

Summer 2009

FLORIDA STATE UNIVERSITY COLLEGE OF MEDICINE

# FSU MED

Learning from a statewide  
community of teachers

**THE PATIENT  
WILL SEE  
YOU NOW**

**PLUS:**

GETTING OUT OF THE OFFICE  
PRETENDING TO BE SICK





As I approach the end of my first year as dean, I want to thank all of the staff, faculty and students who have made my transition so easy. So many people have gone out of

their way to welcome Diane and me into this wonderful community, it's hard to thank you all.

"Community": It's the theme for this issue of FSU MED, just as it's one of the key words in our mission statement. We rely on our community partners to help us mold the doctors of tomorrow. And from Day One we tell our students that patients, faculty and communities all across Florida look forward to welcoming them and participating in their training.

I certainly have been impressed with the energy and enthusiasm I've witnessed at all six regional campuses, in our two rural-track programs (Immokalee and Marianna) and in Thomasville. The faculty and communities there love our students, and the students feel they're getting wonderful support and training. Our "distributed model" is working well.

Recent achievements also point out how our school is maturing: The National Rural Health Distinguished Educator Award for Emeritus Dean Ocie Harris. Acceptance into a prestigious national leadership program for Dr. Alma Little. The University of Florida Lifetime Achievement Award for Drs. Bob Watson and Lynn Romrell. The FSU Distinguished Research Professor honor for Dr. Suzanne Johnson. The FSU Graduate Teaching Award for Dr. Gene Ryerson. The American Association of History in Medicine career-development award for Joseph Gabriel. The impressive grant success. The important state appointments. The prestigious scholarships. The list goes on.

The work we have done is encouraging. But we have much more work to do. These are challenging times for higher education, particularly in Florida. If our mission is to be more than words suitable for framing, we must strive to be efficient and productive, to focus on continuous improvement and focus on our missions.

We can no longer afford to be "the quiet company." We need to tell our story. Because our story keeps getting better. We used to be so young that all people could talk about was our potential. Now we're already building an impressive history. The dream that began with the PIMS program in 1971 continues to produce the competent, well-trained, compassionate doctors we all envisioned.

In May, 73 College of Medicine graduates received their well-earned diplomas and headed for residencies in Florida and elsewhere. About 10 days later, the 120 members of the Class of 2013 arrived for orientation. Each year brings us closer to our goal of 480 students. Each day brings new demands, new opportunities.

We continue to build and develop the model of the future for medical education. Please join me in spreading that message. And thank you for all you do every day to help us achieve our goals.

John P. Fogarty, M.D.

Dean, College of Medicine

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COLIN HACKLEY

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Things you don't expect to find in medical school

**on the cover**

"Heading to the Plaza," a watercolor by Nancy Juster Johnson, is part of a partnership between the College of Medicine and the Tallahassee Senior Center Senior Artists project. The goal is to foster appreciation of older adults' talents and explore how art enhances life. The project is supported, in part, by the college's Donald W. Reynolds Foundation grant.



## scientific endeavors

### 'Sir, would YOU take this HPV vaccine?'

Understanding why people take – or refuse – a vaccine can be as much a part of ensuring its effectiveness as the laboratory research required to develop it.

Mary Gerend, assistant professor of medical humanities and social sciences, enjoys trying to understand why people sometimes reject a physician's advice and decide not to take a certain vaccine (or decide not to let their children receive it).

Gerend has been a national leader in exploring the effectiveness of varying ways to present a human papillomavirus (HPV) vaccine to the population.

An HPV vaccine for women, marketed under the brand name Gardasil, has been available since 2006. For the past several years, Gerend has been studying young women's interest in the HPV vaccine. Recently, she has shifted her focus to men. For maximum benefit to public health, both men and women should be vaccinated, but little was known about men's interest in the vaccine before Gerend began exploring the topic.

What she found is revealing.

In a study involving 356 heterosexual male college students, Gerend discovered that one method of encouraging men to take the vaccine might not work as well as expected. When informed that it also would help protect their female partners from developing cervical cancer, men did not show more interest than the group receiving only a "self-protection" message.

"You can probably interpret this finding in a number of ways," Gerend said. "Thinking about the benefit to their own health is all men really need to know."

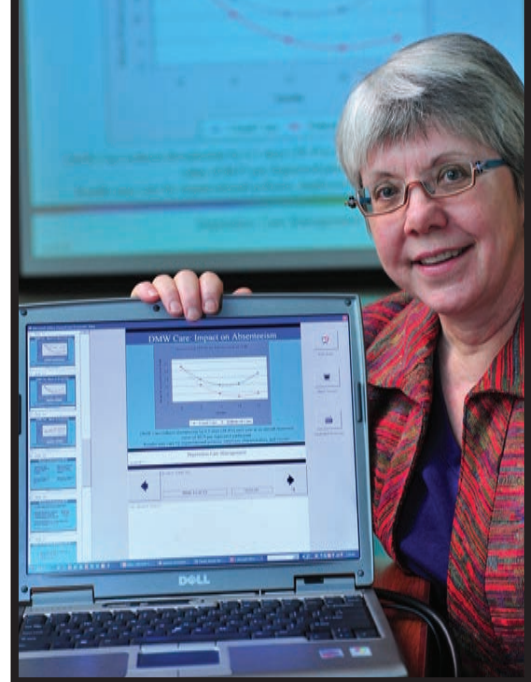
Her results could be valuable in determining just how effective the vaccine will be in reducing HPV-related cancer in both women and men. The American Cancer Society estimated in 2008 that 20,000 women would be diagnosed with forms of cancer brought on by HPV infection, which also causes cancer in men, though at lower rates.

HPV is the most common sexually transmitted infection, according to the Centers for Disease Control and Prevention (CDC), which estimates that 20 million Americans are currently infected with HPV and that 6.2 million more become newly infected each year.

Gerend's study was published in the journal *Sexually Transmitted Diseases*. She presented the findings at the annual meeting of the Society of Behavioral Medicine in Montreal.

The study has generated worldwide interest, appearing in publications and on Web sites with tens of millions of readers. The Washington Post, Australian Doctor magazine and European Science News were among the publications carrying the news.

Mary Gerend's research has attracted attention around the world.



The National Institutes of Health awarded Kathryn Rost a \$2.6 million grant to study how companies purchase mental-health coverage for employees.

### Cheap mental-health plan is no bargain

Relying on the company health plan for support in overcoming a bout of depression or long-term mental illness often is an employee's only option for assistance. That doesn't mean it's a good option.

For years, vendors of mental-health benefit plans have been doing so based on short-term cost rather than long-term effectiveness, according to Kathryn Rost, Elizabeth Freed Professor in Mental Health at the College of Medicine.

That means the company initially saves money by buying the cheapest plan, but the employee doesn't get any lasting help. So, as 10 years of research by Rost shows, it's a losing proposition for both company and employee.

"It costs the employer in excess absenteeism and productivity," Rost said. "So they're saving money in one pocket and spending it out of the other."



# HOW MELATONIN INFLUENCES LABOR

In fact, absenteeism and lost productivity at work due to depression cost U.S. businesses \$51 billion annually, according to a 2003 study published in the *Journal of the American Medical Association*.

That's where Rost comes in.

She recently was awarded a \$2.6 million grant from the National Institutes of Health to conduct research with potential to change purchasing behavior for companies trying to provide mental-health care to employees. The work has enormous potential implications that go beyond mental health. Rost is focusing on depression-care management, but the findings likely will apply across a broad range of employee health-care coverage.

The aim of her five-year study is to change purchasing behavior, ultimately contributing to better mental-health support for the American workforce.

Rost's work will examine the purchasing behavior of 360 businesses in 18 U.S. cities, each with a minimum of 100 employees, providing mental-health-care benefits to more than 40,000 workers. Part of the study involves educating companies to ask the right questions of vendors. Rost's team provides do's and don'ts when negotiating with vendors and uses role-playing to guide employers through the process of choosing the right plan.

The 17 identified vendors of mental-health-care products in the United States stand to benefit from the research as well, potentially selling products that are more expensive at the outset. In addition, the research is likely to convince more large companies of the two-year return on investment in such plans.

"We're trying to train employers to understand that they don't have to just take whatever the vendors are trying to feed them," Rost said. "We want them to know, 'Hey, you've got power here. You get to define the market.'"

## And how solving that mystery could benefit babies and moms

Preterm labor remains the No. 1 cause of neonatal death in the United States. And for reasons that aren't clearly understood, preterm U.S. births rose more than 30 percent between 1981 and 2004. That's a big concern.

Here's another labor-related concern: U.S. physicians chemically induce, on average, one in every three deliveries rather than wait for the process to begin naturally. The chemicals bring a whole range of undesirable side effects.

But recent discoveries by College of Medicine researcher James Olcese eventually could lead to dramatic reductions in both preterm births and the harmful effects of induced labor. And they both revolve around the natural hormone melatonin.

"What physicians have known for a long time but what the common public doesn't know is that the timing of labor contractions — what begins the labor process — is higher at night than in the day," said Olcese, an associate professor of biomedical sciences. "In our research we basically asked, 'What physiological messages underlie or direct the timing of human labor to night?'"

Scientists have long understood the evolutionary reasons why women are more likely to go into labor at night. For early humans, it was the safest time to give birth, leading to the highest possibility of survival for mother and child.

Understanding the physiological processes behind nighttime labor contractions is at the heart of Olcese's work.

Knowing that the hormone melatonin is secreted in increasing amounts during pregnancy, and that the body secretes it naturally at night, Olcese and his team isolated melatonin as a key chemical component of the biological process that kick-starts the labor process.

Olcese thinks potential solutions to reducing the frequency of preterm labor can be found in the discoveries his team has made. Florida State University agrees and has provided funding intended to persuade a third party to make a significant investment in conducting human trials and bringing Olcese's proposed new treatment into widespread clinical use. The university also is aiding his application for an international patent for a new drug combining oxytocin and melatonin.

Olcese's study, published in the February 2009 issue of the *Journal of Clinical Endocrinology and Metabolism*, could lead to two monumental advances in natal care:

- Blocking receptors that impact melatonin's actions on the uterus could prevent some preterm births, directly affecting the primary cause of neonatal death in the U.S.

- And using melatonin as a natural supplement when labor is induced could drastically reduce the amounts of chemicals used, leading to a corresponding decrease in undesirable side effects.

In the case of preterm births, melatonin receptors may be activated prematurely before the crucial 37th week of pregnancy.

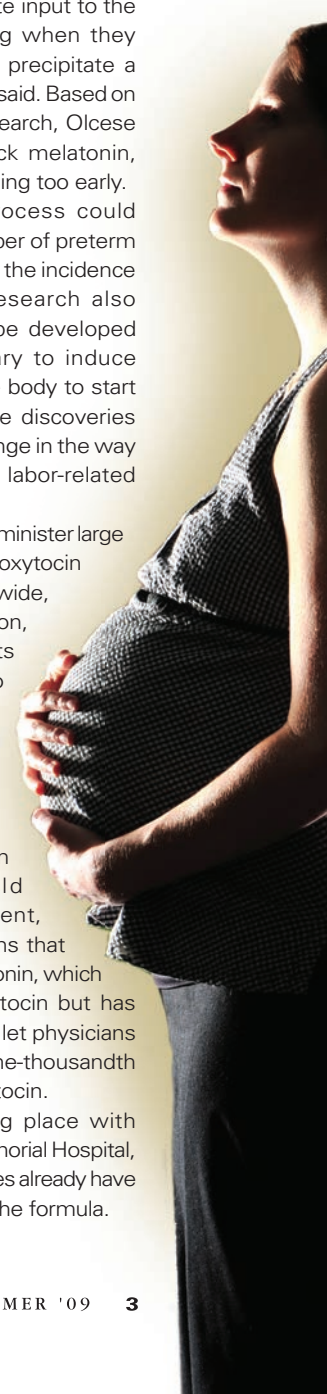
"That's going to contribute input to the muscles to start contracting when they shouldn't be, and therefore precipitate a preterm labor event," Olcese said. Based on what he has found in his research, Olcese thinks physicians could block melatonin, preventing labor from beginning too early.

If he's correct, this process could significantly reduce the number of preterm births — and drastically reduce the incidence of infant mortality. The research also suggests safer drugs can be developed for use when it's necessary to induce labor rather than wait for the body to start the process on its own. The discoveries represent a potential sea change in the way physicians worldwide treat labor-related health concerns.

Currently, doctors often administer large amounts of a chemical called oxytocin to induce labor safely. Worldwide, this is the only available option, but it can cause side effects ranging from minor nausea to cardiac arrhythmia to, in rare cases, death of the baby or mother.

Olcese's research indicates that combining naturally produced melatonin with the oxytocin could drastically reduce, or prevent, such side effects. He explains that adding a tiny amount of melatonin, which amplifies the effects of oxytocin but has few or no side effects, could let physicians induce labor by using only one-thousandth of the current dosage of oxytocin.

Testing is already taking place with volunteers at Tallahassee Memorial Hospital, and two international companies already have shown interest in marketing the formula.





# Parents, kids, schools and obesity

It's a troubling tale told without words, only colors on an animated online map. While 23 years fly by in 30 seconds, the country gains more and more weight right before your eyes.

In the beginning, in 1985, this Centers for Disease Control map of the U.S. is mostly light blue, signifying that in most states the obesity rate then was less than 10 percent. It's a cool, calming color. But it doesn't last long. As one year blends into another in this slide show, light blue turns to medium blue (10 to 14 percent obesity). Medium blue turns to dark blue (15 to 19 percent). The trend is unmistakable.

By the time 2007 arrives, only one state – Colorado – is blue, albeit dark blue. Nineteen states, including Florida, are tan (20 to 24 percent obesity). Twenty-seven states are bright orange (25 to 29 percent). And three states – Tennessee, Mississippi and Alabama – are brick red. That means at least 30 percent of their population is obese.

Suzanne Johnson, Distinguished Research Professor in the Florida State University College of Medicine, uses this PowerPoint map when she makes presentations about her research on diabetes and other troublesome byproducts of our nation's expanding girth. Although the oranges and reds vividly illustrate her point, how she must long for a map full of blues again.

But the map isn't moving in that direction, so her research continues. Her latest project, paid for with a \$2.2 million grant from the National Institutes of Health,

aims to determine how effective it is for schools to measure students' body mass index, calculated from their height and weight, as a screen for childhood obesity.

It's a monumental study, involving 12 Leon County elementary schools and spread over four years. Johnson's research team will document students' fitness and BMI results. Just as important, they'll track the children's parents to see how much they take advantage of the wellness programs the schools offer. As Johnson stated in her project proposal: "It is unrealistic to assume that schools alone can address the childhood obesity epidemic. Parents need to recognize the importance of fitness and maintaining normal weight in the child and take appropriate action, including supporting schools' wellness efforts."

Some states, including Florida, require their public schools to gather BMI data in certain grades. A few even require them to disclose the results to parents. This apparently will be the first study, though, to focus on the impact of school-based BMI screenings on parents and children.

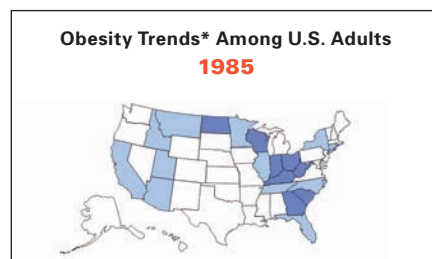
"NIH, the Institute of Medicine, and the Centers for Disease Control really want this question answered," said Johnson, department chair in medical humanities and social sciences. "There will be a lot of people interested in this."

She added: "If you're overweight as a child, you're more likely to be overweight as an adult. If you're an overweight kindergartner and we can get your weight down, you're far less likely to be obese as an adult."

And perhaps your state is less likely to be brick red.

CLICK FOR YOURSELF ON THE CDC OBESITY MAP:

<http://www.cdc.gov/nccdphp/dnpa/obesity/trend/maps/index.htm>



BMI ≥ 30, OR ~ 30LBS. OVERWIEGHT FOR 5'4" PERSON

□ No Data    □ < 10%    □ 10%-14%    □ 15%-18%    □ 20%-24%    □ 25%-29%    □ > 30%



Casey Cable is now a health research scholar with the Cloister Program.

## Young researchers hit the road

Two members of the College of Medicine's Class of 2011 distinguished themselves this spring when they were accepted into the prestigious Howard Hughes and MSTAR programs.

In early July, Casey Cable headed to the Howard Hughes Medical Institute-National Institutes of Health Research Scholars Program, also known as the Cloister Program. All her expenses are being paid. The program, established in 1985, lets outstanding students receive research training at NIH in Bethesda, Md.

To apply, you need to be a student in good standing at a U.S. medical, dental or veterinary school. And to get in, you need to be sharp. This year, of the 171 applicants, only 42 were accepted.

They'll spend nine months to a year on the NIH campus, conducting basic, translational or applied biomedical research under the direct mentorship of senior NIH research scientists. To learn more about the program, visit <http://www.hhmi.org/cloister/program.html>.



## Gene discovery bearing fruit

On June 29, Cable's classmate Zarna Dahya began her six weeks with the MSTAR program. The acronym stands for Medical Student Training in Aging Research. It's administered by the American Federation for Aging Research and the National Institute on Aging and gives medical students experience in aging-related research and geriatrics.

They're mentored by experts in the field, so they're introduced to research and academic experiences they might not otherwise have during medical school. Many of them have pursued academic careers in aging, ranging from basic science to clinical research to health-services research.

Dahya, who will be training at the University of Michigan Medical School, is thought to be the first FSU College of Medicine student to receive this award. To find out more, go to <http://afar.org/medstu.html>.

**This summer Zarna Dahya is being mentored in the MSTAR program.**



To the average person visiting Jamila Horabin's laboratory, the tiny fruit fly is barely visible. Working with these insects for years, though, has taught her how to tell a male from a female even as it flits overhead.

Recently her research at the College of Medicine has yielded far more important information. One day it could help scientists learn how to stop cancer and other diseases in human tissue.

Horabin, associate professor of biomedical sciences, has discovered a direct link between what's known as "RNA silencing" and the genetic master switch controlling the sex-determination process in fruit flies.

The National Institutes of Health awarded her a four-year, \$1.2 million grant to find where that discovery leads. Horabin hopes it will provide a better understanding of how a cellular process in gene regulation called RNA-induced silencing complex (RISC) might interfere with – or "silence" – genes assumed to be at work in nearly all forms of cancer and other disease.

Someday, with such information, scientists might know how to switch off gene activity that's causing cancerous tumors and cardiovascular disease.

**The National Institutes of Health has awarded Jamila Horabin a four-year, \$1.2 million grant to see where her work on "RNA silencing" leads.**



"Many genes are regulated by this process, and it will have far-reaching impact if we understand how it works," Horabin said. "That's really the hope and dream of a basic scientist."

The fruit fly offers numerous advantages for such research. Its genome has been fully mapped, so every gene is known and can be studied in the laboratory for cause-and-effect relationships. Also, the fruit fly reaches full maturity in a matter of days, it's plentiful, it's inexpensive and, most important, it shares remarkable similarities to humans in ways that researchers appreciate.

"Sometimes you find that the fly gene you are working with is similar to a human gene that is involved in directing a disease," Horabin said. "So if the fly gene is being regulated in a particular way, then odds are the human gene is being regulated the very same way."



RAY STANYARD





## New degrees on the way

The College of Medicine currently offers two degree programs: an M.D. in medicine and a Ph.D. in biomedical sciences. But the university Board of Trustees recently approved two additional degree opportunities at the medical school.

The new majors, both part of the Master of Biomedical Sciences (M.S.), will be Research in Biomedical Sciences and Bridge to Clinical Medicine. Although they will share certain core courses, each will have a unique purpose and curriculum.

The Research in Biomedical Sciences major will complement the current Ph.D. program, providing a master's option for advanced training in the knowledge, research approaches and research methods of basic biomedical sciences for Ph.D. students.

The Bridge to Clinical Medicine will complement the Bridge Program at the College of Medicine. That program, initiated in 2001, is designed to provide students from medically underrepresented groups with a bridge to medical school, thereby increasing diversity at the school and ultimately in the physician workforce. Whether or not Bridge students enter medical school, they'll be able to receive an M.S. that will make it easier for them to join the health-care field.

"With the addition of these programs, we will enhance the FSU College of Medicine's ability to train future scientists and physicians for careers in the state of Florida," said Myra Hurt, senior associate dean for research and graduate programs.

## FSU and TMH forge research partnership

Translating laboratory discoveries into improved patient care is an important emphasis in medicine now. And a new research partnership between Florida State University and Tallahassee Memorial HealthCare promises to play an important role in that process.

The agreement, announced in April, will encourage TMH's more than 500 affiliated physicians to participate in laboratory research and clinical trials with researchers from the medical school and other FSU colleges and departments.

The College of Medicine previously had no mechanism in place for physicians who serve as clinical faculty to participate in or lead university research projects. With this agreement and a similar one with Mayo Clinic of Jacksonville, the medical school now has a model that could be extended to other community hospitals where its students learn. That would provide

a foundation for the clinical research program with the potential to involve more than 1,500 physicians and their 2 million patients.

"Such a network would give the FSU College of Medicine perhaps the most dynamic and all-encompassing medical research program in the state," said Myra Hurt, senior associate dean for research and graduate programs. "Few medical schools anywhere would have access to more patients of varied backgrounds and covering all of the stages of disease processes across the full continuum of human aging."

Michael Smith, director of the medical school's Clinical Research Network, called this the beginning of a unique research effort.

"In community partnerships such as the one we are forging with TMH," he said, "we will be able to provide a body of knowledge through which Florida's citizens will see unprecedented health-care benefits."

RAY STANYARD







## 'Yes, we can': FSU students know elder care

Nationally, few medical-school graduates pursue specialty training in geriatrics, and woefully few geriatricians are available to meet elder patients' needs. The problem is especially noticeable in Florida, with the nation's highest percentage of residents older than 65.

So the FSU College of Medicine is working to ensure that all graduates, regardless of specialty, have a working knowledge of caring for elders. Few may go on to become board-certified geriatricians, but all are likely to provide care for older patients after entering practice.

Results of the 2008 Association of American Medical Colleges (AAMC) Graduation Questionnaire strongly suggest the approach is working.

The questionnaire measured six areas of competency related to caring for elders. The results provide evidence that FSU's graduates are perhaps the best-prepared among all U.S. medical schools.

For certain, they lead the nation in one important subgroup of medical schools. The Donald W. Reynolds Foundation provides grant support to enhance geriatric

teaching. Forty AAMC-member schools have one of the highly competitive and highly sought grants, and none of those schools outscored FSU on the 2008 questionnaire.

"We are thrilled with our success, endorsed by our students, and are eagerly sharing our programs and process with others across the country," said Dr. Lisa Granville, associate chair in the department of geriatrics, and principal investigator of the college's Reynolds grant.

Here are a few examples where FSU graduates expressed more confidence than other U.S. med-school grads:

- Statement: "I can differentiate the clinical presentations of delirium, dementia, and depression in older adults." One hundred percent of College of Medicine graduates agreed, compared with 92 percent for other medical schools with a Reynolds grant.

- Statement: "I can assess an older adult patient's fall risk, identify underlying causative factors, and make recommendations for further evaluation and initial management." Again, 100 percent of College of Medicine graduates agreed or strongly agreed. As many as 25 percent of other U.S. medical-school graduates expressed lower confidence.

- Statement: "I can identify those medications that should be avoided or used with caution in older adults." Ninety-four

percent of College of Medicine graduates agreed or strongly agreed, compared with 80 percent for other Reynolds schools.

- Statement: "I can anticipate and identify hazards of hospitalization for older adults." College of Medicine graduates scored significantly higher than the national average and, with 54 percent strongly agreeing, came out well ahead of other Reynolds schools.

"The Legislature intended there to be a continuing focus at the FSU College of Medicine on the aging human throughout the four years, and I think these kinds of results show that by having this focus our students are able to develop competencies to take care of older people at a much greater rate than other schools are," said Dr. Ken Brummel-Smith, chair and professor in the department of geriatrics.

"Even when we compare ourselves to the other medical schools in Florida or the schools that have Reynolds grants, we're still much higher than all of them, so I think we're accomplishing our mission in a very clear way given these results."

Initial results from the 2009 graduation questionnaire indicate the strong results are continuing. On average, 94 percent of respondents from the Class of 2009 agreed or strongly agreed with all statements related to their competency in geriatric medicine, placing the College of Medicine well above the national average of 78 percent.

# people of note

RAY STANYARD



## Losing a teacher, and a friend

As a founding faculty member in the department of biomedical sciences at the College of Medicine, Professor Randy Rill carried with him an impressive list of credentials. None meant more to him than the satisfaction he took from being a teacher.

Rill devoted himself to educating students, both during his time at the medical school and in the 27 preceding years as a faculty member in the chemistry department at Florida State University.

Rill, who taught courses in biochemistry, biophysics and molecular genetics for more than 30 years, passed away July 6 in Tallahassee following a two-year battle with cancer.

"Dr. Rill was the consummate scholar, completely and passionately dedicated to the needs of students," said Mike Overton, professor and interim chair in the department of biomedical sciences.

During his time at Florida State University, Rill published more than 80 papers and obtained more than \$1,000,000 in grant funding, while also serving on grant-review panels for the National Science Foundation, the National Institutes of Health and the American Cancer Society.

He taught general chemistry, organic chemistry and biochemistry to countless thousands of undergraduate students, in addition to mentoring 21 doctoral students who have gone on to successful careers in

academia and industry.

In 2002, he joined the College of Medicine as a founding member of the department of biomedical sciences, assuming leadership roles in both medical and graduate education. Rill served as course director for medical biochemistry, as associate chair for graduate studies and as director of the biomedical sciences graduate program.

Again, credentials fall short of describing the man.

"He was a great friend and a role model," said Myra Hurt, senior associate dean for research and graduate programs. "The thing about Randy is he never stopped learning and never stopped trying to make biochemistry relevant for his students.

"His course was never finished, but was continually getting better."

In lieu of flowers, gifts may be made to a scholarship fund for a graduate student conducting cancer research. Checks may be made out to "FSU Foundation" with "Randy Rill" on the description line, and mailed to: Myra M. Hurt, Ph.D., FSU College of Medicine, Tallahassee, FL 32306-4300.

Nihar Ganju is a med student who also has a degree in computer sciences from Johns Hopkins University.



## Computer guy? Medical guy? He's both

To Nihar Ganju, the traditional doctor's office seems woefully wasteful.

That attitude is hardly unusual in the Florida State University College of Medicine, which extols the virtues of merging medicine with information technology. What is unusual is that this third-year medical student also has a bachelor's degree in

computer sciences from Johns Hopkins University. So he seems ideally situated to help coax health care out of its information-technology shyness.

The world got a glimpse of Ganju's thinking in the April 2009 issue of TechNet magazine. With Microsoft's Michael Walsh, he co-wrote an article on ways in which digital health care can help the environment, reduce costs and improve patient service.

The article covered ground familiar to College of Medicine students. For example, your doctor's office probably schedules and reminds you of appointments by mail or phone. And it probably lets you know of test results the same way, or through a follow-up appointment. Way more efficient, the article stated, are online scheduling systems and video conferencing sessions between doctor and patient.

"As I've become more aware of inefficiencies, everywhere I look in health care is paper, paper, paper," Ganju said.

At first computers were his only passion. In high school, though, he got a taste of

medicine. At Johns Hopkins, even though he majored in computer sciences, he got a good dose of biomedical education in a cross-disciplinary environment.

"Ultimately," he said, "I decided medicine was my calling. When I interviewed here, it meshed really well for me."

He's not interested in the old model of "the doctor is always right." Nor is the goal technology itself; the goal is having technology make life easier.

He even has a young role model: Dr. Jay Parkinson of Hello Health in Brooklyn ([jayparkinsonmd.com](http://jayparkinsonmd.com)). Parkinson's approach is one Ganju appreciates: Accessible. Affordable. Not bureaucratic.

Ganju foresees using his engineer's powers of critical thinking and problem-solving to create an "experimental" medical practice.

"I feel more empowered," he said, "to be a little more disruptive to the status quo."

Read the TechNet article at <http://207.46.16.252/en-us/magazine/2009.04.digitalhealthcare.aspx>.





BILL LAX/FSU PHOTO LAB

## 'Second to none'

During a recent reunion that brought together graduates of both the FSU Program in Medical Sciences and the FSU College of Medicine, Dr. Gene Ryerson was a popular figure. And why not? He's been an influential figure in both programs.

He helped in the PIMS admission process and then later taught those students as they completed their medical education at the University of Florida College of Medicine – where he won nearly 30 teaching awards, including Teacher of the Year eight times.

During his five years at the FSU College of Medicine, Ryerson's penchant for being a student favorite continued.

It's no surprise that Ryerson, who recently retired, has been honored with the prestigious, competitive and highly selective Florida State University Graduate Teaching Award.

One of the students who submitted a letter of recommendation for Ryerson during the recent selection process seems to have captured the way he has influenced students, no matter which campus they call home.

"I recently interviewed with someone who had him in the past, and he said that in my career I would have a handful of inspirational people, and went on to say that Dr. Ryerson was in his handful. He is in mine as well," the student wrote. "He was the highlight of my second year of med school. His lectures were engaging and taught us key concepts in internal medicine.

"He makes a strong, intensely positive impact on the quality of education that is virtually second to none. I will refer back to his notes for the rest of my life."

**Dr. Gene Ryerson, enjoying himself here as emcee for Match Day, received the Florida State University Graduate Teaching Award.**

## Doubly distinguished

The measure of a researcher often can be calculated by the bottom line. That formula, though, doesn't necessarily indicate whether the work is enduring.

Suzanne Bennett Johnson, chair of medical humanities and social sciences at the College of Medicine, scores at the top of her field in both categories.

No wonder she has become the first FSU College of Medicine faculty member honored as a Florida State University Distinguished Research Professor.

Johnson, who will step down as chair of medical humanities in coming months to focus on her research, has been continuously funded by the National Institutes of Health since 1980. That's no small accomplishment given the competitiveness of the NIH funding process and the economic climate in research funding over the past several years.

As for enduring contributions, well, Johnson's work has done more than stand out in her field of expertise. Her work has helped to define that field.

Johnson was a pioneer in the application of psychological science to the care of children with type I diabetes. Her 24-hour-recall methodology for assessing diabetes daily management is considered the gold standard for assessing adherence to complex medical regimens.

She also published some of the earliest studies examining the cognitive, behavioral



RAY STANYARD

**For the second time in her career, Suzanne Johnson has earned the title Distinguished Research Professor.**

and emotional impact – for children and their parents – of genetic testing for type I diabetes before its onset.

This isn't the first time Johnson's contributions have withstood the trained eye of a Distinguished Research Professor selection committee, which pores through a three-ring binder full of required material in determining who makes the grade. Johnson won the same honor when she was a professor at the University of Florida College of Medicine before she brought her world-renowned research skills to Tallahassee.

Last year, she became one of the few individuals ever to receive the American Diabetes Association's lifetime achievement award.

Johnson's success in securing NIH funding continues. In February she received a \$2.2 million, four-year NIH grant. (See story, Page 4.)

## New assistant dean for development

Wayne Munson has been appointed assistant dean for development for the College of Medicine. Munson brings more than 12 years of major gift fundraising and alumni-relations experience serving in positions at Embry-Riddle Aeronautical University and at the U.S. Military Academy-West Point. He has also supported marketing and public-relations organizations after fulfilling a career as a U.S. Army officer. If you would

like to discuss making a gift in support of the College of Medicine's vital role preparing new physicians to meet the challenges of Florida's health-care needs, please contact him at:

(850) 644-4389 or  
wayne.munson@med.fsu.edu.



**Wayne Munson has more than a dozen years of major gift fundraising experience.**

# Gods, monsters, addiction and Joseph Gabriel

"Drugs ... promise us freedom, transformation, transcendence, everything that seems to be missing in our lives. But they also ... haunt our dreams and terrify us into acting foolishly. They are both gods and monsters."

That's a sample of the writing that brought College of Medicine associate professor Joseph Gabriel to the attention of the Pressman Award people. (Full name: Jack D. Pressman-Burroughs Wellcome Fund Career Development Award, from the American Association for the History of Medicine.) In April they presented their national award to Gabriel for the dissertation he's turning into a book, "Gods and Monsters: Drug Addiction and the Origins of Modern America." Among other things, they praised his "graceful writing and powerful research."

The topic of addiction attracted Gabriel, he says, because it's where medical, cultural and legal history intersect.

"Most historians," he says, "assume addiction has always existed." That's not how he sees it.

His research leads him to conclude that a confluence of circumstances in the 1800s gave birth to addiction as we understand it. Markets began to spread. Farmers grew

for export, foreshadowing a global economy. More and more farmers' children pursued opportunities in the city. Less traditional structure. More individualism. More temptations. It's not that people weren't using alcohol or other drugs before then, Gabriel explains. Opium, for example, had long been used to relieve pain. But people hadn't yet thought of themselves as powerless to resist it, and society hadn't yet thought of its use as a problem.

"Transformations in the economy demanded new forms of self-control," Gabriel

writes in "Gods and Monsters," "while the consumption of drugs provided one avenue through which temporary escape from this discipline became possible. Repeated efforts at escape, however, resulted in unstable subjects that were unable to conform to the demands of a changing world."

Well-meaning reformers mobilized to regulate and criminalize the consumption of certain drugs. Gabriel points out two ironies:

- Regulatory efforts often led to the birth of illegal drug markets, whose lawlessness some people saw as a romantic alternative to the discipline of modern life.

- And, instead of escape, users often found just a different type of discipline, dictated by their drug habit.

Today, Gabriel points out, heroin is cheaper and more plentiful than ever. Addiction hasn't gone away, he says, nor have drug policies. They're both part of who we are now.

He thinks that extremely harsh consequences for drug users don't make sense. On the other hand, he also thinks that having all drugs readily available to everyone would be unwise.

"In the late 19th century there were a large number of extremely dangerous drugs freely available on the market," Gabriel says. "For example, women started taking arsenic because it gave them pale skin, which was fashionable at the time. It also killed quite a few of them. I don't think we want to go back to an unregulated market."

*"Women started taking arsenic [in the 19th century] because it gave them pale skin, which was fashionable at the time. It also killed quite a few of them."*

- JOSEPH GABRIEL



## Harris' longtime commitment to rural patients honored

The word is right there in the College of Medicine mission statement: "service to elder, rural, minority, and underserved populations." Now one of the primary architects of the college's curriculum has won national recognition for his commitment to increasing access to health care for residents of rural communities.

In May, the National Rural Health Association awarded former Dean J. Ocie Harris its 2009 Distinguished Educator Award. Harris retired as dean of the medical school last August and remains on the faculty as a professor of clinical sciences. For more than 20 years, he had leadership positions in rural-health education programs.

PHOTO ILLUSTRATION / RAY STANYARD



RAY STANYARD



**Former Dean J. Ocie Harris received the 2009 Distinguished Educator Award from the National Rural Health Association.**

The award committee cited “the scope of his accomplishments in medical education, the significance of his work in rural health, the innovation and originality in scholarly effort, and successful rural health outcomes.”

“It is certainly a great honor to be recognized by a national organization that I’d been involved with for a number of years,” he said.

One primary goal of the college has been to recruit and educate medical professionals specifically to serve Florida’s rural population, and Harris’ thorough understanding of rural populations and their medical needs proved invaluable during the college’s establishment.

“I’ve tried to be a voice to make sure that we followed through and developed rural-health programs, that we did them well and that we got good outcomes from it,” Harris said.

Through his experience in rural North Florida medical environments, Harris ensured that the college’s rural-health curriculum would eventually benefit Florida’s underserved farming communities.

“You have to work hard and long to get something to happen, but it does happen along the way,” he said. “And it’s very gratifying when it does.”

RAY STANYARD



**Lynn Romrell has been honored by University of Florida College of Medicine scholars for his years of teaching excellence there.**



BILL LAX/FSU PHOTO LAB

## Honoring a lifetime of excellent work

Officially, they’re called lifetime achievement awards. Unofficially, in his typical unassuming way, Dr. Robert Watson calls them “geezer awards” – as if any of us could earn them just by hanging on to a career long enough. Of course, most of us don’t have these tributes on our shelves. And, truth be told, Watson is extremely appreciative of the two such awards he recently has received – one of which he shares with Lynn Romrell, Ph.D., associate dean for curriculum development and evaluation.

In April, Romrell and Watson each received a Lifetime Achievement Award from the University of Florida College of Medicine Society of Teaching Scholars. Before they came to FSU, both men were key members of the UF faculty.

“They worked together beautifully,” said UF’s Dr. Patrick Duff, who said it seemed only fitting that the two men should be honored “as a team” for their major, long-term contributions to medical students’ education.

Among other things, Duff cited Romrell’s excellent teaching of, and textbooks on, anatomy, as well as Watson’s instrumental role in curriculum reform and mission-based budgeting. Referring to their moving from UF to here at FSU, Duff said, “Your gain is definitely our loss.”

Also this year, Watson – who’s executive associate dean for administration – received a Lifetime Educator Award from the Southern Education Group of the Association of American Medical Colleges. He has been involved with the AAMC for more than 20 years, in such roles as chair of the Group on Educational Affairs and MCAT Program Advisory Committee member.

“Bob is always thinking of ways to make medical education better,” wrote Brownell Anderson, AAMC senior director for educational affairs. “... Students and residents and probably many physicians in practice today owe him more than they will ever know.”

**Dr. Robert Watson, shown hooding daughter Mary at the commencement ceremony in May, recently received two lifetime-recognition awards.**

## Littles chosen for ELAM national leadership program

There’s only one national program designed to prepare senior women faculty members to lead medical schools, and Dr. Alma Littles is in its latest class of impressive fellows.

Littles, the College of Medicine’s senior associate dean for medical education and academic affairs, has been accepted into the prestigious Executive Leadership in Academic Medicine (ELAM) Program for Women for 2009-10. ELAM offers an intensive one-year program of leadership training, with extensive coaching, networking and mentoring opportunities, aimed at expanding the national pool of qualified women candidates for leadership in academic medicine, dentistry and public health.

“The ELAM fellowship experience is like no other,” said Dr. Diane Magrane, director of Drexel University College of Medicine’s Center for Executive Leadership in Academics, which hosts the ELAM program. She said it provides unique opportunities for “self-reflection, application of new concepts and perspectives, and entry into a network of women leaders eager to support each other’s advancement.”

Also eager to support Littles’ advancement is Dean John Fogarty, who wrote this in his nominating letter to ELAM: “Dr. Littles is one of the most dedicated and hard-working physician leaders that I have worked with.... She is a wonderful role model for students and faculty alike and has unlimited potential for future success.”



BILL LAX/FSU PHOTO LAB

# A COMMUNITY OF TEACHERS

**T**he vast majority of U.S. medical schools have their own teaching hospital. The Florida State University College of Medicine has something it thinks is better, and more and more experts are beginning to agree.

Instead of one teaching hospital, it has teaching agreements with more than 35 hospitals throughout the state. Combined with medical centers, physician offices and health clinics, they make up a network of more than 60 sites where College of Medicine students learn and train.

In the traditional medical school, patients – often with unusual or unique conditions – travel to an academic medical center for treatment. At the FSU College of Medicine, students do the traveling. They can be found working alongside physicians from Milton to Immokalee, from Daytona Beach to Sarasota, throughout Orlando, Pensacola, Fort Pierce and Tallahassee and in small towns such as Marianna and DeLand.

In communities throughout Florida, FSU medical students see

patients from every background, of every age, with every medical condition a doctor commonly encounters. Within a two-week span, a student might deliver a baby on one rotation and attend to a dying hospice patient on the next.

The constant is their teacher – a community physician taking on the additional role of medical educator, one student at a time. More than 1,500 of them are affiliated with the FSU College of Medicine, all with a desire to teach what they know about patient care.

Physicians Nancy Baker, Bruce Bigman, Bach-Uyen Le Thi, Bruce Robinson and Tom Truman see challenges and tremendous rewards in the one-on-one work they do with FSU medical students. John Bozard, president of the Arnold Palmer Medical Center in Orlando, understands why a busy hospital benefits by making room for physicians-in-training.

Collectively, they tell the story of the community of teachers who make the FSU College of Medicine work and of a medical school impacting the health care of people throughout Florida.

COLIN HACKLEY





# QUIETLY DEMANDING

By Ron Hartung

**T**hey're perfect names for children's places: Airplane Room. Bubble Room. Bear and Honeypot Room.

But the children in these rooms are too small and too ill to notice. They're in Tallahassee Memorial Hospital's Pediatric Intensive Care Unit. That's where Dr. Tom Truman spends much of his time, as healer and teacher.

This soft-spoken pediatrician has been part of the College of Medicine's clerkship faculty from the beginning. And his teaching style earns high marks.

"Not everybody likes teaching students so much," said Tracy Graham, now a fourth-year student, who spent a rotation in pediatrics this spring. "He does. He likes his work, too, which is refreshing."

He's no pushover, though, said Matthew Buck, also now a fourth-year student.

"He encouraged me to make decisions as if I was alone, rather than rely on him for all the tough answers," Buck said. "Then he would either agree or correct me. It was a great learning environment, with a balance of volunteering information, encouraging questions and challenging me to think."

One morning in April, for example, Truman and Buck stepped into the Garden Room to examine a premature boy who, the doctor explained, "had just about every complication you could have as a baby."

"The first night he came in," Truman told the student, "I didn't think he was going to survive."

As the conversation continued, the Garden Room became a classroom. Truman gently uncovered the tiny boy, softly rubbed the fragile top of his head ("the pediatrician's handshake"), then invited Buck to check on the heart: "Feel their hands, feel their feet. If the big toe is warm, the heart's working just fine."

That, he said, is what a mentor once taught him. In his third and fourth years in med school, though, few of his teachers were the attending physicians. "About 80 percent of my hands-on learning occurred with residents and fellows," he said.

**Dr. Tom Truman introduces FSU medical students to the intensive-care unit for premature babies at Tallahassee Memorial Hospital. Here student Matthew Buck pays close attention.**



**Dr. Tom Truman says he enjoys teaching FSU medical students on their pediatrics rounds.**

COLIN HACKLEY

His goal as a teacher is to get students to think critically, to pick out the symptoms that are most specific. He tells them: "Think of the things that will kill the patient first. Then, as you rule them out, move down the list."

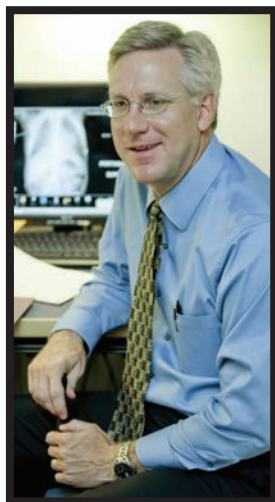
Another goal is to create an atmosphere in which students aren't berated for asking questions. When he was a med student, an ill-considered question might prompt a doctor to bark, "What are you – stupid?"

Matthew Buck described Truman's approach as "getting the student to solve the problem. He uses a combination of asking questions and giving explanations that encouraged me as a student to use my knowledge base and expand on it. He also always took the time to answer any questions that I came up with, and encouraged me to ask them."

Truman said he's been enormously impressed with the College of Medicine's "high-quality, motivated, bright, energetic students." Their questions challenge him. "It makes me think, makes me go back and read," he said. "You don't really know something well unless you can teach it."

*"It was a great learning environment, with a balance of volunteering information, encouraging questions and challenging me to think."*

**– MATTHEW BUCK, FOURTH-YEAR MEDICAL STUDENT**





COLIN HACKLEY

# SIDE ORDER OF PERSONAL

By Doug Carlson

In Dr. Nancy Baker's presence, the lessons never stop. On a bright Tuesday afternoon in May, she invites two students to Felix's Place, a tiny Cuban restaurant that shares a building with a gas station in Vero Beach. You'd never think to stop at Felix's if you didn't know what you were looking for. Then again, you'd never think to find lessons in medical education tucked between an order of sweet plantains and Cuban coffee.

The students have just spent the afternoon working with Baker at the Indian River County Health Department, and she's invited them to bring their case presentations as well as their appetites. Young and enthusiastic, she shifts easily between roles, from adviser and advocate to teacher and consultant, with just a touch of big sister and confidant. The conversation flows from residency programs to side effects (the way Topamax, a commonly prescribed migraine medication, can cause short-term memory loss) to medicine in the news (a patient who "pays" a physician with Chinese food).

Baker, who directs the family-medicine rotation for the Fort Pierce Regional Campus, spends every other Tuesday providing free care to people with little or no health insurance as part of the We Care Network. The health department, where We Care patients are seen, is an hour's drive from where she practices in Melbourne.

She says the extra travel time she spends is nothing compared with the personal satisfaction she gets from caring for people who otherwise might not get medical attention. Sharing the rewards with FSU medical students, she says, makes it even better.

Baker embodies the mentoring characteristics the College of Medicine seeks: someone who not only teaches but provides a case study in what it means to be a physician who serves.

"I love teaching," says Baker, who graduated from medical school in 1998 and from a family-medicine residency program in 2001. "I think it's neat when I see a student get it, and they understand something we've been talking about."

The students with her this day are Brian Gadbois and Kristen Barrie. They're each completing their required third-year family-medicine rotation with other College of Medicine physicians, but check in with Baker once a week so she can check up on their training.

Neither Gadbois (psychiatry) nor Barrie (surgery) plans to pursue a residency in primary care, but helping them develop a family physician's diagnostic skills and appreciation of patients is a vital part of their education, Baker says.

After one student expresses frustration over a stubborn patient, Baker smiles and offers some advice.



At the We Care Clinic, Brian Gadbois discusses the issues with a patient while Dr. Nancy Baker and medical student Kristen Barrie listen.

"You can't bend patients to your will! You can't make them follow your advice," she says. All you can do is explain to them clearly what the facts are and what the consequences of certain actions are. Take diverticulitis, she says: People are diagnosed with it, yet they still want to eat big steaks. So she tells them: "Listen, you can do that, but if you do you're going to end up pooping in a bag. Do you understand?" That usually gets their attention.

Baker tells the students about the discouraged reactions she encountered in medical school when she decided to pursue a primary-care specialty. Though she kids Barrie about giving a "surgeon's answer" to a question regarding one patient case, she doesn't attempt to persuade her or Gadbois to reconsider their practice plans.

Instead, she speaks of how she finds it meaningful to get to know patients as a family physician. The energy level and obvious joy in her eyes leave perhaps the most lasting impression. The value of the time she spends with her students – even at a corner table in a quiet restaurant – is impossible to measure.

"In a more centralized medical school, I think you're doing more of what we call 'scut work' – drawing blood, running around doing what you've been told to do," Gadbois says, praising FSU's alternative approach. "Once you know how to draw blood, you know it. I don't want to spend all my time doing that."

# ATTENTION

"Being out in a community setting, spending time with teachers like Dr. Baker, you're learning more about what's going on with a patient and about the best course of treatment to follow. There's more opportunity to consider how I would treat this patient based on what I've learned, and you have access to more immediate feedback that helps to develop your clinical skills in a way that I don't think would be possible if you were getting most of your feedback from a resident."

Learning in the community-medicine model doesn't always come with a side order of black beans and rice, but it's a welcome bonus.



COLIN HACKLEY

*"You can't bend patients to your will! You can't make them follow your advice."*

- DR. NANCY BAKER

At a Cuban restaurant in Vero Beach, Dr. Nancy Baker covers topics that might get overlooked in the office setting. Med students Brian Gadbois and Kristen Barrie get to make a meal of it.



COLIN HACKLEY

## FSU Med Student Blues

(Sung to the tune of "Sixteen Tons")

Well, some people say a man is made out of mud  
But a med student knows it's muscle and blood  
Workin' muscle and blood, skin and bone  
With a back that's weak but a mind that's strong

You're loaned sixty grand, and what do you get  
Another year older and deeper in debt,  
But don't try to put me 'hind an X-ray machine  
Cause I owe my soul to the FSU dean

The dean, he wants me in primary care  
But I owe so much money, it just isn't fair  
For eighty-seven thousand in salary  
I can't pay loans and start a family

You're loaned sixty grand, and what do you get  
Another year older and deeper in debt  
My momma says train in dermatology  
Work nine to five, for a million three

(Written by Dr. Bruce E. Robinson, clerkship director in geriatrics, Florida State University College of Medicine's Sarasota campus. To hear him sing the lyrics and play the keyboard, click on the link on our Web site, [www.med.fsu.edu](http://www.med.fsu.edu).)



# THE PHYSICIAN AS

In his Twitter social-networking bio, Dr. Bruce Robinson calls himself a "Harvard-trained geriatric-medicine physician, fisherman, entertainer and very bad but regular basketball player." We're not here just to talk about his basketball game.

Robinson is clerkship director in geriatrics at the College of Medicine's Sarasota campus. He's also chief of geriatrics at Sarasota Memorial Hospital and medical director of two nursing homes.

Busy man. Consummate doctor. Without people of his experience and commitment to serving others, the College of Medicine's educational model wouldn't have a prayer.

Robinson spent three years in the U.S. Navy as a flight surgeon and got some of his geriatrics training at Harvard Medical School.

"He is the lynchpin of our geriatrics program and has enough credentials to fill a library," said Dr. Bruce Berg, dean of the regional campus in Sarasota. What's more, "he has an easy manner with his patients and a good sense of humor. He is an excellent physician and well versed in the difficult area of medical ethics at the end of life."

Robinson is proud of this medical school and its mission. One challenge he sees: Can the college sustain a network of dedicated physician/teachers over the long haul, given the commitment of time and energy it requires?

Last year he had 13 clerkship students. Next year he'll have 20. "I can't hand them off to community geriatricians – there aren't any!" he said.



*“He is the lynchpin of our geriatrics program and has enough credentials to fill a library.”*

– DR. BRUCE BERG

He's not complaining. He's glad these students get the individual mentoring he never got in med school. “I would be in the room,” he recalled from his student days, “but it was almost never me who was talking.” And it was usually not the attending physician doing the teaching. Things are different now. He spends hours each week with his students.

## SERVANT

Michael Lee, Class of 2009, said Robinson was “very detailed and conscious of the multiple problems each geriatric patient had.... I came to realize that geriatric patients can be complicated, and you have to balance when to push forward and when to respect the wishes of the family. It's a fine line.”

Robinson is a big believer in the College of Medicine's mission statement – particularly the part about “service to elder, rural, minority and underserved populations.” Medical schools in general, he said, have placed way too much emphasis on grades. FSU med students are all smart enough to be doctors, he said, but they also tend to have something you can't teach: a desire to serve others.

“I've had students who had to struggle academically,” he acknowledged. “But once they're done, they often make the best doctors. They didn't have anything handed to them. They don't feel entitled to big bucks.” They want to help.

In their clerkship with Dr. Robinson, students get to spend many hours in a nursing home, where “they have every disease in the world.” As part of their education, he hopes students get to see someone in a nursing home recover from an illness. He also hopes they get to be there when someone dies. It's one of the ways a doctor learns to serve. •R.H.

COLIN HACKLEY



Playing basketball fits Dr. Bruce Robinson's philosophy on getting old: “Keep doing the things you enjoy, no matter how badly.”



COLIN HACKLEY

Dr. Bruce Bigman is an internist in DeLand and part of the College of Medicine's statewide network of teachers.

## Lessons from a small town

**T**he patient has a cold. And so much more. She has a chronic heart condition. She's on a fixed income. She has a history of depression. Her husband was just laid off. What good doctors always know is that a cold is never just a cold. Every illness has a story.

The smaller the town, and the longer the doctor has been there, the more likely that he or she will know those stories. So in its mix of more than 1,500 physician/teachers, the Florida State University College of Medicine made sure to save spots for physicians such as Bruce Bigman.

For more than 30 years he has practiced internal medicine in DeLand, southwest of Daytona Beach. In 2000, DeLand's "metro" area had a population of about 60,000. That's quite a switch for a doctor who grew up in Miami. But he sought out a small Central Florida town that needed a physician. Now it's home.

"People seemed to know him wherever we went – YMCA, gas station or Wendy's," recalled recent FSU College of Medicine graduate Mai Vo, who had an eight-week internal-medicine rotation with Bigman. "His patients loved him. Throughout the rotation, I was constantly snacking on the cookies, cakes and pies his patients were making for him."

It was two years ago that the College of Medicine approached this unassuming doctor about joining the clerkship faculty. He was intrigued by FSU's teaching model. He wondered whether it could

work. Now he has seen that it does. The students, he said, "restore your faith in who's becoming doctors."

Yes, adding "Teach a medical student" to his to-do list takes a toll. "My medical records get atrocious," he said with a smile. But it's "great fun," he said. Plus, he gets the satisfaction of knowing that these students are learning from experienced doctors – and that the teachers, unlike the ones Bigman had, don't use "terror" as an educational tool.

Another benefit is that teaching forces him to slow down.

"As a veteran physician, you often know the answers," he said. "But when you have students, you have to ask, 'What do *you* think?' – and then be very quiet. 'What would *you* do?'"

Mai Vo was his first student. "Magical" was how he described her enthusiasm. And it's no coincidence that she, too, is going into internal medicine.

"He is one of the best diagnosticians I have encountered," said Vo, who's now doing her residency at Orlando Health. "I learned and observed the true beauty of medicine from Dr. Bigman – with the mind, ears, hands and a stethoscope, a doctor can pinpoint ailments affecting each patient.... My experience with Dr. Bigman played a vital part in my decision to become an internist."

Does he consciously use his role to nudge students in that direction? There was that smile again as he replied, "Absolutely."

•R.H.

*"He is one of the best diagnosticians I have encountered. I learned and observed the true beauty of medicine from Dr. Bigman."*

– DR. MAI VO, CLASS OF '09







COLIN HACKLEY

**Dr. Bach-Uyen Le Thi, a graduate of the Program in Medical Sciences, teaches at her family practice in Milton. Fourth-year student J.P. Soberano learned from her last semester.**

# Raising the Standard

**C**ommunity medicine works both ways. Medical students get unparalleled access to physician/teachers and patients in health-care settings all over Florida, and those physicians and patients get something in return.

"It raises the standard of care because it challenges everyone to do their very best," said John Bozard, president of the Arnold Palmer Medical Center in Orlando and a member of the community board supporting the FSU College of Medicine's Orlando Regional Campus.

"We have always appreciated the status that goes with teaching medical students," he said. "It adds to what we do, enhances who we are as an organization. And we are fortunate that the caliber of student we get from Florida State is very high."

Bozard was intrigued when he first heard about Florida State's plan for a distributed model of medical education, and the experience of partnering with the College of Medicine has made him a believer.

"It makes a lot of sense to me, and I would encourage other states to do something very similar," he said. "I think it's a very cost-effective way to do it."

FSU medical students are nearly always visible in the hallways at Arnold Palmer and other Orlando hospitals. The relationships formed there contribute to making Orlando the top residency destination for College of Medicine graduates. To date, more than 10 percent of them have begun their residency training in Orlando.

Long before then, there's an impact. Over the past year, for example, third- and fourth-year College of Medicine students recorded 137,000 patient encounters in physician offices across Florida.

One took place recently in Milton, a small town brimming with retired military personnel about 25 miles from Pensacola. J.P.





Soberano, a third-year student interested in becoming a surgeon, was practicing on one of the goals he established for his family-medicine rotation with Dr. Bach-Uyen Le Thi: He wanted to become more comfortable interviewing patients.

Soberano spent 20 minutes in the exam room eliciting information about why retirees Emma and Alex Tidwell were in to see Le Thi. Afterward, the Tidwells were impressed, but not surprised.

"Seeing students when we come to the doctor is something we always enjoy," Emma Tidwell said. "The students are good listeners, and we feel like we get a chance to say everything that we want to say."

At Gulf Coast Physician Partners in Milton, Le Thi sees patients from newborns to age 99 in her family practice. One couple, both in their 90s, married more than 70 years ago.

Le Thi does rounds in the adjacent Santa Rosa Medical Center, performs outpatient surgical procedures and also sees patients in local nursing homes. She graduated from the Program in Medical Sciences at FSU and now teaches College of Medicine students.

Whether they're considering family practice or not, Le Thi gives them the full range of experience that her practice offers, keeping in mind her own experiences as a medical student. She especially remembers those physicians who allowed her to watch – but not do.

She discusses with students the business side of being in practice, and reminds them of other considerations when plotting a course of treatment. When a student wants to order a test, she asks for an explanation of why it's needed, what it costs and whether insurance will pay for it.

"As an attending physician you have to keep in mind the things they are required to learn, but you also want them to learn about the patient and about themselves," Le Thi said. "I think about how I would like to make it better for the students, and I hope I do have an impact on them."

Dr. John Fogarty, College of Medicine dean, thinks encounters like the one between Soberano and the Tidwells are a vital part of the school's success story, along with the interaction between students and physicians.

"Our kids are going out there with the cutting-edge technology and with the latest evidence of what works and what doesn't work, and the impact we're having on the patients and the doctors who provide care to those patients is real," he said.

Fogarty enjoys telling the story of the Daytona Beach medical community before and after the FSU College of Medicine opened a regional campus there.

"Suddenly we're actually getting together more, we're doing faculty development, we're talking about students, we're talking about our curriculum and we're doing things we hadn't been doing before," Fogarty said. "These students drop into these communities and start interacting with the 200 or so faculty in that community and magical things happen."

Would encounters with patients such as the Tidwells and physicians such as Nancy Baker, Bruce Bigman, Bruce Robinson, Tom Truman and Bach-Uyen Le Thi take place in an academic medical center?

Fogarty cites a well-known study that first appeared in the *New England Journal of Medicine* in 1961 and recently was revisited with results that underscored the original findings. The study, "The Ecology of Medical Care," illustrates why community medicine as practiced by the FSU College of Medicine makes sense.

The study helped to provide a foundation for understanding the organization of health care, medical education and research. It suggested that in a population of 1,000 adults, only one person ends up being referred to an academic medical center. (See chart, Page 21.)

Fogarty's point: The kind of community physicians who teach College of Medicine students provide the overwhelming majority of health-care services in Florida.

"You get a very distorted image of medicine in general, and even public health in general, when all you're doing is taking care of very sick patients in very high-tech hospitals," he said. "When you're actually out there taking care of people in the communities they live in, you get a very different view." •D.C.

**John Bozard, president of the Arnold Palmer Medical Center in Orlando, says being part of the FSU College of Medicine challenges his hospital to do its best.**



COLIN HACKLEY



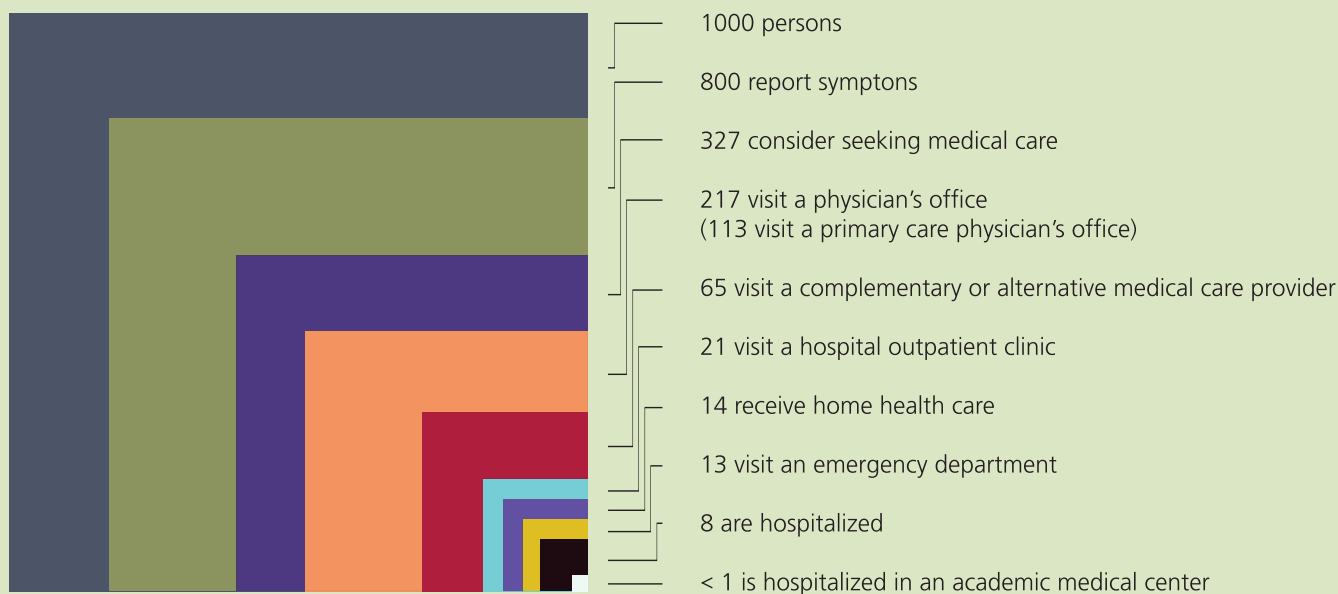
# One in a thousand

This chart illustrates “The Ecology of Medical Care,” a study that first appeared in the New England Journal of Medicine in 1961 and was recently revisited with similar results. It helps explain why the College of Medicine approaches community medicine the way it does.

As the chart indicates, in any group of 1,000 U.S. residents in a given month, more than 200 people visit a doctor’s office.

By contrast, only one of those 1,000 people is being referred to an academic medical center.

So if you want to familiarize students with the kinds of ailments for which the vast majority of patients seek medical attention, you want to place them not in an academic center but in the offices of those community physicians.



## The teachers keep learning

Making sure more than 1,500 physicians throughout Florida know the curriculum components required for teaching College of Medicine students is no small undertaking.

In 2008, faculty physicians attended 1,830 faculty-development events hosted by the College of Medicine – most of them held at one of six regional campuses. The physician-teachers attending those events collectively earned 2,531 continuing medical education credits and received 3,776 hours of faculty-development training.

According to Dennis Baker, associate dean for faculty development, no other medical school in the country provided as many faculty-development hours to its teachers.



To see a list of faculty-development workshops provided by the College of Medicine in 2008, visit <http://med.fsu.edu/education/FacultyDevelopment/workshops/default.aspx>.

Meghan Martin worked with children at United Cerebral Palsy of Central Florida during the community-medicine rotation.



BEN TANNER

# Getting out of the office

## New insights make better physicians

By Doug Carlson

**M**any lessons during medical school are found in textbooks, lectures and exam rooms. One that will stay with Daniel Chevy took place in a shack.

The patient was dying. He was alone with his small dog in a 4-by-6-foot shack. It stood next to a mobile home, down a dirt road in a rural area about 35 minutes south of Tallahassee. There was no running water and no furniture. Just a mattress on the floor, hunting magazines and a small stove used for heat.

Chevy's first reaction was that this was no way to live – or die. “My immediate thought was he should be in the hospital,” the student said.

That was before the first lessons in the community-medicine rotation had taken hold.

Chevy was one of more than 100 third-year College of Medicine students taking part in the rotation, offered annually around Thanksgiving.

Getting to know patients means knowing more about the lives they lead, seeing the influences that won't necessarily show up in an exam room or hospital.

“It takes you out of your comfort zone,” Chevy said. “It's not just you and the patient in this tidy little sterile room.”

The rotation is designed to broaden understanding of the critical role community-service agencies play in promoting health and preventing disease. Agencies include local health departments, indigent-care clinics, home health-care agencies, hospice organizations and domestic-violence organizations, among others.

Becoming a well-rounded physician who's responsive to a community's needs requires more than academic skills. College of Medicine students are taught from the first day of class to focus on the patient, not the disease. So they need to understand that practicing medicine is as much art as it is science.

**Jacquelyn Terry discovered how living alone can impact an older patient's nutrition, and ability to follow a physician's advice about medication, while working with Elder Care Services in Tallahassee.**

“Our community-medicine course gives students a unique opportunity to observe, firsthand, the role these agencies play in the lives of patients,” said Dr. Mel Hartsfield, dean of the Tallahassee regional campus. “Physicians are generally unaware of this wealth of resources, and patients can miss out on opportunities that make a big difference in their lives or the lives of their loved ones.”

Jacquelyn Terry spent three weeks with Elder Care Services in Tallahassee, where she joined with community volunteers to help deliver meals to homebound elders. Seeing where, and how, they live reminded her that when prescribing medication a physician should take important lifestyle considerations into account.

How many meals a day does the patient eat, and how might the level of nutrition influence the prescription's effectiveness? Does the patient have transportation to the pharmacy? If the patient lives alone without a caregiver, will he or she struggle to follow the physician's orders about taking the medication?

COLIN HACKLEY





"You just don't know some of these things until you get to know more about how people live on a daily basis," Terry said. "This experience is teaching me why it's important to look deeper than what you might see in the office."

In Orlando, Maureen Mendoza, Meghan Martin and Shoshana Hacker worked with United Cerebral Palsy of Central Florida.

"It was an eye-opening experience," Mendoza said. "[United Cerebral Palsy] positively impacted the overall health care of children with special needs in more ways than I could imagine. The interdisciplinary approach among teachers, physical, occupational and speech therapists and family-support coordinators was truly remarkable, and enabled children to reach goals that went beyond expectations."

Hacker especially noticed the impact on children with autism.

"I now understand that without these programs most of a patient's physical ailments may worsen. For example, just seeing the drastic improvement in some of the children with autism in the short time I was there was incredible," she said. "The services offered to these children and their family, such as parental educational programs, smaller classroom sizes and on-site physical and speech therapy, are all things that are essential pieces of that child's overall health care."

Most medical schools include community medicine in the curriculum, but the FSU College of Medicine thinks it's important enough to be the focus of a separate rotation with clearly defined objectives.

"By working in a community agency for three weeks, students develop a thorough understanding of how to access community resources that can benefit their patients and how to participate in a team approach to health-care delivery," said Dr. Alma Littles, senior associate dean for medical education and academic affairs.

"Community-service agencies play a critical but often overlooked role in ensuring that patients are able to comply with medical treatment plans; that they receive both medical and nonmedical interventions that can improve their quality of life; and that they are able to live and die with dignity and according to their wishes.

"That's why it's vital for physicians to understand and utilize these organizations to the fullest extent."

Inside the small shack where Chevy visited a client of Big Bend Hospice, the initial urge to see the dying man sent to the hospital soon passed.

Thanks to the efforts of the man's ex-wife, who lived next door, his basic needs were being met. Chevy also observed that the man was in the environment that gave him the most satisfaction. He'd occasionally go outside to tinker with a boat that was no longer seaworthy, and he took comfort from his dog – which wouldn't have been allowed in a hospital room.

"He didn't have much in the way of family, and I wouldn't have known that if I had seen him in a hospital room," Chevy said. "In the hospital, or an office, you feel like it's something we can fix and get you on your way, but with hospice you're trying to be there for the patient to make sure they are comfortable.

"This gentleman had his little routine and, as far as he was concerned, he was comfortable and happy."



BEN TANNER

Medical student Shoshana Hacker was amazed at the daily improvement she saw in autistic children during her rotation at United Cerebral Palsy of Central Florida.

*"Our community-medicine course gives students a unique opportunity to observe, firsthand, the role these agencies play in the lives of patients. Physicians are generally unaware of this wealth of resources, and patients can miss out on opportunities that make a big difference."*

- DR. MEL HARTSFIELD



COLIN HACKLEY

The chance to talk - and laugh - with others is an important part of an older patient's overall health care. Medical student Jacquelyn Terry learned that many older people get to interact with others only during their daytime stay with Elder Care Services.



COLIN HACKLEY

# THE GREAT PRETENDERS

## STANDARDIZED PATIENTS PLAY AN IMPORTANT ROLE

by Ron Hartung

**S**hoes that don't match, buttons in the wrong holes, toothpaste on her blouse, one earring missing, bad case of bedhead. Sometimes that's how Pat Propst shows up at the College of Medicine's Clinical Learning Center.

The next time she arrives, she might be hearing voices. Or slumped in a chair, so listless you get weary just watching her.

Propst, one of the Meryl Streeps of the med school, is part of the standardized patient program. These patients give FSU medical students exactly what they need: an opportunity to rehearse their newfound skills with people just pretending to be ill, so they'll be prepared for those who really are.

Roughly 200 standardized patients participate – amid laughter, occasional tears and great feelings of satisfaction. Sure, the world is

**Pat Propst is as colorful as her yard, and she uses that color when she poses as a patient with specific medical problems for College of Medicine students.**

filled with ill people, but how many can guarantee they'll be sick next Tuesday from 1:30 to 3:30 p.m. with exactly the symptoms these students need to evaluate?

No offense to the inanimate simulators that are also key players at the College of Medicine, but sometimes educators need a real live human being.

So Dianne Walker, Dorothy Killoran and other staff members spend hours prepping these patients. There are scripts to study, rehearsals to attend. And Propst has been part of it right from the start.

"Pat is always well prepared to portray her role," said Walker, coordinator of standardized patients since 2006. "Pat 'becomes' that patient."

One day early this year, her role was to portray a patient we'll call Jane Doe. The students assigned to that day's encounters received scant information beforehand. Something like: "Jane Doe is a 65-year-old woman brought in for a routine appointment. The patient presents with a chief concern." The standardized patients, though, knew much more. They were supposed to be portraying an actual person, with a history the students would try to elicit through questioning. So the patients had a 12-page script that ... wait, we can't talk about that, or about the details of Propst's performance. It's all confidential.

But we can peek backstage.

Faculty members develop the cases and send them to Walker, who formats them in preparation for standardized patients' training. Killoran recruits the patients based on the profile the faculty created. CLC staffers determine training dates, room assignments, student instructions and more. And in the days leading up to the encounters, they train the patients.

So on that afternoon when Propst waited in Examining Room 5 for the first of her two 15-minute encounters, six other patients awaited similar assignments. Roughly half were portraying Jane Doe; the rest were portraying another patient. Faculty members were seated at computer consoles, ready to evaluate the students via cameras and microphones in the 12 examining rooms.

When that 2 p.m. encounter was finished, a voice over the intercom signaled students to move to their next one. And so it continued until 3:27. At that point, the students provided a written or oral report of their encounters. Then came feedback from a faculty member.

Not all medical schools have standardized patients. Debra Danforth, director of the simulation center and CLC, has made presentations at other schools about FSU's program.

One huge benefit, she said, is that it lets you give every student an encounter with the same patient – because multiple people portray that patient. These days, when patients check out of hospitals so fast, that sort of common experience is rare.

Danforth said the school's high-tech simulators can demonstrate physical symptoms, such as a collapsed lung, but the patients provide the human touch during interviews. She predicts the use of standardized patients will expand, perhaps into nursing and pharmacy programs.



"It is a wonderful experience for our young students," Walker said.

And for the patients.

Propst, who's 68, retired in 2000 when she was assistant secretary of the state Department of Labor. She lives in northeast Tallahassee, where she's a gardener and "omnivorous reader." She and a friend take a trip or two a year. This May they went to Spain, Portugal, Gibraltar and Morocco.

She was involved in acting in high school and college and has always loved theater. So when she read a 2001 newspaper ad from the med school, she and a friend from water aerobics dived right in.

Back then, the scripts hadn't been fully developed yet, so Propst got to do a bit of improvising. One time, posing as a patient who heard voices in her head, she got up from her chair in the windowless exam room and, as if obeying a mischievous voice, shut off the lights. When she turned them on again, that poor student looked totally unnerved.

Every once in a while, she said, she encounters a student who already "has it all": confident, empathetic, organized, good at listening. "That's always a joy," she said. "Ninety-nine-point-nine percent of us feel we're contributing to the next generation of doctors being trained."

The encounters reflect faculty interests. When she arrives with her clothing all askew, for example, part of the idea is to teach students to be more observant.

"There's a natural tendency of the young to not really notice the old," she said. "So we're teaching them to look at us."

One of Propst's first encounters continued for four sessions spread over four weeks. In the first, the student had to tell her she'd been diagnosed with cancer. It was a test to see how the student would handle the patient's tears, anger or other reaction. In the second and third sessions, the news grew progressively worse. By the fourth, the student had to tell the family the patient had died. It was a tough assignment for all involved.

"As SPs, we were wrung out by it," she said.

The staff keeps a close eye on these participants.

"The well-being of our standardized patients is paramount," Walker said. "If an SP is asked to work on an emotionally challenging case, we take time to talk to the patient to assess their ability to handle any stress or anxiety. Throughout the session, we maintain close attention to each portrayal, and at the conclusion of the session we have a debriefing time with the SPs, to make sure that they are good to go." Sometimes the coordinators even pass out chocolates.

The staff estimates Propst has worked in at least 40 cases (some multiple times) since 2001. Generally speaking, participants earn \$15 an hour.

Should you try it?

"I would recommend this to anyone," Propst said. "It's enjoyable and rewarding – and, dare I say it, entertaining."

TO FIND OUT MORE:

Visit <http://www.med.fsu.edu> and search for "standardized patients."

*"There's a natural tendency of the young to not really notice the old. So we're teaching them to look at us."*

– PAT PROPST



RAY STANYARD

Standardized patients also take their acting skills to the clinical simulation center, where they give mechanical patients a voice – and the ability to engage in dialogue with students – from an out-of-sight perch in the control room.

#### a word of thanks

Valuable contributions from people who share the College of Medicine's vision help our students become compassionate, competent physicians. For example, the simulation center mentioned in this story would not have been possible without generous support from Dr. Charlotte Edwards Maguire and Tallahassee Memorial HealthCare.



**Manny Herrera (M.D., '06) is chief resident of the Orlando Health Obstetrics/Gynecology Residency Program.**

## Friends like you

The College of Medicine will reach another milestone next year when enrollment peaks at 480 students. At the same time, state funding is declining, making support for medical students more important than ever. That's why we hope you will 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 our 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 <http://www.med.fsu.edu/alumni>.

If you are considering a major or planned gift, please contact Wayne Munson, assistant dean for development, at (850) 644-4389 or [wayne.munson@med.fsu.edu](mailto:wayne.munson@med.fsu.edu).

## Hail to the chiefs

In scientific terms, the results so far would be described as anecdotal, but there's a trend developing in the achievements of College of Medicine graduates. Of the 111 alumni from the first three graduating classes ('05, '06 and '07), more than 10 percent have served as chief resident of a graduate medical education program. That includes previous chief residents who have since graduated and entered practice, and nine more College of Medicine graduates recently named chief residents.

The chief resident is selected by peers and faculty to take on a leadership role and supervise the training and activities of other residents.

"We're proud to see that others also are recognizing the excellent clinical and leadership qualities in our graduates," said Dr. Alma Littles, senior associate dean for medical education and academic affairs. "This is a testament to the fact that our curriculum not only equips our graduates with the clinical knowledge required to become successful resident physicians, but also provides them with essential leadership skills. We have no doubt that many of our graduates will be effective leaders in the profession throughout their careers."

## Getting together again

The first College of Medicine and PIMS Alumni Reunion in April attracted more than 100 graduates, faculty, staff and family members, who participated in everything from tours of the medical school to CME sessions and a trip to the FSU circus.

The next reunion promises to be even better and will honor the Class of 2005 as special guests.

Mark your calendar for the weekend of April 9-10, 2010, and plan to join your classmates for the encore at the College of Medicine's main campus in Tallahassee. All PIMS and College of Medicine alumni should receive a save-the-date card in the coming months, and if you'd like to be a part of the planning team for next year's event please contact the alumni-relations office at 850-645-2823.

To receive the latest information about our alumni association and its planned activities, make sure to update your contact information at [med.fsu.edu/alumni/](http://med.fsu.edu/alumni/).

**More than 100 people turned out for the 2009 College of Medicine and PIMS Reunion.**





# Class Notes

'05

**Julie (Gladden) Barre, M.D.**, and her husband, Mike, will celebrate the first birthday of their son, Mark Christian, July 31. Dr. Barre is completing the Medical College of Georgia Orthopedic Surgery Residency Program.

**Garrett Chumney, M.D.**, who graduated in June from the Tallahassee Memorial Hospital Family Medicine Residency Program, was honored at graduation as the resident with the year's best noon conference attendance (100 percent).

**Nari Heshmati, M.D.**, is a listed contributor in the newly released 5th Edition of Blueprints in Obstetrics & Gynecology. Heshmati will complete the Vanderbilt University Obstetrics and Gynecology Residency Program in July and has accepted a position in Seattle with the Everett Clinic, a 300-physician multispecialty group.

**Ajay Mhatre, M.D.**, a graduate of the internal-medicine residency program at the University of Florida/Shands in Gainesville, is completing the Cardiology Fellowship at UF Shands-Jacksonville.

**Javier Miller, M.D.**, is chief resident of the University of North Carolina Hospitals Urology Residency Program.

**Sarah (Fein) Mulkey, M.D.**, celebrated the first birthday of her daughter, Anne Margaret Mulkey, April 23. Dr. Mulkey is completing the Arkansas Children's Hospital Pediatric Neurology Residency Program.

**Sachin Parikh, M.D.**, has been accepted for a fellowship in facial plastics and reconstructive surgery at the New York Center for Facial Plastic & Laser Surgery with Dr. Andrew Jacono. Dr. Parikh will complete his residency in otolaryngology at Stanford University Medical Center in June, 2010.

**Jason Rocha, M.D.**, has been named chief resident of the Orlando Health Orthopedic Surgery Residency Program.

**Amanda Dawn Sumner, M.D.**, is a staff physician with the emergency-medicine residency program at Carl R. Darnall Army Medical Center in Fort Hood, Texas.

'06

**Kara Brooks, M.D.**, gave birth to her second child, Will, May 8. Dr. Brooks is in the Southwest Georgia Family Medicine Residency Program in Albany, Ga.

**Sandra Brafford, M.D.**, received the Susan B. Wager Award upon graduation from the Tallahassee Memorial Hospital Family Medicine Residency Program in June. The award goes to the graduating resident selected by faculty as having done the best job of teaching fellow residents. Dr. Brafford will remain at TMH as a staff physician, teaching residents in the hospital internal-medicine service.

**David Drossner, M.D.**, graduated from the Emory University School of Medicine Pediatrics Residency Program in July. He has begun a pediatric cardiology fellowship at Emory University Sibley Heart Center in Atlanta.

**Zach Elmir, M.D.**, was deployed to Afghanistan in July by the U.S. Army as a battalion surgeon treating patients in the southeast part of the country. Dr. Elmir is the medical provider for one of the five battalions making up the brigade and is responsible for approximately 700 soldiers. He plans to pursue a residency in urology upon completion of his commitment to the Army in July 2010.

**Manny Herrera, M.D.**, has been named chief resident of the Orlando Health Obstetrics/Gynecology Residency Program.

**Melissa (Smith) Launder, M.D.**, graduated from the University of South Florida Family Medicine Residency Program in July and is practicing in Port Richey, Fla., at Morton Plant Mease Primary Care.

**Shannon Price, M.D.**, has been named administrative chief of the Greenville Hospital System Obstetrics and Gynecology Residency Program in Greenville, S.C.

**Regan Rostorfer, M.D.**, has been named chief resident of the Orlando Health Internal Medicine Residency Program and has been accepted into the Orlando Health Hematology/Oncology Fellowship at M.D. Anderson Cancer Center. Rostorfer was recipient of the Charles D. Engelhardt, M.D., Award in Neurology at the conclusion of his second year in the internal-medicine residency program.

**Chris Sundstrom, M.D.**, has been named chief resident at FSU/Sacred Heart Hospital Obstetrics and Gynecology Residency Program.

'07

**Robin Albritton, M.D.**, who graduated in June from the Tallahassee Memorial Hospital Family Medicine Residency Program, was recognized at graduation by the intern class as the upper-level resident most helpful to them.

**Savita Pai, M.D.**, has been named chief resident at University Hospital/University of Cincinnati Internal Medicine Residency Program.

**Bina Patel-Elio, M.D.**, has been named chief resident at the Florida Hospital (Orlando) Family Medicine Residency Program.

**Josef Plum, M.D.**, has been named chief resident at the Tallahassee Memorial Hospital Family Medicine Residency Program.

'08

**Paola Dees, M.D.**, won the Humanism and Excellence in Teaching Award for pediatrics, presented by the Arnold Gold Foundation, for her work in completing the first year of the University of South Florida Pediatrics Residency Program. One resident in each specialty was selected for the award, given during the USF Student Clinician Ceremony in June. The award recipient is determined in a vote by graduating third-year residents. The winner is described as a resident who has "proven to be an excellent example of [providing] patient care" and of teaching other residents to be better physicians.

**Drew Galligan, M.D.**, and his wife, Stephanie, recently celebrated their first anniversary and are expecting their first child – it's a girl! – in October. They plan to name her Emma. Galligan is completing the Pediatrics Residency Program at the University of Florida-Shands in Gainesville.

**Amy (Reimer) Neal, M.D.**, and her husband, Chris, have welcomed their first child, a boy named Henry Neal. Dr. Neal is completing the Tallahassee Memorial Hospital Family Medicine Residency Program.

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

# Class of 2009 Residency Match

## ANESTHESIOLOGY

**Kendra Buscetta, M.D.**  
University of Washington  
Affiliated Hospitals  
Seattle, Wash.

**Amanda Fraser Wallace, M.D.**  
*Exempla Health Care, Denver*  
(surgery-preliminary)  
University of Colorado Denver  
School of Medicine  
Denver, Colo.

**Jennifer Maziad, M.D.**  
Vanderbilt University Medical Center  
Nashville, Tenn.

**Alison Schmeck, M.D.**  
University of Florida-Jacksonville  
(surgery-preliminary)  
SUNY Health Science Center  
Brooklyn, N.Y.

## DERMATOLOGY

**Harold Higgins, M.D.**  
*Yale-New Haven Hospital*  
New Haven, Conn. (medicine/preliminary)  
Rhode Island Hospital/Brown University  
Providence, R.I.

**Christina Marquez, M.D.**  
*Orlando Health* (medicine-preliminary)  
Medical College of Georgia  
Augusta, Ga.

## EMERGENCY MEDICINE

**Mark Gallagher, M.D.**  
Sparrow Hospital  
Lansing, Mich.

**Jonathan Journey, M.D.**  
University of Florida College  
of Medicine-Jacksonville  
Jacksonville

**Eric Mervis, M.D.**  
University of California-  
Irvine Medical Center  
Orange, Calif.

**Kristen Morrell, M.D.**  
University of North Carolina Hospitals  
Chapel Hill, N.C.

**Langdon Morrison, M.D.**  
Resurrection Medical Center  
Chicago, Ill.

**Shannon Roberts, M.D.**  
Resurrection Medical Center  
Chicago, Ill.

**Richard Rodriguez, M.D.**  
Thomas Jefferson University  
Philadelphia, Pa.

**Stephen Viel, M.D.**  
Johns Hopkins Hospital  
Baltimore, Md.

## FAMILY MEDICINE

**Elving Colon, M.D.**  
University of South Florida  
College of Medicine  
Tampa

**Joshua Dietzer, M.D.**  
Tallahassee Memorial HealthCare  
Tallahassee

**Irmanie Eliacin, M.D.**  
Halifax Medical Center  
Daytona Beach

**Eboni Ellis, M.D.**  
Halifax Medical Center  
Daytona Beach

**Amy Gordon, M.D.**  
Tallahassee Memorial HealthCare  
Tallahassee

**Mikel Hofmann, M.D.**  
Providence Hospital  
Washington, D.C.

**Bernadette Stevenson, M.D.**  
Maine-Dartmouth Family Medicine  
Augusta, Maine

## INTERNAL MEDICINE

**Leslie Davis-Singletary, M.D.**  
Emory University School of Medicine  
Atlanta, Ga.

**Alisa Holland, M.D.**  
Presbyterian Hospital  
Dallas, Texas

**Nowoghomonwma Ibie, M.D.**  
University of South Alabama Hospitals  
Mobile, Ala.

**Mary Ann Johnson, M.D.**  
Florida Hospital  
Orlando

**Steele Lancaster, M.D.**  
University of South Florida  
College of Medicine  
Tampa

**Becky McGilligan, M.D.**  
Christ Hospital  
Cincinnati, Ohio

**Melanie Thomas, M.D.**  
Mayo School of Graduate  
Medical Education  
Jacksonville

**Mai Vo, M.D.**  
Orlando Health  
Orlando

## MEDICINE (preliminary)

**Stephanie Prada, M.D.**  
Orlando Health  
Orlando

## MEDICINE-PSYCHIATRY

**DeJuan White, M.D.**  
Emory University School of Medicine  
Atlanta, Ga.

## NEUROLOGY

**George Barrio, M.D.**  
(Medicine-preliminary/neurology)  
Duke University Medical Center  
Durham, N.C.

**Wendell Bobb, M.D.**  
*University of Nevada-Reno*  
(medicine-preliminary)  
Georgetown University Hospital  
Washington, D.C.

**Warren Carrigan, M.D.**  
(Transitional)  
Mayo School of Graduate  
Medical Education  
Jacksonville

## OBSTETRICS-GYNECOLOGY

**Taalibah Ahmed, M.D.**  
Mercer University School of Medicine/  
Medical Center of Central Georgia  
Macon, Ga.

**Stephanie Chase, M.D.**  
Greenville Hospital System/  
University of South Carolina  
School of Medicine  
Greenville, S.C.

**Leslie Haney, M.D.**  
William Beaumont Hospital  
Royal Oak, Mich.

**Colleen Killian, M.D.**  
Bayfront Medical Center  
St. Petersburg

**Catherine Liu, M.D.**  
St. Luke's-Roosevelt  
New York, N.Y.

**Natalie Muñoz-Sievert, M.D.**  
Orlando Health  
Orlando

**Christine Rojas, M.D.**  
Wright State University Boonshoft  
School of Medicine  
Dayton, Ohio

**Kimberley Thornton, M.D.**  
Einstein/Montefiore Medical Center  
Bronx, N.Y.

## OPHTHALMOLOGY

**Shawn Agee, M.D.**  
*University of Texas Medical*  
*School, Houston (transitional)*  
University of Texas-Southwestern  
Dallas, Texas

**Mikelson MomPremier, M.D.**  
*Lenox Hill Hospital, New York,*  
*N.Y. (surgery-preliminary)*  
Howard University  
Washington, D.C.

## ORTHOPAEDIC SURGERY

**Erin Mariano, M.D.**  
LSU Health Sciences Center  
Shreveport, La.

**Brian Zirgibel, M.D.**  
Orlando Health  
Orlando

## PATHOLOGY

**Michael Lee, M.D.**  
Emory University School of Medicine  
Atlanta, Ga.

## PEDIATRICS

**Corinne Brann, M.D.**  
Children's Hospital  
Philadelphia, Pa.

**Teresa Cabezas, M.D.**  
Jackson Memorial Hospital  
Miami

**Melissa Catenacci, M.D.**  
University of California-San Francisco  
San Francisco, Calif.

**Kelly Jones, M.D.**  
University of Tennessee College of Medicine  
Memphis, Tenn.

**Erica Lindsay, M.D.**  
Baylor College of Medicine  
Houston, Texas

**Lydia Snyder, M.D.**  
University of Virginia  
Charlottesville, Va.

**Chelsea Tehan, M.D.**  
University of South Florida  
College of Medicine  
Tampa

**Jennifer Walker, M.D.**  
FSU-Sacred Heart Hospital  
Pensacola

**Jessica Lauren Walker, M.D.**  
Medical University of South Carolina  
Charleston, S.C.

## PHYSICAL MEDICINE & REHAB

**Angelica Soberon, M.D.**  
*University of Nevada, Reno*  
(medicine-preliminary)  
University of Texas Medical School  
Houston

## PSYCHIATRY

**Vinod Suresh, M.D.**  
St. Luke's-Roosevelt  
New York, N.Y.

**Mary Watson, M.D.**  
University of Florida College of  
Medicine-Shands Hospital  
Gainesville

## RADIOLOGY (diagnostic)

**Shannon Hill, M.D.**  
(Radiology-preliminary)  
Emory University School of Medicine  
Atlanta, Ga.

## SURGERY (general)

**Jada Aikman, M.D.**  
Naval Medical Center  
Portsmouth, Va.

**Ryan Baker, M.D.**  
UIC/Metro Group Hospitals-Illinois  
Chicago, Ill.

**Maria Castilla, M.D.**  
Carilion Clinic  
Roanoke, Va.

**Jeffrey Chiu, M.D.**  
Florida Hospital  
Orlando

**Matthew Fox, M.D.**  
University of Colorado Denver  
School of Medicine  
Denver, Colo.

**Luis Hernández, M.D.**  
Jackson Memorial Hospital  
Miami

**Maureen McKenna, M.D.**  
Mayo School of Graduate  
Medical Education  
Rochester, Minn.

**Theresa McKenna, M.D.**  
Mayo School of Graduate  
Medical Education  
Rochester, Minn.

**Rees Porta, M.D.**  
Madigan Army Medical Center  
Tacoma, Wash.

**Aaron Wagner, M.D.**  
Temple University Hospital  
Philadelphia, Pa.

## SURGERY (preliminary)

**Ellen Abellana, M.D.**  
University of Colorado Denver  
School of Medicine  
Denver, Colo.

**Dolly Penn, M.D.**  
University of North Carolina  
Chapel Hill, N.C.

## UROLOGY

**Tariq Hakky, M.D.**  
(Surgery-preliminary)  
University of South Florida  
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# TV AS A TEACHER

## WHY 'SCRUBS' DOES A

By Jeffrey Spike, Ph.D., associate professor

**T**elevision dramas are closer to real-life experiences than are the short written scenarios used in most bioethics teaching. Even when the medicine is inaccurately portrayed on TV, the medicine is not what matters most in conveying the ethical issues. Developing familiarity with a character is vital to doing justice to ethical complexity. No one-paragraph description of a case scenario can do this as well as a professional actor with a script.

Furthermore, drama requires conflict and resolution, and an ethical dilemma is an excellent form of conflict to use in the dramatic format. So, while no TV show has ever had a clinical ethicist as a regular character, ethical dilemmas occur in almost every episode of medical shows, including dramas such as "E.R." and "House, M.D." and even comedies such as "Scrubs."

One particularly valuable episode of "Scrubs" is titled "My Fifteen Seconds" (2003). The narrator, third-year resident Dr. Dorian ("JD"), relates early in the show that "A recent study found that doctors spend an average of 15 seconds listening to a patient. It sounds insensitive, but the truth is, it's all the time you need." During the episode JD and his attending physician, Dr. Perry Cox, have numerous interchanges with a new admission, a young woman named Jill. Each exchange is timed in the bottom corner of the screen. You see how the physicians in charge of the conversation sense when they have the information they want, or have given the information they wanted to impart, then cut off the conversation and exit abruptly. Jill is left each time appearing to want to talk more, but it is also clear that the physicians sense she talks too much, and they do what they must to maintain control of their schedule.

What many critiques of popular mass media do not understand is that the classic format for all Hollywood TV shows, including comedies, is the morality tale. Even when the characters are self-centered, they get their comeuppance. Those who need to learn a lesson usually do by the end of the episode, or at least by the end of the season. At the end of this episode, JD acknowledges, "I guess the problem with only listening to patients for 15 seconds is sometimes you don't hear everything."

JD and his mentor almost lose a patient because of their reliance on tests rather than good physician-patient communication. As a morality tale the episode teaches a very important clinical skill as well as an ethical lesson all medical students must learn. I remind students of it with this pearl I borrowed from Jimi Hendrix: "Knowledge speaks, but wisdom listens."



Another important point in appreciating the educational value of medical TV shows is that, while some bioethicists prefer a narrow view of their field, clinical ethics includes the entire realm of professionalism as well as medical decision-making. Professionalism issues are well covered in many current TV shows — and often poorly covered by bioethicists in their courses. For example, "Scrubs" has had at least six episodes that address the ethical and legal issues that probably most concern doctors: making mistakes, admitting mistakes and getting sued. Together they provide a sympathetic ear

to the trainees about the difficult expectations of the field, while reinforcing the value of honesty.

"Scrubs" also has had episodes on other important issues of professionalism that should be included in every medical school's curriculum, such as the symbolism of the White Coat, both good and bad, and overcoming defense mechanisms such as gallows humor or overaggressive interventions in order to be helpful to (or learn from) a patient nearing death.

Other episodes concerning professionalism include three with Heather Locklear as a pharmaceutical representative or "detailer" (the best one is the introductory episode "My First Step," 2002). She is seductive, yet human. After watching Dr. Cox respond to her, students will be better prepared to recognize their own vulnerability the next time they're engaged in a pleasant conversation with a detailer. The physician is being detailed like a car at a car wash — made to feel all shiny and buffed up, proud to be so admired. It's a set-up.

"Scrubs" addresses many issues of organizational ethics in the hospital as well. These include how a hospital treats an uninsured patient, or a patient who's known to be a recovering addict and suspected of drug-seeking behavior, and whether preference is given to wealthy patients or board members. It also addresses the complex issues of nurse-physician relations. Like professionalism, organizational issues receive insufficient attention in most courses on bioethics and even clinical ethics.

Thus to professors who think they can best teach ethical issues by giving a 50-minute lecture or PowerPoint presentation, I suggest an alternative. An episode of "Scrubs" off a DVD (without commercials) is only 22 minutes long. That episode followed by a five-minute break and a 22-minute discussion will be more engaging and more memorable to students than a lecture. It will also help you avoid the common and predictable student reaction that ethics is obvious, preachy or "just your opinion." One need not agree with all elements of the story for it to have educational



# BETTER JOB THAN MOST BIOETHICS CLASSES

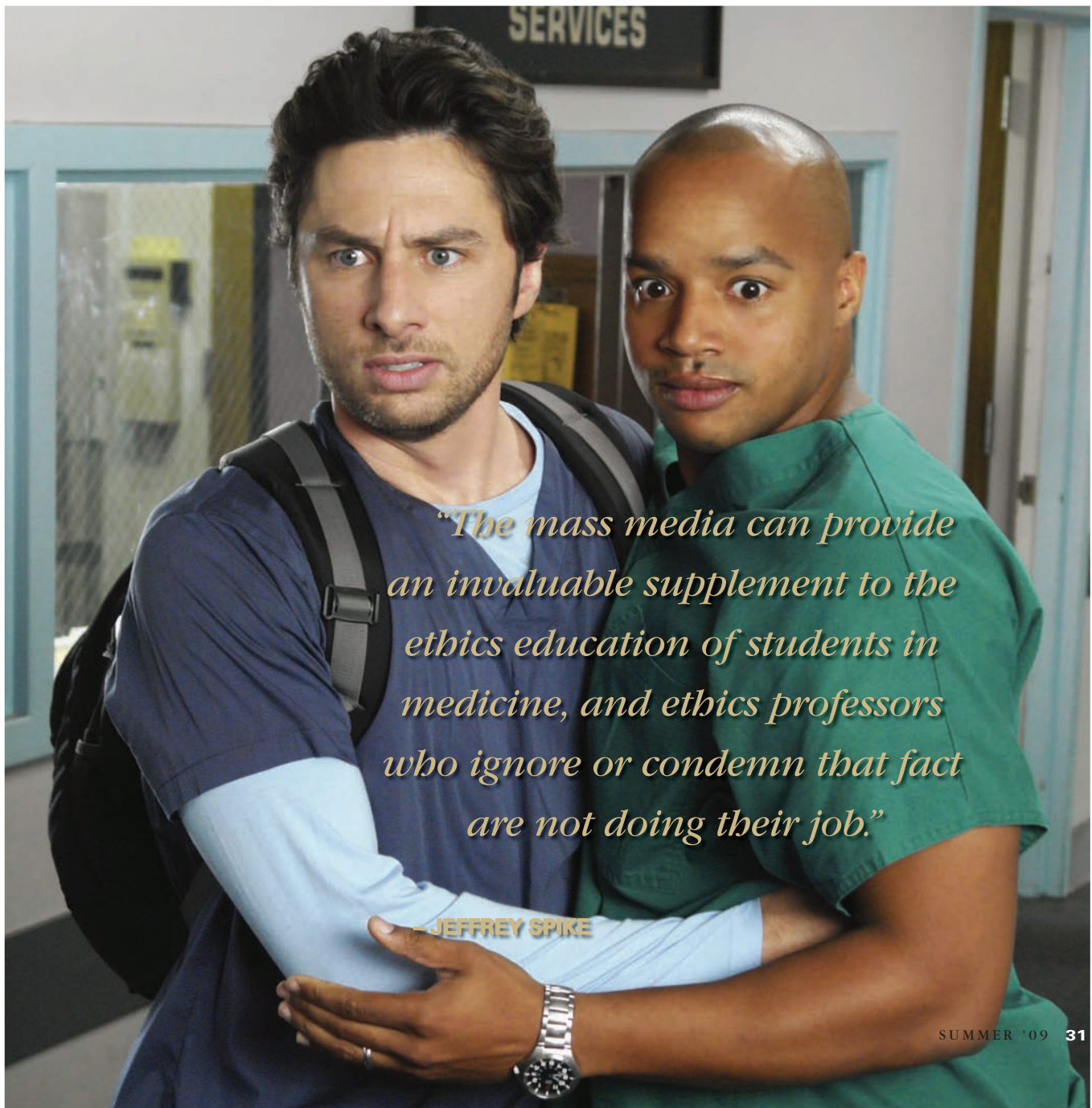
value. The level of accuracy is grist for a good discussion, and it encourages student participation more than any article that just tells them what to believe.

Furthermore, watching people and hearing their voices can provide a much better test of clinical skills of observation than merely reading words on a page. One must see a patient's body language and hear her tone of voice to learn how to observe (or to hone one's skills). This also evens the playing field for those

students whose preferred learning style is auditory or visual, rather than reading the written word.

The mass media can provide an invaluable supplement to the ethics education of students in medicine, and ethics professors who ignore or condemn that fact are not doing their job. My advice to faculty and students: Watch more TV.

*(This is a condensed version of Spike's article in the December 2008 edition of the American Journal of Bioethics.)*



ABC/RICHARD CARTWRIGHT

*"The mass media can provide an invaluable supplement to the ethics education of students in medicine, and ethics professors who ignore or condemn that fact are not doing their job."*

—JEFFREY SPIKE



## THIS COACH IS A MED STUDENT – AND MUCH MORE

That's coach Andrew Cooke in the back row, and the kid in front of him (and a little to our right) with the exaggerated grin is Tadarius Hall.

SARAH COOKE

**C**heck out the extreme grin on the kid in the front row, to the right. He's Tadarius Hall, 11, and late last year he had less to smile about. That was before then-second-year Florida State medical student, sometime coach and brand-new tutor Andrew Cooke stepped in.

During the fall semester, Cooke started coaching a team from the Capital Park area of south-side Tallahassee. Tadarius was Mr. Reliable. On time, ready to play, passionate about baseball.

"One day in midseason, he didn't show up," Cooke recalled. "A teammate said Tadarius' mother had pulled him off the team for cheating on a math test."

Uh-oh. Cooke immediately sought guidance, as he so often did, from Lewis Thurston. At Florida State, Thurston is a technology specialist. At the Capital Park Cal Ripken Baseball League, he's president. Thurston was concerned about Tadarius. He knew that, without baseball, many of these kids would just be playing in the streets.

"I suggested to Andrew that he speak to the mother and ask her to allow her son to stay on the team and we would discipline him by making him run extra each practice," Thurston said. "Andrew offered to go one step further and provide tutoring.... Andrew had his own studies to worry about, but he has shown over and over he is willing to go the extra mile for his players."

Tadarius' mom, Tamika Hall, said he'd been a straight-A student the year before but now was bringing home C's and D's. The cheating had been the last straw. Because of the tutoring offer, though, she let her son play ball again.

Before the next practice, "Coach Andrew" had a long talk with Tadarius. He said he was disappointed in the cheating and the sliding grades. He told him that the coaches would be tutoring him before practice and even before games – and that he'd be running extra laps, particularly if he hadn't finished his homework.

As the season continued, Tadarius had a tutor before every practice and seemed to be back on track. The team's won-lost record was just so-so, but by other measures it was a great season.

"Early this year, when I was calling kids about spring baseball, I dialed Tadarius' number once more," Cooke said. "When he answered the phone, he nearly screamed the good news about the previous semester: He had made straight A's."

Tadarius' mother was so grateful.

"The leadership from Coach Andrew and the rest of the guys has kept Tadarius focused," she said when asked about her favorite tutors. "It's been a blessing to me."

The tutoring continued through the spring season. And Tadarius isn't the only one who's getting that academic boost. Cooke put the Student Association of Pre-health Professionals in contact with Thurston. Now any Capital Park child who needed tutoring could get it.

"[Cooke] has volunteered many hours teaching the kids how to play baseball and the value of getting good grades," Thurston said. "I don't know too many young men willing to give so much of their time and have a genuine passion to ensure others have an opportunity to succeed."

"I forgot to mention: Last spring season he gave up his spring break to be with his team."

And Tadarius? He's been accepted into Fairview Middle School's Pre-IB program, starting this fall.

### Salute the tutors

Here are Andrew Cooke's assistant coaches and/or tutors from last year, this year or both. Most of them are FSU med students: Eric Martinez, Ethan Cohen, William Nguyen, CJ Clemens, Zane Lucke, Robert Daly, Aaron Hilton, Aaron Snyder, Shahab Virani, William Fields, Steve Albrechts, Robert Castro, George Matus, Natasha Spencer, Jaida Collins, Ashley Lucke and Megan Bevis.

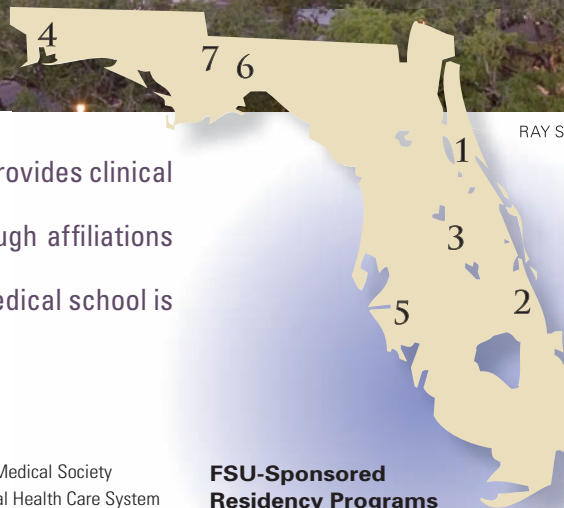
### Curious about SAPP?

SAPP (Student Association of Pre-health Professionals) offers a support system and networking opportunities for students wanting to enter a health field. To find out more, e-mail Jasmine Selph, volunteer coordinator, [jasmine.selph@gmail.com](mailto:jasmine.selph@gmail.com), or Dr. Alice K. Pomidor, [Alice.Pomidor@med.fsu.edu](mailto:Alice.Pomidor@med.fsu.edu).



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West Florida Hospital

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GulfCoast Surgery Center Inc.  
Sarasota County Health Department

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

## 6 Tallahassee Campus

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Capital Health Plan  
Capital Medical Society  
Capital Regional Medical Center  
HealthSouth Rehab Hospital  
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Tallahassee Memorial HealthCare  
Tallahassee Outpatient Surgery Center  
Tallahassee Plastic Surgery Clinic  
Tallahassee VA Clinic  
Westminster Oaks

Archbold Medical Center – Thomasville  
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## (1) end note

**A DIFFERENT DRUMMER:** Through Arts in the Atrium, the department of geriatrics seeks ways to expose students to the kind of active, involved lifestyles that help keep older adults healthy. As one of 40 medical schools in the country with a Donald W. Reynolds Foundation grant, the College of Medicine strives to improve the quality of life for America's elders by preparing physicians to provide better care for them.

