

S u m m e r 2 0 1 4

FLORIDA STATE UNIVERSITY COLLEGE OF MEDICINE

FSU MED

**LIVING AND LEARNING
IN THOMASVILLE**

Close to home,
in more ways than one



PLUS:

FAMILY DOC: 'THE FIRST PERSON YOUR
PATIENT CALLS'

dean's message

It is hard for many people to believe, but the Class of 2014 was the 10th to graduate from the FSU College of Medicine. I have frequently said that because of our small initial classes and the fact that about 70 percent of our alumni are still in residency training, we have "better stories than statistics," as far as how we are doing with our mission and our graduates. But as our website, our annual report and our magazines point out, there are many wonderful stories about how our alumni meet our mission every day.

This is a good time to reflect on some of the factors that helped to create these stories.

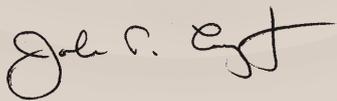
In the early days of our development, it was clear that the medical school needed to establish strong partnerships with local communities who would take our students into their doctors' offices and provide them with the patient experiences so critical to our model. In describing our model, we usually focus on the six regional campuses we all know so well. Less frequently mentioned are the incredible and strong relationships we have developed beyond the regional campuses, particularly in Thomasville, Marianna, Fort Myers and Immokalee. Each of these communities has added immeasurably to the wonderful outcomes we are experiencing today.

We greatly appreciate these partners, and you'll see why when you read this issue's cover story about Thomasville, a community that has fully embraced our students while providing superb and generous support to them since 2006. Thomasville creates an important alternative to the very busy Tallahassee campus for about five students per year and has become one of the more popular destinations for our students.

The investments in housing, scholarships, meals and educational space by the entire community in Thomasville are now producing what we predicted – physicians returning to the area after completing residency training.

Again, this is just one of the many wonderful stories that make the FSU College of Medicine such a rewarding place to work.

Hope you've had a wonderful summer season of fun and family times,



John P. Fogarty, M.D.
Dean, College of Medicine



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TO MAKE A GIFT

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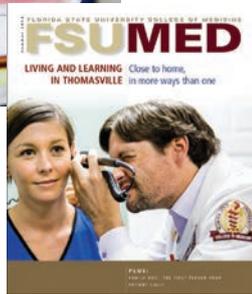
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 Michael Quinif (Class of 2015) is one of the few dozen College of Medicine students since 2006 to discover that Thomasville is a great place for developing clinical skills.



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Healers, killers and spinal cord injuries

Scientists and physicians remain puzzled over the lack of successful treatment options for most spinal cord injuries that result in paralysis. It's a mystery new biomedical sciences Professor Yi Ren is approaching from the molecular level.

After a severe spinal cord injury, the inflamed area is filled with macrophages, a type of white blood cell that ingests foreign material and is a key player in the immune response system. Macrophages remain in the area of inflammation for months or even years, but that's not necessarily a good thing.

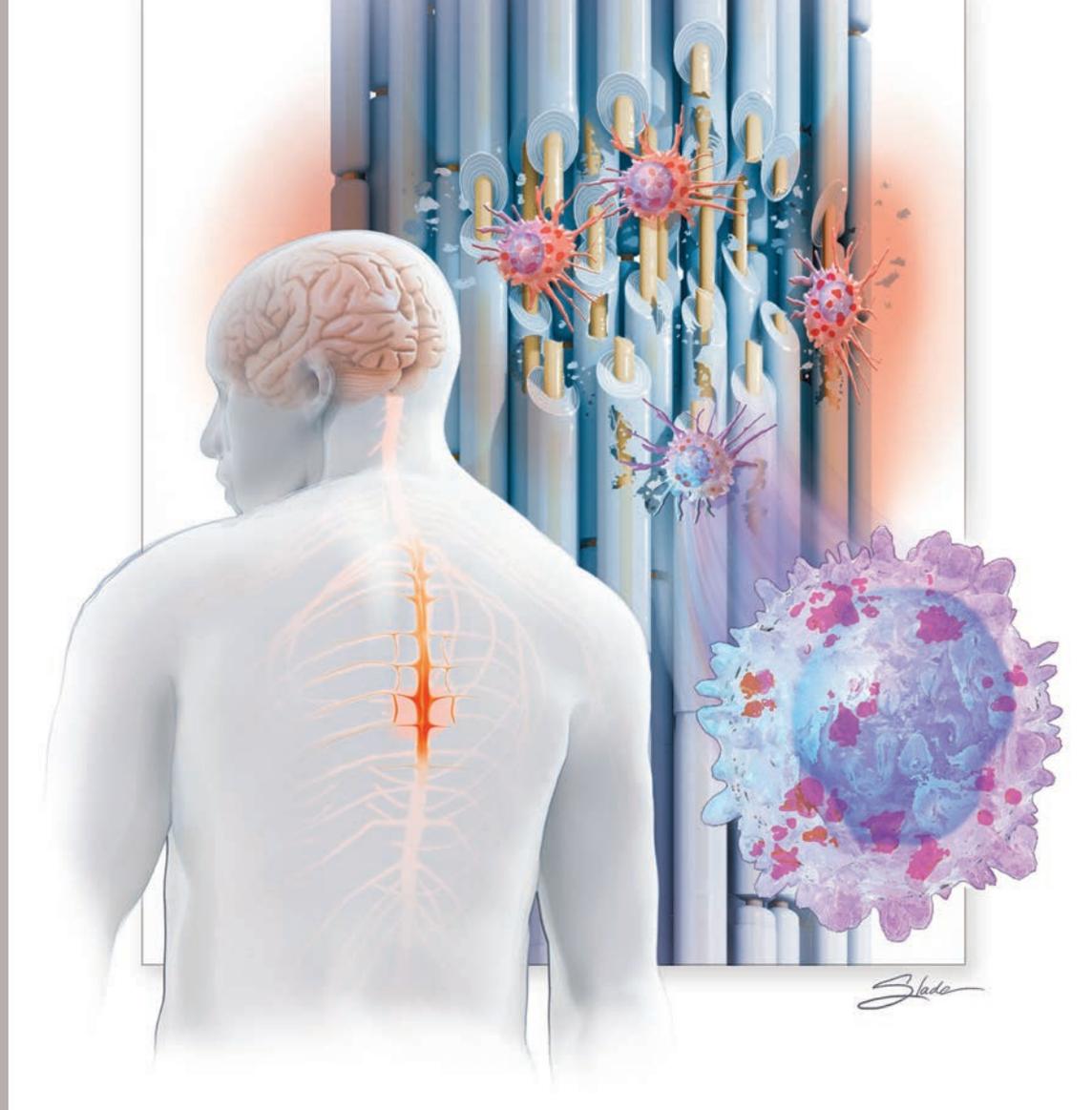
Ren, an immunology expert, said there are both good and bad macrophages, and that the difference between the two could be critical to developing spinal cord injury treatments that work.

"Good cells, 'healer macrophages,' can support tissue repair or inhibit any inflammatory response," said Ren. "Bad cells, 'killer macrophages,' are only observed in pathological conditions such as bacterial infection and tissue injury, including spinal cord injury."

Both types are present immediately following such an injury, but Ren's work shows that the "healer macrophages" disappear after several weeks. Left behind are the "killer macrophages," which amplify inflammation and kill axons – the central nervous system's primary transmission lines.



Yi Ren



Enlarged images of macrophages and axons, which serve as the primary transmission lines for the central nervous system. During a severe spinal cord injury, damage to the insulation protecting axons creates debris that is consumed by macrophages. The result may play a critical role in understanding why science and medicine have failed in the effort to produce a way to heal broken or damaged axons and reverse paralysis. Illustration by Jodi Slade.

Ren and her team discovered that spinal cord injuries create debris from the insulation that protects axons and that macrophages consume the debris. The process leads to an increase in lipid levels that ultimately changes the good macrophages from healers to killers.

"In the injured spinal cord, the molecules responsible for lipid removal from cells shut down," Ren said. Her team is targeting the mechanism that controls lipid balance in the macrophages, hoping to keep the healers from turning into killers.

They're looking at various drugs and stem

cells for a possible solution, but they've also discovered a special macrophage population that may carry lipids away from an injured spinal cord, potentially resolving the accumulation problem.

If one of the approaches is successful, it could create a way for macrophages to maintain their healing properties and make the injury site more receptive to treatment.

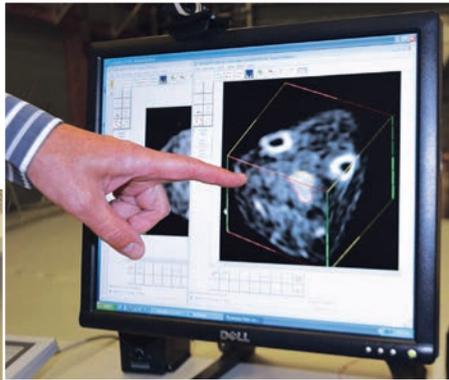
It may also explain why, despite rapid advances in our understanding of the human body, a solution for those who have suffered paralysis as a result of spinal cord injury has thus far remained elusive.

'Trojan horse' tumors exposed

Glioblastomas are the deadliest form of brain cancer. They are evasive, and their treatment is tricky. Once you kill certain cells, they re-emerge resistant to the previous treatment.

"They are smart tumors," explained Cathy Levenson, professor of biomedical sciences. "The cells themselves learn very quickly how to evade radiation and chemotherapy. They have the ability to be intrinsically resistant to certain drugs and to become extrinsically resistant post-treatment."

A few years ago, Levenson expressed her frustration with the tumors in a conversation with Victor Schepkin, a researcher at the FSU National High Magnetic Field Laboratory. The conversation led to collaboration involving the College of Medicine and one of the most powerful magnets in the world.



"I think the great thing about collaborating with Dr. Schepkin and his team is that they have things we don't have, and we have things they don't have," said Levenson. "We each bring our own expertise, so we benefit both technologically and intellectually."

The goal is to see if a tumor's response could be predicted before treatment so that physicians are able to better choose the most effective course of action.

"What we wanted to do was come up with a new, noninvasive way to evaluate the chemoresistance of a tumor before treatment," explained Levenson. "If we could evaluate the tumor and find its intrinsic resistance, we would better know what drug to use."

With support from the FSU Council on Research and Creativity, Levenson and Schepkin set out to discover whether sodium levels in the cancerous cells could provide any more clues before treatment. Human MRIs are only capable of detecting water motion, but the Mag Lab can get into much greater detail, such as revealing sodium levels.

"The MRI and sodium seemed like a perfect match," said Levenson. "We found that we can tell the difference between a tumor that is resistant to a drug and a tumor that's not resistant to that drug using sodium imaging."

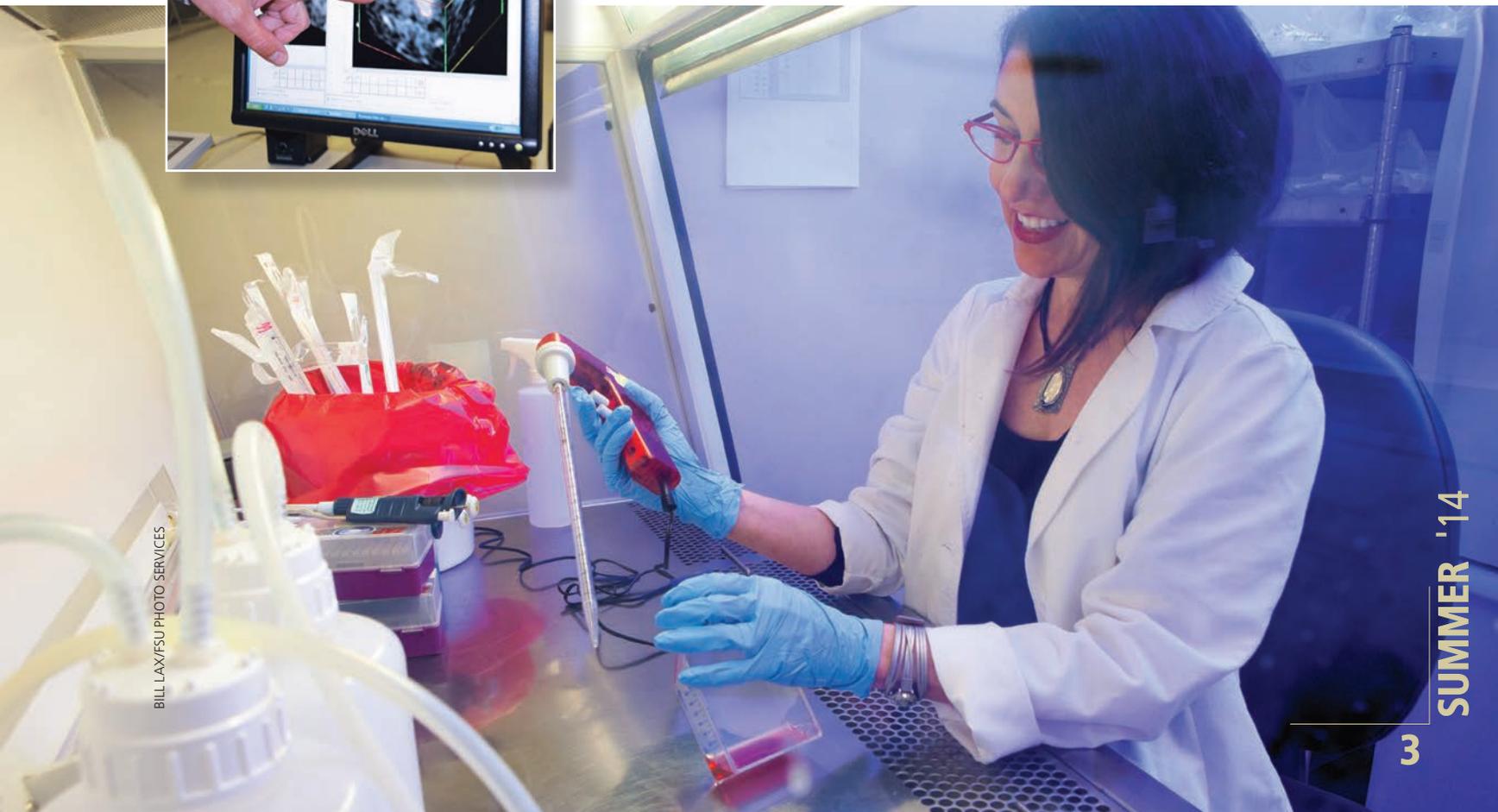
Very lethal, drug-resistant tumor cells act as a sort of "Trojan horse" during diagnosis, she said.

"The more resistant the tumor is, the more it looks like normal tissue, and sodium makes it look more normal, so it doesn't get hit by chemotherapy," she said. "It's able to hide under the radar screen."

Measuring sodium levels with an extremely powerful MRI like the one at the Mag Lab has significant future cancer treatment potential. Levenson and her co-investigators plan to study more varieties of brain cancer cells collected from different patients with different manifestations of evasion from treatment.

"My job is to ask: What does this tell us about the mechanism of cancer that we can exploit to develop better treatments?" Levenson said. "Our hope is that this will be a tool acting as one more piece of information to develop that systematic approach to the best course of treatment."

Cathy Levenson in her lab at the College of Medicine.



McKnight Fellow joining Biomedical Sciences scholars

Every year, about 2,000 members of underrepresented minorities seeking science, technology, engineering or math doctorates in Florida apply to the McKnight Doctoral Fellowship Program. Only 50 are selected.

This year, the College of Medicine's Department of Biomedical Sciences will welcome one of them: Connie Tenorio, who was an undergraduate research assistant for Professor Michael Blaber. She officially joins the program in late August.

"You usually hear that graduate school is a bad decision," said Tenorio. "You get a lot more in debt, and you don't have a job. But in STEM fields, you have good training, and you have a good chance of getting a good position somewhere. I think it's really worthwhile for people to chase after that."

For Tenorio, the chase has become less daunting. The McKnight Fellowship will provide full tuition for three academic years, plus an annual stipend of \$12,000. That's in addition to funding provided by the College of Medicine that many other departments have difficulty offering prospective students.

"The FSU medical school still promises you payment for the whole time that you're here," she said. "I think that's really important. Now, with this graduate fellowship money, I will also start paying off my student loans. I am really fortunate."

She explains that her decision to join Biomedical Sciences was also about her colleagues.

"I have been working here as an undergraduate researcher for two years now," said Tenorio, who this spring received a Bachelor of Science in biological science as well as chemical science, and a Bachelor of Arts in history. "I've gotten to know most of the faculty and the students that work here. I think there is a good interdisciplinary atmosphere where people collaborate."

Despite her familiarity with the department, Tenorio anticipates new challenges as a graduate student.

"My predecessor, Liam Longo, is actually one of the most successful graduate students in this program," she said. "I want to be able to have a record like he does: publishing papers and really making a contribution to science."

Her long-term career goals are equally ambitious: "You don't really see a lot of minority professors. It would be nice to go to some university one day and have the opportunity to teach."



Some surprising findings on age and weight discrimination

Older adults who perceive being discriminated against because of their weight, age, a physical disability or other aspect of appearance suffer significant physical and emotional health consequences compared with those who did not report experiencing such discrimination.

That's according to College of Medicine research involving more than 6,000 adults age 50 and older and covering changes in health over a four-year period.

"Our previous research showed that perceived discrimination based on body weight was associated with risk of obesity. We wanted to see whether this association extended to other health indicators and types of discrimination," said lead author Angelina Sutin, assistant professor of behavioral sciences and social medicine. "What we found was unexpected and striking."

The findings are part of a study published in the *American Journal of Psychiatry*.

In contrast, perceived discrimination based on relatively fixed characteristics – race, sex, ancestry and sexual orientation – were largely unrelated to declines in physical and emotional health for the older adults, Sutin said.

"We know how harmful discrimination based on race and sex can be, so we were surprised that perceived discrimination based on more malleable characteristics like age and weight had a more pervasive effect on health than discrimination based on these more fixed characteristics," Sutin said.

One possible explanation, she said, is that adults who perceive being discriminated against for characteristics such as race and sex have developed a lifetime of coping mechanisms. By contrast, being treated differently due to changes in appearance related to aging is a relatively new phenomenon for many.

Bill Lax/FSU Photo Services

Connie Tenorio, a McKnight Fellow, joins the College of Medicine's Biomedical Sciences doctoral program in August.



Joining teams for statewide research program

The one exception was loneliness.

Loneliness was the most widespread health consequence of discrimination among older adults. Discrimination based on every characteristic assessed in Sutin's study was associated with greater feelings of loneliness. According to previous studies, the effects of chronic loneliness are severe: increased risk for unhealthy behaviors, sleep disturbances, cardiovascular risk factors and suicide.

"Humans have a strong need to belong, and people often feel distressed when they do not have their desired social relationships," Sutin said. "Our research suggests that perceiving a hostile society is associated with pervasive feelings of loneliness. An individual may interpret discrimination as an indication that they do not fit in the society in which they live."

Sutin completed the study with co-authors Yannick Stephan, of the University of Montpellier in France, and Henry Carretta and Antonio Terracciano, both of the FSU College of Medicine.

Since admitting its first students in 2001, the Florida State University College of Medicine has been working to develop a statewide network of physicians, hospitals and other clinical affiliates. They're all part of the college's community-based medical education program.

The partnerships give FSU medical students access to experienced physicians in every discipline and to a diverse patient population as well.

That's also a formula for a clinical research network with a representative patient population. Often, patients from rural or other medically underserved communities are not included in research studies, leaving missed opportunities and gaps in the knowledge base.

Since 2011, the College of Medicine has worked with UF Health to build the statewide Health IMPACTS collaborative research network. The partnership builds on FSU strengths in community-based medical education and its diverse faculty and UF health research infrastructure.

The effort has been further aided by a \$1.6 million Florida Department of Health grant recently awarded to UF in collaboration with FSU that will link three universities, including the University of Miami, in translating research findings into practice.

The collaboration will create a network including 22 hospitals, more than 400 clinics and 3,250 health-care providers covering nearly 40 percent of Florida's patient population. They'll all be part of the OneFlorida network.

The DOH grant will be used initially to bring tobacco cessation programs into physician offices across the state in an effort aimed at cancer prevention. The DOH grant funding comes from the James and Esther King Biomedical Research Program and is part of a larger effort in Florida to become a leader in cancer prevention and treatment.

A primary aim for OneFlorida is to bring researchers and patients from underserved populations into the network for involvement in community-based research. The grant will fund three researchers a year from historically black Florida A&M University or Edwards Waters College.

"This project is a perfect example of how cooperative research approaches lead to success and great benefit to patients across Florida," said Michael Muszynski, M.D., co-principal investigator on the grant and associate dean for clinical research at the FSU College of Medicine.

"We're excited that through this project we will be able to significantly expand the reach of our Clinical Research Network in collaboration with two premier research universities."

The FSU College of Medicine's Clinical Research Network, at present, has capacity to include patients in six cities and three rural sites across Florida. The affiliations closely align with a community-based medical education program that includes six regional campuses across Florida, three rural sites and more than 2,400 faculty physicians and their patients.

"We believe that this tobacco cessation project is an important beginning that will lead to even more expansive initiatives in cancer research and disease prevention across Florida," Muszynski said.

"We are proud of our research affiliation with UF and recognize them as our unwavering partner in delivering research programs at the community level."

Chris Gotshall

Many of the FSU College of Medicine's clerkship faculty members will participate in research focused on preventing cancer through tobacco cessation programs.

OK now, but tackling tobacco was stressful

Les Beitsch is known for an often self-deprecating sense of humor, for his knowledge of health policy matters and for being the only College of Medicine faculty member with both an M.D. (Georgetown) and a J.D. (Harvard).

The combined legal and medical qualifications are important. Without them, Beitsch likely would not have been in a position to confront a significant health policy matter: As Oklahoma's commissioner of health in the early 2000s, he led a battle against Big Tobacco.

It was an ugly confrontation, pitting a billion-dollar business against the public health interest, with Beitsch somewhere in the middle. The story is told in "Heartland Tobacco War," a recently published book by college professors Michael Givel and Andrew Spivak.

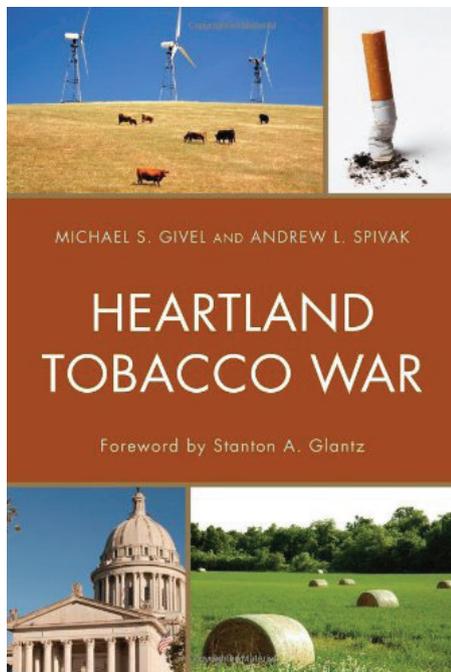
"This single maverick bureaucrat bypassed the usual insider politics of the legislature and employed aggressive public campaign strategies to bring about sweeping legal victories for clean indoor air and tobacco taxes in a very conservative state," the description on the book jacket reads.

Beitsch, now chair of the Department of Behavioral Sciences and Social Medicine at

the FSU College of Medicine, laughs at also being described on the book jacket as "Oklahoma's 'renegade' Department of Health commissioner."

That's about where the laughing stops, replaced by memories of intimidation, threats and dirty politics.

"One of the reasons I went to law school ever so long ago wasn't to become a particularly skilled lawyer, because I'm not one," said Beitsch, who previously had spent 12 years with



the Florida Department of Health, rising to the level of deputy secretary. "I'm about policy, and so for me it was an opportunity to shape some of those policies in a meaningful and important way."

Any notion that protecting the health of citizens outweighed tobacco company largesse in the minds of most Oklahoma legislators was shoved aside on Beitsch's first day in June 2001.

Surrounded by unpacked boxes, he was surprised to hear his phone ring and more surprised to be greeted by a member of the House appropriations committee. Shortly after "Hello," the powerful politician threatened the Department of Health's funding unless Beitsch was willing to do a favor.

When Beitsch made it clear he wouldn't participate in unethical politics, the representative hung up on him.

"That set a tone very early. I mean, that just infuriated me," Beitsch said.

The story ends well enough. Led by Beitsch, and backed by a term-limited governor, the Department of Health established clean-air regulations for state buildings. That was the first step toward Oklahoma's becoming one of the nation's first clean-air states.

Though successful in the push for tobacco regulation, Beitsch left Oklahoma after two and a half years to return to Florida. The lessons learned are valuable in the classroom, where Beitsch teaches Health Issues in Medicine, a

yearlong course for second-year students. The course deals with the foundations of health-care policy and services with an emphasis on prevention, public health and community-based care. It also introduces students to biostatistics, epidemiology and evidence-based medicine.

"I hope I am able to share with them my experiences and passion for health policy," Beitsch said. "And that they will use those lessons to shape their own worlds."



Oscar Cabrera

(l-r) Janel Rodriguez Cabrera, Brett Mulvey and Kelly McKnight.

Ph.D. grads make their mark

Come this fall, the Department of Biomedical Sciences' doctoral program will have 33 students. It's come a long way since admitting its first Ph.D. students in the fall of 2004.

"We're graduating as many students a year as we admit," said Myra Hurt, Ph.D., senior associate dean for research and graduate programs. "That is bound to be as good as, or better than, other science Ph.D. programs. I don't know anybody else that can say that."

So far, the Biomedical Sciences Ph.D. program has graduated 25 students. The four most recent grads, this past spring, were Janel Rodriguez Cabrera, Kelly McKnight, Brett Mulvey and William Perry.



Here's a sampling of doctoral alumni and their current positions:

- Azariyas Challa – Postdoctoral fellow, Department of Internal Medicine, Cardiology, Yale University.
- Elise Cope – Postdoctoral fellow, Princeton University.
- Rikki Corniola, assistant professor of biochemistry and nutrition, California Northstate University College of Medicine.
- Dillon Fritz, assistant dean, biological and environmental sciences and engineering, King Abdullah University of Science and Technology (Saudi Arabia).
- Fiona Hollis – Postdoctoral researcher in the Laboratory of Behavioral Genetics (Lausanne, Switzerland)
- Kelly McKnight – Postdoctoral research fellow, Center for Human Disease Modeling, Duke University.
- Zarko Manojlovic – Postdoctoral fellow, Center for Cancer and Immunology Research, Children's National Medical Center, Washington, D.C.
- Brett Mulvey – Postdoctoral fellow, Department of Neurobiology, St. Jude Children's Research Hospital, Memphis, Tenn.

Bill Lax/FSU Photo Services

'S' is for service

This summer, five years after National Health Service Corps people told her they'd pay for her fourth year of med school, Class of 2010 alumna Tanya Anim will start paying them back — by serving two years in a community with limited access to health care.

Also this summer, new graduates Alyson Lewis and Brett Thomas will get the first installment of the \$120,000 in academic-debt relief they'll receive from the NHSC — in exchange for their promise to practice at least three years in underserved communities.

At a time when student loans are soaring and health-care disparities are widening, the NHSC is an increasingly welcome alternative.

"When I first read the NHSC email, I literally shed tears of joy and thanked God," said Lewis, who spent her third and fourth years at the Daytona Beach Regional Campus. "It will allow me to seek a job where my services are needed most, without having to worry as much about finances."

Anim will fulfill her two-year obligation at the University of Florida Family Medicine Residency Program's Main Street Clinic, where she'll become a faculty member in July.

"Not every place that's available for you to do your repayment of service is in a rural area," Anim told Rural Health Association students

earlier this year. "Some of them are in urban areas. Some are in ultra-rural frontier areas. A lot are Federally Qualified Health Centers or rural health clinics. Some are private practices that just happen to be where there's a low ratio of physicians to the general population."

Both Thomas, who spent the past two years at the Tallahassee Regional Campus, and Lewis plan to do their NHSC service in Florida.

"Programs like the NHSC are not for everybody," Thomas said. "But if you have any desire to serve the underserved, I think it deserves a good look."

Anim wanted to do family medicine with OB-GYN.

"To do that in Florida, I thought, was going to be extremely difficult, specifically because of malpractice issues," she said. "I had already resigned myself to the fact that I'd have to leave the state to do my service."

"Sometime last July or August, I went on the NHSC website, looking at the different areas that qualified. Lo and behold, I happened to put in the criteria that I needed: family physician, with OB, with a score of 16 and above. [The higher the score, the greater the community's medical need.] And suddenly there was this new one available in Florida."

Gainesville, here she comes.

Tanya Anim (M.D., '10) returned to the College of Medicine to encourage current students to consider the National Health Service Corps.



Making vaccines more effective

A vaccine can't work if people don't take it. And sometimes one shot is not enough.

The vaccine for human papillomavirus (HPV) requires three doses for full protection against cervical cancer. Yet a third of the U.S. women and girls who've begun it have failed to complete it. Participation among Hispanics, who have high rates of cervical cancer, has been particularly disappointing.

Mary Gerend, who's been investigating the vaccine for 10 years, plans to find out why. The associate professor in Behavioral Sciences and Social Medicine will have the help of a two-year, \$363,000 grant from the National Cancer Institute — and the help of a large Hispanic community in rural Immokalee. Underscoring the medical school's mission to care for the medically underserved, her study will target low-income families.

"This project will focus exclusively on moms and their children," said Gerend, who's partnering with Elena Reyes, the college's regional director in Southwest Florida. "We're interested in identifying factors that help or hurt a child's chances of getting all three doses. We also want to find out the most effective ways of encouraging vaccine completion, such as learning how parents prefer to be reminded when their child is due for their next vaccine. A call from the clinic? Postcard? Text message?"

"One goal of this project is to understand who completes the vaccine series and who doesn't. This information will be critical for boosting future vaccine completion rates."

The vaccine is not just for daughters but also for sons, because it prevents HPV-related cancers and reduces HPV transmission from males to females.

Gerend notes that it's a high-profile topic: "President Obama's advisory council on cancer this past year made HPV vaccination their priority, noting that this is a very effective vaccine but we're not seeing high rates of uptake."

Her hope is to focus on Immokalee first, then work across the state.

"The vaccine is even more effective than we thought it was going to be in reducing precancerous lesions and HPV infection," Gerend said. "I'd like to help the public take advantage of this opportunity."

"The vaccine is even more effective than we thought it was going to be."

— Mary Gerend



COLIN HACKLEY

Speaking of good health care

Growing up in Miami, Elena Reyes often accompanied her Cuban grandmother to local hospitals to help serve as her interpreter. She also once observed as a medical resident, oblivious to cultural differences, attempted to complete a mental status exam on her father, who had limited English proficiency.

"My father was turned away because they incorrectly assumed he did not have good insurance, and who knows what kind of results the exam produced?" Reyes said.

After seeking help from a Spanish-speaking private psychiatrist, the family got a different result. "A bed 'became available,'" Reyes said.

Such experiences profoundly impacted Reyes, a founding faculty member who has consistently advocated for students to be taught the importance of culturally appropriate health care.

Following Reyes' suggestion, Florida State University this summer will begin offering a medical Spanish interpreter certificate through the School of Communication and in partnership with the Division of Spanish and Portuguese.

"Medical students, psychologists and physicians need to be able to communicate effectively with their patients," said Reyes, who oversees the medical school's Immokalee Health Education Site and is director of behavioral medicine for the College of Medicine's family medicine residency program in Fort Myers.

"The U.S. surgeon general has noted that it is not enough to have access to care, but rather patients need access to linguistically appropriate care. A comprehensive, state-of-the-art, integrated primary care clinic needs to follow the federal mandate for provision of services in the language patients can understand."

The new medical interpreter's certificate program is one part of the workforce development component in a behavioral health initiative sponsored by the Naples Children & Education Foundation (NCEF), founders of the Naples Winter Wine Festival. NCEF provided the College of Medicine with a \$1.3 million grant to also:

- Establish an American Psychological Association-accredited postdoctoral fellowship in primary care behavioral health.
- Establish a fourth-year elective for medical students in primary care behavioral health.
- Develop a continuing medical education-approved psychopharmacology certificate for primary care physicians.
- Provide clinical staff training for the delivery of integrated primary care.

The medical interpreter's certificate also enhances Reyes' effort to collaborate with other FSU colleges to improve health care for a large population of Hispanics in Southwest Florida.

"The goal is to help prepare students for medical Spanish interpreter

positions in health facilities, where interpreters accurately and effectively facilitate communication between health-care providers and Spanish-speaking patients," said Gary Heald, director of the FSU School of Communication. "Students who complete this undergraduate certificate will be certified as linguistically competent in English and Spanish, and will receive training that will help them prepare for written and oral tests that are required for national certification."



Elena Reyes

New Fort Myers program matches top residents

The College of Medicine's new family medicine residency program in Fort Myers, a partnership with Lee Memorial Health System, accepted its first residents in March – after receiving 1,088 applications for six positions.

"We were absolutely thrilled with the results," said Gary Goforth, M.D., founding program director. "Not only did we fill all six positions, we filled them out of our top 10."

When training began July 1, Alyson Lewis (Class of 2014) was one of the six new residents.

"I am super excited to be a member of the inaugural intern class," said Lewis. "I know the mission and standards of the FSU College of Medicine, where I received a great medical education, so I feel even more confident in the residency training I will receive at this program."

The start of the program also begins to address long-term health-care needs facing the community.

"We predict a 100+ primary-care-physician need over the next 10 years," said Goforth. "Statistically, over half of the graduates of family medicine residency programs stay in that area to practice."

Furthermore, the program allows current FSU medical students needing to complete advanced family medicine rotations to do so at Lee Memorial. In turn, they will gain exposure not only to the residency program but to the diverse patient populations of Fort Myers and surrounding rural areas, such as Immokalee.

Lewis got a preview of the developing FSU-Lee Memorial partnership before she graduated.

"During an elective family medicine rotation earlier this year, I had the opportunity to work in the family medicine clinic," said Lewis. "Everyone was so welcoming and willing to help me learn, and I especially liked the emphasis placed on incorporating evidence-based medicine into daily practice. Their enthusiasm and support are motivational to me as an incoming intern. You can tell they are dedicated to our success."

Program Director Gary Goforth with a patient at the Family Medicine Clinic at Lee Memorial Hospital.



COLIN HACKLEY



'UNDER THE RADAR': OUR PARTNERSHIP WITH THOMASVILLE

COLIN HACKLEY

BY RON HARTUNG

THOMASVILLE, Ga. — Just 45 minutes from Tallahassee is a prosperous town of 20,000 once known as the “Winter Resort of the South,” with a Norman Rockwell downtown, a 264-bed hospital staffed by top-notch doctors who love to teach, a diverse supply of patients rich and poor, and enough Southern hospitality to melt any med student’s heart. This is Thomasville, and it’s the answer to a community-based medical school’s dream.

While dozens of FSU medical students have quietly developed their clinical skills just across the Georgia border for nearly a decade, Dean John P. Fogarty said it’s time to loudly proclaim Thomasville as one of the best-kept secrets of the medical school’s success:

- Thomasville supporters have provided a huge boost to the school with generous financial donations.

- Every year, five third-year and five fourth-year students live in Thomasville, with Archbold Medical Center covering their hospital meals, utilities and even rent.
- Archbold physicians teach them one-on-one, relieving the pressure on Tallahassee faculty members who are seeing first-, second-, third- and fourth-year students of their own.

A few College of Medicine alumni have settled in South Georgia to practice, returning the favor to a community that needs them. Some of those alumni, in turn, have joined the College of Medicine’s clerkship faculty and teach our students in clinical settings in and around Thomasville.

“Thomasville has done a magical job of welcoming and making a significant investment in our students for eight years now,” Fogarty said. “And it’s a perfect fit with our mission. Many of these areas in South Georgia are terribly underserved in terms of the kinds of doctors they need.

Early on a Tuesday in April, these College of Medicine students lined up outside Archbold's main entrance for this photo. Usually they'd all be going in different directions, on different rotations. Unless specified otherwise, all were third- or fourth-year students assigned to the Thomasville program. From left, Ludonir Sebastiany (a Bridge Program student visiting this day), Geden Franck, Judy Lin, Shermeeka Hogans-Mathews, Briana Phillips (visiting from the Tallahassee campus), Thomasville Clerkship Administrator Rudy Hehn, M.D., Kany Aziz, Dillon Cleary, Michael Quinif, Nicole Sparks, Alicia Evans and Brett Thomas.

So it just made sense for us to think about Thomasville. The Archbold Medical Center has been a wonderful partner.”

The feeling is mutual, said Rudy Hehn, the Archbold physician who's largely credited with the program's success — and who acknowledges that this partnership has largely “flown under the radar” until now.

“The doctors like the students,” said Hehn, who's lived in Thomasville for 30 years. “And they feel like medical education strengthens their own commitment to keeping current. It's a way of making sure that we're not becoming stagnant in our medical knowledge, because the students won't let you do that.”

Added Mel Hartsfield, Archbold's chief medical officer: “If we discontinued it, there would be an uproar. It's valued by our medical staff. Many of them are FSU grads and like being part of their university.”

The students, meanwhile, feel as if Archbold becomes their personal hospital. Said alumna Randa Perkins, who now works at Tallahassee Memorial: “If you're a student and know you're committed to primary care and want to experience *everything*, come to Thomasville.”

Archbold Medical Center keeps growing. That's the new North Tower rising in the back.



ARCHBOLD FILE PHOTO

PARTNERSHIP TIMELINE

- 2000:** College of Medicine established.
- 2001:** First students arrive at main campus.
- 2003:** First regional campuses open in Tallahassee, Pensacola and Orlando.
- 2004:** Archbold Medical Center signs affiliation agreement with College of Medicine to become teaching site.
- 2005:** Gift agreements establish Thomasville Endowment for Advancement of Medical Education and Archbold Fund for Excellence in Medical Education.
- 2006:** Rudy Hehn, M.D., selected as Thomasville clerkship administrator; first College of Medicine students arrive in Thomasville.



COLIN HACKLEY

Judy Lin gets one-on-one training in the operating room from anesthesiologist Cordell L. Bragg III.

THE PARTNERSHIP

As director of community clinical relations, Mollie Hill has helped establish the College of Medicine's six regional campuses and two clinical training sites across Florida. Sometimes that process has involved heavy lifting. Not in Thomasville. (In case you're confused: Thomasville itself is not a regional campus; it's an offshoot of the Tallahassee campus.)

“Early on,” Hill recalled, “the Thomasville medical community and Archbold hospital really wanted to be involved.” But the College of Medicine team was hip-deep in the logistical challenges of creating a unique, multi-campus medical school that uses community physicians as its faculty. “Initially we literally didn't have time to add Thomasville, but they never lost their enthusiasm.”

When the inaugural students wrapped up their first two years of study at the main campus and dispersed to one of the regional campuses for clinical training in Years 3 and 4, there were concerns about how many more students Tallahassee's physicians could absorb.

“We were keeping the Tallahassee campus to 10 students, rather than 20, because here we also train all of our first- and second-year students in the community,” Hill said.

But students didn't like that limit.

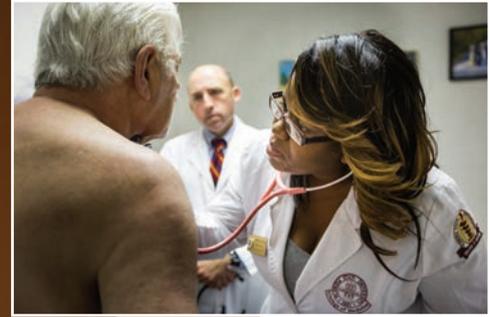
“A lot of them like to stay close to Tallahassee because this is where they did their first couple of years; they have spouses here, jobs here, houses here, family here,” Hehn said. “So they spilled over into Thomasville because we have a large group of doctors who want to teach.”

In 2004, FSU and Archbold signed an affiliation agreement.

“But it never would have worked,” Hill said, “without the private donations, the contributions by the hospital and finding the right person to coordinate it.”

THE MONEY

The most breathtaking private donation to the partnership came from the Williams Family Foundation of Georgia Inc. That's “Williams” as in the late Marguerite Neel Williams, revered for her work in historical preservation, the arts, politics, the Boys and Girls Club and innumerable other civic causes.



COLIN HACKLEY

Shermeeka Hogans-Mathews examines a patient under the watchful eye of Dr. William Cooper at the McIntosh Clinic.

From left, students Ludonir Sebastiany (a Bridge Program student visiting this day), Nicole Sparks, Briana Phillips (fourth-year student visiting from Tallahassee) and Alicia Evans learned about Archbold's emergency department from Sanford Hawkins, M.D.

Nicole Sparks elicits a smile from a young patient at the Pediatric Center, a few blocks from the hospital.



COLIN HACKLEY

Observers say that two of the people most instrumental in the painless birth of this partnership were Williams' granddaughter Alston Watt, who was (and still is) chair of the Williams Family Foundation board, and Watt's husband, Philip, an M.D. who was on the FSU Foundation Board of Trustees.

In 2005, the Williams Family Foundation of Georgia created the Thomasville Endowment for the Advancement of Medical Education and made a commitment of \$1,000,001. (The extra dollar pushed the state match from 70 percent to 75 percent.) At the end of March, the endowment stood at nearly \$1.5 million.

Also in 2005, the Archbold Medical Center created the Archbold Fund for Excellence in Medical Education and made a five-year, \$500,000 commitment for cash and in-kind gifts. The fund supports the administrative and program needs associated with the Thomasville teaching site at Archbold. A follow-up gift agreement from Archbold was signed in 2011, providing \$262,500 in cash and gifts-in-kind over five years. That commitment continues the medical center's support of the Archbold Fund for Excellence in Medical Education.

THE MAN

Hehn is an unassuming but enthusiastic champion of the Thomasville students.

"Dr. Hehn gives us responsibilities and tasks to encourage and increase our confidence in making decisions and taking on the full responsibility of taking care of a patient," then-fourth-year student Judy Lin said earlier this year when Hehn received a teaching award. "However, at the root of his success in teaching medical students is the fact that he really cares about how each student is doing. He makes every effort to be aware of which rotation we are on, who we are working with and encourages us to

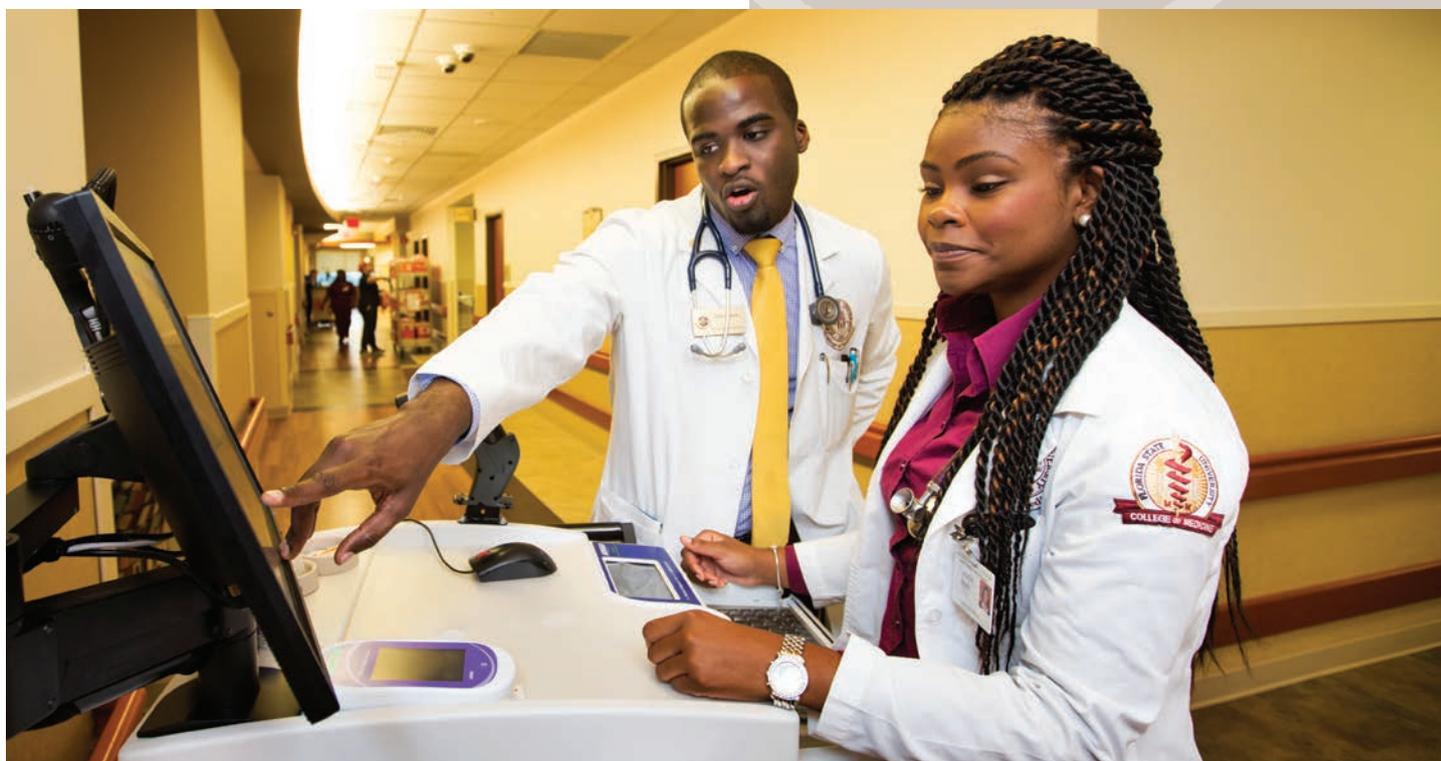


COLIN HACKLEY

Michael Quinif sees a pregnant patient at the Shaw Center, a clinic near Archbold.

ARCHBOLD'S STORY

John D. Archbold was president of Standard Oil of New Jersey. His son, John F. Archbold, was active in developing Standard Oil Co. After the younger Archbold retired, he and his family wintered in Thomasville. His children enrolled in Thomasville schools that he helped establish. He gave Archbold Memorial Hospital as a gift to the community in memory of his father. It opened in 1925.



COLIN HACKLEY

Geden Franck and Alicia Evans.

approach him with our concerns. Without fail, every conversation that a student has with Dr. Hehn ends with him asking one of us, 'Is there anything I can do for you?'"

Mel Hartsfield formerly was dean of the Tallahassee Regional Campus and, therefore, has seen this partnership from both sides. When he stepped down, he assured his successor, distant cousin Ron Hartsfield, that he could depend on Hehn to keep the Thomasville program running smoothly. (Both Hartsfields and Hehn are alumni of FSU's Program in Medical Sciences, forerunner of the College of Medicine.)

"He's a hospitalist," Mel Hartsfield said of Hehn. (That is, he takes the place of your regular doctor if you're hospitalized.) "He has contact with the students all the time. That's an additional benefit for students coming here."

Hehn says he lines up students' credentials for Thomasville, nearby Cairo, Camilla and Quitman. When they arrive, he orients them. He tries to figure out what the student particularly needs to learn and, therefore, who the best physician/teacher might be.

"Rudy knows the people, knows the ground, is respected, knows the students, monitors the students, is respected by them and trusted," Ron Hartsfield said.

Hehn, in turn, credits his Tallahassee counterparts, the Thomasville medical staff and the Archbold leadership: "Jim Story, our former CEO, and current CEO Perry Mustian have clearly done everything they can to make this program work."

THE STUDENTS

The first three students arrived in 2006 just after Archbold had set up clinical rotations for them. "This was a new experience for almost everyone involved," alumna Perkins recalled, "but you would have thought that they had been doing this for 20 years. If you had an interest in doing anything, they made it happen. I really got to get my hands dirty."

Elving Colon arrived a year after Perkins, left for his residency, then came back.

"I got to know the medical community very well," said Colon, who now practices family medicine at Archbold. "It's an underserved community, and I knew they were looking for family physicians to return. So it was a no-brainer."

He said Thomasville patients love having students care for them, because students often have more time than the attending physician.

"I haven't had a patient turn a student down," he said. "I think that says a lot."

Clerkship Administrator Rudy Hehn acquaints Geden Franck with some of the medical technology in Archbold's intensive care unit.

COLIN HACKLEY





Believe it or not, this is student housing. Not only is it beautiful, but it's free.

Now Colon is not only seeing his own patients but also mentoring our students, such as third-year Michael Quinif, who grew up in Thomasville.

“For the med student, I think it’s perfect,” Quinif said. “The hospital is the No. 1 employer in Thomasville. It’s a huge facility. We have basically everything there except for cardiothoracic surgeries.”

And, of course, there’s free housing. Students live in a Tudor-style building that long ago was a nurses’ dormitory, just a few blocks down Gordon Avenue from Archbold.

THE COMMUNITY

As new third-year students come to town, the community reaches out to them — most notably through an outdoor party that Theresa and Joe Brown host. Though Theresa downplays their annual reception, it symbolizes the whole town’s hospitable approach to our students.

It began in 2007, when she was on the Archbold Foundation board. “I think we ought to get to know the med students,” she told the board. “We could have a reception or something.”

This September, once again, in the tastefully landscaped backyard of the home she inherited from her mother, just a block down from Archbold, the latest group of Thomasville students will be wined and dined and otherwise pampered. Theresa Brown will give them gift baskets containing, among other things, a “Pines and Plantations” cookbook and mayhaw jelly.

“Thomasville is very welcoming,” said Brown, a gracious FSU graduate. “We invited the Yankees to come after the war and build the plantations and the houses you see around town. So if someone comes to our community, we’re going to make sure that they’re part of the community.”



One of Thomasville’s most enthusiastic supporters of both Archbold and the FSU College of Medicine is Theresa Brown. She and husband Joe host an annual reception for the third- and fourth-year students and others connected with the program.

THOMASVILLE’S STORY

- Founded in 1825.
- Beginning in 1870s, became popular winter vacation spot for Northeasterners and Midwesterners. Among theories: last stop on railroad line from Savannah; far enough south to have pleasant weather, far enough north to avoid Florida’s mosquito/malaria scare; pine-scented air thought to have health benefits.
- Became home to many upscale industrialists. Some turned old plantations into quail hunting reserves, bringing great wealth to region.

(From website of Thomas County Historical Society, <http://thomascountyhistory.org/history-of-thomas-county/>)



'THE FLEXIBLE FAMILY PHYSICIAN'

BY RON HARTUNG

M

ILTON — Dennis Mayeaux loves being a “family doc,” what he calls “the first person your patients call on when they have a question about their health.” But he knows family medicine doesn’t have the pizzazz of, say, neurosurgery. All he asks medical students to do is to compare apples to apples when they size up career specialties.

He says they’ll discover two things: Family medicine is a remarkably flexible career choice, and the pay — if you consider the long haul, not just

the annual salary — is impressive, too.

Mayeaux (*pronounced MY-you*) is Florida’s newest Family Physician of the Year, the ninth FSU-related physician to win that honor since 2000. Because he stopped taking new patients 15 years ago, he and his patients are all aging together — and wondering together about Florida’s medical future.

“When you hear him talk, you can almost see the 80-year-old lady in his office, or the 90-year-old man who really needs some policy or something in place to help that patient and avoid all the downsides of what’s going on with the health-care system,” said Alma Littles, the College of Medicine’s senior associate dean for medical education and academic affairs. “He has always been promoting the private-practicing physician.”

Mayeaux, who last year was named FAFP Part-time Educator of the Year, also is shaping the next generation of physicians. He coordinates the family medicine curriculum and training of third- and fourth-year students at the College of Medicine’s Pensacola campus. The dean of that campus, Paul McLeod, practiced medicine with him in Milton.

“Patients and students appreciate his sincerity and humanistic approach,” McLeod said. “Dr. Mayeaux is a leader who does not need the limelight to succeed. Instead, he leads by mentoring.”

Jimmy Westbrook, who graduated in May, said beneath that trademark humor and smile, Mayeaux cares deeply about training medical students the right way.

“He donates vast amounts of time to small didactic sessions to impart deeper understanding about both medical concepts and patient care,” Westbrook said. “To paraphrase him, it is impossible to give great care without fully understanding the patient and their disease process. Thanks to him, I learned a lot about both.”

Still, Mayeaux concedes it’s challenging to give his students a real feel for family medicine.

“You see a radiologist reading X-rays and doing interventional procedures. This is a daily routine; this is how his life goes. Or you see the orthopedist. He operates on Tuesdays and Thursdays, and he has clinic on these half-days. That’s the life of this orthopedist.”

But what is the life of a family physician? It’s a little bit of everything. Even in Milton, population 10,000, he sees much variety.

“I know family physicians who just do long-term care. I know one who just does hospitalist work. Another couple just do ER shifts. A number just do urgent care. Many just do an office practice Monday through Friday. There’s a long list of ways to practice, depending on your personal goals.”

For example, when your kids are young, maybe you can be home more during the day. Later in life, when they’re in college and you need more income, you can work more. “At different phases of your life,” he said, “you can model it to fit your needs.”

What’s more, family physicians often begin their careers sooner than many other specialties, he said, because they’re not required to take extra fellowships. Also, they can pace themselves — unlike neurosurgeons, he said, who have to go 90 mph nonstop.

Along those same lines, he said, your career can last longer, if you like. “If you walk into an exam room and there’s a 68-year-old family doc who looks a little gray and maybe has a slight tremor but still knows his craft, you’re comfortable,” he said. “If you walk into a room and there’s your 68-year-old neurosurgeon with a slight tremor, you’re probably going to get uncomfortable.”



COLIN HACKLEY

“Certain career specialties are shorter. It’s like an NFL football player. You have to pay them a lot because they’re not going to get to work very long.”
 Speaking of pay: Family physicians are often viewed as the bottom of the medical-salary totem pole. But if you consider lifetime earnings after taxes, Mayeaux said, the differences among specialties fade.
 But pay, he hastily adds, is just one factor in a career choice.
 “We don’t need everyone to be a family doctor. Still,” he added with a laugh, “I’d like a few more than we have.”



COLIN HACKLEY

If your doctor is also a friend and fellow church member, you can get an exam in your living room, after clarinet rehearsal. Mayeaux and Don Tomer practice clarinet or saxophone every Wednesday morning. “He’s a super guy, a super doctor, very attentive and thorough,” Tomer said. “I’m privileged to have him.”



COLIN HACKLEY



COLIN HACKLEY

On the day we visited, here’s what Mayeaux did, starting at 5:30 a.m.: Ran four miles. Conducted hospital rounds with student. Practiced clarinet with patient/friend. Drove 20 minutes to Pensacola to coach student on effective presentations. Returned to Milton to check on patients in nursing home. Returned to Pensacola for Doctoring 3 sessions with students. Met with students on family medicine rotation. Visited nursing home. Arrived home shortly after 6 p.m.

HONOREES WITH FSU CONNECTIONS

Why has FSU had so many Family Physicians of the Year, chosen by the Florida Academy of Family Physicians? “We’re all over the state,” said Senior Associate Dean Alma Littles, who received the honor in 1993 — and is an FAFP board member. “We focus on family medicine. And the people who receive FAFP awards tend to be the best in their community, which is exactly the group we look for when we select our faculty.

“They’re active in FAFP because it’s important to advocate for your patients. Sometimes what happens to them in the Legislature can be worse than what you’re treating them for.”

Here are FSU-related Family Physicians of the Year since 2000: Dennis Saver (Fort Pierce campus); Greg Sloan (Tallahassee); C. David Smith (Pensacola); Albert Tawil (Sarasota); George A.W. Smith (Pensacola); Jennifer Keehbauch (Orlando); Richard Hays (Fort Pierce); Bernd Wollschlaeger (Fort Pierce); Dennis Mayeaux (Pensacola).

MAYEAUX'S VIEWS ON...

- **Small-town medicine:** "It seems a bit scary, especially in a town you've grown up in. It's hard when your patient is your former schoolteacher, an old friend, somebody you were in elementary school with and you're dealing with some difficult moment in their life. It's not for everybody. But not only do you become more comfortable dealing with people you've known for years, you become very protective of them. You don't want other sectors of the health-care profession to start doing things they ought not be doing. You watch them like a hawk."
- **Doctor-patient relationships:** "Just yesterday, I was 30 minutes late seeing someone I've known for a long time, and he absolutely called me on it. All I could say was, 'You're right, and I'll try to do better next time.' For a patient to trust you enough to chew you out, knowing you're not going to chew back — if that's not a mark of a relationship that can work.... With first- and second-year students, we try to paint this picture of everybody's hugging and crying. Closeness sometimes means other things."
- **Family medicine in Florida:** "I'm concerned that Floridians will not be able to find a good, well-trained family physician when they need one. Physician's assistants and nurse practitioners are very important members of the health team, but they're not family physicians. It's two years of medical training versus seven years. If we're going to have allied health-care practitioners do certain things, I could teach techs with good eye-hand coordination how to do a hernia repair. They could probably do an incredible job — just that one thing. But then we say, 'No, let's take the most complicated and potentially dangerous parts of medicine, family medicine and geriatrics, and let THAT be where the least-trained people go.' THAT bothers me! Everything in medicine is moving toward more collaborative arrangements, and a few small constituencies are trying to move apart. To me it's such a distraction."

KNOWING YOUR PATIENTS

One family told me that when their father, who possessed an extraordinary intellect, started to lose his memory due to Alzheimer's, Dr. Mayeaux was the only physician who recognized the decline and initiated treatment. Other physicians noted he passed their neurologic tests with average scores and felt there was nothing wrong. Only Dr. Mayeaux knew the patient well enough to know that an average score for this gentleman was anything but normal. His family remains eternally grateful.

— Jimmy Westbrook, alumnus (M.D., '14)



COLIN HACKLEY

Mayeaux always thought: "Why retire? I'd just spend the day running around, seeing friends. That's what I do when I'm in the office, except ... they pay me! I feel like I AM retired!" Last year, though, he became a grandfather. So retirement is no longer unthinkable.

FAMILY MEDICINE ISN'T ALL WE DO

Recently a physician asked, "Aren't you all concerned that you're not doing what you said you were going to do — produce all family doctors?"

First, we didn't say that! Second, I don't think we really want that. We certainly want a majority of our students to pursue primary-care specialties because that is what we set out to do, but we never said they would all be family doctors in rural Florida.

Yes, we want to provide physicians who will care for patients in rural areas, but they don't all have to be family physicians. If we can get other subspecialties to a rural area periodically, that can be a huge benefit. Rural patients break hips and have heart attacks and need all the "-ologists" as well.

Yes, we want students caring for the elderly, but we want some taking care of babies, too! Focusing on one word in the mission statement is not what we're all about.

- *Alma Littles, senior associate dean for medical education and academic affairs*



FLORIDA STATE UNIVERSITY
College of Medicine



ON THE EVE OF GRADUATION – FLOODING AND HEROISM

BY RON HARTUNG

Veteran Navy helicopter pilot Jimmy Westbrook was looking forward to the thrill of graduating from medical school with 114 classmates in the FSU College of Medicine’s Class of 2014 — including the 17 with whom he spent the past two years at the Pensacola Regional Campus.

Then his life got stormy.

The more compelling news is that one of his neighbors, in a wheelchair, might have drowned when heavy rain storms hit Pensacola just before graduation had it not been for Westbrook. Thanks to a boat’s timely arrival, both families lived to tell this soggy story.

“It happened so fast,” said Westbrook, 35. “We’re really glad that boat came when it did. We were running out of options.”

Said neighbor Clarissa Puryear, whose daughter uses a wheelchair: “We were terrified. Jimmy is our super-hero. He’s going to excel wherever he goes.”

Westbrook excelled from the moment he first arrived in Pensacola, for Officer Candidate School, six days after he graduated from the University of Washington. He put his dream of becoming a doctor on hold, went to flight school and spent nine years flying helicopters for the Navy around the world.

Two years ago he returned, on a military scholarship, as a third-year med student. Pensacola is one of the College of Medicine’s six regional campuses. Its mission is to produce physicians who practice patient-centered health care and respond to community needs. Westbrook’s choice to pursue family medicine fits right in with that mission.

“Jimmy did very well as a medical student and was skillful in juggling the responsibility for his growing family with medical education,” said Paul McLeod, dean of the Pensacola campus. “He’s very well prepared to respond to an emergency with a clear head and no panic.”

Most people would have panicked during three wild hours when the storms hit Pensacola.

After midnight, early on May 1, the river of rainwater flowing down Harlington Street in Bristol Park suddenly invaded the single-story homes. Westbrook, wife Ashley, 3-year-old daughter Ellie, 9-month-old daughter Zoey and pet Pomeranian Bella all watched nervously as the water in their house continued to rise. While Mom kept finding higher places for the kids, eventually perching them atop the kitchen cabinets, Westbrook went next door.

Puryear, 53, lived there with daughters Venezia Jackson, who babysat for the Westbrooks, and Monique Jackson, who has cerebral palsy. Because the water pressure prevented Westbrook from opening the front door, he

broke a window and climbed in. Then came the challenge of getting out, carrying Monique on his back.

Finally they made it back to the Westbrooks' home, where he had to kick down the door. It seemed as if things had stabilized – until the water started rising higher, and the power went out.

Now it was wet, dark and scarier than ever. But before long two people paddled by in their small boat. Westbrook flagged them down. There was room for his wife, his daughters and Puryear's daughters.

He and Puryear stayed behind and waited. Finally, a kayak came. Puryear climbed in, and Westbrook walked alongside.

"I can't even put into words what Jimmy did for us," Puryear said. "He saved our lives. I know he has a special blessing coming. He didn't have to do that."

Westbrook credited his wife: "She was really cool and calm during the whole thing. That made all the difference."

Now he and his family are in California. They were planning to move anyway, because Westbrook is continuing his medical training in the Camp Pendleton family medicine residency program. They just hadn't planned to leave before the College of Medicine's May 17 commencement ceremony in Tallahassee.

But since their rental house and most of their possessions were ruined, they called the movers and said, "Come on out now."

Westbrook had airline tickets to Tallahassee for graduation, but a wildfire near Camp Pendleton threatened the area where he was staying. Westbrook remained to protect his family, and watched the ceremony during a live webcast. He had wanted to attend graduation partly because of how pleased he was with the training he received at Florida State.

"Being able to train one-on-one with physicians is pretty incredible," he said. "Some of these people are legends in their field. I don't just hear lectures from them. I get to eat lunch with them and really hear how they think."

He also appreciated the similarities he discovered between his two careers.

"You fly as part of a crew, and it's the same thing with doctors and nurses and residents," he said. "You can't do it by yourself, and those who try usually fail. It's life-and-death, but it's so much about communication, and getting ahead of the problem."

"Some surgical specialties are even starting to use a checklist. Aviation pioneered the checklist model. Now we're seeing it in medicine, too. For me, it feels like home."

Ultimately, he and his wife hope to settle down in Florida, perhaps in the Pensacola area. No doubt they'll look for high ground.

There was time for nervous smiles for Westbrook and Puryear once inside his family's home. Then the water kept rising and the power went out.



Prevention is the best medicine

Even before spending a year at the National Institutes of Health during medical school, it was apparent that Rob Allison (M.D., '06) would build his career around research. He earned a Master's in Public Health prior to arriving in Tallahassee

in 2001 as a member of the College of Medicine's first class. The desire to help from beyond the bedside grew as Allison progressed in his medical education.

"When seeing individual patients, I often felt like we could do a better job for them, but it had to happen on a higher systems level, and that I

wasn't empowered to make those changes," he said.

He credits the Navy for giving him the opportunity. After two years in the internal medicine residency program at Naval Medical Center San Diego, Allison became head of clinical quality for the Navy's medical center and regional health-care system.

He recently graduated from the General Preventive Medicine Residency Program at the Johns Hopkins Bloomberg School of Public Health and is a member of the prevention practice committee with the American College of Preventive Medicine in Washington, D.C.

Soon, Allison will be heading to Cairo, Egypt, to serve as the Centers for Disease Control medical officer for viral hepatitis in collaboration with the World Health Organization Eastern Mediterranean Region for North Africa and the Middle East. He will be working for the CDC Center for Global Health, Global Immunizations Division, Global Elimination and Eradication Branch.

"One major challenge will be assisting high-need, low-income countries in the region with introducing the hepatitis B vaccine birth dose," Allison said. "Other areas I'll be responsible for include rotavirus and invasive bacterial diseases vaccination and surveillance."



PIMS grad to lead new surgery residency program

Wade Douglas (PIMS, '92) has returned as the inaugural director of the College of Medicine's new general surgery residency program at Tallahassee Memorial Hospital. Douglas, who graduated from Florida A&M University in 1991, assumed his new role July 1.

His first task will be to lead the program through the accreditation process, which could take up to one year to complete. The first new residents likely will be in place by 2016 and, at full capacity, the program will produce two new general surgeons a year. Currently, the nearest general surgery residency programs are in Jacksonville and Gainesville.

"As a surgeon, I have the opportunity to improve the health of a few thousand people during my career, but establishing and developing a quality residency program will provide the opportunity to directly and indirectly improve the health of a few hundred thousand people," Douglas said. "That's something I'm very excited about."

Douglas had been serving as director of the general surgery residency program at the Edwards School of Medicine at Marshall University.



Doctor by night, writer by ...

As an emergency room physician, **Jon Cobb** (PIMS, '91) has seen firsthand how much patients have benefited from advances in medical technology. In fact, it often makes him wonder how far those advances will take patient care in the distant future.

What if technology continues to advance at the rate it has for the past 25 years? Will it have a major impact on life expectancy? Those questions stirred Cobb's imagination, and his keyboard, and now he's a published writer because of it.

"The Death of Immortality," his first novel, combines Cobb's medical background with literary interests in science fiction and mystery novels. He explores a future world where technology has made humans nearly immortal.

"I've always had an interest in writing, and I received encouragement from others to try to get published," said Cobb, who has been practicing in Safety Harbor, Florida, for the past 16 years. With two daughters now in college, and in spite of work shifts that often have him up most of the night, Cobb found the time to write and realize his dream of being published.

In Cobb's book, medical advances have essentially made death a thing of the past. Then a trauma victim dies as the result of a terrible car accident, despite the efforts of a brilliant doctor and the technology that has worked so effectively in similar cases.

Curious about this rare death, a detective comes out of retirement and joins the doctor in the search for answers. What they stumble into is a murder mystery in a hospital of the future.

Besides promoting the book, Cobb remains busy caring for patients and is working on his next novel. "The Death of Immortality" is available at amazon.com or barnesandnoble.com.



In memoriam

Stephen Nobles (M.D., '11) was known as a kind person who enjoyed other cultures. He used his language skills to make patients from non-English-speaking backgrounds more comfortable in the medical setting.

Nobles, 28, who was in his second year of a pathology residency at the University of California San Francisco, died of lymphoma in December.

"Stephen was a quiet and gentle person and was well liked by his classmates, faculty and staff here in Fort Pierce. He will be greatly missed," said Randy Bertolette, dean of the College of Medicine's Fort Pierce Regional

Campus, where Nobles spent his third and fourth years of medical school.

"Stephen really enjoyed his two years at the Fort Pierce campus and was already promised a pathology job by a local pathology group," Bertolette said.

At the University of Miami, Nobles had a double major in microbiology and Spanish, as well as minors in biochemistry, chemistry and Italian.

"To Stephen, everything in life was new every day," his obituary read. "He viewed life with open eyes and was very accepting of all those who were before him. He especially enjoyed all cultures and was particularly fluent in Spanish. He was very kind and sensitive to the needs of others and completely dedicated to his profession."

The Stephen M. Nobles, M.D. Pathogenesis Award Endowment Fund has been established in his honor by faculty, mentors, colleagues and friends. The endowment will serve as a lasting tribute to his passion for understanding the mechanism of diseases and his commitment to the field of pathology.

When the endowment has been fully funded at \$25,000, an award will be given to a second-, third- or fourth-year student who has excelled in pathology studies while exhibiting an interest in further understanding disease mechanisms beyond the required curriculum.

To contribute, make your check payable to:

FSU Foundation
2010 Levy Ave. #300
Tallahassee, FL 32306

Please write "Nobles Award/Fund F07899" on the memo line of your check. Contact Jim McNeill at 850-644-4389 with questions regarding the fund.

Alumnus of distinction

Mel Hartsfield (PIMS, '78) was one of the first alumni to serve in a leadership role with the FSU College of Medicine when he assumed duties as dean of the Tallahassee Regional Campus. Hartsfield served as the campus dean for five years through 2011, before returning to Archbold Memorial Hospital in Thomasville, Georgia, where he is chief medical officer.

Hartsfield, who earned a B.S. in biology and a J.D. at Florida State, recently received the College of Medicine's first Distinguished Alumni Award.

"It's an honor for me, especially when I know of so many others, including many of my classmates, who are so deserving of such recognition," Hartsfield said.

"I am humbled and truly appreciative. I believe it's important to do whatever we can as alumni to support the mission and the work of the FSU College of Medicine, and I certainly enjoyed my time working with students and our outstanding community physicians at the Tallahassee Regional Campus."

The next Distinguished Alumni Award will be presented at the College of Medicine's annual spring reunion in April 2015. Interested in nominating a classmate or other PIMS or College of Medicine graduate for the award? Send an email to Chelsea Knott, alumni relations and special events coordinator: chelsea.knott@med.fsu.edu





Micolucci on accordion with the Rat Pack Tribute Band.

The 'Rock Doc'

Vic Micolucci (PIMS, '81) worked his way through college and medical school at the University of Florida playing in a band, but he never envisioned himself making a living that way. Starting when he was a boy, Micolucci's goal was to become a physician caring for medically underserved patients.

Today, he's fulfilling his vision as a family physician in Jacksonville, and making music on the side. His two passions have intersected in surprising ways.

Micolucci and his wife, Jeanne, opened Oceanway Family Practice in 1987 after a UF study revealed that section of Jacksonville to be the most medically underserved area of town.

The practice has grown to include a half-dozen physicians treating more than 200 patients a day.

Along the way, Micolucci's connections in the music business got the attention of North Florida concert promoters, who regularly call on him when visiting performers need medical attention. Among those Micolucci has taken care of: Mick Jagger, Bruce Springsteen, David Bowie, Sting, B.B. King, Cher, Metallica, Aerosmith, Jessica Simpson and Hilary Duff. And that's just a partial list.

Micolucci doesn't accept payment for his medical services to musicians, but he does accept concert tickets that he gives away to his employees as a way of rewarding them for the work they do. On rare occasions, he has filled in on keyboards when a musician was too sick to perform.

"Music has been a big part of my life," he said. "When I was at Florida State in the PIMS program in 1980, I had a band playing regularly at The Brown Derby. It was enough money to pay my way through undergrad and medical school without taking out any student loans."

Micolucci credits PIMS with giving him the opportunity to fulfill his calling. Now his son, Mark, is a first-year med student at Florida State.

"I told him he's in a great place," Micolucci said. "He's a pretty good musician, too, but I think most of his time will be spent studying."



FSU MEDICAL ALUMNI

FLORIDA STATE UNIVERSITY COLLEGE OF MEDICINE

The College of Medicine's alumni board recently voted to adopt a shorter, simpler name for the organization that includes all PIMS and College of Medicine alumni. From now on, we're the **FSU Medical Alumni**.

Among the organization's goals are to create more opportunities for alumni to interact with current medical students to provide mentorship, support and networking opportunities. Starting this fall, alumni will be participating in informal

lunchtime discussions with students at our regional campuses. It's a chance for third- and fourth-year students to gain valuable insights into what to expect in the residency application process and what life is like as a practicing physician.

'Small-town family doc' in the Navy

Family medicine takes on new meaning in the Navy. For Cmdr. Kimberly Toone (PIMS, '94), "family" includes recruits away from home for the first time, sailors who may be expecting a baby, and aging veterans with aches and pains and war stories galore.

It also includes students from the Pensacola Regional Campus. Toone is serving a three-year hitch in Pensacola, as aerospace medicine specialty leader and family medicine staff member. The Naval Hospital hosts our students for family medicine rotations.

Toone, who attended our Alumni Reunion in April, says observing military medicine underscores important lessons for our students.

"Say they get sick," Toone says of her sailors. "They're living in a barracks. The only person

to take care of them in that barracks is their buddy, who can't take time off from training. To send that person back and potentially spread a dangerous disease? Not a good idea. While not medically indicated, a 'social admission' to the hospital is the best for the patient and perhaps for the unit he or she serves."

Other things our students see: "They see that old-school, small-town family doc where you truly have a relationship with your patients. And they see that, in the military, the external factors of HMOs and insurance companies limiting your ability to practice medicine don't really exist. We still practice within standards of care, but military providers become stewards of the health-care dollars and self-regulate to some extent."

PIMS (Program in Medical Sciences) predated the College of Medicine. Students completed

their first year of medical training at FSU; most transferred to the University of Florida for their M.D. Like the College of Medicine, PIMS emphasized service and collegiality. Toone's class had a Learning Community tucked in the College of Nursing basement.

"We'd come in some mornings, some folks would be asleep on the couch, and you weren't sure if they actually had gone home. We had the kitchenette and locker. For that year we were all relatively inseparable. When we transferred to Florida, the same group pretty much stayed together." Some still keep in touch.

In her brief time with our students, Toone has been impressed. "They're all smarter than I was," she says. "They carry themselves professionally. And they're very respectful of everyone there who's trying to teach and learn."



CLASS OF 2014 RESIDENCY MATCH

ANESTHESIOLOGY (3)

Chloe Jenkins, University of Alabama at Birmingham (Ala.)

Benjamin Robelo, SUNY Upstate Medical University (N.Y.)

Richard Sims, University of Florida College of Medicine–UF Health (Fla.)

DERMATOLOGY (1)

Li Li, Eastern Virginia Medical School (preliminary–medicine, Orlando Health) (Va.)

EMERGENCY MEDICINE (13)

Jose Barquin Jr., University at Buffalo School of Medicine (N.Y.)

Thomas Beardsley, Yale–New Haven Hospital (Conn.)

Matthew Heimann, University of Alabama at Birmingham (Ala.)

Kim Hoang, Albert Einstein/College of Medicine–Beth Israel Medical Center (N.Y.)

Ibrahim Isa, Medical University of South Carolina (S.C.)

Merisa Kaplan, University of Florida College of Medicine–UF Health (Fla.)

Brittany Lamb, University of Alabama at Birmingham (Ala.)

Alexandra Mannix, University of Florida College of Medicine–Jacksonville (Fla.)

Christopher Martin, University of Florida College of Medicine–Jacksonville (Fla.)

Justin Mauldin, Orlando Health (Fla.)

Freud Milice, New York Methodist Hospital (N.Y.)

Ann Sheddan, Wake Forest Baptist Medical Center (N.C.)

Taylor Smith, University of Alabama at Birmingham (Ala.)

FAMILY MEDICINE (17)

Alicia Evans, Dwight D. Eisenhower Army Medical Center (Ga.)

Naomi Salz Flock, New Hanover Regional Medical Center (N.C.)

Geden Franck, University of Maryland Medical Center (Md.)

Tara Fritze, Halifax Health Medical Center (Fla.)

Lorenzo Hernandez, Mayo School of Graduate Medical Education (Fla.)

Mariana Karram, Houston Methodist San Jacinto Hospital (Texas)

Alyson Lewis, Florida State University College of Medicine at Lee Memorial Health System (Fla.)

Alexander Nguyen, Eglin Hospital, Eglin Air Force Base (Fla.)

Mary O'Meara, West Kendall Baptist Hospital at Baptist Health South Florida (Fla.)

Jason Pesqueira, Naval Hospital, Jacksonville (Fla.)

Amarateedha Prak, Naval Hospital, Camp Pendleton (Calif.)

Samantha Rupert, Bayfront Medical Center (Fla.)

Brett Thomas, Wake Forest Baptist Medical Center (N.C.)

Tommy Thompson II, Florida Hospital–Orlando (Fla.)

Marianne Turner, Jackson Memorial Hospital (Fla.)

James Westbrook, Naval Hospital, Camp Pendleton (Calif.)

Mitchell Whitehead, Tallahassee Memorial HealthCare (Fla.)

INTERNAL MEDICINE (24)

Nader Akhavan, University of Florida College of Medicine–UF Health (Fla.)

Guimy Alexis, Morehouse School of Medicine (Ga.)

Kush Bhorania, North Shore–Long Island Jewish Health System (N.Y.)

Samuel Borrelli, Einstein Medical Center (Pa.)

John Byrd, University of South Alabama Health System (Ala.)

Quynh-An Chau, Orlando Health (Fla.)

Vishal Dahya, Florida State University College of Medicine at Tallahassee Memorial HealthCare (Fla.)

Darshika Goswami, Baptist Health Center–Birmingham (Ala.)

Eric Heppner, Tripler Army Medical Center (Hawaii)

Anthony Herzog, Florida State University College of Medicine at Tallahassee Memorial HealthCare (Fla.)





Rady Ho, Thomas Jefferson University (Pa.)

Muhammad Hussain, Rutgers-New Jersey Medical School (N.J.)

Marta Klisinska, Florida State University College of Medicine at Tallahassee Memorial HealthCare (Fla.)

Patrick Kuhlman, Wake Forest Baptist Medical Center (N.C.)

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

Kaitlin Love, University of Virginia School of Medicine (Va.)

Samsad Mansoor, St. Vincent Hospital Center (Ind.)

Angel Martin Jr., University of South Florida Morsani College of Medicine (Fla.)

Xinyu Nan, Methodist Hospital-Houston (Texas)

Antony Nguyen, University of South Florida Morsani College of Medicine (Fla.)

Avani Patel, University of South Florida Morsani College of Medicine (Fla.)

Rachel Russell, Florida State University College of Medicine at Tallahassee Memorial HealthCare (Fla.)

David Swoboda, Georgetown University Medical Center (Washington D.C.)

Trung Tran, Ochsner Clinic Foundation Hospital (La.)

MEDICINE-EMERGENCY MEDICINE (1)
Chirley Rodriguez, Allegheny General Hospital (Pa.)

NEUROLOGY (5)

Jillianne Grayson, University of Florida College of Medicine-UF Health (preliminary-medicine, Florida State University College of Medicine at Tallahassee Memorial HealthCare) (Fla.)

Katherine Longardner, University of California San Diego Medical Center (preliminary-medicine) (Calif.)

Jake McKay, Mayo School of Graduate Medical Education (Fla.)

Sweta Sengupta, Duke University Medical Center (preliminary-internal medicine) (N.C.)

Ryan Williamson, Georgetown University Medical Center (preliminary-medicine, Union Memorial Hospital) (Washington, D.C.)



OBSTETRICS-GYNECOLOGY (8)

Kevin Carnevale Jr., Loma Linda University Medical Center (Calif.)

Nathalie Gutierrez, Orlando Health (Fla.)

Angela Guzman, Orlando Health (Fla.)

Kimberly Manek, Florida State University College of Medicine at Sacred Heart Health System (Fla.)

Megan McDowell Nereim, University of South Florida Morsani College of Medicine (Fla.)

Courtney Paradise, Orlando Health (Fla.)



Briana Phillips, Florida State University College of Medicine at Sacred Heart Health System (Fla.)

Kelly Schwirian, University of Tennessee Graduate School of Medicine—Knoxville (Tenn.)

OPHTHALMOLOGY (1)

Zachary Williamson, Tufts Medical Center, New England Eye Center (preliminary—medicine, Pennsylvania Hospital, Philadelphia) (Mass.)

OTOLARYNGOLOGY (2)

Camilo Fernandez-Salvador, Tripler Army Medical Center (Hawaii)

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

PEDIATRICS (10)

Mohammed Al-Humiri, Orlando Health (Fla.)

Lauren Carter, Wake Forest Baptist Medical Center (N.C.)

Matthew Clark, Vanderbilt University Medical Center (Tenn.)

Keerti Dantuluri, Carolinas Medical Center (N.C.)

Alrick Drummond, Medical University of South Carolina (S.C.)

Josh Ellis, San Antonio Military Medical Center (Texas)

Darren Klawinski, Orlando Health (Fla.)

Judy Lin, University of Texas Southwestern Medical School—Dallas (Texas)

Jay Meyer, West Virginia University Pediatric Residency Program (W.Va.)

Hima Pius Raju, Albert Einstein College of Medicine/Jacobi Medical Center (N.Y.)

PSYCHIATRY (4)

Joseph Hernandez III, Medical College of Georgia—Augusta (Ga.)

Ankita Patel, University of South Florida Morsani College of Medicine (Fla.)

Michael Sierra, Medical University of South Carolina (S.C.)

Gregory Stepp, University of Florida College of Medicine—Jacksonville (Fla.)



PSYCHIATRY-NEUROLOGY (1)

Joshua Claunch, University of Massachusetts Medical School (Mass.)

RADIOLOGY, DIAGNOSTIC (2)

Sammy Ashouri, University of Florida College of Medicine—UF Health (preliminary—medicine, Florida State University College of Medicine at Tallahassee Memorial HealthCare) (Fla.)

Joseph Limback, Florida Hospital (preliminary—surgery, Orlando Health) (Fla.)

SURGERY, GENERAL (15)

Gerald Bieniek, Tripler Army Medical Center (Hawaii)

Elliot Blau, University of Florida College of Medicine—UF Health (Fla.)

Brian Blumenauer, University of Texas Medical School—Houston (Texas)

Chad Brady, Louisiana State University Health Sciences Center—Shreveport (La.)

Felipe Cadavid, University of Florida College of Medicine—UF Health (Fla.)

Kevin Dietrich, University of Colorado School of Medicine (Colo.)

Jens Flock IV, New Hanover Regional Medical Center (N.C.)

Andrew Fritze, Halifax Health Medical Center (Fla.)

James Hughes, Louisiana State University Health Sciences Center—Shreveport (La.)

Mia Klein, University of North Carolina Hospitals (N.C.)

Kulvir Nandra, Thomas Jefferson University—Jefferson Medical School (Pa.)

Huy Pham, Memorial Health University Medical Center (Ga.)



John Thomas, Orlando Health (Fla.)

Kim Truong, University of Colorado School of Medicine (Colo.)

Sanam Zahedi, University of Texas Medical Branch—Galveston (Texas)

SURGERY, ORTHOPEDIC (6)

Charles Clark, University of South Florida Morsani College of Medicine (Fla.)

Michael Dender, Medical College of Georgia (Ga.)

Alexander Gaukhan, Boston University Medical Center (Mass.)

Kevin Himschoot, University of Louisville School of Medicine (Ky.)

Colin Swigler, University of Tennessee College of Medicine (Tenn.)

Matthew Welsh, Orlando Health (Fla.)

UROLOGY (1)

James Pilkington, Louisiana State University Health Sciences Center (preliminary—surgery) (La.)

(Class of 2014 member Eleanore Black did not pursue a residency match this year. She is at the University of Edinburgh, working on a Master of Laws in Medical Laws and Ethics.)

2009

Mary Ann Nau Johnson, M.D., is chief resident of the UC Davis Dermatology Residency Program in Sacramento, California.

2010

Megan (Hall) Bagwell, M.D., will enter practice with Volusia OB-GYN in Daytona Beach in August. Bagwell, who is completing the OB-GYN residency program at Exempla St. Joseph Hospital in Denver, will join the teaching faculty for the College of Medicine's Daytona Beach Regional Campus.

Marjorie (Warner) Bhogal, M.D., will enter practice with Halifax OB-GYN in August. She is completing her chief resident year at the UF Health OB-GYN residency program in Jacksonville. Bhogal also will join the clinical faculty of the College of Medicine's Daytona Beach Regional Campus.

Elizabeth (Brooks) Dickens, M.D., is a family physician at the Tallahassee Memorial HealthCare primary care clinic in Quincy. In February she and her husband, Tarik, celebrated the birth of their first child, Lydia Bethany Dickens.

Melissa (Graham) Genualdi, M.D., is a pediatrician in Seattle.

Adam Hammond, M.D., is a hematology/oncology fellow at the Mayo Clinic in Jacksonville. He previously was chief resident of the Dartmouth-Hitchcock Medical Center internal medicine residency program in Lebanon, New Hampshire.

Glenn Hoots, M.D., is chief resident of the diagnostic radiology residency program at the University of Massachusetts Memorial Medical Center in Worcester. Hoots has accepted a position with the University of South Florida interventional radiology fellowship program at Tampa General Hospital, starting in 2015.

Meghan (Beach) Martin, M.D., is completing a fellowship in pediatric emergency medicine at Women and Children's Hospital of Buffalo, New York. She is board-certified in pediatrics.

Jill (Adcox) Ward, M.D., is a board-certified emergency medicine physician in Orlando. She and her husband, Matthew, are expecting their first children (twins).

2011

Rafael de la Puente, M.D., has accepted a position in the Sarasota Memorial Hospital Emergency Care Center. De la Puente, who was a student at the College of Medicine's Sarasota Regional Campus, is completing his chief resident year in the emergency medicine residency program at the University of Massachusetts Medical School.

David Harris, M.D., has been named chief resident of the neurology residency program at Thomas Jefferson University Hospital in Philadelphia. He has been accepted for an EEG/Epilepsy Fellowship at the Columbia Presbyterian Medical Center in New York City.

Lauren Engelman, M.D., was named 'Outstanding Intern of the Year' by the University of Texas Southwestern Family Medicine Residency Program in Austin, Texas.

Kelli Murphy, M.D., a physician with the U.S. Navy Medical Corps, is a

senior flight surgeon with Carrier Air Wing 5 based in Atsugi, Japan.

Kendall Riley, M.D., is chief resident of the UF Health Shands Children's Hospital Pediatrics Residency Program.

Miriam VanderMey, M.D., has been accepted into the international emergency medicine and global health fellowship program at Yale School of Medicine. As part of the fellowship, VanderMey will complete a master's program through the London School of Hygiene and Tropical Medicine. She graduated from the Orlando Health Emergency Medicine Residency Program in June.

2012

Former roommates at Florida State and Class of 2012 alumni **Steve Albrechta**, **William Fields** and **Allison (Poimboeuf) Ferrara** all have been named chief residents in their respective programs: Albrechta (family medicine) at The Ohio State University Wexner Medical Center, Fields (emergency medicine) at the York (Pennsylvania) Hospital and Ferrara (internal medicine) at Baptist Health System (Alabama).

Michelle Harper, M.D., has been named chief resident for the Morehouse School of Medicine Department of Pediatrics.

Shelley Murphy, M.D., received the Spirit of Winnie Award from the Winnie Palmer Hospital for Women and Babies in Orlando. Murphy, a pediatrics resident at Orlando Health, was recognized for "embracing a culture of caring; possessing a strong sense of selflessness and willingness to make personal sacrifices for others; valuing relationships and understanding there is no more important calling than to serve others; modeling honesty, caring, flexibility and a positive attitude; and upholding a commitment to the highest quality of care."

2013

Umar Karaman, M.D., received the 2014 Rising Star Alumnus of the Year Award from Gulf Coast State College in Panama City. He graduated summa cum laude from Gulf Coast in 2007. Karaman currently is a resident in urology at LSU Health in Shreveport, Louisiana.

Program in Medical Sciences

(1982)

Susan (Bonkemeyer) Millan is a family physician and medical director of West Georgia Care and Hyperbaric Medicine in LaGrange, Georgia.

(1991)

Michael Bartfield is an OB-GYN with PrimeOBGYN in Orlando.

(1998)

Kerri Thorn is an assistant professor at the University of Maryland School of Medicine and is a board-certified internist in Baltimore.

(1999)

Shin Lin is board-certified in internal medicine and practicing in New Haven, Connecticut.



KARINA PEREZ

A beloved teacher is leaving

BY DOUG CARLSON

Charlie Ouimet's teaching career began when he was 18 years old. The biology textbook for the class he had been assigned at New Bedford (Mass.) High was titled, "The Living Things." The nickname other teachers had given to the group of rough-and-tumble kids in Ouimet's classroom was the same. *The Living Things*.

"It was a real old school, built in the 1800s," Ouimet said. "I remember the first day I walked in and a desk flew by my face and hit the wall. I thought to myself, 'This is gonna be hard.'"

Almost 50 years later, the hardest part is yet to come.

Ouimet is saying goodbye. He's retiring after 26 years at Florida State, which followed teaching stints at Brown and Yale universities. And, of course, New Bedford.

Recalling the energy that fills the lecture hall when 120 students spill into the room before the start of clinical neuroscience gets him excited. Thinking of not being there to experience it again gets him emotional.

"I always knew," he said, describing the moment when he first realized he was meant to teach.



He minored in education and majored in connecting with students, from the misfits at New Bedford to the medical students at Florida State. Ouimet developed his teaching skills in that first classroom while completing a master's in biology at night. He later earned a Ph.D. in neuroscience at Brown.

"One of the first things you learn is that to be effective you have to make sure the things you are asking them to learn are relevant to their lives," Ouimet said.

So on the second day, in a place where nearly every student's family made a living on the sea, he brought in a bucket of clams and asked who could come up and show him where to find the belly. He knew they'd never believe that a clam's belly is its reproductive organ. Soon, they were dissecting the clams in search of proof – disgusted, but curious.

Ouimet and his students came from the same rough section of New Bedford, a former whaling town on the New England coast where Herman Melville wrote "Moby Dick." It's also where a runaway slave, Frederick Douglass, founded the abolitionist movement and famously said, "I would unite with anybody to do right and with nobody to do wrong."



As a show of respect, students wore their white coats to Ouimet's final lecture and signed a giant 'thank you' card.

Ouimet didn't mind being disruptive. Some in medical education believe if the students are all getting the answers correct then the questions aren't difficult enough. Ouimet thinks when too many of them get it wrong, he must not have been teaching it the right way.

He once said, "So what exactly is it you would want your doctor not to know?"

Those students at New Bedford turned out to be more than just living things. "They had quite a bit of capacity that nobody gave them credit for," Ouimet said. "It was my first brush with working with an underserved population."

The next came in 1988 when Ouimet arrived at Florida State to teach with the Program in Medical Sciences (PIMS), the precursor to the FSU College of Medicine. The idea of valuing students for what's in their heart instead of only for their academic pedigree resonates with Ouimet.

"It's the compassionate doctor, I think, who's going to go back and check his or her notes, come back and check that question one last time, and make a difference in that patient's life," Ouimet said.

Instead of clams, he brought in patients at the College of Medicine. *Make it relevant.*

"Often when I hear from a former student it's about a neurological case they encountered with a patient," Ouimet said. "They'll say it was something I had described in class and they'll tell me, 'It happened exactly the same way.'"

The teaching awards – 25 of them at Florida State – say something about Ouimet's impact. The emails and letters from former students mean more.

There was a silent and often surly student in the back row at New Bedford who didn't turn in homework assignments and didn't seem to care. One day Ouimet baited him into a debate, then rewarded him in front of the class for his willingness to challenge something Ouimet said.

Years later, the surly student wrote Ouimet a letter, thanking him. He had earned his Ph.D. and was a geneticist.

"I think teaching was a good fit even back then," Ouimet said. "It was a very good fit for me."

You be the doctor: Can she keep driving?

BY ALICE POMIDOR

Department of Geriatrics Professor Alice Pomidor, a member of the Safe Mobility for Life Coalition in Florida, has written extensively on older drivers. This is adapted from a chapter she wrote for Primary Care Geriatrics: A Case-Based Approach, 6th edition.



Driving is a skill, and its loss is a social problem, which does not fit typical health-care paradigms. It's hard to assess this skill in the office, especially when time constraints and legal and ethical questions can also deter us from addressing driving.

However, early intervention can prevent fatalities, injuries, unnecessary disability, and potentially the premature loss of driving skills and privileges, with serious adverse effects on the quality of life.

Changes normally seen with age and medical problems that also occur can make driving difficult, reducing human contact, social life, access to nutrition and health care, and impairing independence and the enjoyment of life. Primary prevention of loss of driving ability, secondary detection and treatment of impaired driving skills, and tertiary management of lost driving capacity are essential if driving capacity and safety are to be maintained.

Harris Case, Part 1: Evelyn Harris, age 74 years, comes into your office for her annual health maintenance visit. On screening, Mrs. Harris reports, "It is getting very hard for me to drive at night. I don't think it's safe. What should I do?" She reports being blinded by oncoming headlights and having trouble clearly seeing familiar landmarks at night.

Are Mrs. Harris' safety concerns and actions regarding driving justified?

Harris Case, Part 2: Mrs. Harris has had no changes in her basic self-care abilities. She does report more trouble reading recently and has begun wearing her drugstore reading glasses for other activities as well. She has no chronic illnesses other than osteoarthritic changes in her hands and neck, takes an aspirin and calcium with Vitamin D daily, and uses acetaminophen as needed for her neck and hand pain.



What findings do you expect on vision testing? Does Mrs. Harris have other risk factors for future driving disability and injury?

Discussion: On examination, you learn that Mrs. Harris' visual acuity has worsened from 20/70 last year to 20/100, and you see significant cataracts. She's unable to reach both hands behind her head, to touch her chin to her shoulders, or to fully close her hands. Her height has decreased by one half inch over the course of the past year.

After your referral to physical therapy, her range of motion improves substantially. She also makes seat and mirror adjustments after attending a community CarFit event. Mrs. Harris' confidence in nighttime driving activity improves after her cataracts are removed, and she returns to evening social activities.

How the clinician can reduce a patient's driving risk:

1. Identify medical conditions producing driving disability.
2. Treat those conditions to maximally restore functional ability and prevent functional decline.
3. If a medication is probably producing impairment, reduce the dose if possible, substitute a different therapy or discontinue the medication.
4. Counsel the patient about the risks to driving safety.
5. Recommend driving restrictions, alternative transportation or driving cessation.
6. Refer to a driver rehabilitative specialist if available for driving evaluation and rehabilitation.

The Safe Mobility for Life Coalition website, flsams.org, has a wealth of information and links to transportation sources, online reporting and resource materials to help us take the initiative in supporting our family members, friends, neighbors and patients to be safe and independent on the road for as long as they can.

Florida State University College of Medicine Partners

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



RAY STANWARD

1 Daytona Beach Campus

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

2 Fort Pierce Campus

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

3 Orlando Campus

- Alliance Surgical Center
- Community Health Centers Inc.
- Downtown Surgery Center

- Florida Hospital
- HealthSouth – Physicians’ Surgical Care Center
- Nemours Children’s Clinic
- Orange County Health Department
- Orange County Medical Examiner’s Office
- Orange County Medical Society
- Orlando Center for Outpatient Surgery
- Orlando Health
- Orlando VA Clinic
- Seminole County Health Department
- South Lake Hospital
- St. Cloud Regional Medical Center
- UF Cancer Center – Orlando Health

4 Pensacola Campus

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

5 Sarasota Campus

- Aesculapian Surgery Center
- Bay Pines VA Healthcare System
- Cape Surgery Center
- DeSoto Memorial Hospital (Arcadia)
- Doctors Hospital of Sarasota
- Doctors Same Day Surgery Center
- GulfCoast Surgery Center Inc.
- Lakewood Ranch Medical Center
- Manatee Memorial Hospital
- Sarasota County Health Department
- Sarasota County Medical Society
- Sarasota Memorial Health Care System
- Venice Regional Bayfront Health

Tallahassee Campus

- Apalachee Center Inc.
- Archbold Medical Center (Thomasville, Ga.)
- Big Bend Hospice
- Bond Community Health Center Inc.
- Capital Health Plan
- Capital Medical Society
- Capital Regional Medical Center
- Centre Pointe Health & Rehabilitation
- Doctors’ Memorial Hospital (Perry)
- Emerald Coast Behavioral
- FSU Health and Wellness
- HealthSouth Rehabilitation Hospital
- Life Care Centers of America (Thomasville, Ga.)
- Memorial Hospital and Manor (Bainbridge, Ga.)
- Neighborhood Medical Center
- Red Hills Surgical Center
- Refuge House
- Tallahassee Memorial HealthCare
- Tallahassee Outpatient Surgery Center
- Tallahassee Plastic Surgery Clinic
- Tallahassee Single Day Surgery
- Tallahassee VA Clinic
- Westminster Oaks

★ Rural Medicine

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

FSU College of Medicine -Sponsored Residency Programs

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

Family Medicine Residency Program Affiliations

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

Other Affiliates

- Gadsden County Health Department (Quincy)
- H. Lee Moffitt Cancer Center & Research Institute (Tampa)
- Halifax Health General Surgery Residency



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END NOTE

Twelve Class of 2014 graduates were enlisted military members. The traditional military promotion ceremony was featured – for the first time – as a part of commencement with 10 of the Army, Navy and Air Force physicians participating. The emotional moment when they were recognized on stage in front of their classmates was, for many, a highlight of the two-hour graduation ceremony.



FSUMED

COLIN HACKLEY