

winter 2005 FLORIDA STATE UNIVERSITY COLLEGE OF MEDICINE

FSU MED



How a group of risk-takers started the nation's first M.D. program in a generation.

GROUNDBREAKING MEDICINE



PLUS:

BETTER DIABETES CARE
IRAQI MEDICINE



It takes more than new medical schools

The FSU College of Medicine was put in place to help address the physician workforce needs of Florida, a rapidly growing state with a large elderly population.

We've now graduated our first 27 MDs and are working toward producing 120 new doctors a year. Other medical schools in the state are expanding their class sizes, and several state universities are interested in establishing medical schools.

It's important to note, though, that medical schools have very limited influence on where their graduates will practice after three to five years of residency training elsewhere. Statistics show that physicians tend to establish their practices in fairly close proximity to where they complete their residencies.

A shortage of residency positions is hampering the retention of Florida's new doctors.

Florida has just 17 residency positions per 100,000 population, compared to 37 per 100,000 nationally, placing us 45th among the 50 states. Just to reach the national average of medical residents per capita, Florida would need 2,600 more graduate medical education slots.

A glance at our Match Day results on page 29 shows that nearly half of our graduates stayed in Florida for residency. While we're pleased with that number, which compares favorably to the statewide average, we know more of our graduates would have stayed in Florida had there been more in-state residency positions.

If the growth of graduate medical education in Florida doesn't keep pace with the expanding number of seats in our medical schools, all the schools will continue to lose graduates to other states.

In spite of a national population shift to the South and West, residency positions remain concentrated in the Northeast. The long-term result could be a regional disparity in medical care that we should not be willing to accept.

FSU is working with its affiliated hospitals and other community partners to address this issue, but we'll need help from policy makers, both in Florida and in Washington, D.C.

We are extremely proud of what we have accomplished at FSU in just over four years, but we have miles to go toward our ultimate goal, and we can't go it alone.

J. Ocie Harris, MD
Dean, College of Medicine

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Risk Meets Reward 12

by Nancy Kinnally

At first, FSU was the Rodney Dangerfield of academic medicine: it got no respect. What a difference four years makes. The med school now has brand new digs, an award-winning faculty and a huge network of affiliated hospitals. No one's laughing now.

Keeping Time With Diabetes 20

by Meredith Brodeur

Effective diabetes care involves a complicated series of daily tasks that have to run like clockwork. Clinical psychologist Suzanne Johnson and Dr. Larry Deeb are exploring ways to help families stay in step with diabetes.

Heal Thy Beloved Country 26

by Sarah-Beth Hopton

Just weeks after the fall of Tikrit, first-year medical student Tariq Hakky returned to his native Iraq to help heal a health-care system critically wounded by war and neglect.



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At the Frontlines, People of Note

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on the cover

A shovel used in the FSU College of Medicine's 2003 groundbreaking ceremony serves as a reminder of how far the medical school has come. Shovel photo by Stephen Leukanech. Photo illustration by Sarah-Beth Hopton.

scientific endeavors

Why so blue?

When Xian-Min Yu hears someone's in a bad mood, he wants to know why.

It's not that he's all that interested in what kind of day the person is having. As a neuroscientist, Yu wants to know what's going on at the molecular level in the neurons of the person's brain.

"We all know what it means to us to be in a good mood or a bad mood," Yu said. "But what is mood?"

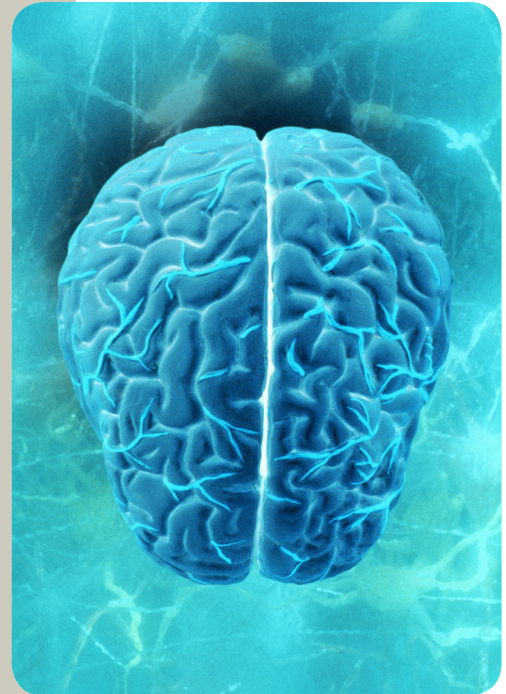
An associate professor of biomedical sciences in the College of Medicine, Yu recently published research that sheds light on the molecular mechanisms underlying the effectiveness of commonly used mood stabilizing drugs for the treatment of bipolar mood disorder.

But depending on what part of the body neurons are in, similar mechanisms may bring about a wide range of neurological responses, including pain.

Yu recently received a four-year, \$1.17 million grant from the National Institutes of Health for a research project that seeks to uncover the chemical processes underlying the brain's response to tissue injury and chronic pain.

The NIH grant will support Yu's examination of how pain-related signals in the brain region conveying oral-facial pain may be controlled by protein kinases and phosphatases. In previous research, Yu has found that these enzymes link to certain glutamate receptors believed to be involved in the transmission of pain signals.

"If we can understand which enzymes affect which receptors and how, we could make a big contribution to the development of drugs to treat not just pain or bipolar disorder, but a wide range of neurological disorders and symptoms," Yu said.

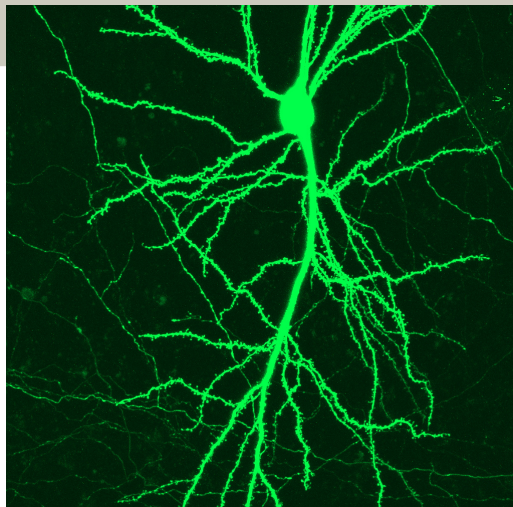


GETTY IMAGES

What is mood? An inquiring mind wants to know.

Brain power

Three Ph.D. students working under College of Medicine biomedical sciences faculty received the Tallahassee Memorial Healthcare Foundation's Bryan W. Robinson Awards, created to honor Robinson, a remarkable Tallahassee neurologist who died of a brain tumor. Karen Dietz, working under neuroscientist Charles Ouimet, won the \$2,500 grand prize. The other recipients were Mike Darcy, also working under Ouimet, and David Dietz, working under neuroscientist Mohamed Kabbaj.



COURTESY OF KAREN DIETZ

Dendritic spines establish the detailed circuitry of the brain. Karen Dietz studies factors that cause these extensions of nerve cells to grow or disappear.

Seeing is Believing

New research center expands opportunities for neurological research

A new collaboration between Tallahassee Memorial Hospital and Florida State University is opening broader opportunities for research into neurological disorders and visual impairments.

The primary goal of the FSU Neurolinguistic Neurocognitive Rehabilitation Research Center (NNRCC) at TMH is to develop clinically-based neurological research protocols involving individuals with dysfunction due to conditions such as multiple sclerosis, Parkinsonism, late-onset dementia, and neuro-ophthalmology, in which patients have visual failure due to brain injury.

The center offers state-of-the-art instrumentation to evaluate patients with neurological and retinal diseases, as well as problems involving language, speech, memory and thinking. The technology will help assess patients' driving risk and other safety issues associated with visual and cognitive conditions, and will assist with the recovery of visual attention and visual field integrity following stroke.

Dr. Gerry Maitland, clinical professor in the College of Medicine, co-directs the center with Leonard L. LaPointe, Frances Eppes Professor of communication disorders in the College of Communication.

Maitland, who also directs The Balance Disorders Clinic, conducts research involving biologic motor performance in aging populations and has been evaluating a new technique for rehabilitation called "assisted weight bearing." The protocol is designed to help Parkinson's and stroke patients improve walking and balance.

One of Maitland's goals is to encourage participation of students in

research projects dedicated to gerontological issues, thereby advancing one of the medical school's mission areas.

"We have already had several students participate in the center's research projects, and they have been able to produce abstracts for presentation at international and national meetings, as well as articles in refereed journals," he said.

The NNRCC's initial project, a study of the relationship between attention/distraction and walking and balance in Parkinsonism, is nearing completion and will be presented at the World Parkinson Congress in Washington, D.C., in February 2006.

The next study will be an investigation of mild cognitive impairment in patients with multiple sclerosis, Parkinsonism and Alzheimer's disease. Medical school faculty will have access to the patient population for clinical research, and the center will seek opportunities for cross-discipline research.

"We're hopeful that the research center will drive further collaboration among the departments of the College of Medicine and members of the academic communities at FSU and Florida A&M University with varied interests in the broad field of neuroscience."

Maitland and LaPointe are the principal investigators on the project. The instrument under development for identification of mild cognitive impairment will be part of a joint research grant with the University of Texas at Houston, the University of Texas at Galveston, the University of Oklahoma and the University of Pennsylvania.



"WE'RE HOPEFUL THAT THE RESEARCH CENTER WILL DRIVE FURTHER COLLABORATION AMONG THE DEPARTMENTS OF THE COLLEGE OF MEDICINE AND MEMBERS OF THE ACADEMIC COMMUNITIES AT FSU AND FLORIDA A&M UNIVERSITY WITH VARIED INTERESTS IN THE BROAD FIELD OF NEUROSCIENCE."

**DR. GERRY MAITLAND
CLINICAL PROFESSOR**

The NNRCC is supported by the Elizabeth Plescia Bender Program for the Visually Impaired through a gift from Lou and Betty Bender after a start-up grant was provided by the TMH Foundation.

o n m a i n c a m p u s

FSU PHOTO LAB

Anatomy of a class

The Class of 2009 is more diverse than the cell structures in a histology textbook.

Of the 80 students admitted to the Class of 2009, 51.3 percent are from minority populations, 62.5 percent are female, 28.6 percent are nontraditional (older). Fifteen percent are from rural or disadvantaged backgrounds.

A full 20 percent of the students in the first-year class are from ethnic groups identified by the Association of American Medical Colleges as underrepresented minorities, which include African-American, Mexican-American, mainland Puerto Rican and Native American students. By comparison, only 11 percent of medical students in the United States are underrepresented minorities, according to a 2002 report by the AAMC.

Much of the success in attracting such a diverse student body is due to the college's outreach programs, which began under the Program in Medical Sciences in 1994.



The Class of 2009 suits up for a career in medicine.

"It's the fact that we made a focused effort to go out and seek those students," said Dr. Alma Littles, associate dean for academic affairs, "because many of them are from rural and underserved communities where the message may have been, 'you can't do it,' and we go out looking for those students to say to them, 'yes you can.'"

First-year student Uchenna Ikediobi entered the pre-college outreach

program during her freshman year at Rickards High School in Tallahassee and eight years later was admitted into the College of Medicine.

"The dedication the medical school's faculty have towards the students is unparalleled, I believe," Ikediobi said. "I think the types of students that the College of Medicine attracts really says a lot of positive things about this medical school, and I don't think I'd ever go anywhere else."

A family affair

"I want to begin by making sure you know how fortunate you are to be here in this College of Medicine."

With these words, Dr. Robert Watson, senior associate dean for educational affairs at the University of Florida College of Medicine, opened his speech to the Class of 2009, not at UF's White Coat Ceremony, but at FSU's.

Watson, a longtime friend and colleague of FSU College of Medicine Dean J. Ocie Harris, provided FSU with advice and support as it was developing its medical school. His daughter, Mary Watson, was among those donning a white coat emblazoned with the FSU seal at the Aug. 19 ceremony. Watson took the opportunity to coat his daughter, as other family members did for their loved ones.

For the complete script of



Dr. Robert Watson, left, of the University of Florida celebrates after the White Coat Ceremony with his daughter Mary, right, and Amanda Fraser.

Third-year student Roberto Gonzalez congratulates his nephew, first-year student Luis Hernandez. Gonzalez assisted with his nephew's coating.



Fraser is coated by her mother, Dr. Sandra MacLeod, medical director of the Sarasota County Health Department and a member of the community board for FSU's Regional Medical School Campus in Sarasota.

FSU PHOTO LAB

Her chores finally done, Livingston retires

Amid the throngs of new graduates and proud relatives in the medical school atrium, a freshly minted doctor – still wearing his graduation regalia – approached one of the school’s administrators and presented her with a hand-carved walking stick.

“This was my support and my guide when I hiked the Appalachian Trail, and I wanted you to have it,” Dr. Adam Ouimet told Helen Livingston, assistant dean for student affairs at the FSU of Medicine. “Thank you for being my support and my guide.”

The stick was more than symbolic. Livingston would soon be retiring, and among her plans was to hike the Grand Canyon. Ouimet figured the walking stick would be something sturdy for her lean on, as it had been for him.

Since the medical school’s inaugural graduation in May, Livingston has worked her last day. She is now spending her time running her bookshop and café in Sopchoppy, Fla., catching up with family, and pursuing her hobbies, which include horseback riding and reading.

In her many roles at FSU, Livingston not only oversaw admissions, student recruitment, health professions advising and outreach programs, but she also did a lot of the painstaking work required to get the College of Medicine off the ground.

It wasn’t supposed to be that way.

Livingston came to FSU in 1996 as assistant director of student affairs for the Program in Medical Sciences, a first-year medical school program operated in cooperation with the University of Florida College of Medicine.

Helping start a new medical school had not been part of the bargain.

Up to that point, she had worked for 27 years in K-12 education, earned a doctorate in higher education from the University of Alabama, and run adult education programs, including one at a maximum security federal prison.

“I was at the end of my career and came to this little program called PIMS,” she said. “There were just 30 students. And I thought, ‘Heck, this is a walk in the park.’ And then things happened, and they happened pretty fast.”

Once the planning began for a four-year medical school at FSU, Livingston was charged with researching everything from physician workforce needs in Florida to the guidelines and processes of the Association of American Medical Colleges. These responsibilities were not in place of, but on top of, the duties for which she’d originally been hired.

“It wasn’t glamorous, but it’s been crucial in terms of the success we’ve had,” said Myra Hurt, who in her former role as PIMS director hired Livingston. “Those are thankless kinds of jobs, and she did them very well.”

About three years after the medical school was up and running, Livingston met yet another unexpected challenge when Hurt resigned as the medical school’s associate dean for student affairs, admissions and outreach to serve in her current capacity as associate dean for research and graduate programs.

Named interim associate dean, Livingston suddenly held the policy and decision-making role in student affairs.

But the assistant dean position was left vacant, so she remained in charge of admissions and all the other time-consuming, process-oriented duties she’d had before, such as

reading literally hundreds of medical school applications.

With the Southern grit she developed growing up on an Alabama cotton farm in the 1940s and ‘50s, Livingston carried her burden quietly until her chores were finally done.

Looking back on all the tasks that suddenly befell her in the twilight of her working life, she offered up no complaints, saying only that her time at FSU had been “a fine end to a long career.”

For Livingston’s many contributions to medical education at FSU, Ouimet is not alone in his gratitude. She provided plenty of students, faculty and staff something sturdy to lean on.



Livingston makes her exit.

New associate dean of student affairs



Peter Eveland is the college’s new associate dean for student affairs. Eveland comes to FSU from Mercer University School of Medicine, a community-based medical school in Macon, Ga., where he was an associate dean responsible for student affairs and the registrar and financial aid offices. Eveland earned his doctorate in counselor education and supervision from the University of Cincinnati.

Medical scholars program

The College of Medicine has joined forces with the Honors Program at FSU to establish a B.S./M.D. program that will be open to five students annually beginning in fall 2006.

The program will allow eligible FSU honors students to pursue a B.S. degree of their choice while also participating in a Medical Scholars Program, which will include a seminar, mentorship program and required premed courses and experiences.

Students participating in the program will be eligible for early admission to the FSU College of Medicine and will have the option of completing the B.S. and M.D. degrees in seven years. Details will be available at med.fsu.edu in spring 2005.

at the frontlines

Medicine unplugged

For 15 doctors involved in teaching FSU's first- and second-year medical students, the future of medicine is now, and best of all it's free.

Thanks to a National Library of Medicine (NLM) grant secured through the Office of Medical Education, the physicians received Dell Axim Pocket PCs similar to those used by medical students. The grant covers the cost of hardware and the latest medical reference software used to diagnose and treat patients.

Barbara Shearer, director of the Charlotte Edwards Maguire Medical Library, Dennis Baker, assistant dean for faculty development, and Nancy Clark, director of medical informatics education, will measure the effects of providing hardware and software, as well as training, on the integration of medical informatics into medical student training.

"By making these physician preceptors more comfortable with PDA technology, we hope they will reinforce the college's curricular objectives in medical informatics," Clark said.

Dr. Dianne Pappachristou, a family physician from Quincy participating in the program, said she's thrilled with the technology.

"I use the PDA regularly to look up information," she said. "In fact, I didn't realize how much I was using it until I didn't have it with me one day and resorted to the old-fashioned method of looking information up in books."

As medicine becomes increasingly complex, physicians need point-of-care access to knowledge repositories that are

frequently updated, such as those available through PDAs.

COURTESY OF DELL INC.



A 2001 survey conducted by the American Medical Association reported that in 23 percent of physician practices someone in the office used a handheld device. Among internists, an American College of Physicians/American Society of Internal Medicine survey showed that 47 percent of 489 member respondents used PDAs.

Despite the growing use of PDAs in health care, it's a relatively new phenomenon. The FSU College of Medicine is working to nudge the trend forward.

"The support has been superb," Pappachristou said, "The faculty have helped me every step of the way. Without them I might have been frustrated, but now they have brought me into the future of medicine."

Medical needs in clear view

While some of her classmates relaxed during their only free summer in medical school, second-year student Paola Dees was busy supporting the medical needs of migrant students enrolled in the Panhandle Area Education Consortium (PAEC) Migrant Summer School program.

As a community health scholar with the Big Bend Area Health Education Center, her role was to assist doctors and nurses in a clinic set up for the 351 migrant children in the program.

She first needed to bring student records up to date, which meant merging new information with old files housed in various locations.

"Just when I thought I had everything organized," Dees said, "plans would change and I'd have to start from scratch."

She wanted to streamline patient information so no child would fall through the cracks, especially children like first-grader America Martinez, who captured Dees' heart. Martinez suffered from severe myopia and astigmatism.

The special-order glasses prescribed would be her first shot at clear sight. Dees nearly cried when she saw the expression on Martinez's face when she put on her first pair of glasses.

"This experience reinforced how many of the simple things we take for granted," Dees said. "Not only our sight, but the ability to pay for a pair of glasses."

In another instance, Dees found a local physician willing to accept a critically ill but uninsured patient and charge the family on a sliding scale.

These small victories, along with the interaction Dees had with the doctors, made giving up her summer break worthwhile.

The program was a good counterbalance to the FSU *Cares* medical outreach trip to Mexico, through which Dees worked with migrant families in the border region last year. At the time, it was easy to attribute the inequalities she witnessed to Mexico's economic conditions, but seeing the level of need only 30 minutes from Tallahassee reminded Dees that issues of poverty and a lack of access to health care can reach similar extremes at home.



Paola Dees, left, smiles now that Raquel Huapilla can see clearly.

Older made better

Florida elder care is about to find a spring in its step thanks to a \$2 million Geriatric Education Center that will serve the aging populations of North Florida, South Alabama and South Georgia.



"WHILE IT IS UNLIKELY THERE WILL EVER BE ENOUGH GERIATRIC SPECIALISTS IN EVERY FIELD OF HEALTH CARE, AN ACHIEVABLE GOAL IS TO ENSURE THAT ALL PROVIDERS HAVE THE KNOWLEDGE, SKILLS AND ATTITUDES TO PROVIDE QUALITY CARE FOR OLDER PEOPLE."

KENNETH BRUMMEL-SMITH, M.D., CHARLOTTE EDWARDS MAGUIRE PROFESSOR AND CHAIR, DEPARTMENT OF GERIATRICS

Funded by the federal Health Resources and Services Administration, the center will serve local communities by strengthening multi-disciplinary training of health professionals in assessment, chronic disease syndromes, care planning and cultural competence as related to older Americans.

Despite the fact older patients utilize health care more than any other demographic, most providers receive inadequate training in geriatrics. The new center, which involves departments from Florida State University, Florida A&M University and the University of South Alabama, hopes to fill that void.

"While it is unlikely there will ever be enough geriatric specialists in every field of health care, an achievable goal is to ensure that all providers have the knowledge, skills and attitudes to provide quality care for older people," said Dr. Kenneth Brummel-Smith, GEC project director and the Charlotte Edwards Maguire professor and chair of the FSU College of Medicine's department of geriatrics.

FSU's Live Oak GEC will differ from the others by focusing on health-care providers who serve rural and urban underserved and minority elders. Additionally, the FSU College of Medicine will offer expanded geriatrics training opportunities to affiliated community physicians in all specialties and to other health professionals at the medical school's regional campuses.

Since 1985, GECs nationwide have trained more than 450,000 health professionals from all disciplines in quality care of older adults. Of the 35 funded Geriatric Education Centers operating in the United States, two others are in Florida; at the University of Miami and the University of South Florida.

FSU faculty from the Pepper Institute on Aging and Social Policy, the School of Nursing, and the colleges of social work, human sciences, communication, and information also are involved in the Live Oak GEC.



RAY STANYARD

Quality care for the elderly is the goal of the Live Oak Geriatric Education Center.

CHP honors Dr. James Alford

Capital Health Plan's board of directors has established the James A. Alford, M.D., Endowed Scholarship at the FSU College of Medicine in honor of Alford, a Tallahassee physician and longtime CHP board member.

Alford began his career as a family doctor, but his attention to the psychosocial and emotional needs of his patients led him to pursue psychiatry. He went on to serve as a faculty member in the Tallahassee Memorial Hospital Family Practice Residency Program.

The scholarship is intended to recognize students who have demonstrated an interest in psychiatry. Recipients will be third- or fourth-year students interested in psychiatry or pursuing family medicine with a focus on the biopsychosocial model of patient care. A \$100,000 gift from CHP will endow the scholarship, and FSU will apply for state matching funds.

people of note

The Best Doctors in America

Many of them teach for FSU.



Eighty-three FSU College of Medicine faculty members are included in the most recent Best Doctors in America® database, which seeks to identify, through peer review, the top three to five percent of specialists, as well as primary care physicians.

Best Doctors Inc. commissions an annual survey that contacts more than 31,000 doctors who were identified in previous surveys as the “best” in their specialties and asks them: “If you or a loved one needed a doctor in your specialty, to whom would you refer them?”

The Best Doctors methodology is designed to mimic the informal peer-peer referral process doctors use to identify appropriate specialists for their patients. Best Doctors is widely regarded as an unbiased source.

“We are proud to have so many of our faculty members listed in Best Doctors,” said Dr. Alma Littles, associate dean for academic affairs. “We believe Best Doctors should be regarded as just one source of information on the medical profession. We know, for example, that physicians practicing in cities are more likely to be included in the Best Doctors survey than those practicing in rural areas. But we still consider Best Doctors a strong endorsement for those physicians who are included.”

The following physicians are members of the FSU College of Medicine faculty who are included in the most recent Best Doctors listing:

ORLANDO CAMPUS

Behavioral Pediatrics
Stephen Commins, M.D.

Family Medicine
Bonnie Dean, M.D.
James Louttit, M.D.
Lara Hitchcock, M.D.
Gerald J. Kivett, M.D.
Joan Martich, M.D.
Douglas G. Meuser, M.D.
Scott J. Warner, D.O., J.D.
Dennis F. Saver, M.D.

General Pediatrics
Mark DiDea, M.D.
Brenda Holson, M.D.
Gregory J. Coffman, M.D.
Penelope Tokarski, M.D.

Pediatric Cardiology
Thomas Carson, M.D.

Pediatric Critical Care
Lawrence Spack, M.D.
Mark Swanson, M.D.
Mary M. Farrell, M.D.

Pediatric Endocrinology
Paul Desrosiers, M.D.

Pediatric Genetics
John McReynolds, M.D.

Pediatric Hospitalist
Ira Pinnelas, M.D.
Matthew Seibel, M.D.

Pediatric Neonatology
David Auerbach, M.D.

Pediatric Nephrology
Norman Pryor, M.D.

Pediatric Oncology & Hematology
Vincent Giusti, M.D.
Judith Wall, M.D.

Pediatric Orthopaedic Surgery
Charles T. Price, M.D.

Pediatric Otolaryngology
J. David Moser, M.D.

Pediatric Pulmonology
David Geller, M.D.
Floyd Livingston, M.D.

Pediatric Urology
Mark Rich, M.D.

Obstetrics & Gynecology
David Ashley Hill, M.D.
Jorge J. Lense, M.D.

Otolaryngology
Henry Ho, M.D.
Izak H. Kielmovitch, M.D.

Oncology & Hematology
Clarence Brown, M.D.

Neurology
Ira J. Goodman, M.D.

PENSACOLA CAMPUS

Allergy & Immunology
Crawford H. Cleveland, Jr., M.D.

Cardiovascular Disease
Santo Marcus Borganelli, M.D.
W. Daniel Doty, M.D.

Infectious Disease
Barbara H. Wade, M.D.

Internal Medicine/ Geriatrics
Donna J. Jacobi, M.D.

Neurological Surgery
Troy M. Tippet II, M.D.

Obstetrics & Gynecology
Barry A. Ripps, M.D.
James A. Thorp, M.D.

Orthopaedic Surgery
Robert P. Stanton, M.D.
Kirby L. Turmage III, M.D.

Pediatric Nephrology
Edward C. Kohaut, M.D.

SARASOTA CAMPUS
Family Medicine
Randy Powell, M.D.

General Pediatrics
Patricia J. Blanco, M.D.
D. Scott Featherman, M.D.

Obstetrics & Gynecology
Washington C. Hill, M.D.

Ophthalmology
Robert L. Kantor, M.D.

Urology
Winston E. I. Barzell, M.D.

TALLAHASSEE CAMPUS

Anesthesiology
James O'Neill, Jr., M.D.

Dermatology
Armand B. Cognetta, Jr., M.D.

Family Medicine
Roy M. Forman, M.D.

Nephrology
John C. Peterson, M.D.

Oncology & Hematology
Timothy A. Broeseker, M.D.
J. Brian Sheedy, M.D.

Orthopaedic Surgery
Tom C. Haney, M.D.

Otolaryngology
Marie Becker, M.D.
Spencer Gilleon, M.D.
Duncan S. Postma, M.D.
Adrian Roberts, M.D.

Pediatric Endocrinology
Larry C. Deeb, M.D.
Psychiatry
Faisal A. Munasifi, M.D.



Top 10 finish

Second-year student Ivan Porter has been named an American Medical Association Foundation Minority Scholar, an honor awarded to only 10 medical students in the country. The Minority Scholar Award, which includes a \$10,000 scholarship, recognizes scholastic achievement and promise for the future among students in groups defined as "historically underrepresented" in the medical profession. Fewer than seven percent of U.S. physicians fall within these groups, which include African-American/Black, Native American, Native Hawaiian, Alaska Native and Hispanic/Latino.



Honors for the ages

Dr. Charlotte Maguire has two new awards to add to her many accolades. In May, she received the 2005 David H. Solomon Distinguished Public Service Award from the American Geriatrics Society. The award was presented by Dr. David B. Reuben, president of the American Geriatrics Society, at the organization's annual honors meeting in Orlando. The award honors Dr. David H. Solomon for his commitment to community service and advancement of geriatrics knowledge.

In September, Maguire received the Vires Torch Award from the Florida State University Faculty Senate. The Torch awards were established in 1996 as a way for faculty to honor those friends of the university who have contributed significantly to FSU's ability to fulfill its academic mission. The Vires Torch Award symbolizes moral, physical and intellectual strength.

Maguire is the medical school's greatest benefactor and a member of the college's Geriatrics Advisory Council and Dean's Advisory Council. Her most recent gift created an endowed chair in geriatric medicine, which is filled by Dr. Kenneth Brummel-Smith, chair of the medical school's geriatrics department and former president of the American Geriatrics Society.

Pulmonary & Critical Care Medicine

Clifton J. Bailey, M.D.
David Huang, M.D.
John S. Thabes, M.D.

Surgery

Jeffrey W. Crooms, M.D.

MAIN CAMPUS TALLAHASSEE

Family Medicine

Jerry D. Boland, M.D.
Curtis C. Stine, M.D.
Terence P. McCoy, M.D.
John Ness, M.D.
Mark E. Shamis, M.D.
Daniel Van Durme, M.D.
Hugh VanLandingham, M.D.
Karen S. Wilkens, M.D.
Donald A. Zorn, M.D.

Geriatrics

Kenneth Brummel-Smith, M.D.
Lisa Granville, M.D.

Pediatric Nephrology

Frank C. Walker, M.D.

Pulmonary & Critical Care Medicine

Gene G. Ryerson, M.D.

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Educator extraordinaire

Dr. Lisa Granville was selected by the Florida Chapter of the American College of Physicians to receive one of the chapter's Outstanding Teacher awards in recognition of her dedication to the education of medical students and residents. Granville is the associate chair of the department of geriatrics and the Doctoring course director for Year 1.

Risk meets

Reward

The Class of 2005 celebrates its graduation, the first for FSU's med school.



By Nancy Kinnally

When he began medical school in 2001, Michael Hernandez considered himself lucky to have made it that far in life. His father, a physician in Colombia, died when Michael was one. His mother, who had little formal education, was left with five children to raise. The family moved to Jacksonville, Fla., to a neighborhood where Michael found a lot of choices to make and few good examples to follow. "When I went off to college, most of my friends had dropped out of school or were in jail," Michael said. "I had to make my own path."



Amanda Davis Sumner grew up in Wewahitchka, Fla., a Panhandle town of about 1,700 along the banks of the Apalachicola and Chipola Rivers. She attended Chipola Junior College on a softball scholarship.

After being sidelined by shoulder injuries, Amanda, the first person in her family to go to college, began working toward a career in medicine by studying food science and human nutrition at the University of Florida. Nevermind that, as far as she could determine, no one from Wewahitchka had ever gone to medical school.

"My father taught me that I could do anything I want to do, and to ignore society's stereotypes," Amanda said.

Born in Romania, David Bojan lived most of his first 12 years in Transylvania.

In 1990, after a popular revolution overthrew Communist dictator Nicolae Ceausescu, David's family left Romania for a refugee camp in Austria. When he arrived in the United States at the age of 14, he spoke no English. Six years later, he graduated as the salutatorian at South Broward High School in Hollywood, Fla.

While at the University of Miami, David volunteered at Camillus House, a local homeless shelter, "to help feed the needy and give something back that had been given to me." His volunteer work with the homeless and indigent was to continue in medical school.

The paths of these three aspiring doctors and 27 others came together for the first time on May 7, 2001, in borrowed space on the first floor of the Florida State University School of Nursing. The youngest was 19; the oldest, 32. Each had a story.



FSU PHOTO LAB

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

Full of uncertainty because, as a new school, the FSU College of Medicine was not yet accredited.

Uncertainty because there was, as yet, no medical school building at FSU. Not even on paper.

Uncertainty because it had been a generation since a new M.D. program had been established anywhere in the United States.

Top right: Garrett Chumney, Shayla L.S. Gray and Michael Hernandez at graduation. Above: Victor Gonzalez and Kimberly Ruscher-Rogers in 2001.

RAY STANYARD

“OUR DEAN'S OFFICE
WAS IN A TRAILER.
THE NURSING
AND BIOLOGY
DEPARTMENTS LENT
US OFFICE AND
CLASSROOM SPACE.”

KIMBERLY RUSCHER-ROGERS (M.D. '05)



The trailer days

Florida State's medical school initially operated out of a few thousand square feet that had been carved out of the nursing school's Duxbury Hall for the Program in Medical Sciences. Established in 1971, PIMS annually provided the first year of medical education for 30 students, who then completed medical school at the University of Florida.

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

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

Andrew Payer, director of the Year 1 curriculum and the anatomy course, once told a colleague at the University of Texas Medical Branch at Galveston that being able to participate in the development of a new medical school was the only thing that could possibly coax him away from his job. At the time it was a hypothetical statement, since no new medical schools were on the horizon – not as far as he knew.

An innovative teacher with more than 30 years of experience in medical education, Payer had recently been courted by Rutgers and the University of California, Davis.

“It just didn't interest me,” said Payer, who was happily ensconced in an assistant dean's post at Galveston.

But then he got a visit from a few faculty administrators at FSU, who had come to learn about his methods for teaching faculty how to approach medical education in a new way. They wanted to apply some of these ideas to a new medical school.

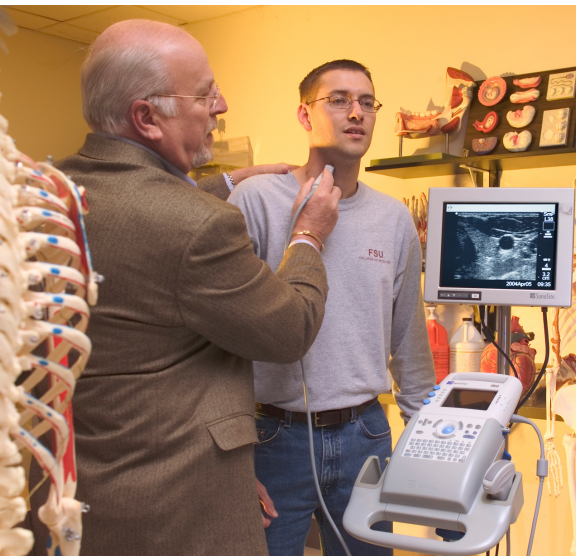
Suddenly, the hypothetical became real.

“It was almost like it was meant to be,” said Payer, who has never regretted his decision to come to FSU.

The allure of a clean slate drew other teaching veterans, including Dr. Edward Klatt, author of a pathology teaching resource used at medical schools all over the nation and around the world, and Graham Patrick, an award-winning teacher from the Medical College of Virginia, as well as Dr. Robert Brooks, Florida's former secretary of health. Former PIMS faculty members Charles Ouimet and David Balkwill, both of whom had been recognized among FSU's top teachers, took on the leadership of the biomedical sciences department.

By the end of 2001, halfway through the first academic year, the school was still so small that a large living room could hold all of the faculty and staff, along with the entire student body. This feat was accomplished at the medical school's holiday party, which was held in a faculty member's home.

RAY STANYARD



Andrew Payer, director of the Year 1 curriculum and the anatomy course, left an assistant dean's post at the University of Texas Medical Branch at Galveston for the chance to participate in the development of a new medical school. Four years later, he has no regrets.

During the white elephant gift exchange, everyone piled into the living room to swap Richard Simmons exercise videos and the like.

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

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

The news hit the students hard.

Suddenly, camera-wielding television news crews, along with print journalists, crowded into a small hallway space outside the office of then-dean Dr. Joseph Scherger, who still had anxious students coming to him with dozens of questions about what next and what if. Having hardly absorbed the accreditation news themselves, students were confronted by reporters asking them, "How does it feel?"

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

Newspapers from the *Tallahassee Democrat* to the *Chronicle of Higher Education* also devoted ample ink to the school's initial stumble on the way to provisional accreditation.

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

Trying to maintain some levity in the face of a seemingly endless workload, the members of the accreditation task force referred to the Sunday meetings as "services" with "the Rev. Sandy D'Alemberte presiding."

President of FSU from 1994 to 2003, Talbot "Sandy" D'Alemberte – actually a lawyer and former legislator, not a minister – played a key role in the development of the medical school, and his devotion to the cause was unflinching.

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

On to grade school

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

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

David Steele, assistant dean for curriculum and evaluation, and Dr. Alma Littles, associate dean for academic affairs, were among those putting in long hours overseeing



RAY STANYARD

Above, the College of Medicine's permanent buildings gradually rose above the former K-12 school that served as the medical school's temporary home after it moved out of the School of Nursing. Once it was housed at the renovated school, the College of Medicine no longer had to borrow classroom and office space from other colleges. The transitional facilities included a simulated clinic, as well as classrooms, research labs, a medical library, an anatomy lab, student learning communities and faculty offices.

Above, Dr. Alma Littles, associate dean for academic affairs, observes a student in the medical school's original Clinical Learning Center, which was a converted home economics classroom.

Left, as president of FSU, Talbot "Sandy" D'Alemberte championed the medical school in the years leading up to and immediately following its creation.





“I WAS JUST DOING WHAT EVERYONE ELSE WAS DOING, AND THAT WAS MAKING SURE THAT OUR FIRST CLASS OF STUDENTS GRADUATED FROM A FULLY ACCREDITED MEDICAL SCHOOL.”

**DAVID STEELE,
ASSISTANT DEAN FOR
CURRICULUM AND
EVALUATION.**

The former media center for FSU's Developmental Research School became the medical school's temporary headquarters. The buildings of the old school have since been demolished.



the development of the academic program while also monitoring the progress of what were now two medical school classes with 68 students.

Steele said this was like “laying the track and driving the train at the same time.”

While going full bore at what he called his “day job,” Steele also chaired the accreditation task force. His wife once pointed out to him that he’d worked all or part of 87 consecutive days. He wasn’t sure whether to believe her, although she insisted it was true.

“I hadn’t been counting,” he said. “I was just doing what everyone else was doing, and that was making sure that our first class of students graduated from a fully accredited medical school.”

In January 2003, Dr. J. Ocie Harris replaced Scherger as dean. As the first M.D. faculty member hired by the College of Medicine in 2000, Harris brought continuity and stability. A physician with 30 years of teaching and administrative experience at the University of Florida’s medical school, he had earned the respect and admiration of the faculty, staff and students in his previous role as associate dean for medical education at FSU.

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

“She was always urging us to anticipate what might go wrong and to think proactively,” Steele said. “I think that was a huge help.”

The medical school’s model called for the creation of regional campuses where students would receive their clinical training at the experienced hands of community physicians around the state. The first three campuses were to be in Orlando, Pensacola and Tallahassee.

Setting up each campus involved establishing hospital affiliations, hiring faculty and staff, and developing a facility.

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

The three campuses received third-year students simultaneously in July of 2003. The media once again came in droves, this time to report the good news of the arrival of medical students to what was now a sizeable network of affiliated hospitals and physician practices.

As the regional campuses were taking shape, so were the medical school’s main campus facilities.

In April 2002, the school’s headquarters moved out of the nursing school and the “annex” (oft-used euphemism for the faculty double-wide) and into a former K-12 school on the FSU campus. The trailers were moved to the new site to await new faculty hires, and plans began to solidify for the permanent medical school complex to be built next door to, and eventually on top of, the temporary facility. Ground was broken on the new site in February 2003.

Although the aging buildings of the former grade school had been renovated for the medical school’s use and were more than adequate, some areas were plagued by minor flooding problems, antiquated air conditioning units and leaking roofs. Adding to these inconveniences were occasional water outages and noise from the construction.

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

The 60,000-square-foot temporary quarters were soon at full capacity, as scores of new students, faculty and staff continuously added to the college’s ranks. The running joke was that the title of “new employee” could only be

claimed for a week.

All grown up

The long-awaited medical school complex – a facility unsurpassed in medical education today – opened for business in October 2004.

As everyone at the medical school was preparing for the move, pranksters crept out onto the roof of the old high school wing and placed a photograph in front of the Webcam that had been transmitting images of the new buildings under construction next door.

For a few hours anyway, the medical school's Web site proclaimed the Taj Mahal to be its new home. Compared to the old facility, it may have felt like that to some.

In February 2005, the LCME voted in favor of granting the medical school full accreditation. The body's decision came right on schedule with its guidelines, which require a site survey during the fourth year of the inaugural class. At this point, the medical school had four classes enrolled and all four years of the curriculum in place.

With tears welling, Hurt, who had started at PIMS in 1992 and helped give birth to the medical school, told reporters gathered outside the new building complex, "Failure was never an option."

In their final report, the committee noted the "remarkable enthusiasm" of the school's faculty, staff and students, and their commitment to the school's mission. The survey team also remarked on the medical school's success at recruiting underrepresented minority and rural students; its cutting-edge use of information technology; its "outstanding facility;" and its "state-of-the-art" simulated clinic, a key component of FSU's clinical skills education in the first and second years.

At an impromptu afternoon celebration the Friday the accreditation news hit the school, Dean Harris addressed a lobby full of faculty, staff and students from the grand staircase of the new facility.

"To be able to do this, particularly in the time frame in which we did it, is really remarkable," he said.

FSU was fortunate, he said, that the individual faculty members who came early in the medical school's development didn't shy away from the challenge.

"We sent out the call, and they dropped what they were doing and they came here," he said. "If that hadn't happened, I don't think we'd be standing here celebrating today."

As one of those who answered the call, Payer feels he got what he bargained for at FSU, particularly when it comes to making much-needed changes in the way medical students are taught. He believes FSU's strong support for technology makes it the envy of other medical schools.

"It really does change the atmosphere and the educational designs you can use," Payer said. "You can really get more creative, and that's been fun."

On the heels of full accreditation came more cause for celebration. All of the students had passed Step 2 of the U.S. Medical Licensing Exam. And in the school's first residency match, all of them found a residency position, most at one of their top-choice programs.

The stage was now set for the school's first graduation in May 2005.

Invited by the students, D'Alemberte gave the keynote address.

He called it a day of "magical convergence," a day on which the destinies of individuals aligned with the destiny of an institution.

Faith and hard work had confronted uncertainty, and they had won. As a final parting gift to the college, the members of the Class of 2005 quietly left behind a framed class photo. Among the signatures in the margin was the name Michael Hernandez.

"Since the first day of class until today, I have always believed," he wrote. "Thank you for making it happen." ■



RAY STANYARD



"TO BE ABLE TO DO THIS, PARTICULARLY IN THE TIME FRAME IN WHICH WE DID IT, IS REALLY REMARKABLE."

DR. J. OCIE HARRIS, DEAN



"FAILURE WAS NEVER AN OPTION."

MYRA HURT,
ASSOCIATE DEAN FOR RESEARCH
AND GRADUATE PROGRAMS

Birth of a Med School

A Photo History

1971 Medical education begins at FSU with the establishment of the Program in Medical Sciences, a first-year medical school program operating in collaboration with the University of Florida.



1998
January

Legislative leaders meet with FSU President Talbot “Sandy” D’Alemberte and members of his administration to discuss a possible expansion of the Program in Medical Sciences into a four-year medical school.

2000
June

Filed in the Florida Legislature by Sen. Durell Peaden of Crestview, HB 1121, which creates the Florida State University College of Medicine, is signed into law by Gov. Jeb Bush. House speaker John Thrasher, an FSU alumnus, is credited with rallying support for the legislation.

2000
August

Molecular biologist Myra Hurt, PIMS director since 1992, is named acting dean of the newly formed FSU College of Medicine.

2001
April

Dr. Joseph E. Scherger is named dean of the College of Medicine. Final PIMS class transfers to the University of Florida.

2001
May

Inaugural class of 30 medical students begins studies.

2002
October

College of Medicine granted provisional accreditation.



2003
July

First three regional campuses open in Orlando, Pensacola and Tallahassee for third- and fourth-year clinical education.





2003
January

Dr. J. Ocie Harris replaces Scherger as dean. A week later, ground is broken on the new medical school buildings.

2004
August

College admits first Ph.D. students in biomedical sciences.



2004
October

College of Medicine's new building complex opens on the FSU Campus.



2005
February

Full accreditation granted by Liaison Committee on Medical Education.



2005
May

Inaugural class graduates.

2005
July

Sarasota campus accepts first group of third-year students.



feature



Keeping time with **DIABETES**

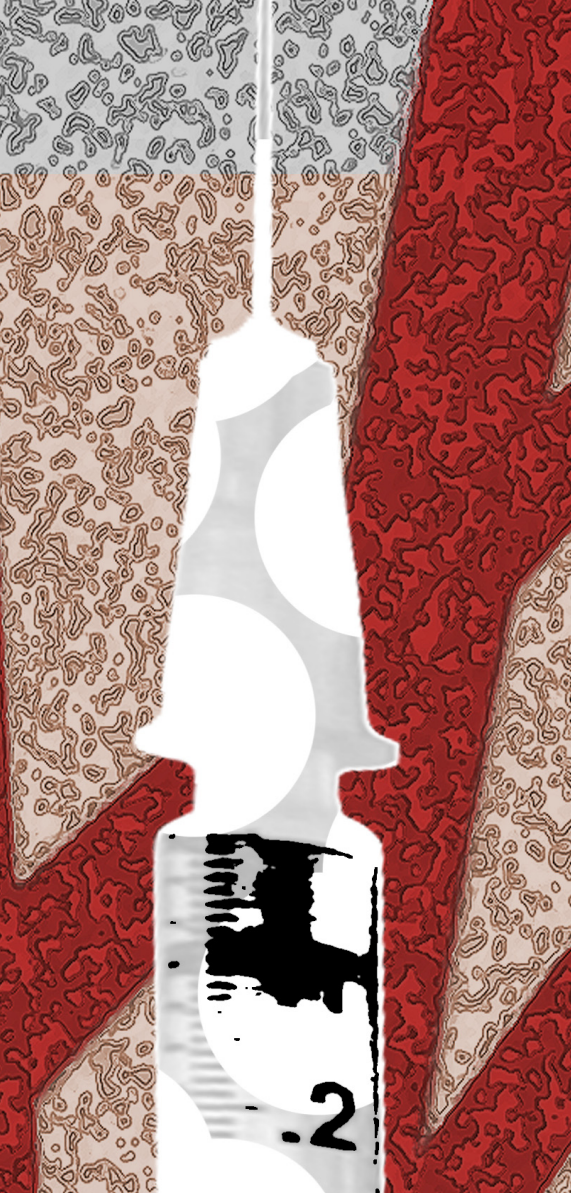
By Meredith Brodeur

WEARING A HOT PINK T-SHIRT, MATCHING SHORTS AND REEBOK SNEAKERS, CANDACE PLACES HER GLOSSY PINK POCKETBOOK ON THE TABLE NEXT TO HER MOM, PLUNKS DOWN IN A CHAIR IN THE CORNER OF THE DOCTOR'S CONSULTATION ROOM AND TUCKS HER LEGS UP UNDER HER.

A black box clipped on her left hip looks oversized on her tiny waist. The device is her insulin pump, which beeps occasionally. She touches it often. It is a lifeline attached to the 9-year-old's body. In her purse is the blood glucose testing kit for her pump and a Juicy Juice box, in case her blood sugar drops below 80.

Candace relies on her parents to help her keep track of each gram of carbohydrate she eats. While at summer camp, she called her father at work after each meal so he could help her figure out how much insulin she needed.

The pump, the testing, the carefully calculated snacks. These things create a complicated rhythm for Candace's life, and her health depends on not missing a beat.



Diabetes is the fifth-deadliest disease in the United States, according to the American Diabetes Association (ADA). About 18.2 million Americans have the disease; of those, 13 million people know they have it and a stunning 5.2 million do not. There are two kinds of diabetes: type 1 and type 2. Generally, children develop type 1, while adults develop type 2.

Children with type 1 diabetes produce very little or no insulin because their immune systems attack and destroy their bodies' pancreatic beta cells. They have to take insulin injections for the rest of their lives. In people with type 2 diabetes, cells do not use insulin properly, and the pancreas gradually loses its ability to produce insulin. While type 2 diabetes can be triggered by obesity and lack of exercise, type 1 is not associated with either.

The complications of diabetes include heart disease, stroke, vision loss or blindness, amputation and kidney disease. The impact is devastating. More than 213,000 will die this year from the disease and its related complications. According to an ADA fact sheet, the total annual cost of diabetes in 2002 was estimated at \$132 billion, or one out of every 10 health-care dollars spent in the United States.

About one in every 400 to 500 children in the United States has type 1 diabetes. Most are diagnosed between 10 and 14 years of age.

Candace was diagnosed when she was just three.

She and her mother, Brenda, are among 100 families participating in the HANDling Diabetes Research Project funded by the National Institutes of Health (NIH).

Suzanne Johnson, chair of the medical humanities and social sciences department at the College of Medicine, and Tallahassee pediatric endocrinologist Dr. Larry Deeb, president-elect of the American Diabetes Association and clinical professor at the College of Medicine, are the project investigators. The patients are recruited from Deeb's diabetic patient pool.

The clinic-based study focuses on families of children between the

ages of one and 11. It begins with a careful assessment of the patient's and the family's understanding of the recommended treatment plan and the skills required to successfully carry out the regimen, such as insulin delivery, blood glucose testing, carbohydrate counting and hypoglycemia management.

The families then receive a take-home training kit and begin a series of doctor visits accompanied by problem-solving sessions designed to help them devise methods for handling diabetes within the context of their daily lives.

"Even if they have all the knowledge and skills in the world, everybody has problems dealing with diabetes," Johnson said. "This is a very hard disease to manage, so we help families identify areas of difficulty and teach them ways to find solutions through a problem-solving approach. We're trying to give them a set of skills they can apply forever, not just to this particular problem."

During the three-month interim between visits, study personnel contact the family monthly to conduct a 24-hour recall interview eliciting every detail of the child's diabetes management during the preceding day.

The problem-solving sessions often dig up issues that might not surface during a typical doctor's visit.

In one family, the grandparents were so intimidated by the complexities of the disease they were unwilling to help care for the child. The part-time child care the grandparents provided was crucial to the parents, who also struggled with their child's condition and needed an occasional respite. The intervention, which turned out to be successful, brought the grandparents in and helped them work through their confusion.

The expectation is that a problem-solving approach will enable diabetic children and their families to remove obstacles to compliance and help them develop better disease management skills, which will improve health outcomes.

At the end of the project, the patients receive follow-up assessments with information on maintaining the recommended behavioral changes.

"We're trying to give them a set of skills they can apply forever, not just to this particular problem."

Suzanne Johnson,
HANDling Diabetes project
investigator

Once the families have completed the visits, the researchers analyze the effects of the assessment and problem-solving sessions on the patients' understanding of and compliance with their treatment program.

Johnson, a clinical psychologist, has been researching type 1 diabetes since receiving her first NIH grant in 1980, right after the birth of her first child. She began the HANDling project five years ago while serving on the faculty at the University of Florida in Gainesville. There, 50 families participated in the project, which also involved patients with cystic fibrosis because the researchers designed the protocol to be applicable to the management of almost any chronic disease.

The Gainesville study is now wrapping up. It's too early to tell if the intervention impacted the patients' adherence or health outcomes, but most families agreed to participate in the study and responded well to it.

As expected, Johnson and her colleagues found high rates of misconceptions about the treatment plan, skill deficits in carrying out the regimen, and barriers to following the highly complex routine of managing diabetes.

Setting your own tempo

Surrounded by crates of toys and file folders, Candace is in a back room at Deeb's clinic. She and Brenda trekked 90 miles from Albany, Ga., to Tallahassee to see the doctor and participate in their second problem-solving session.

Cortney Whittington leads each session, which she begins with a Q&A with Brenda. Whittington works under Johnson as coordinator of the HANDling project. Her questions about caring for Candace's disease are very specific.

One thing is for sure: Brenda has her hands full.

Today, she and Candace are looking for ways to ease mom's fears about a potential sleepover.

The problem is that Candace's first blood glucose test is at 6 a.m., and her mom doesn't want to burden, or for that matter trust, anyone else with the responsibility of making sure she's awake for it.

"We get her up and check her to make sure everything's okay, and I'm

just thinking she'd sleep through all that," Brenda says. "I'd hate to bother someone else at 6 in the morning. And I need that peace of mind that she's okay. It's tough, even with a relative, and now she's wanting to stay at a friend's house."

Candace sought to address the issue at the first session, and there has been no resolution to date, but mom still isn't ready.

"I'm just not there yet," she says.

About 10 minutes into the discussion, Candace is resting her hands on her legs, listening intently. She knows this is important.

"I really don't know as much as my mommy does, and I learn more from this," she says. "I listen to get it right, and I learn from my mistakes."

Since her diagnosis Candace and her family have had to break down each meal, calculating the calories and carbs. Deeb recommends his patients eat what they like and adjust their insulin accordingly, rather than strictly regulate consumption.

While it's important to stay in step with diabetes, Deeb believes you don't have to let the disease set the tempo. That's the philosophy Candace and her mother have adopted.

"On the weekends, I cook your Southern breakfast with grits, eggs, toast and bacon," Brenda says.

Knowing it's time, Candace gets the kit out of her purse and tests her glucose. She hops over to her mom and whispers the result in her ear.

"Good, that's good," Brenda says.

Brenda and Candace are on target with the study goals and have seen improvement.

"It's helping to come here. It makes you think, and is helping to get over fears," she said. "It's helping me become more attentive to her needs as well, and now Candace can test herself and catch the problem before her blood glucose gets too low."

When it comes to managing her disease, Candace is mature beyond her years. That's because the one thing every young person craves is independence, and for kids with diabetes, maturity equals independence.

It's hard to imagine that most kids her age are as well-adapted as Candace, but Deeb says they are,

"I really don't know as much as my mommy does, and I learn more from this. I listen to get it right, and I learn from my mistakes."

Candace,
a 9-year-old
with diabetes



A NEW TYPE OF CHILDHOOD DIABETES

Type 2 diabetes used to be practically unheard of in children.

But thanks to a nation inundated with junk food and enthralled by television and computer games, children are being diagnosed with type 2 diabetes at an alarming rate.

“People have been talking about it in the last three or four years because of the epidemic of obesity, which is the cause of the disease in children,” said Suzanne Johnson, chair of the department of medical humanities and social sciences at the FSU College of Medicine.

Johnson recently became involved with Leon County Schools, which has conducted body mass index (BMI) testing on 17,000 children in the K-8 system and sent parents the results. A child’s BMI percentile is determined by the child’s age and sex. Parents were notified that if their children were above a certain percentile, they could face health risks and should consult a physician.

“We have analyzed the data, and we’re looking at a variety of questions,” Johnson said. “Do children come into the school system overweight in kindergarten? Does there appear to be a progression; that is, do students in higher grades have higher BMI? Is this a bigger problem in one age, sex, race than another?”

Johnson also will use free or reduced lunch eligibility data to determine whether kids from lower income families have higher or lower BMI numbers.

Based on a random sample of kids who are overweight, at-risk for overweight, or underweight, Johnson’s research assistants have been calling parents to interview them about their reaction to learning their children’s BMI and what, if anything, they are doing about it.

Another set of questions has to do with the family’s perception of things that might be related to the child’s BMI.

especially if they’ve had diabetes most of their lives like she has.

“Just as it is for children from different economic backgrounds, even relatively impoverished children don’t know any other way of life,” he said. “It’s the same thing with a chronic medical problem – it’s the way life is. If they’re diagnosed as a little kid, that’s the way it has always been.”

The search for a cure

For now, the hope is that Johnson’s work will help kids like Candace live better lives with diabetes, but the long-term goal of her newest branch of research is to enable kids to live their lives without it.

Her track record as a researcher has put her in a position to aid in the search for a cure.

Johnson’s colleagues describe her as a powerhouse in psychology and chronic disease research. The NIH has funded her research for more than 25 years. Currently, she is working on three projects funded by the NIH and a third by FSU. Her grants total more than \$2.8 million.

Deeb can’t say enough about her.

“She’s a superstar,” he said. “In the psychological world, she is the top four or five. She is big time.”

Johnson got her start in diabetes research during her early years on the faculty at UF. Her first project was the Diabetes Project Unit, an inpatient program for children with diabetes who had a history of repeated hospitalizations and whose cases were difficult to manage. Her first breakthrough came when they learned these children didn’t have a particularly virulent form of diabetes as previously assumed. Within the context of structured care provided by the unit, their diabetes could be well managed.

At the time, psychological research involving children with diabetes was almost nonexistent, and Johnson has since made this type of research her professional charge.

A new approach

The development of genetic screening programs to detect persons at risk for type 1 diabetes has opened a new line of her research. Johnson is examining the psychological impact of

informing patients and their families of a child’s risk of developing diabetes.

It’s tricky business because the causes of diabetes are only partially understood. Risk factors for type 1 diabetes—formerly known as juvenile diabetes—include autoimmune, genetic and environmental determinants.

Genetic testing in children, with no way to prevent or cure the disease, has caused a furor in the research community. How can investigators and physicians give parents this information but offer no remedy? Johnson contends the chance of a breakthrough is worth the suggested gamble.

“Unless we know the environmental events that precipitate the disease in genetically at-risk children, we’re never going to be able to prevent it,” Johnson said.

Her research studies the ways the risk information is communicated to patients and families, what patients and families understand about this risk information, patient and family coping responses, and behavioral changes in response to the news.

The Environmental Determinants of Diabetes in the Young (TEDDY) is the largest international NIH-funded diabetes trial to date. The project screens babies for genetic determinants of diabetes immediately after birth. The screenings take place in hospitals in Seattle, Denver, Atlanta and Gainesville, as well as international sites in Finland, Sweden and Germany.

If the genetic determinants are found in the infants, parents are invited to participate in the study, which could last 15 years.

“It’s a very demanding protocol,” Johnson said. “Parents

“She’s a superstar. In the psychological world, she is the top four or five. She is big time.”

Dr. Larry Deeb,
president-elect of the American
Diabetes Association

have to bring the babies to a study center every three months.”

Johnson co-leads the psychological component of the study. She is an expert on recruitment, enrollment and retention of human subjects in research of this type. To identify the environmental determinants, TEDDY investigators need to find thousands of mothers with genetically at-risk babies and keep them involved in the study for years, so Johnson’s knowledge is critical to the project’s success.

She intends to find out why people agree to participate and remain in such an involved study, as well as how parents try to prevent the disease when informed of the baby’s increased risk.

Although parents are told there are no known methods to prevent type 1 diabetes, Johnson’s studies show many parents do a variety of things hoping to prevent the disease’s onset.

The parents are required to document all food intake, allergies, illnesses and infections. One of Johnson’s roles is to make sure data are collected from the parents uniformly.

“The coordinators are from different countries, and it’s very important they do it all the same – the interviews, the questionnaires, the same. And so I do a lot of the training of the coordinators,” Johnson said. “We have a phone call every week.”

To aid these researchers in their mission, fecal and blood samples taken from babies around the world are sent to an NIH warehouse in Virginia, where they are filed by the child’s study identification number and date. No names are ever

used to assure confidentiality. Years from now, these samples, along with data from the babies’ medical and nutritional records, will be used to compare those children who develop early signs of diabetes with those who do not.

The researchers began collecting data in early 2005 and will continue to do so as long as they have funding. According to Johnson, this is the biggest project she has worked on, not just in actual size, but in terms of the incredible impact it could have on curing diabetes.

Her colleague Dr. Desmond Schatz, professor and associate chairman of pediatrics at the UF College of Medicine, said Johnson is making her own impact on the disease.

“She has a tremendous understanding of everything she gets involved with and always talks with a tremendous depth of knowledge,” Schatz said. “In my mind, she is the leader in the world in psychological factors involved with the risk screening for type 1 diabetes. This is not only recognized by me, but by other national and international investigators, and by the NIH.” ■

“In my mind, she is the leader in the world in psychological factors involved with the risk screening for type 1 diabetes.”

Dr. Desmond Schatz,
University of Florida

“We collect a lot of data on how often does the kid exercise, watch TV, what kind of lunch do they eat, do they bring it, do they buy it, do they use the vending machines, have they been teased about their weight, whether the family eats dinner together,” she said.

The final set of questions deals with what the school system can do about obesity and the family’s attitudes about vending machines in school, as well as how after-school programs on topics such as healthy cooking and exercise might help address the problem and whether they would participate.

“That kind of data will give the school board some sort of idea on direction to take,” Johnson said.

The research is funded by FSU, but Johnson hopes the results will help her obtain funding from outside sources. She noted that the Centers for Disease Control are working on guidelines for schools on childhood obesity and BMI testing.

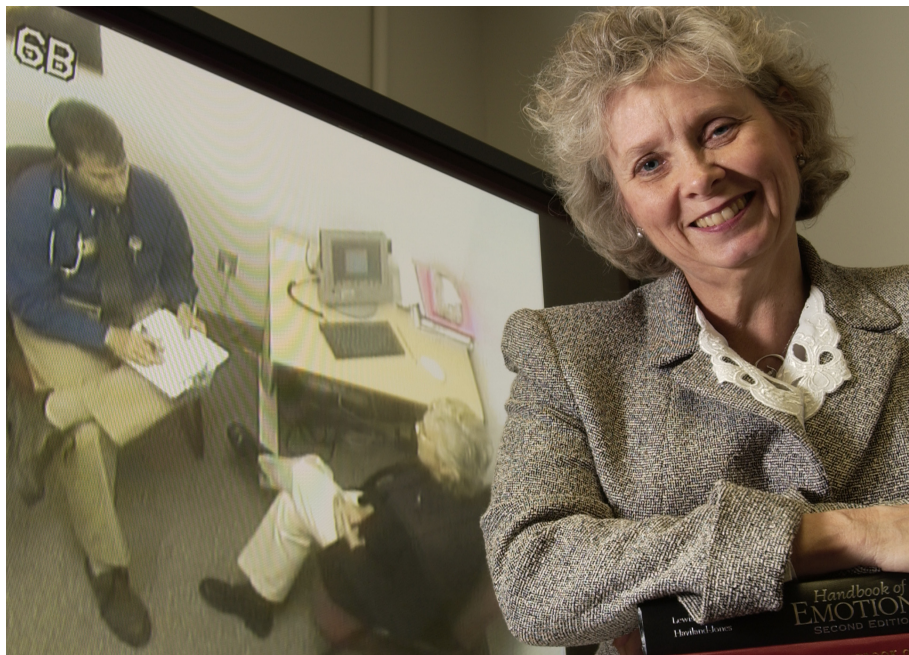
MORE

American Diabetes Association
www.diabetes.org

National Institutes of Health
www.nih.gov
(search term: diabetes)

Juvenile Diabetes Research
Foundation International
www.jdrf.org

Children with Diabetes
www.childrenwithdiabetes.com



Heal

by Sarah-Beth Hopton
Photos courtesy of Tariq Hakky

Thy Beloved Country

Tariq Hakky has an accent, but not one that's discernible to most Americans. In fact, his English is so flawless, it betrays his Kurdish heritage. His English upbringing taints his Arabic, making the family he tries to help in a Baghdad hospital suspicious.

"I told them my hair and skin were light and my Arabic was bad because I was a Kurd from the North," Tariq says. "I told them I was there to help, but they didn't believe me."

Iraq is a country full of paradox, and the irony of trying to pass himself off as a Kurd in a room full of Sunnis is not lost on Tariq, now a first-year student at the FSU College of Medicine. Of course, it was better than the alternative.

His only option was to announce to a family from Tikrit – Saddam Hussein's hometown and stronghold – that an American student was going to secure the surgery needed to reconstruct their son's esophagus, which was shattered after shrapnel from a U.S. soldier's gun lodged in his throat. That would mean disregarding his father's only piece of advice: "lay low."

It's difficult to avert disaster in a country where the main road from the airport into the capital city is nicknamed RPG Ally; the acronym stands for Rocket Propelled Grenade. Still, he tries. He knows he escaped death at least twice already: once, by a dinner invitation and once because of a foiled a plot.

Had Tariq not accepted the dinner invitation, he could have been killed in a bombing that targeted the hotel at

which he was staying. Had his bodyguard not dropped him off on a street full of Americans one afternoon, he would have been stripped, robbed and left to the elements – a plot devised by another, more dubious, bodyguard.

Tariq doesn't know why he was spared, but he was, and he's grateful. In fact, he is a better Muslim because of his near-death experiences, practicing with greater regularity than before.

He went to Iraq to get real-world medical experience before applying to medical school. His father was quick to remind him that Iraq was still a war zone, and it doesn't get any more real than that, but Tariq was undeterred.

For six months, he worked for the Ministry of Health, the Red Crescent and the Ministry of Justice performing an assortment of jobs that included bringing clean sheets to patients, reserving space at overseas surgery clinics for the critically wounded, and writing the by-laws that governed a female half-way house.

It's hard for some Westerners to imagine Iraq as anything other than a country dominated by political fanatics and stunted intellectuals. In truth, Iraq was once the cradle of civilization – a vast empire of cultural and scientific enterprise. With an interim government in place and insurgency impeded, Iraqis are hopeful their future will once again contain the promises of a progressive society.

One such promise includes a fully functioning health-care system. Two decades of war, sanctions and corruption have reduced the current system to a collection of filthy clinics operated by underpaid physicians practicing medicine with archaic equipment.

A Sunni family stands watch over their son, who was wounded from shrapnel fired from an American soldier's gun. This is the best room in the hospital.



They're still teaching with chalk and chalkboards. They're using old embryology books despite the fact that embryology made radical gains in the '90s."

Tariq Hakky

"Imagine a hospital where there are no clean sheets, the floors are almost too gross to walk on and the water is contaminated," Tariq says, "Welcome to an Iraqi hospital."

Dirt isn't the most pressing issue in Iraqi health-care though; sustaining security is.

"We can't even manage the Texas-Mexico border," Tariq says, "Imagine trying to manage a huge expanse of desert. Stability is by far the most important issue in health care right now."

Sanitation is, however, a close second. So sordid are the conditions, he explains, many doctors immediately send new mothers home with their babies – even preemies – because they are more at risk of infection staying in the hospital than leaving it.

"I was horrified when one of the doctors handed me a scrub that was soiled with oil and stained with grease," he says.

Tariq recounts his tour of duty in Iraq in the back corner of a Starbucks café. His 2003 return trip was the first since he and his family fled the country in 1986.

He remembers his house, the street he grew up on and the market that was just around the corner. He says he was dismayed, although not entirely surprised, to find that nothing had changed.

"The city looked like it was frozen in time," he says.

Frozen Desert

This historical deep freeze affected all sectors of the economy, but especially the health-care sector, which thrives on scientific improvements and the free exchange of ideas. Saddam Hussein's Ba'athist party spent nearly 95 percent of the health-care dollar outside the industry, which means the government reserved only 70 cents per capita for health-care service costs per year. Today, the interim government is spending more than \$40 per capita on health care.

Despite working in the same building, many of the directors general at the Ministry

of Health had never been in the same room together, much less debated public health issues. Today, there is healthy dialogue among ministers, non-government agency workers and directors general about the future of Iraq's health-care system. These are issues with which Tariq's father, Dr. Said Hakky, is intimately familiar.

In 2003, President Bush tapped Dr. Hakky, a urologist at Bay Pines Veterans



This sparse operating room in the Baghdad hospital was outfitted with equipment from the '70s.

Affairs Medical Center in St. Petersburg, Fla., to serve as the first Interim Health Minister. Dr. Hakky accepted the position under one condition: He required the latitude necessary to radically transform medicine in Iraq.

Better care for newborns, an emphasis on women's issues, and hospitals equipped to train young doctors were his top priorities.

"They're still teaching with chalk and chalkboards," Tariq says. "They're using old embryology books despite the fact that embryology made radical gains in the '90s."

While medical students stateside complain of long study hours and little free time, Iraqi medical students are challenged by issues unique to studying on a battlefield, like kidnappings and erratic electricity.

"My friend Hassan would be studying when the electricity would go out and sometimes he'd run to his neighbor's house and ask him to turn on the generator that powered the other houses, and other times he'd just take out a torch, light it, and hold it while he was reading and studying."

The effect of substandard medical education ripples through the system. Of the 39,000 "registered nurses," most are ninth-grade recruits plucked from the classroom and given a pair of latex gloves. Of those 39,000 nurses, only 6,000 have R.N.-equivalent degrees. Some of Dr. Hakky's reforms included sending nursing students to Jordan for proper certification.

"Progress is slow," Tariq said, "but at least we're taking steps in the right direction."

The psychological transition from socialism to democracy is also slow. Psychological manipulation was used as a recruitment tool into the Ba'athist party.

"I asked a doctor I was friendly with why he chose to be a Ba'athist, and he said he had no choice. If he wanted to

be a practicing physician, he had to join the party," he says.

Ba'athist doctors were compensated \$50 a month for their services. Albeit an abysmally low wage, it was a consistent wage. Non Ba'athist doctors were paid much less, and inconsistently, if at all.

Tariq is sympathetic to those who had to sacrifice their political values for medical rights because he comes from a long line of outspoken Kurds, some of whom "came back in body bags" after they spoke out against the government.

Loyalty through intimidation forced his family to flee in 1986.

That was the year Saddam Hussein summoned Dr. Hakky to one of his many presidential palaces and asked him to serve as his personal physician.

Dr. Hakky had no intention of doing so, but Saddam is not the kind of man you turn down and live to tell about it.

The Iraq of his youth

Tariq shifts in the overstuffed Starbucks chair as the memories flood his mind. He calmly recounts the story of his family's great escape.

"My mother told my brother and me to hold onto to her skirt and not to let go – no matter what," he says.

The airport was swarming with terrified Iraqis trying to flee the country. The Hakkys waited, and waited. Finally, the customs agent called their seat numbers. A mob dashed for the door. Mother and sons clawed their way to the front of the line. There were several tense rounds of questioning by secret police. At last, they were allowed to board the plane.

"We were only allowed to leave because we didn't have Iraqi passports," Tariq says, "My mother is British, and we were born in the U.K. because they knew this would one day happen."

Back at the presidential palace, Dr. Hakky agrees to take the position as Saddam's physician but says he has to leave the country very briefly to visit his dying father in the hospital. Saddam is suspicious, but agrees.

Dr. Hakky finds his seat on the airplane only to see the secret police board his flight. They coolly walk the aisles, tapping passengers on the shoulder, forcing them to exit the plane. They approach Dr. Hakky's seat. A secret policeman reaches toward Dr. Hakky, but taps the shoulder of the man sitting next to him instead.

"My Dad said he'd never been so nervous in all his life," Tariq says.

His nervousness was not without merit. Dr. Hakky knew personally Saddam's preferred methods of retribution.

"My family had a secret hiding room in our house. If you wanted to hide from the secret police – a necessity for several of my uncles – you could go into this crawl

space in between the roof and the ceiling," Tariq says.

One family member who did not escape was Dr. Hakky's favorite brother, Abdul Majid.

Abdul died in the hospital from liver failure one year after the Hakkys fled, purportedly due to poisoning.

"It was a long, slow and painful death,"



Ayat's aunt and uncle try to comfort her.

Tariq said, "A death that stays with you."

He believes his father's return to Iraq, and the fervor with which he has pursued his newfound political career under Prime Minister Ibrahim al-Jafari, is due to equal parts hope for his country and guilt over the brother he couldn't save.

Said and Abdul were only 18 months apart and shared a twin-like bond, a bond like the one Tariq shares with his brother, who is also 18 months his junior. Just as Abdul serves as Said's inspiration to rebuild Iraq, Tariq's brother Haider serves as his inspiration to practice medicine.

"So we had escaped Iraq only to end up in a hospital after my brother collapsed unexpectedly. No one told us what was

wrong with him for days," Tariq explains. "When he was finally diagnosed with type 1 diabetes, we were all shocked. He never really accepted the fact that he would be limited in what he could do or eat from then on."

He describes how his brother would consume sugar and then over-inject insulin to compensate for his body's inability to break down the rush of glucose. As Tariq learned more about the disease during his master's program in physiology at the Rosalind Franklin Medical College, he spared his brother no detail.

He unabashedly explained to his brother the horrific side effects of living with unchecked diabetes, which include gangrene and amputation of the feet. It was only recently that Haider embraced the seriousness of his condition, partially due to his brother's compassion and vigilance.

Truth within the truth

In Iraq, truth is a tricky subject. Ayat is one of the patients Tariq tried to help. She was admitted to the hospital with both of her legs broken in several places, and the only thing more relentless than her pain was her constant calling out for her mother.

In Middle Eastern culture, doctors don't tell patients when they are dying or when those they love have died. That is a radical shift from what American doctors are taught in school, and Tariq had a difficult time accepting this custom.

"They justify it because they don't want to add to the patient's stress, especially if there is nothing else they can do and death is inevitable," he says.

Ayat will live, but her mother and father were killed when an American tank accidentally crushed the parked car they were sitting inside. No one will tell Ayat she is calling out to ghosts.

Tariq wrestles with his desire to tell her, against her aunt and uncle's wishes.

"When my grandfather was dying," he said, "my father and uncle refused to tell him because they didn't want to upset

him. Instead they chose to spend a lot of time with him, but personally, I'd want to know I was dying so I could get my affairs in order and say goodbye."

Of course, "one's affairs" is a term used loosely in Iraq. There are no 401K plans to roll over, no disability insurance to ease the financial burden of chronic disease, and often there is no time to say goodbye.

Much of post-Saddam Iraq consists of people like those pictured on this page. They are called "squatters," families of vagabonds who find bombed-out villages or towns and take up residence in the skeletons of other families' houses.

Although Saddam touted a Socialist agenda, Iraq never became the Utopia he promised. Health care was free, but substandard. Out of every 1,000 infants, 108 died. Since the overthrow, organizations like UNICEF have raised immunization rates above those found in the United States, and the current Minister of Health has promised to reduce infant mortality by half during his tenure.

Not everyone celebrates such progress. Sunnis, Saddam's preferred people, are adjusting to living in a democratized society, a society where they are not the favored class.

"There are some who don't want democracy to work here," Tariq says. "They liked things as they were because they were the ones with the better jobs, better education and better health care."

With some perspective, though, that may change, because while the education, health care and jobs given to Sunnis were "better," they weren't good.

The people are finding their footing, but a tension remains as everyone waits to see how much progress America can afford.

"The Kurds are happy the Americans are here," Tariq said, "and the Shias are happy but hesitant. They remember when Bush Sr. pulled out during the first Gulf War, 5,000 of their people lost their heads. They wonder how long into the recovery they'll stay."

Karaoke in Baghdad

At night, sections of the capital city glitter. Tariq and his friends decide to visit a make-shift nightclub where they pay good money to hear bad Arabic karaoke.



A man and his family sought refuge in a bombed-out house. Many of those displaced by war are finding homes and "squatting," assuming the rightful owner is dead or has fled the country.

"In the middle of this guy's performance the electricity went out, but he kept on singing and everyone clapped wildly for him," Tariq says.

It is a small reminder that the Iraqi spirit is indomitable and that the promises of a progressive society just might be fulfilled.

"It's strangely comforting to see a mud house with a satellite dish attached to it," he says.

During Saddam's reign, only 2 percent of homes were equipped with telephones. Internet access was prohibited, and there were two newspapers in circulation – government controlled, of course.

Now, internet cafés are springing up all over Baghdad, and the influx of information has touched every aspect of the economy.

"There are women training to be computer technicians," Tariq says. "Open communication has given them a perspective they never had."

Tariq doesn't believe he did much to help the situation. It's easy to see how he could feel that way. But he did help the Sunni bystander who got the surgery that saved his throat, and he helped the women at the half-way house and the anonymous patients to whom he brought clean sheets.

Each act, regardless of its gravity, was a part of becoming a doctor, of learning to heal. Just as all the acts of war within his country will ultimately be a part of its peace. ■



A girl plays barefoot in a house laden with debris from recent bombings.

FSU's first MDs hit the wards running

The graduates from the Class of 2005 began their residency training in July. FSU MED caught up with one of them.

In the first month of his obstetrics and gynecology residency at Vanderbilt University Medical Center in Nashville, Tenn., Nari Heshmati (M.D. '05) quickly felt right at home on the wards.

"Really, so far this first year, this internship seems kind of just an extension of what we'd been doing in medical school," he said. "It doesn't seem like a major transition or major adjustment, but just a continuing from that."

Maybe that's because Heshmati has been working with patients since he began medical school in 2001.

"The fact that we saw patients from the very first day during medical school and the fact that our curriculum was so clinically based made for a strong foundation," he said. "During medical school we weren't standing behind a resident who was standing behind the patient who was standing behind the attending doctor. We were right next to the attending doctor, and we were conversing with the doctor and helping create parts of the health management plan for the patient."

Heshmati can't attribute his knowledge or skills to an individual class or teacher. Rather, he credits the well-integrated curriculum at the FSU College of Medicine.

"Every single class went hand-in-hand with every single other class," he said. "Just like we don't treat patients in isolation for one problem – we treat everything that's going on and we treat the whole person – the curriculum was the same way. That integration is what makes the FSU College of Medicine unique, and it's what helped me get into this residency program; that, and the fact that our professors ensured we were prepared for our standardized exams."

Whatever the combination of curriculum, preparation or personality, when Heshmati applied, Vanderbilt's residency faculty took notice.



Nari Heshmati (M.D. '05) on the wards at Vanderbilt.

Those faculty include experts like Dr. Steven Gabbe, dean of the Vanderbilt School of Medicine and author of the classic textbook, *Obstetrics: Normal and Problem Pregnancies*.

"It was amazing to get a copy of that book signed by Dr. Gabbe," Heshmati said. "It's something you reference when you're on rotation. Every student in the country learns from that book, and here I am learning directly from him."

Heshmati had a similar experience in medical school when he attended Dr. Edward Klatt's pathology class and studied from the *Robbins and Cotran Review of Pathology*, co-authored by Klatt and Vinay Kumar, and from *WebPath*, a pathology CD-ROM Klatt authored. Both are used by medical students all over the country, and in other countries as well.

"I bump into medical students all the time who use *WebPath*, and it's pretty amazing to know that you studied under the doctor who created it," he said.

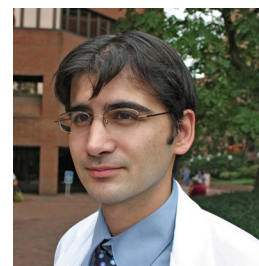
In spite of all the ups and downs that came from being in the first class of a new medical school, Heshmati has no regrets.

"I don't think there is anything I would do differently because whether something was good or something was bad, there was something learned from every experience, from every patient,

from every diagnosis, and it was that cumulative learning, in combination with the curriculum and everything else that makes the foundation of knowledge that I'm using right now," he said. "I don't think I would change anything, because I'm pretty satisfied with what I have."

"THE FACT THAT WE SAW PATIENTS FROM THE VERY FIRST DAY DURING MEDICAL SCHOOL AND THE FACT THAT OUR CURRICULUM WAS SO CLINICALLY BASED MADE FOR A STRONG FOUNDATION."

NARI HESHMATI (M.D. '05)



Class of 2005 Residency Match

Kerry Mark Bachista, M.D.

Emergency Medicine
University of Florida Health
Science Center
Jacksonville, Fla.

Mark Edward Bochey, M.D.

Emergency Medicine
University of Florida Health
Science Center
Jacksonville, Fla.

David Bojan, M.D.

Surgery Preliminary
Orlando Regional Medical Center
Orlando, Fla.
Emergency Medicine
Long Island Jewish Medical
Center
Long Island, N.Y.

Natosha Diane Canty, M.D.

Family Practice
Tallahassee Memorial Healthcare
Tallahassee, Fla.

Garrett Heath Chumney, M.D.

Emergency Medicine
University of Florida Health
Science Center
Jacksonville, Fla.

Laura Michelle Dacks, M.D.

General Surgery
East Tennessee State University
Johnson City, Tenn.

Sarah Beth Fein, M.D.

Pediatrics
University of Arkansas
Little Rock, Ark.

Julie Anne Gladden, M.D.

Orthopaedic Surgery
Medical College of Georgia
Augusta, Ga.

Victor Jose Gonzalez, M.D.

Medicine
University of California San Diego
Medical Center
San Diego, Calif.

Shayla L.S. Gray, M.D.

Family Practice
Tallahassee Memorial Healthcare
Tallahassee, Fla.

Fawn Alicia Grigsby, M.D.

Pediatrics
University of South Florida
Tampa, Fla.

Michael Hernandez, M.D.

Internal Medicine
University of Florida Health
Science Center
Jacksonville, Fla.

Nariman Heshmati, M.D.

Obstetrics and Gynecology
Vanderbilt University
Medical Center
Nashville, Tenn.

Alex Ho, M.D.

Emergency Medicine
University of North Carolina
Hospital
Chapel Hill, N.C.

Joda Garvin Lynn, M.D.

Family Practice
University of South Florida
Tampa, Fla.

Ajay Umesh Mhatre, M.D.

Internal Medicine
University of Florida, Shands
Gainesville, Fla.

Karen Denise Miles, M.D.

Psychiatry
University of North Carolina
Hospital
Chapel Hill, N.C.

Javier Miller, Jr., M.D.

Surgery Preliminary/Urology
University of North Carolina
Hospital
Chapel Hill, N.C.

Adam Charles Ouimet, M.D.

Emergency Medicine
University of New Mexico School
of Medicine
Albuquerque, N.M.

Sachin Shrikant Parikh, M.D.

Surgery Preliminary/
Otolaryngology
Louisiana State University
New Orleans, La.

Kevin Paul Raville, M.D.

Orthopaedic Surgery
University of Rochester, Strong
Memorial
Rochester, N.Y.

Jason Rene Rocha, M.D.

Orthopaedic Surgery
Orlando Regional Medical Center
Orlando, Fla.

Christopher Neil Rodgers, M.D.

Emergency Medicine
Orlando Regional Medical Center
Orlando, Fla.

Kimberly Ruscher-Rogers, M.D.

General Surgery
University of Connecticut
Health Center
Farmington, Conn.

Christienne Alexander Sain, M.D.

Family Practice
Tallahassee Memorial Healthcare
Tallahassee, Fla.

Lorna Fedelem Stewart, M.D.

Internal Medicine
University of South Alabama
Mobile, Ala.

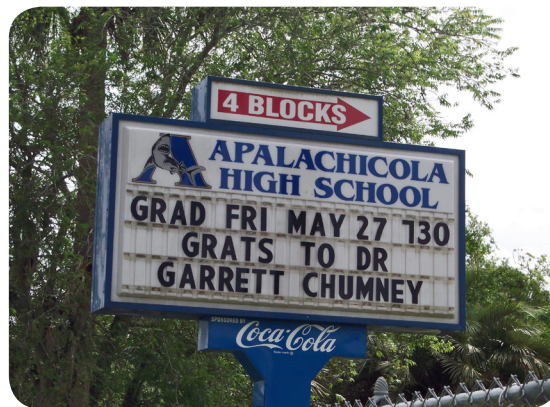
Amanda Davis Sumner, M.D.

Emergency Medicine
Darnall Army Community Hospital
Fort Hood, Texas

Obituary

Dr. Robert Lewis Brown, an alumnus of the FSU Program in Medical Sciences known for giving back to his community, died Sept. 1. He was 55.

Brown earned his M.D. from the University of Florida in 1984. He was medical director of the Soutel Family Practice Center in Jacksonville, part of the UF Health Science Center at Shands Jacksonville, and served as an assistant professor of community health and family medicine at Shands.



Along with the commencement announcement for its senior class, Apalachicola High School congratulated native son Garrett Chumney (M.D. '05) on his graduation from medical school in May.

FSU MED encourages alumni of the FSU Program in Medical Sciences and the College of Medicine to stay in touch. If you have any news to share, or if your mailing address and/or e-mail address has changed, please e-mail Nancy Kinnally, Editor, at nancy.kinnally@med.fsu.edu.

In medical school, zebras are the things you least expect to find. In this issue, Editor Nancy Kinnally focuses on hidden talent.

Beau's art imitates life

Every so often, a child is born into the world with more than his or her fair share of talent.

Then one day, the prodigy grows up and makes the rest of us feel like Elmer Fudd at a Mensa meeting.

You know the type. He or she speaks seven languages and plays the violin like a virtuoso – oh, and by the way, earns a living as a mechanical engineer.

Third-year FSU medical student Beau Toskich is one of these people.

Toskich earned the Excellence in Academics Award at the end of his second year in medical school, in addition to many honors as an undergraduate student. But it's his absurdly varied repertoire of extracurricular interests and talents that truly distinguishes him from the crowd.

Once a lead guitar player in a heavy metal band, Toskich also has dabbled in sculpting, eastern European folk music and Judo. Then there was the water filtration system he designed for the nonprofit organization Global Impact to serve an impoverished community in Honduras.

At the medical school, Toskich is well known for his spot-on impersonations of about a dozen different faculty members. His gift for impressions won him the top award at

the medical school's skit night but could just as easily earn him his own show on Comedy Central.

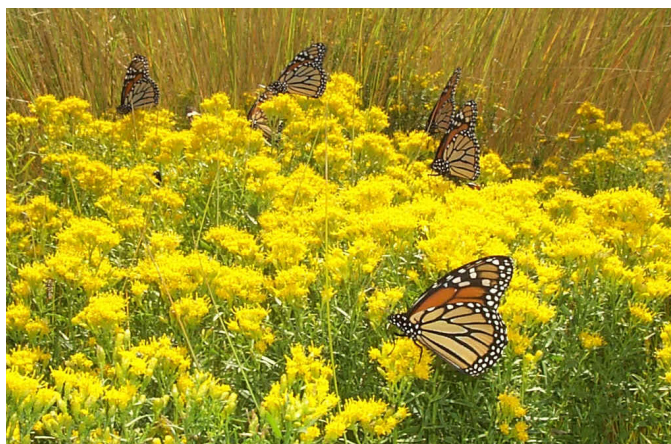
And now for the languages. He is fluent in English, Italian and Serbian.

At this point, it should perhaps come as no surprise that Toskich is the artist behind the illustration on page 18 of this publication.

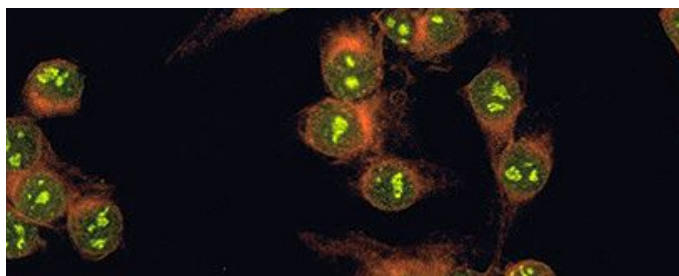
His depiction of "Keeping time with diabetes" draws on the combination of his medical knowledge and artistic skill. Just something he threw together over the weekend. Now, if you're like me, let's go find that Waskally Wabbit.



Skeleton by Beau Toskich



Dr. Edward Klatt captured a colorful image of migrating monarch butterflies at the St. Marks National Wildlife Refuge. Klatt's landscape photography is a bonus feature of WebPath, a pathology teaching resource feature images such as the one below.



COURTESY OF DR. EDWARD KLATT

Scenes through the naked eye

Dr. Edward Klatt is internationally known in academic medicine for his images of cells and tissues shot through a high-powered microscope.

A pathologist with nearly 30 years of experience in medical education, Klatt has a keen eye for anatomical detail. He was director of autopsy services at two academic medical centers, as well as a deputy medical examiner for Los Angeles County.

But when Klatt isn't in the classroom or the anatomy lab, he indulges in his appreciation for life as seen not through a microscope, but through the naked eye.

So when he developed WebPath, a widely used multimedia resource for pathology education, he included his photographs of nature scenes in addition to thousands of medical images.

Klatt's landscape photos take WebPath users on a tour of Florida, starting with Big Bend locations such as the St. Marks National Wildlife Refuge and Wakulla Springs and St. George Island state parks.

The photographic journey continues south through Madeira Beach and Ft. Desoto and Caladesi Island state parks, eventually reaching the parks in the Florida Keys and Dry Tortugas.

Besides his skill with the camera, Klatt, who directs the second year of the medical school curriculum, also has talent for giving. He has established a major scholarship fund for second-year medical students at FSU.

now & then

BRIAN ZIRGIBEL, 27

Now: (2005) First-year FSU medical student;
husband and father of two



FSU PHOTO LAB

Zirgibel watches his daughter Emma by the Westcott fountain after the Class of 2009 White Coat Ceremony Aug. 19.

Then: (1996-2000) Firefighter,
Milwaukee, Wisconsin



COURTESY OF BRIAN ZIRGIBEL

Zirgibel at the firehouse before his injury.

In the line of duty

An injury sustained while fighting a fire in March 2000 forced Brian Zirgibel into retirement at the age of 21. The circular saw he was using to cut the roof off of a burning house struck a hidden pipe and launched into his left leg, severing his hamstring and stopping at his femur. After a year-long recovery, his leg was still not strong enough to qualify him for duty as a firefighter.

Brian and his wife moved to Florida and started a family, and Brian enrolled in college at the University of South Florida, where he was accepted into the honors program. After excelling in science courses, Brian set his sights on medical school.

"I grew up in a blue collar family. My father was a Milwaukee police detective. Nobody I knew was a doctor, and I guess it just wasn't a career I would have considered," he said.

"I would still be fighting fires today if it weren't for my injury. I wish I could say I always dreamed of being a doctor, but I didn't. We just had too much fun. I worked with such a good group of guys at our firehouse. We saved quite a few people and a lot of property.

"I think I will be able to do more as a doctor, but I wouldn't have been able to see that unless I was injured, went to school and saw a different life, because all I knew was firefighting."

Common misconceptions about caring for older patients

By Kenneth Brummel-Smith, M.D.

As Florida's population ages, caring for older patients is becoming the norm for physicians in many specialties. Following are six common misconceptions about older patients and advice for doctors, patients and family caregivers on how to avoid letting such notions influence care.

1. Older people value authority, so they'll do what the doctor advises them.

Older people do tend to respect authority and value a physician's input more than younger people do, but that doesn't mean they like to be told what to do. In fact, in every study done on older patients, they report a desire for more information than they received. Keep in mind that the patient is ultimately responsible for his or her health and should be able to make informed decisions whenever possible.

2. Most people over age 75 have some dementia, so family members should communicate with the doctor on their behalf.

Although dementia is common over age 75, affecting about 20 percent of the population, it isn't the norm. And even if dementia is present, unless it is so severe that the person has lost all ability to use language to communicate, the doctor should still address the patient directly. There is much more to communication than words, and direct contact through gestures, eye contact and touch enhances the patient-doctor relationship.

3. Almost all older patients have hearing problems.

Hearing loss is 10 times as common in old age as it is in younger persons, but it still is not the norm. Watch for subtle signs during conversation, such as the patient asking for something to be repeated. Speak directly to the patient with your lips visible. Raise your voice moderately if needed, and only after a sign of hearing loss is detected. Doctors may want to use simple, inexpensive devices such as the Pocket-Talker, which are available for use in the office when a hearing problem interferes with normal conversation.

4. Most older people are conservative, so it's unlikely they'd use any kind of alternative medicine.

Recent data suggest exactly the opposite. As many as 82 percent of the older population utilizes some form of complementary and alternative medicine (CAM). Always ask about the use of CAM, and be sure to do it with an open mind. If patients know you have negative attitudes towards CAM, they won't give you an honest answer.



Looking in the patient's eyes can be as important as looking at them.

5. Older people grew up in a time of frequent medical discoveries like penicillin, so they expect to get a prescription at each visit.

Actually, many older people are quite concerned about medications, both in terms of cost and their effect. In fact, some studies have shown that some older people avoid medical encounters because they fear being given a new

prescription. Twenty percent of new prescriptions are never filled. And there is little evidence that older people are any less successful than young people in making lifestyle changes necessary for health care interventions – diet, exercise or stopping smoking, for example.

6. In this age group it's unlikely anyone would ever decide to forgo needed medical care because of financial concerns.

Unfortunately, this is just not so. Especially in this age of new medications costing so much, it has been documented that an increasing number of older people are not purchasing prescribed medications, or are taking them less frequently than recommended. Physicians can help by only prescribing when absolutely necessary, using generics whenever possible, and always telling patients how much a prescription is going to cost and asking whether they are able to afford it.

Dr. Kenneth Brummel-Smith is the Charlotte Edwards Maguire Professor and chair of the department of geriatrics and former president of the American Geriatrics Society.

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(1) end note



RAY STANYARD

LAUGHTER IS THE BEST MEDICINE. Sometimes it's all you have left. Sachin Parikh (M.D. '05) was in the second month of his otolaryngology residency at Louisiana State University in New Orleans when Hurricane Katrina hit. The hurricane interrupted residency training for Parikh and his fellow residents, whose program is now trying to rebuild. With his trademark positive attitude, Parikh related the experience back to lessons learned as a member of the first class of a new medical school. "I know that from turmoil great opportunities can arise," Parikh said.

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