-psychotic medication, but her symptoms were not improving as expected.

Upon reviewing his patient's record, Dr. Peter Debelius-Enemark realized he was dealing with a situation that ran counter to the textbooks.

Not sure what treatment option was best, the Tallahassee psychiatrist turned to a tool he has found will take him places that books never could – his computer keyboard.

"What's new in treatment-resistant schizophrenia?"

He tapped in the question, peered into the glowing monitor, and soon found the answer staring back at him: "This patient is probably a candidate for a mood stabilizer."

Well, maybe not in exactly those words.

But what Debelius-Enemark had come across was research suggesting that glutamate circuits in the brain could be playing a role in the woman's illness.

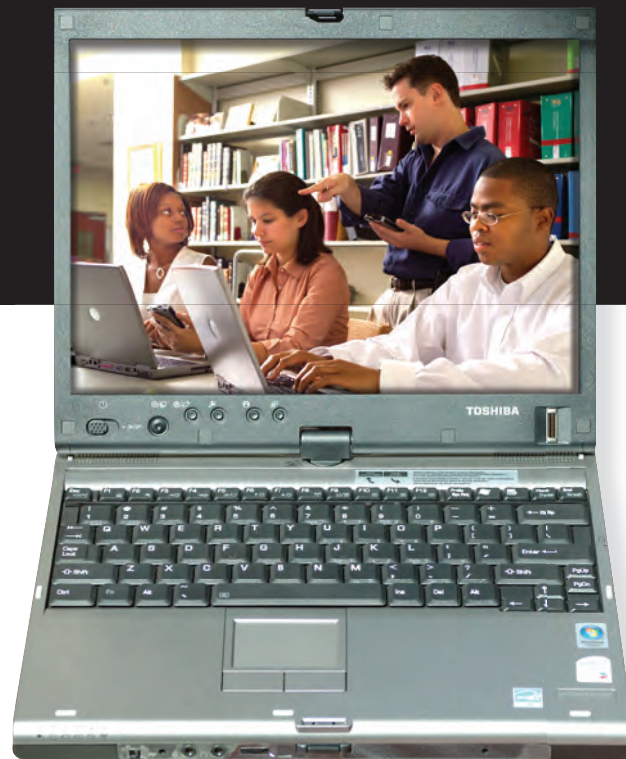
"This is important because glutamate is not something you would treat with anti-psychotics," Debelius-Enemark said. "If you wanted to modify the glutamate circuits, you'd have to use other drugs like Rilutek or Lamictal. If you're not aware of that, you are going to continue to hammer that patient with Haldol and Zyprexa and not get anywhere. Because that's not where the problem is."

Within three weeks on the mood stabilizer Lamictal, the patient was well enough to be discharged.

"This patient had been here for three months," Debelius-Enemark said. "All you had to do was switch to the mood stabilizer. But I don't think I would have tried it if I hadn't gone looking through the literature."

Fortunately, an exhaustive search of the literature is faster and easier than ever, particularly for doctors like Debelius-Enemark, who have the advantage of being able to consult the resources of the Charlotte Edwards Maguire Medical Library at the FSU College of Medicine.

"For me, it's one of the main benefits of being on the faculty because I don't know how I could replace the library system," Debelius-Enemark said. "You cannot practice state-of-the-art medicine without a system like this. There's just no way."



Gone are the days when a search through the medical literature meant spending a day at the library photocopying articles, as Debelius-Enemark recalls doing as a young research associate at the University of Iowa.

Handheld computers that can hold multiple medical reference downloads have replaced the dog-eared copies of *The Washington Manual of Medical Therapeutics* in the white coat pockets of attendings, residents and medical students alike.

"We used to buy a book and we had it on the shelf," Debelius-Enemark said. "We don't have that anymore. We buy a subscription to knowledge that is constantly updated. The physical book has gone the way of the dodo."

Medical knowledge has always been a moving target, but now more than ever physicians practice their art based not on a defined data set, but on a constant flow of new information.

The challenge is in knowing how to navigate the ever-changing currents streaming out of medical advances, whether they come from something as focused as a clinical trial or as fundamental as the Human Genome Project.

It's a sea change that has redefined the role of the medical librarian, says Barbara Shearer, director of the Maguire Medical Library.

"We don't catalog print books anymore. Instead, we select and license electronic resources, create links, and make sure our search engines work for our users," Shearer said.

Although Shearer still works out of a physical space called a library, the vast majority of her patrons will never set foot inside it.

With the majority of FSU's 1,200 clinical faculty – and all of the medical school's third- and fourth-year students – spread out across the state at regional campuses from Pensacola to Fort Pierce, the library more than anything is a Web site, a portal to dozens of databases, clinical decision-making tools, and electronic journals and books.

Shearer works as part of a team that includes four librarians specializing in Web development, informatics and Internet technology. The librarians work along with the medical school's faculty development and medical informatics experts to make sure faculty and students have the medical information resources they need and know how to use them.

The library Web site includes tutorials, tip sheets, drop-down lists and diagrams to help users learn how to search efficiently, whether they are looking for drug information, evidence-based medicine resources, diagnostic tools, patient education information or e-books and journals. For those faculty interested in more guided instruction, the medical school offers a series of six, two-hour workshops on medical informatics.

The workshops, like the library resources, are designed for physicians in every specialty, from pediatrics to geriatrics to neurosurgery.

Nancy Clark, director of medical informatics education, calls it "a whole new paradigm" in medical reference and lifelong learning.

"What we're providing is instant access to 3 million journal articles, 1,800 peer-reviewed journals, dozens of evidence-based, quick medical references," Clark said. "All the resources that we're now providing give them instant access to digested information at the point of care, either on the computer or the PDA, which can allow them to keep up with the literature just by looking up the problems their patients are walking in with in 30 seconds."

Dr. Wendy Welch, psychiatry clerkship director at the medical school's new Daytona Beach Campus, sees this as an unprecedented benefit to the average practicing physician who is joining the faculty.

"It's exciting to those of us who haven't been in academics in a long time," Welch said. "It's already impacted my patients in a very positive way because I now have access to the very latest research developments right on my desktop."

While faculty rave about the way the library resources aid them in their practice, what's most important to the College of Medicine is how they use them in teaching.

For Dr. Lonnie Draper, an emergency medicine physician who has worked with medical students for at least 10 years, the library has become an essential part of his teaching repertoire.

When a patient came into the Bixler Emergency Center at Tallahassee Memorial Hospital coughing up blood, Draper asked his fourth-year student, Erkan Alci, to come up with possible causes. Alci knew at least two off the top of his head. Via the online library, he then did a search on Harrison's Practice, which offers diagnosis and management information on the most common medical conditions in quick format. With Harrison's, he expanded the list of potential diagnoses to five.

"Tell me which are possible, based on the subjective and objective information known so far, or which are more likely," Draper told Alci. "Now, tell me how you are going to either rule it in or rule it out."

Still using Harrison's Practice, Alci came up with a list of appropriate diagnostic tests.

"This is a very valuable teaching tool," Draper said. "The student went to the library, found the resource, and used it to make his next set of decisions, which is what tests to order for this patient."

In another case, the patient presented with paresthesia, a loss of sensation, in the arms and legs.

"The real question was, 'What is the worst possible thing that could happen to her in the next few days,' " Draper said. "Could it become permanent? Could she die if we miss a disease?"

Gullian-Barré or botulism, for example, could have been fatal.

Alci used FIRSTConsult, a companion to MDConsult, to review information on the various possible causes, including their typical onset, character and pattern. He and Draper were able to determine that the cause was likely neither of these life-threatening possibilities.

Through interviewing the patient, they discovered she had been taking an herbal medication with which neither Draper nor Alci was familiar. So it was back to the library – specifically, a drug information database called Epocrates Online.

"I went to our library Web site, opened Epocrates and looked up the ingredients of that medication," Alci said.

It appeared the herbal medication could have been the cause, although it would require further testing to know for sure, so they referred the patient for follow-up. Still, Alci felt they had made some headway.

"I think most of the symptoms the patient was suffering from were related to herbal medicine," Alci said. "And it would have been impossible to figure that out without Epocrates. So I think that helped. It put her mind at ease. We told her to stop taking the medication."



Handheld computers that can hold multiple medical reference downloads have replaced the dog-eared copies of *The Washington Manual of Medical Therapeutics* in the white coat pockets of attendings, residents and medical students alike.

Using the online version of Harrison's Practice, Dr. Lonnie Draper and fourth-year medical student Erkan Alci review a list of potential diagnoses for a patient at the Bixler Emergency Center at Tallahassee Memorial Hospital.



"This is a very valuable teaching tool. The student went to the library, found the resource, and used it to make his next set of decisions, which is what tests to order for this patient."

— DR. LONNIE DRAPER

What Draper wants students to get out of such practice with clinical decision-making tools and drug information databases is not just some new information about a particular symptom or illness to be filed away and eventually forgotten, but rather a habit of questioning one's own best judgment and comparing it to the latest medical evidence, guidelines and recommendations.

"You very quickly get to the conclusion that even though they teach you a huge amount of information in medical school, it's a smidgen of what is actually known," Draper said.

"If you assume you really don't know the answer in the beginning, it makes it so much easier to then say, 'My job is to look for it. My role as a doctor is to help the patient learn about their disease and find the answer that nobody else can help find.' "

He wants students to tell him what they think is happening with a patient, but then he wants them to back it up with some solid evidence.

"So, what I do is teach them and give them examples that you cannot rely on any single source," Draper said. "You can't rely on the patient. You can't rely on the lab test. You can't rely on a textbook, which is four or five years out of date. You cannot rely on a drug rep. You cannot rely on another medical student or professor. They are wrong sometimes because they learned it wrong. For your patient's benefit, you always rely on multiple different sources. When they

conflict, you search more. When it's consistent, you don't have to look as many places."

As a learning format, this one-on-one relationship with a faculty member, combined with the power of the search engines built into the Charlotte Edwards Maguire Medical Library, is a long way from the days when the classic teaching method was to put a medical student on the spot, often in front of his peers, in an effort to expose a weakness in his knowledge or logic.

The emphasis instead is on teaching the student to assume that he or she doesn't know it all – in fact, will never know it all – and that he and his patients are better off if he doesn't pretend he does.

The job of today's clinical teacher is to help the student cultivate the skills required to narrow the search for answers, stay at the leading edge, and sort the reliable information from the not-so-reliable.

Alci finds faculty are often impressed when they see what he is able to glean from the library's electronic resources, often in less than a minute.

"Sometimes as we are interviewing the patient, I will have already looked something up before my preceptor has seen the patient, so I already know the latest guidelines," he said. "And as we are discussing what to do with the patient, I usually bring that up. I'll say, 'Look, I went online and this was the recommended treatment, and these are the alternatives. Which one do you think is better for this patient?' And we'll discuss it and pick one.

"It's working out for me. It's working out for the faculty, and it's working out for the patients, so everybody's happy." ❖

For today's medical students, the idea of combing through the stacks for medical information is as antiquated as listening to eight-track tapes. Virtually any library resource they need can be found on their laptops and PDAs.



*"It's working out for me.
It's working out for the
faculty, and it's working
out for the patients, so
everybody's happy."*

— ERKAN ALCI



The National Network of Libraries of Medicine Southeastern/Atlantic Region has provided a one-year Express Planning Award for the initial development of a Florida Consumer Health Information Network.

Barbara Shearer, director of the Charlotte Edwards Maguire Medical Library at the FSU College of Medicine, will administer the award as chair of an 18-member steering committee representing all of Florida's medical schools, as well as other health-care and library organizations.

The goal is to develop a plan for the delivery of consumer health information resources and services to Floridians. The steering committee intends to design a consumer health portal that aggregates information systematically and reviews it for quality and currency so that Florida consumers will have a reliable, Web-based resource for health information, along with directory information and links to points of contact for consumer health services in Florida.



Nadine Dexter, head of public services for FSU's Charlotte Edwards Maguire Medical Library, was one of five fellows chosen nationally to participate in the 2006-2007 Leadership Fellows Program of the National Library of Medicine and the Association of Academic Health Sciences Libraries.

Sponsored jointly by the two medical library organizations, the program focuses on preparing emerging leaders for director positions in academic health center libraries. Selection as a fellow is recognition of a substantial record of accomplishment and demonstrable potential for a medical library director position.

Dexter's fellowship included two weeks of mentoring at the University of New Mexico College of Medicine Health Sciences Library with the library's director, Holly Buchanan, as well as a biomedical informatics course at Oregon Health and Science University in Portland, Ore. The program concluded with a capstone ceremony in Washington, D.C., in October.



Tops in family

by Doug Carlson

PHOTOS BY
RAY STANYARD

Between 1997 and 2003 the number of U.S. medical school graduates entering family medicine residency programs declined by nearly 50 percent. In the middle of that spiral the Florida State University College of Medicine was born.

Coincidence? Not entirely.

The legislative intent behind creating a new medical school in Florida during the spring of 2000 was that the school would be given specific direction to – among other things – address one of the state's pressing health-care needs.

In short, too few physicians were practicing primary care specialties in Florida, especially in rural areas and with medically underserved populations throughout the state. Also, in a state with the largest concentration of citizens over age 65, there weren't enough physicians to serve the rapidly expanding elderly population.

Some believe the problem, which persists today, is in fact a crisis, or is on the verge of becoming one. Case in point: the American Academy of Family Physicians, after an extensive study conducted by researchers at the University of Utah, said Florida will need nearly 12,000 additional family physicians by 2020 to meet the basic health-care needs of its citizens.

Obviously, one medical school alone can't solve the problem. After its first three graduating classes, however, the FSU College of Medicine already has the evidence to show that it's holding up its end of the bargain.

When the AAFP completed its most recent annual review of the state of family medicine in America, it cast a light on the college's early progress in one important area. To sum up: so far, so good in FSU's quest to recruit and educate more students who will become family physicians.

Among the AAFP's findings:

- Over the last three years, the FSU College of Medicine ranks second nationally among 126 M.D. programs in the percentage of graduates who have entered family medicine residency programs.
- From July 1, 2006, through June 30, 2007, the FSU College of Medicine tied for No. 1 nationally in the percentage of graduates going into family medicine.

"I think this gives us some verification that what we started out to do is working, and it gives us the challenge to make sure we continue doing those things in the future as our class sizes increase," said Dr. Alma Littles, a family physician who is senior associate dean for academic affairs at the College of Medicine.

Though the AAFP is looking at doctors entering family medicine, expanding the focus to those who provide primary care also reflects well on the college's early steps. Of the first 111 graduates, 57 percent now are completing residency in primary care specialties (internal medicine, family medicine, pediatrics and obstetrics/gynecology).

The roots of this success extend far deeper than the 2000 legislative session.

*“For me there were two
[role models] in particular
– Dr. Scottie Whiddon in
Quincy and Dr. Roy Forman
in Tallahassee. Both were
great examples of what a
family physician should be,
and they certainly made an
impact on my decision to
choose family practice.”*

– DR. ROBIN ALBRITTON ('07)

docs

Back in 1971, the Legislature created the Program in Medical Sciences (PIMS) at FSU in hopes of abating a shortage of physicians practicing in rural Northwest Florida. In that program, students completed their first year of medical school at FSU before transferring to the University of Florida College of Medicine for the final three years of study.

More than 900 physicians got their start in medical school through PIMS, which ended after the final group of 30 students transferred to UF in 2001. That same year 30 students were admitted to the first class of the FSU College of Medicine. Nineteen percent of that first graduating class is now in the final year of a family medicine residency.

So how does the FSU College of Medicine specifically address the need for family physicians, or other primary care specialists?

“It reflects a concerted effort. We recognized from the start the need for outreach and a pipeline of students likely to care for these populations and started building on the success that PIMS had with outreach,” said Dr. Daniel Van Durme, chair of the department of family medicine and rural health.

“Then in admissions we look beyond the MCAT scores and grade-point averages to the community service activities and the philosophical approach to medicine in our applicants and we look favorably upon those likely to provide primary care.”

Little's said identifying such applicants is the same now as it was in 2000.



*“I think this gives us some
verification that what
we started out to do is
working, and it gives us
the challenge to make sure
we continue doing those
things in the future as
our class sizes increase.”*

– DR. ALMA LITTLES



Dr. Scottie Whiddon of Quincy, shown here working with Michael Hernandez (M.D. '05), continues to be a family medicine role model for FSU medical students.

PHOTOS BY
RAY STANYARD

"Some of those characteristics have been studied and shown to be more likely to result in physicians going into primary care specialties and particularly who will practice in a rural area - those being older students who are coming in to medicine as a second career and students who are actually from rural America," Littles said.

"As we admit more and more students, fewer and fewer of the total will meet all of those criteria. But our mission has not changed."

Outreach and admissions are the start. Once enrolled, students are exposed to a curriculum with numerous opportunities to be taught by family physicians in the medical school and in community settings, establishing role models and mentors.

Dr. Robin Albritton, a first-year family medicine resident and 2007 College of Medicine graduate, said exposure to family physicians while in medical school does make a difference.

"For me there were two in particular - Dr. Scottie Whiddon in Quincy and Dr. Roy Forman in Tallahassee," Albritton said. "Both were great examples of what a family physician should be, and they certainly made an impact on my decision to choose family practice."

Littles, a past FAFP president and Family Physician of the Year, and Van Durme, who had a family practice in semi-rural Land O'Lakes, are among the full-time faculty who serve as family medicine role models. Both teach first- and second-year students in the Clinical Learning Center.

Van Durme further interacts with students who work with him at the Neighborhood Health Services clinic in Tallahassee.

Moved by what they have seen in him, medical students nominated Van Durme each of the past two years for the Association of American Medical College's Humanism in Medicine award in teaching.

Littles, when opportunity allows, shares the story of her own path to family medicine.

"For me, it really was that ability to interact with people - all people, and being able to interact with them on all levels," she said.

"I started med school saying I wanted to be a pediatrician because all of my life I had really enjoyed interaction with kids and thought that's what I wanted to do in practice.

"But for me family medicine just fit the bill perfectly. I could interact with kids and with adults to take care of all of those issues and not be limited in how I interacted with them. I wouldn't just be interacting with their heart or their G.I. tract, but with the whole person; that was my attraction to it."

Littles set up a family practice in her rural hometown of Quincy and later became director of the Tallahassee Memorial Family Medicine Residency Program. One of the reasons she joined the College of Medicine administration was the school's mission, and the belief that she could help influence many future physicians to work in family medicine.

Since 2003, the sharp downward trend in students choosing family medicine has leveled off. Not because of one new medical school. But as the AAFP's findings demonstrate, the FSU College of Medicine is striving to do its part, and to fulfill an essential part of its mission. ✦



Dr. Robin Albritton ('07) is one of seven College of Medicine graduates currently training in the Tallahassee Memorial Family Medicine Residency Program.



BILL LAX/FSU PHOTO LAB

Drs. Erica Stich ('07), left, and Rebecca Nickerson ('07) enjoy a final moment together before heading off to residencies in Louisville and Atlanta, respectively.

FROM INTERVIEW DAY TO THE WHITE COAT CEREMONY TO MATCH DAY TO GRADUATION, College of Medicine students need the support of their friends. That's why we ask that you consider becoming a Friend of the College of Medicine. Your

support enables the medical school to fund many activities and programs that enrich the medical school experience for FSU students. Please use the envelope provided in this issue to send in your contribution to the Friends of the College of Medicine. Or make your gift online at: med.fsu.edu/alumni

Class of 2007 Residency Match

Robin Albritton, M.D.

Family Medicine
Tallahassee Memorial Hospital
Tallahassee, Fla.

Tristan Altbuch, M.D.

Orthopaedic Surgery
University of Florida, Shands
Gainesville, Fla.

Shazia Aman, M.D.

Internal Medicine
University of Florida, Shands
Gainesville, Fla.

Sady Armada, M.D.

Internal Medicine
University of South Florida
Tampa, Fla.

Jorge Barrero, M.D.

Internal Medicine
Beth Israel Deaconess Medical Center
Boston, Mass.

John Beach, Jr., M.D.

Emergency Medicine
University of Florida, Jacksonville
Jacksonville, Fla.

Christopher Bingham, M.D.

Medicine-Pediatrics
University of South Florida
Tampa, Fla.

Batyr Bulibek, M.D.

Anesthesiology
Albany Medical Center Hospital
Albany, N.Y.

Sandy Ruiz Calle, M.D.

Pediatrics
University of Miami/Jackson Memorial
Hospital
Miami, Fla.

Shani-Kay Chambers, M.D.

Pediatrics
University of Miami/Jackson Memorial
Hospital
Miami, Fla.

Erin Connelly, M.D.

Pediatrics
Orlando Regional Healthcare
Orlando, Fla.

Robert Crescentini, M.D.

Internal Medicine
UAB Medical Center
Birmingham, Ala.

Margaret Davis Hovda, M.D.

Internal Medicine
University of North Carolina Hospitals
Chapel Hill, N.C.

Adam Denker, M.D.

Internal Medicine
Emory University School of
Medicine
Atlanta, Ga.

Robert Duarte, M.D.

Orthopaedic Surgery
Louisiana State University School
of Medicine
New Orleans, La.

Tamara Finger, M.D.

Obstetrics and Gynecology
Beth Israel Medical Center
New York, N.Y.

Andrew Gamenthaler, M.D.

General Surgery
Memorial University Medical
Center
Savannah, Ga.

Rosemarie Garcia, M.D.

Anesthesiology
University of Florida, Shands
Gainesville, Fla.

Roberto Gonzalez, M.D.

Internal Medicine
New York-Presbyterian Hospital/
Weill Cornell Medical Center
New York, N.Y.

Charles-Eric Hotte, M.D.

Internal Medicine
UAB Medical Center
Birmingham, Ala.

Timothy Kubal, M.D.

Internal Medicine
University of North Carolina
Hospitals
Chapel Hill, N.C.

Adam Langley, M.D.

Family Medicine
University of South Florida/Morton
Plant Mease Health Care
Clearwater, Fla.

Joseph Mahoney, M.D.

Emergency Medicine
Medical University of South
Carolina
Charleston, S.C.

Kimberly Spillman Mason, M.D.

Internal Medicine
Virginia Commonwealth University
Health System
Richmond, Va.

Anthony Mills, M.D.

Emergency Medicine
Synergy Medical Education
Alliance/Michigan State University
Saginaw, Mich.

Hope Mitchell, M.D.

Obstetrics and Gynecology
UAB Medical Center
Birmingham, Ala.

Kyle Moyles, M.D.

Orthopaedic Surgery
University of Miami/Jackson Memorial
Hospital
Miami, Fla.

Courtney Nall, M.D.

Family Medicine
Maine Medical Center
Portland, Maine

Rebecca Nickerson, M.D.

Obstetrics and Gynecology
Emory University School of Medicine
Atlanta, Ga.

Savita Pai, M.D.

Internal Medicine
University Hospital
Cincinnati, Ohio

Kartik Pandya, M.D.

General Surgery
Maine Medical Center
Portland, Maine

Pragnesh Parikh, M.D.

Internal Medicine
Mayo School of Graduate Medical
Education, Jacksonville
Jacksonville, Fla.

Lina Patel, M.D.

Pediatric Neurology
University of Connecticut Health Center
Farmington, Conn.

Nishita Patel, M.D.

Internal Medicine
Orlando Regional Healthcare
Orlando, Fla.

Bina Patel-Elio, M.D.

Family Medicine
Florida Hospital
Orlando, Fla.

Stephen Patrick, M.D.

Pediatrics
University of Michigan Medical School
Ann Arbor, Mich.

Josef Plum, M.D.

Family Medicine
Tallahassee Memorial Hospital
Tallahassee, Fla.

Joseph Russo, M.D.

Surgery-Preliminary
Beth Israel Medical Center
New York, N.Y.
Ophthalmology-Year 2
University of South Florida Eye Institute
Tampa, Fla.

Ferdinand Schafer, M.D.

General Surgery
University of Colorado Health Sciences
Center
Denver, Colo.

Mason Shamis, M.D.

Family Medicine
Poudre Valley Hospital
Fort Collins, Colo.

Kristen Shepherd, M.D.

Obstetrics and Gynecology
University of Florida, Jacksonville
Jacksonville, Fla.

Erica Stich, M.D.

Pediatrics
University of Louisville School of Medicine
Louisville, Ky.

Peter Torberntsson, M.D.

Medicine-Preliminary
Exempla Saint Joseph Hospital
Denver, Colo.
Physical Medicine and Rehabilitation
University of Colorado Health
Sciences Center
Denver, Colo.

Beau Toskich, Jr., M.D.

General Surgery
University of Florida, Shands
Gainesville, Fla.

Gary Visser, M.D.

Family Medicine
University of South Florida/Morton Plant
Mease Health Care
Clearwater, Fla.

Karen Wallace, M.D.

Preliminary Year
Orlando Regional Healthcare
Orlando, Fla.
Radiology-Diagnostic
Mt. Auburn Hospital, Harvard
Cambridge, Mass.

Brandy Willis, M.D.

Family Medicine
Tallahassee Memorial Hospital
Tallahassee, Fla.

Michael Worley, M.D.

Obstetrics and Gynecology
New York-Presbyterian Hospital/Weill
Cornell Medical Center
New York, N.Y.

Class Notes

Alex Ho (M.D. '05) presented Psychiatric Triage for Emergency Severity Index at the 4th Mediterranean Emergency Medicine Congress in Sorrento, Italy, in September. He is writing a chapter on hematology/oncology/allergy/immunology for the study guide, *First Aid for Emergency Medicine Boards*.



RAY STANYARD

A member of the medical school's inaugural class, Dr. Christie Sain is leading her fellow family medicine residents at Tallahassee Memorial Hospital and throughout Florida.

Christie Sain (M.D. '05) has been appointed chief resident at the Tallahassee Memorial Hospital Family Medicine Residency Program. She also was elected to serve as president of the Florida Academy of Family Physicians Resident Section for 2007-2008. Sain is in her third year of residency.

Dr. Donald Zorn, director of the TMH Family Medicine Residency Program, said Sain not only performs extremely well in the clinical arena, but also brings great talent and motivation to her leadership roles.

"She truly wants to apply her efforts toward improving the profession for the benefit of patients and those who serve them," Zorn said. "She balances well her chief resident duties with her work in the FAFP, and also lends her voice to the board of directors of the Capital Medical Society. She will help shape the direction of medicine in many spheres, and I can't think of anyone better equipped to do so."

Amanda Davis Sumner (M.D. '05) has been appointed chief resident of the Emergency Medicine Residency Program at Carl R. Darnall Army Medical Center in Fort Hood, Texas. Sumner is in her third year of residency.

Kimberly Ruscher (M.D. '05) has completed the second year of a five-year general surgery residency at the University of Connecticut Health Center in Farmington, Conn., and is taking a year off from residency to pursue a master's in public health at Harvard University, where the emphasis of her studies will be in health policy. Ruscher continues to be active in the American Medical Association, serving as the Resident and Fellow Section Delegate in the AMA House of Delegates. As such, she represents more than 20,000 RFS members in the AMA policy-making body.

Reena Hemrajani (M.D. '06) co-authored "Use of sargramostim as maintenance therapy in patients with stage IV melanoma at high risk for systemic recurrence" in *Melanoma Research* with Pensacola Campus faculty members Dr. Warren Amos and Dr. David Mann, as well as Dr. Kevin Kim of the University of Texas M.D. Anderson Cancer Center in Houston.

Nick Seeliger (M.D. '06) completed a month-long course in New York City in July given by The Center for International Health and Cooperation. The course, which offers an International Diploma in Humanitarian Assistance, is



COURTESY OF DR. KEN BRUMMEL-SMITH

Courtney Nall (M.D. '07), Dr. Ken Brummel-Smith, chair of the department of geriatrics, and Mason Shamis (M.D. '07) were part of a 22-rider contingent in the Ride for World Health, an effort to raise awareness and money for global health issues. At the start of a 3,600-mile cross-country journey starting April 1 in San Diego, the trio from FSU dipped their wheels in the Pacific Ocean.

a comprehensive, unified training program that enables aid workers and their organizations to function more effectively and efficiently in times of war or following natural calamities. The intensive, multi-disciplinary academic course simulates a humanitarian crisis, and includes lectures, workshops and field experiences. The Center for International Health and Cooperation was founded in 1992 to promote healing and peace in countries shattered by natural disasters, armed conflicts and ethnic violence. Seeliger is a U.S. Air Force Captain in his second year of family medicine residency training at Eglin Air Force Base.

Marriages and Family Additions

Karen Miles (M.D. '05) married Paul Pappas. Miles and Pappas of Durham, N.C., had a daughter, Selena Alexandra Pappas, on Sept. 1, 2007. Miles is in the third year of her psychiatry residency at the University of North Carolina Hospitals.

Kevin Raville (M.D. '05) and Mandy Raville of Rochester, N.Y., had a daughter, Jordyn Moriah Raville, on November 17, 2006. Raville is in the third year of his emergency medicine residency at the University of Rochester Medical Center.

Jason Rocha (M.D. '05) and Teresa Rocha of Orlando, Fla., had a son, Cole Nathaniel Rocha, on Aug. 2, 2007. Cole joins siblings Jared, Ethan and Isabel. Rocha is in the third year of his orthopaedic surgery residency at Orlando Regional Medical Center.

Obituary

Dr. M. Patrice Callahan of Sarasota died May 8, 2007. A native of Panama City, Callahan earned a degree in chemistry and began medical school at FSU through the Program in Medical Sciences. Callahan completed her M.D. at the University of Florida, followed by a residency and fellowship in physical medicine and rehabilitation at New York University.

The face behind the chart

by Nick Anthony

For his Doctoring 3 class, Nick Anthony was assigned to write a pathography dealing with a patient's illnesses in the context of his or her life and to comment on his own perspective. What he learned went well beyond the tidy notes in Mrs. P's chart.

RAY STANYARD

Mrs. P is a 78-year-old female with a past medical history of CVA, atrial fibrillation, hyperlipidemia and hypertension.

At least, that's how it started when I first picked up her chart. Funny how a couple of words in a quick glance can tell you what a person's body has been through the last 50 years. I walked in with an outstretched hand and a smile – a customary greeting, except this one was returned with a limp hand and a worn face that could only muster the courage of an asymmetric grin.

"Wow, you doctors keep getting younger and younger each day. Like those silly, hormone-driven kids on Grey's Anatomy."

You couldn't help but laugh. She had the manners of a Southern belle, the wit of a chessmaster, and a smile – that smile – it would make Picasso roll over in his grave.

"So what can I do for you today young lady?"

"Well how about giving me one of those pills that makes you 30 years younger and makes all these godforsaken wrinkles disappear."

"Mrs. P, if I had one of those pills you and I would both be sipping daiquiris in the Bahamas right now thinking of what yacht to buy next."

"A little spunk. I like that in my men. Well, I might as well just settle for you refilling that cholesterol medicine and the one that helps keep my ticker in shape."

She was born a little Southern dame in a small Georgia town in 1928.

"We used to wear our Sunday best to church, have a little brunch and then me and my cousin Jess would go to the creek and do some fishin' – caught the biggest bass to ever come out of Georgia. At least that's what Pa told me."

She spent her days playing hopscotch and helping her dad and mom at the local grocery store. She won the school spelling bee in the fifth grade and lost in the county championship on the word "catastrophic."

"The nerve of irony – I'll never forget that word for as long as I live."

In the broad scheme of things the irony lay in the fact that a tiny encrusted plaque had flown up through the vertebral arteries and caused a catastrophic clot that held her captive in a one-sided life. Catastrophic how health, medicine and life collide in a pugnacious entropy dividing normalcy from devastation. She was perfectly fine one minute and in that sporadic second her entire life changed. A tough old lady left paralyzed and changed from a microscopic piece of calcified, fatty debris.

In front of me was a lady who had been through a Great Depression, a Great War, a presidential assassination, man going to the moon, the fall of the Berlin wall, and the Red Sox winning a World Series. Not a bad life. A life that saw her marry her childhood sweetheart, work as a teacher for 30-plus years and raise three healthy, successful children.

"How have you been feeling lately?"

"To be honest, it's been hard since I lost Charlie."

She lost her husband almost seven months ago. A loss that even a hemi-paralyzed face couldn't hide. A loss that made this tough, beautiful lady cry right in front of a stranger.

"I had my stroke a year before he passed. He would take care of me, bring me food to eat, help move me around. I lost almost all function of my left side. It was so hard on me. I'm not used to relying on people – I like getting around on my own. And poor Charlie, he tried so hard to keep me going that I think, I think it just got to be too hard on him. My kids were always helpful, but they had their own lives too. We couldn't ask them to help out – that just wouldn't have been fair."

Mrs. P had suffered a cerebral vascular accident that had a residual left-sided paralysis with a facial droop. Her blood pressure had been well controlled for the past 10 years. She had been on anti-coagulation therapy for atrial fibrillation diagnosed three years ago. Her cholesterol had been controlled for 10 years with a statin. She had no previous medical problems.

"I was healthy all my life. It's so hard dealing with life nowadays. I can't do the things that I used to. I can't enjoy what I once had. I need assistance to go to the bathroom now. It's embarrassing – I'm like an infant again."

It's quite difficult to see someone like this. You learn preventive medicine and try to do all the right things, but tragedy still happens. Unfortunately it's all around in medicine. Her life had changed, and even though there were moments of hopelessness in her voice, you could still hear the trail end of lucid optimism.

"I'm still blessed each day. I think about my children. My grandchildren running around in the front yard kicking the ball. I'm still grateful to be around. The stroke may have knocked out half my body, but it didn't knock out the memories that I carry

with me each day. I have this saying, 'Live one day at a time and make it a masterpiece.' I'm making one heck of a work of art right now."

This wasn't a case of something in medicine that we learn. I've sat in a classroom for over 20 years, read countless books, and done my fair share of work. In all of that, though, it takes looking at a person who has lived a great life to see the real lessons in it all. She knew what it was like to walk up a hill, but more importantly she knew how nice it was to walk down it.



BILL LAX/FSU PHOTO LAB

She lost her husband almost seven months ago. A loss that even a hemi-paralyzed face couldn't hide. A loss that made this tough, beautiful lady cry right in front of a stranger.

– NICK ANTHONY

now & then

JACOB VANLANDINGHAM



Jacob VanLandingham overcame a traumatic brain injury to earn his Ph.D. in neuroscience at FSU. Today he applies lessons learned in both experiences to his teaching at the College of Medicine and his quest to help others who suffer brain injuries.

RAY STANYARD

Even before a blow to the head from a man he'd never met, Jacob VanLandingham felt drawn to studying the human brain.

As an undergraduate at FSU, VanLandingham participated in directed studies in neurosciences under noted FSU biology professor Marc Freeman.

He was a month away from starting a degree program in physical therapy at Florida A&M University when his world abruptly changed, and neurology and physical therapy took on a far more personal meaning.

The last in his group of friends to walk outside after a late meal at a restaurant across from the University of Florida's football stadium in Gainesville, VanLandingham, 21 at the time, never saw the punch coming.

A homeless man, described by police as mentally disturbed and weighing approximately 300 pounds, knocked him head-first into the curb along University Avenue.

The morning after the punch, VanLandingham told his friends to leave for Tallahassee without him. His head was hurting and he wanted to sleep some more.

Alone in his brother's apartment, he was awakened by the ringing phone. He managed to pick it up, but could not speak coherently. Doctors later said he was within hours of death as a result of three blood clots in the brain.

On the other end of the line, his father understood enough to act quickly, calling an old Marine Corps buddy who lived in Gainesville at the time. The friend drove to the apartment and, when nobody answered the door, broke in.

He found VanLandingham unresponsive on the floor, picked him up and drove him to the emergency room.

"If my father hadn't called, or his friend wasn't there to come get me, there's no telling what might have happened," VanLandingham said.

Today, VanLandingham is an assistant professor in biomedical sciences at the College of Medicine, teaching clinical microanatomy to first-year students. In addition, he is part of an ongoing effort to improve the chances of recovery from traumatic brain injury.

VanLandingham's own recovery was strenuous and left him with short-term amnesia for a year following the injury. Yet, he returned to school and earned all As in his physical therapy program despite lacking

the necessary motor skills to drive. His mother dropped him off and picked him up each day.

"That's something I'm very proud of," he said. "In spite of those obstacles I was able to graduate and make all As."

He followed with a Ph.D. in neuroscience at FSU under the mentorship of associate professor Cathy Levenson. Their research focused on the effect of dietary zinc deficiency in recovery from a brain injury and helped VanLandingham win a postdoctoral fellowship in emergency medicine and neurology at Emory University in Atlanta, where his focus on traumatic brain injury (TBI) intensified.

VanLandingham helped Emory professors Dr. David Wright and Dr. Donald Stein with a clinical trial to establish the effect of neurosteroids in TBI recovery.

Their work in one of the country's busiest Level I trauma centers – at Grady Memorial Hospital in Atlanta – demonstrated a 50 percent greater chance of survival in cases of TBI where the patient receives progesterone intravenously starting within several hours of injury. Those patients, compared to others with similar injuries who did not receive progesterone, also had a notable decrease in disability at 30 days.

In addition to his teaching duties at the College of Medicine, VanLandingham is working to establish a research center in Tallahassee for the next phase of study. Stein and Wright already are working with the U.S. defense department in the hope of making neurosteroids available to soldiers injured in Iraq, where the majority of roadside bomb attack survivors have TBI in addition to other injuries.

Recently, VanLandingham worked with the department of biomedical sciences at the College of Medicine to develop a rodent model for brain injury in hopes of discovering other treatments for brain repair.

VanLandingham was fortunate. He has recovered from his brain injury and shows no signs of lingering affects. Many, primarily young people injured in motor vehicle accidents, do not survive, or face a lifetime of disability.

"I believe we can help them," VanLandingham said. "Progesterone is very cheap to produce, it's very easy to administer and it has a very positive effect. How robust that effect is we'll find out in the multi-center trial, but without a doubt it's a positive effect."

Dr. Kathy Lee enjoys working with a captive audience, whether made up of criminals or medical students.

Time spent on the inside

RAY STANYARD

As clinical director of the New York state prison system, Dr. Kathy Lee took responsibility for mental health services provided to more than 9,000 inmates annually by a team of 150 psychiatrists.

In a prison system with more than 80,000 inmates, those in need of mental health care ranged from the mundane to the notorious. Among the prisoners Lee personally treated were Mark David Chapman, the man who shot and killed John Lennon, and serial killer David Berkowitz, better known as “Son of Sam.”

In some cases, Lee met prisoners at both ends of the judicial system. As a certified forensic psychiatrist, she helped determine a defendant’s competency to stand trial, establishing for the court whether the individual understood the crime he was accused of committing. On more than one occasion she was assigned to treat the same person after he was convicted and sent to prison.

It’s no coincidence that Lee read Nancy Drew mysteries as a child.

“I just always loved murder mysteries, and was fascinated by crime stories,” she said. “To be a forensic psychiatrist you almost have to be an investigator. For me to work in psychiatry, with the person who committed the crime, is the best of both worlds. It’s something I love to do.”

Today, Lee’s focus is on a less threatening population: medical students.

She teaches a segment in psychopathology as part of the required Medicine and Behavior II course for second-year students. And, as psychiatry education director at the College of Medicine, she develops and implements the psychiatry curriculum for third-year students.

“In the lectures I teach basic interview skills and how to perform a mental status exam,” Lee said. “We learn about mood disorders, psychotic disorders, eating disorders, anxiety disorders

and personality disorders. Because medications are not that effective for personality disorders, a lot of people with them are in the prisons.”

Lee’s path to prison psychiatry reflected a societal trend, in addition to her personal interests. Shrinking budgets in New York and elsewhere across the country helped phase out state mental hospitals, which are expensive to operate. The mentally ill often ended up in prison.

“Whenever there are tax cuts or health care reform it seems like psychiatry gets the short end of the stick,” she said. “I saw that basically psychiatry was going into the prisons because that is where the patients were.”

Lee found her calling when she landed a forensic psychiatry fellowship at SUNY Upstate in Syracuse, N.Y. The fellowship coincided with changes to the state penal system brought about by lawsuits challenging the mental health treatment provided, or not provided, to prisoners.

The fellowship took Lee into the prison system to provide treatment. There, one of her patients was a man she had first encountered during residency at Columbia University. He had been sent for counseling after being accused of stalking singer Roberta Flack. When Lee met him again, he had been sentenced to prison for the same offense.

Those experiences in forensic psychiatry contribute a wealth of information to Lee’s lectures, and students often are drawn to a part of medicine they might not otherwise have been considering.

Likewise, Lee was drawn to medical education and Florida’s warm climate when she, her physician husband, and their three daughters relocated to Tallahassee in 2006.

“I’m at a totally different end of the spectrum,” she said. “But I guess you could say I’m still working with a captive audience.”



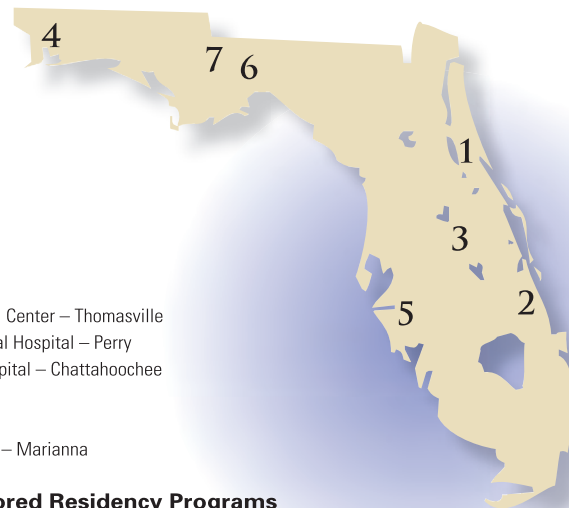
Florida State University

College of Medicine

Partners

RAY STANYARD

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.



1 Daytona Beach Campus

Florida Health Care Plans
Florida Hospital DeLand
Florida Hospital Ormond Memorial
Halifax Medical Center
Volusia County Medical Society

2 Fort Pierce Campus

Florida Community Health Centers
Grove Place Surgery Center
Indian River County Medical Society
Indian River Medical Center
Lawnwood Regional Medical Center
Martin Memorial Health Systems
St. Lucie Medical Center
The Surgical Center of the Treasure Coast

3 Orlando Campus

Florida Hospital
Nemours Children's Clinic
Orange County Medical Society
Orlando Regional Healthcare

4 Pensacola Campus

Baptist Health Care
Escambia County Medical Society
Fort Walton Beach Medical Center
Nemours Children's Clinic
Sacred Heart Health System
Santa Rosa Medical Center
West Florida Hospital

5 Sarasota Campus

Cape Surgery Center
Doctors Hospital of Sarasota
GulfCoast Surgery Center, Inc.
Sarasota County Medical Society
Sarasota Memorial Health Care System
Venice Regional Medical Center

6 Tallahassee Campus

Apalachee Center, Inc.
Bond Community Health Center, Inc.
Capital Health Plan
Capital Medical Society
Capital Regional Medical Center
HealthSouth Rehab Hospital
Neighborhood Health Services
Tallahassee Memorial HealthCare
Tallahassee Outpatient Surgery Center
Tallahassee Single Day Surgery
Westminster Oaks

Archbold Medical Center – Thomasville
Doctors' Memorial Hospital – Perry
Florida State Hospital – Chattahoochee

7 Rural Track

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 Medical Center – Daytona Beach
Morton Plant Hospital – Clearwater
St. Vincent's Medical Center, Inc. – Jacksonville
Tallahassee Memorial HealthCare – Tallahassee

Other Affiliates

Collier Health Services, Inc. – Immokalee
Mayo Clinic – Jacksonville

(1) end note



FINDING WHAT'S MISSING IN THIS PICTURE:
As promised, the FSU College of Medicine is helping address the shortage of primary care physicians in Florida. Out of the nation's 126 medical schools, FSU tied for first in 2006-2007 for the percentage of graduates entering family medicine residencies.

RAY STANYARD

FLORIDA STATE
UNIVERSITY



FLORIDA STATE UNIVERSITY
COLLEGE OF MEDICINE
1115 W. Call St.
Tallahassee, FL 32306-4300

ADDRESS SERVICE REQUESTED

NON-PROFIT ORG.

U.S. POSTAGE

PAID

TALLAHASSEE, FLORIDA

PERMIT NO. 55