

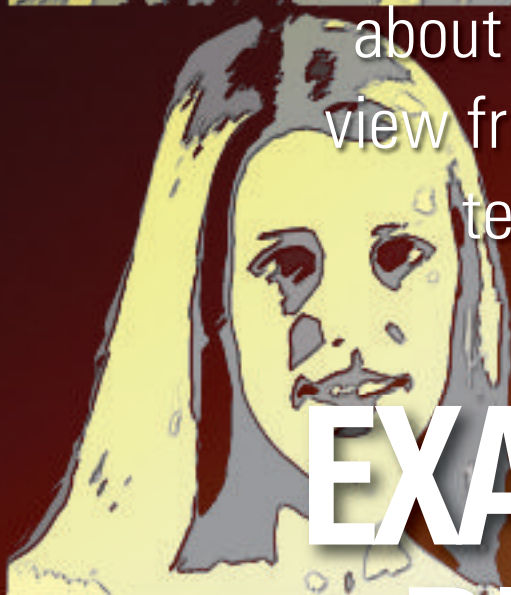
Summer 2006

FLORIDA STATE UNIVERSITY COLLEGE OF MEDICINE

FSUMED



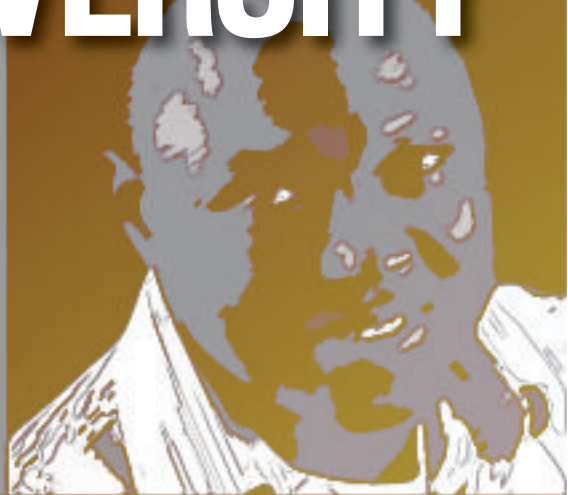
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— about alternative points of
view from some of the best
teachers — each other.



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The College of Medicine courtyard was overflowing May 20 when the 36 students in our second graduating class officially became doctors.

Comparing the scene to the first graduation ceremony, held a year earlier in the same courtyard, presents a stark contrast. The look of a college under construction – complete with plywood and temporary fencing – is gone.

Our building is complete, and with 62 graduates in residency training and another pursuing research at the National Institutes of Health, it's easy to get the feeling we've achieved the original vision for the college.

In our short existence we have made important and remarkable strides. The journey, however, is just getting started.

We have gone from 30 students in our inaugural class to an entering class of 104 this year; next year it will be 120 new students.

That growth necessitates expansion of our regional campus system to accommodate additional third- and fourth-year students. Our clerkship faculty now numbers 800 physicians, and that number will continue to rise as we develop campuses in Daytona Beach and Fort Pierce, and new training programs in Immokalee and Panama City.

Panama City will provide much needed additional clinical training sites here in North Florida, where we don't have the large metropolitan areas found in other parts of the state. Immokalee will be a great addition to our rural medicine program, giving our students and faculty education and service opportunities in an underserved community.

We're very much looking forward to partnerships with Daytona Beach Community College and Indian River Community College, both of which are providing temporary space and other resources until permanent facilities can be constructed at those locations.

The College of Medicine is especially grateful to state representatives Allan Bense, Dudley Goodlette and Joe Negron, as well as state senators Jim King, Durrell Peaden and Ken Pruitt, for their leadership and support in helping us carry out the legislative mandate we were given in 2000 to produce doctors for Florida.

It's a tribute to the early planners and visionaries that, only six years later, our innovative, community-based model of medical education has been hailed as a leading example at the national level, as you will read later in this magazine.

Among our remaining challenges are to continue the development of our biomedical sciences graduate program, which will produce skilled scientists to work in Florida's bio-tech industry, and to expand our outreach programs, which are helping us attract students from underrepresented backgrounds.

Next May, our commencement ceremonies will move to Ruby Diamond Auditorium. We have outgrown the College of Medicine courtyard, but our growth is far from finished.

J. Ocie Harris, M.D.

Dean, College of Medicine

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FSU MED is published by the
Florida State University College
of Medicine, 1115 West Call Street,
Tallahassee, Florida 32306-4300.
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JOSE RAMOS/ELITE MODEL PHOTOGRAPHY



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A class in perspective

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by Nancy Kinnally

The best physicians treat the patient, not the disease. Doing so requires arriving at an understanding of the person's fears, motivations, culture and beliefs. At FSU, medical students learn how to approach patients by first understanding each other.

Medicine flips the switch

16

by Doug Carlson

On-line banking and Internet travel planning are part of the culture, but medicine remains burdened by paperwork. The director of the Center on Patient Safety at FSU is providing conclusive data he hopes will hasten the medical industry's digital transformation.

Driving student debt

20

by Doug Carlson

Personal sacrifice in becoming a physician now includes carrying a truckload of education-related debt. As concern mounts about the impact education costs are having on our health-care system, FSU students are finding ways to stay true to their vision.

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Things you don't expect in medical school

**on the cover**

Photos of seven members of the Class of 2009.

From top left to right:

Elving Colon, Kara Dalke, Bernadette Stevenson,

Jennifer Morton, Leslie Davis-Singletary,

Michael Lee and Charles Ibíe

Photo illustration by Martin Young



scientific endeavors

Out to cure the incurable

FSU researchers increase our understanding of liver disease

For Branko Stefanovic, assistant professor in the department of biomedical sciences, the sad irony of liver fibrosis is in the diagnosis. By the time there is one, it's usually too late.

"There is a point of no return," he said. "If you can recognize the cause and eliminate it, such as in the case of alcohol [abuse], it won't progress any more, but you have to stop at a certain point.

"Nobody can say where that point is because there's no test for that."

Which is one reason liver cirrhosis, the terminal stage of the disease, is the eighth leading cause of death in the United States.

Stefanovic, working with a five-year, \$900,000 grant from the National Institutes of Health, is searching for ways to better understand liver fibrosis at the molecular level.

His research could help lead to the development of a drug to treat what presently is an incurable disease. In liver fibrosis, excess collagen deposits resulting from one of four known causes lead to the buildup of scar tissue and a breakdown in liver function.

Alcohol abuse and Hepatitis C infection are the leading causes of fibrosis in the United States. In Asia, Hepatitis B infection is a common cause. A fourth and recently identified cause, known as NASH syndrome, is commonly associated with obesity and diabetes.

Stefanovic's work applies in all cases.

"I think we have an original approach," he said. "We believe there is an important part to be discovered along this way that we are going and no one else that I know of is doing similar research."

In the course of his research, Stefanovic has spawned other success stories in the biomedical sciences department.

The FSU Student Council on Research and Creativity recently awarded doctoral student Dillon Fritz a \$5,000 LEAD (Leaders Educated to Make a Difference) grant for work being done in conjunction with Stefanovic, his faculty advisor.

"He's got all these ideas, and so he gave one to me and said, 'Run with it,'" Fritz said. "He gave me the gene that may be responsible for the whole mechanism of liver fibrosis. This has never been reported before in any other literature.

"It's an RNA-binding protein that we're slowly finding out about, so it's pretty exciting."

Fritz, an American who grew up in Saudi Arabia, and Stefanovic, originally from Croatia, have more in common than their research interests.

Fritz's father, John, earned a Ph.D. at Florida State in 1978 under noted biomedical sciences professor Bill Marzluff, now a professor and associate dean for research at the University of North Carolina School of Medicine.

Stefanovic completed his Ph.D. under Marzluff at FSU in 1991.



BRANKO STEFANOVIC



DILLON FRITZ

Just as Marzluff influenced Stefanovic's decision to enter academia, Fritz said Stefanovic's influence is opening his eyes about a possible future as a teacher.

"I couldn't ask for anyone better than Branko to work with," Fritz said. "He's given me a great project to work on, and the area of liver fibrosis is wide open. So little is known about it that the sky's the limit."

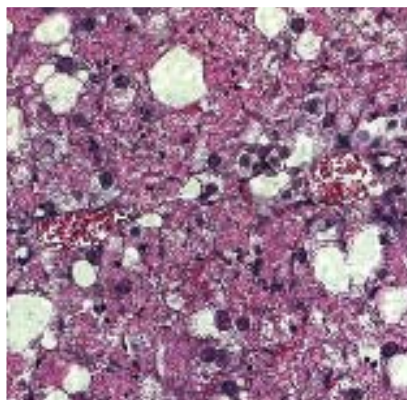
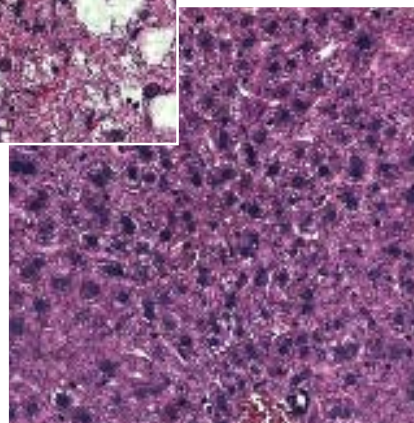


Image of damaged cells from a cirrhotic liver.

Image of cells from a normal liver.



COURTESY OF BRANKO STEFANOVIC

Tapping into life's rhythms

Imagine knowing precisely the time of day (or night) when you would be likely to score your best on an important exam. Or knowing exactly what time to take prescribed medication in order to obtain maximum efficacy.

Such knowledge might be as simple – and yet complex – as understanding your body's natural rhythms.

Research being done by biomedical sciences Assistant Professor Choogon Lee could help decode the mystery of how such rhythms take place.

Lee has been awarded a five-year, \$1.6 million grant from the National Institutes of Health to fund work aimed at understanding the circadian clock, the ethereal mechanism within each of us that controls aspects of our lives many people take for granted.

Circadian rhythms, cycles that repeat in roughly a 24-hour pattern, such as our sleep/wake cycle, have been observed in nearly all organisms from bacteria to humans. They are controlled by the circadian clock, a genetically determined timekeeper that can adjust to environmental cues, such as the day/night cycle.

In humans, aberrations in circadian clock function can contribute to sleep disorders, metabolic defects, propensity for tumor formation and other health problems. Lee's work may shed important clues, or discoveries, about our physiology.

Sleep patterns are the most familiar circadian rhythm for most people, but such rhythms also affect alertness, hormone production and drug efficacy.



CHOOGON LEE

Lee studies a protein named "period" that plays an integral role in activating or deactivating circadian rhythms, such as determining the time of day when we begin to feel ready for sleep.

"By mutating this gene we can change phase and period of wake-sleep cycles in mammals, or we can make their wake-sleep cycles arrhythmic, as can be seen in extreme sleep disorder patients," Lee said.

"If successful, our studies will reveal novel clock genes and mechanisms, which will broaden our understanding of human diseases associated with clock malfunction, such as sleep disorders, manic depression and jet lag."

NIH reviewers referred to Lee's request for funding as "a superb proposal," adding that they believe important new findings will result from his work. The NIH also praised the diversity of methods in his research, citing his use of mass spectroscopy and proteomics labs at the College of Medicine.

"He got the best reviews on his NIH grant proposal that I've ever seen, personally," said Myra Hurt, associate dean for research and graduate programs. "This is a very hot area of study right now and there are potential enormous implications from his work."

Bird watching

At first glance – or second, or third, for that matter – zebra finches would appear to have little in common with teenagers who smoke.

In fact, the tiny songbirds might help us gain a better understanding of the developmental damage nicotine does to adolescents.

Biomedical sciences Assistant Professor Susanne Cappendijk thinks so. She has been awarded a three-year, \$384,000 grant from the James and Esther King Biomedical Research Council to study acute and long-term behavioral and neurological effects of nicotine in the zebra finch.

The bird is recognized as an important model for neural development. And because no scientist is going to ask teenagers to smoke in order to study the harmful effects, the zebra finch offers a valuable compromise.

In 2001, the Centers for Disease Control and Prevention reported 46 million Americans smoke, including 4.1 million adolescents, representing 18 percent of all U.S. teenagers.

The vast majority of available research has been aimed at social factors influencing teens to smoke. Cappendijk's study focuses instead on smoking's effects on adolescent development.

Her work is at the heart of the King biomedical research program, which awards \$18 million a year for new research in Florida. The program is funded, in part, by an endowment resulting from the state's 1997 settlement with the tobacco industry.



A zebra finch

on main campus

Geriatrics enters stealth mode

Armed with a new \$2 million Donald W. Reynolds Foundation Grant, the medical school's geriatrics department plans to transcend the invisible barriers separating the fields of medicine in an approach termed "stealth geriatrics."

"What most of us in geriatrics have understood for a long time is that the principles of care that we believe in are not unique or only supposed to be applied in older populations," said Dr. Lisa Granville, the principal investigator for the Reynolds Grant.

RAY STANYARD



At FSU, medical students are learning to find geriatrics where they least expect it.

For example, a common tool in geriatrics is functional assessment, focusing on a patient's ability to perform tasks such as walking unaided or driving. While geriatricians routinely employ functional assessment, the concept applies to patients throughout the lifespan. Establishing quality communication between a doctor and patient is another practice emphasized in geriatrics, but that all physicians should regard as essential.

Integrating these principles across the four-year curriculum will help students develop a holistic understanding of health care and enable them to promote overall well-being, Granville said. In part, this goal will be accomplished by working with the clinical faculty in years three and four, thereby extending the geriatric training to more than 800 physicians throughout Florida.

FSU is one of 10 medical schools receiving Reynolds Foundation grants this year. The Foundation launched its Aging and Quality of Life Program in 1996 with the goal of improving the quality of life for America's elderly by preparing physicians to provide better care for them.

The Reynolds Grant also will fund two mini-fellowships to enable faculty at the Tallahassee Memorial HealthCare Family Practice Residency Program to create a comprehensive, integrated curriculum in geriatrics. In addition, second- and third-year residents from TMH will work with first- and second-year FSU medical students to promote geriatric health and further their geriatrics education.

—Lindsay Potvin

Young school, high praise

Before it had even graduated its second class, the FSU College of Medicine already was garnering national attention for the quality of its innovative, community-based teaching model.

An editorial in the February issue of *Academic Medicine*, the journal of the Association of American Medical Colleges, praised two universities – FSU and Harvard – for the unique way they are providing clinical training for their medical students.

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

Like Whitcomb, Dr. Kenneth Ludmerer is impressed with FSU's approach. For historical perspective on medical education in the United States, Ludmerer, a two-time Pulitzer Prize nominee, has few peers.

"This school has a strong mission toward service with the community and reaching out to the various underserved populations, both in terms of providing care, and in terms of attracting individuals from those groups to enter medicine in the first place," Ludmerer said during a November visit in which he delivered the first address given in the medical school's new auditorium.

Having first visited the College of Medicine when it was just being established five years earlier, Ludmerer was able to see how the nation's newest medical school had evolved.

"I am very impressed with what I have seen in the new Florida State medical school in terms of the quality of students, quality of faculty, the curriculum and the educational methods being used," he said.

A professor of medicine and history at Washington University in St. Louis, Ludmerer is the author of *Learning to Heal: The Development of American Medical Education* and *Time to Heal: American Medical Education from the Turn of the Century to the Era of Managed Care*.

Both books were nominated for Pulitzers, and *Time to Heal* has been called "the most important work in medical education since the [1910] Flexner report."

NANCY KINNALLY

**"I AM VERY IMPRESSED
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IN TERMS OF THE
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METHODS BEING USED."**

—Dr. Kenneth Ludmerer





The east wing of the research building was the last phase of the College of Medicine complex to be completed.

Grand Rounds, lectures and special events are held in the medical school's auditorium, which seats 300.

Farewell to plywood and scaffolding

Completion of building opens new avenues in research

RAY STANYARD

The final phase of the College of Medicine complex was completed in March when construction crews put the finishing touches on the 54,000-square-foot east wing of the research building.

The building now houses 48 research labs and a lab animal facility, as well as several core labs that are available to the university at large. These shared facilities include a flow cytometry lab, a biomedical proteomics lab, and a confocal microscopy lab.

Flow cytometry isolates individual cells and enables researchers to tag and sort them in order to perform experiments. The medical school's flow cytometry lab is the only one at FSU.

In the proteomics lab, mass spectrometers and more highly specialized instruments enable researchers to identify and analyze proteins and their functions. Directed by Ewa Bienkiewicz, the proteomics lab is the most comprehensive of its kind on campus.

The confocal microscope produces 3-D images of subcellular components. These images can be produced in a time-lapse series, enabling scientists to observe changes in cells and tissues as they occur.

Maroun Beyrouthy, a doctoral student in biological science, is studying the YY1 protein and its role in the cell cycle. Working under Myra Hurt, associate dean for research and graduate

programs, Beyrouthy examines specially prepared cell lines from cervical carcinomas under the confocal microscope, which allows him to see the location of YY1 at various stages of cell growth and division.

The proximity and quality of the medical school's core labs has made for more efficient and effective research, said Beyrouthy.

"All these things make us enjoy research more," he said.

Hengli Tang from the College of Arts & Sciences, whose research involves the hepatitis C virus, is one of the FSU researchers using the flow cytometry lab most extensively. The flow cytometry and confocal microscopy labs are directed by Ruth Didier.

"I have all good things to say about the lab," Tang said. "The lab and the equipment are kept in top, sparkling shape. Ruth has been wonderful in training my students and assisting with our experiments. It is an essential part of my lab's research."

The 4,300-square-foot lab animal facility is scheduled to open on the building's lower level in August.

"The college's vivarium represents a significant increase in the total amount of animal facility space on campus," said David Balkwill, chair of the medical school's biomedical sciences department. "This should be a big help with the university's initiative to secure more funding from the National Institutes of Health."



Stepping up for healthy babies

RAY STANYARD

Dr. Todd Patterson, left, and Dr. Thomas Truman, neonatologists at Tallahassee Memorial Hospital, demonstrate use of the RetCam II to FSU medical students Tristan Altbuch and Maggie Davis.

"There are an amazing number of students involved. There were over 700 dancers alone, not including everyone else that was involved and didn't dance," said medical student Shannon Hill, who, along with her classmate George Barrio, represented the College of Medicine and its Pediatrics Interest Group.

Previous Dance Marathon events raised money to purchase 10 apnea monitors and a retinal camera called "Ret-Cam II" for the TMH pediatric unit.

Apnea monitors measure respiration and cardiac activity and give an audible alarm should any sudden change occur. The monitors, no longer covered by Medicaid, allow parents to take at-risk babies home safely several days earlier than they could otherwise.

"And, obviously, the home environment is much better for the babies," said TMH neonatologist Dr. Todd Patterson.

The retinal camera records detailed images that can be transmitted to specialists anywhere in the country. It is often used to detect retinal problems in premature babies or to determine whether a baby has suffered inflicted head trauma.

"If our retinal specialists want to get added input or a recommendation for treatment, it's great to be able to send pictures from the Ret-Cam II to places like the Bascom Palmer Eye Institute in seconds. It's as easy as sending an e-mail attachment," said TMH neonatologist Dr. Thomas Truman.

An exhausting weekend for FSU students is helping newborn babies at Tallahassee Memorial Hospital have a healthy start in life.

The FSU Dance Marathon, which kept hundreds of students on their feet for 32 consecutive hours last February, raised more than \$270,000. Proceeds were split evenly between the Children's Miracle Network and the College of Medicine's pediatric outreach efforts.

FSU earmarked its share for improvements at TMH, where many College of Medicine students receive their pediatrics training. TMH is using its share this year to help relocate and renovate its pediatrics and neonatal intensive care units. That's rewarding news for the College of Medicine students who helped plan the event.

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



Alicia Veliz would like to see more doctors in Immokalee.



SAM JOHNSON/PBS STUDIO INC.

Accent on Immokalee

Alicia Veliz, 58, lost her whole inventory when Hurricane Wilma destroyed her produce stand in Immokalee, a rural farming community an hour southwest of Ft. Myers.

She recently finished paying off \$1,500 she owed in back rent on her stall at the Immokalee produce market, just in time to avoid eviction.

Surrounded by boxes of oranges, bananas, peppers and squash, she tells a visitor of the problems faced by the migrant workers and other laborers in the community, for whom work is not always available and resources are scarce.

When it comes to health care, the community does have one saving grace, a network of clinics called Collier Health Services Inc., where patients pay on a sliding scale, according to their ability.

"One goes where it's cheaper, which is principally the clinic," Veliz said in Spanish. "One goes where they don't charge you so much."

While she is grateful for the local clinic, she knows more doctors are needed to meet the community's needs.

"If there were more doctors in Immokalee, it would be much better," she said. "Much better, because Immokalee is very big and there's a lot of illness, especially these days."

In an effort to help meet the community's health-care needs, the FSU College of Medicine is working with Collier Health Services Inc. and Naples Community Hospital to develop medical student training opportunities in Immokalee.

The project was dealt a blow in May when Gov. Jeb Bush vetoed a \$4 million legislative appropriation that was to be used to renovate the Isabel Collier Read Building in Immokalee, which NCH had agreed to donate to FSU for the development of a clinical teaching facility.

However, the medical school intends to move ahead with a rural medicine training program in Immokalee, building on the relationships it has established with the local health-care community.

Already, medical school faculty and students have traveled to Immokalee during spring break for two years in a row as part of a cross-cultural medicine elective. The trips are organized and supported by FSUCares, a medical student organization focused on medical outreach.

Melissa Catenacci was one of five medical students who spent spring break 2006 in Immokalee working with patients at Collier Health Services Inc.

"The staff at the clinic were really devoted to the patients there. They care for a lot of patients every day," she said. "That was amazing to me."

The clinic afforded Catenacci and her fellow students a deeper understanding of the cultural and social issues affecting the delivery of health care in the rural, underserved community.

"Because people are working all day and they don't have the resources, it's harder for them to take medicines," Catenacci said. "It's harder for them to follow treatment plans. And it makes it very difficult for the physician to pick a treatment plan that they'll adhere to, that will work. It definitely requires a lot of flexibility. I think that's something I took from it – that you really have to be flexible, and you can't just stick to one treatment plan because it doesn't work for everyone."

Medical student Elving Colon examines Jordan Abrigo with Dr. Rebekah Bernard of Immokalee Family Care Clinic, part of Collier Health Services Inc.



SAM JOHNSON/PBS STUDIO INC.



Welcome residents

The partnership between Sacred Heart Hospital in Pensacola and the FSU College of Medicine has expanded to include the medical school's sponsorship of Sacred Heart's residency programs in obstetrics and gynecology and in pediatrics.

In Pensacola, the College of Medicine has been affiliated with Sacred Heart, as well as Baptist Health Care, West Florida Hospital and Santa Rosa Medical Center, since 2003, when FSU's inaugural class of medical students first began third-year clinical training at the school's regional campuses.

Sacred Heart's obstetrics/gynecology residency program dates to 1964, and its pediatrics residency program to 1969. The programs have operated since 1995 under the sponsorship of the University of Florida College of Medicine. Both are based at Sacred Heart Children's and Women's Hospital.

"We are very excited about consolidating and expanding all our physician training programs through our affiliation with the FSU College of Medicine," said Dr. Paul Baroco, chief medical officer for Sacred Heart Health System.

Under the new affiliation, both the residency faculty and the residents became FSU employees in June.

The pediatrics residency program has 18 residents, and the obstetrics/gynecology program has 12. The two programs have a total of 70 faculty and staff. The obstetrics/gynecology program is under the direction of Dr. Clyde Dorr, and the pediatrics residency program is under the direction of Dr. Edward Kohaut. Dr. Alma Littles, associate dean for academic affairs at the medical school, is the designated institutional official responsible for FSU's oversight of the programs.

"We're glad to be able to call the residents and faculty at Sacred Heart part of the FSU family," Littles said. "We know the expanded partnership will have great educational benefits for our residents and students alike."

On track toward rural medicine

Some students might hesitate to spend an entire year of medical school in a rural setting out of concern there's not much to do in a small town.

When it comes to educational opportunities, the opposite may be true, said Dr. Daniel Van Durme, chair of the department of family medicine and rural health.

The College of Medicine offers a comprehensive rural medical education program, which includes an outreach effort to introduce students to rural medicine as early as the seventh grade.

One of the newest additions is the rural track in Marianna, where students spend their third year doing rotations with area physicians, both in private practices and at Jackson Hospital.

Current fourth-year student Josef Plum was the first to complete the rural track. Third-year students Murray Baker and Patrick Hawkins started in July.

"One of the big pluses is the breadth of experience that's spread out over the course of the entire year," Van Durme said. "A good example might be the student in another campus who sees only the pediatrics cases that present during their eight weeks of pediatrics."

The student at Marianna might be doing a surgery rotation, but get called in to participate for an interesting pediatrics case."

Jackson Hospital CEO Dave Hample said the medical community in Marianna is committed to giving FSU students an in-depth look at rural health care.

"It's easy to be drawn to the glitz of the big medical center in the big city, but you get to do a lot more in the rural setting, and I think students who come here will walk away with a greater understanding of what it means to practice rural medicine," Hample said.

Baker, who grew up in nearby Blountstown, said he already was interested in rural medicine, but signed up for the rural track after hearing Plum describe his variety of experiences during a year in the program.

"Basically, I wanted a lot of experience," said Baker, whose physician father works in the Jackson Hospital emergency room.

"Josef was telling me he got phenomenal experience and some excellent rotations, so that's an exciting feeling to know you're going to get those learning opportunities."

Recently, former rural health director Dr. Jerry Boland resigned in order to care for underserved patients in Liberty and Calhoun counties full-time. Van Durme and Art Clawson, director of rural medical education programs, have assumed his duties and are working to expand ways to introduce students to the benefits of a career in rural medicine.

A point of emphasis over the coming year is to increase available rotations in rural communities in other areas of the state, such as Immokalee in Southwest Florida.



At the end of her first year Lindsay Hinson-Knipple did a three-week summer clerkship with Marianna pediatrician Dr. Doyle Bosse. Now students can spend their entire third year in Marianna through the rural track.



MEREDITH BRODEUR

people of note

Breaking down barriers to breastfeeding



Just finishing up her first year of medical school, Melissa Catenacci already has received one of the highest research honors available to a medical student.

Alpha Omega Alpha, the national medical honor society, selected Catenacci to receive a \$4,000 Carolyn L. Kuckein Student Research Fellowship for her project, "Identifying influences on breastfeeding behavior in rural and urban African-American women."

Working under the direction of faculty members Dr. Suzanne Harrison, Dr. Harold Bland and Mary Gerend, a social psychologist, Catenacci will be interviewing and surveying adult African-American mothers, ages 18 or

older, with children ages 2 or younger, in various clinical settings in Tallahassee and neighboring rural communities.

"We're looking at what influences a woman's choice of whether to breastfeed or not to breastfeed," Catenacci said. "There have been lots of other studies on this before, but most have focused on adolescents or urban populations, and we wanted to see if they differed in rural populations, and especially in African-Americans because they have a lower breastfeeding initiation rate."

"Our goal is to take the information we get from the study and devise some kind of education or way of overcoming any identified barriers and helping the women initiate breastfeeding."

Breastfeeding has many health benefits for both mother and baby, including improved immunity for the baby and lower rates of postmenopausal osteoporosis for the mother.

But a 2004 Centers for Disease Control and Prevention study revealed that 45.7 percent of survey respondents disagreed that "feeding a baby formula instead of breast milk increases the chances the baby will get sick," suggesting that more education on the benefits of breastfeeding is needed.

The College of Medicine this year opened a lactation room for breastfeeding mothers. The room is equipped with a breast pump donated by Tallahassee Memorial Hospital, as well as a sink and refrigerator. It is available to FSU faculty, staff and students.

Inspired to serve

Retha Bowman's recognition as the 2006 winner of FSU's Dr. Martin Luther King Jr. Distinguished Service Award began with a chance meeting one day when she was cleaning the kitchen on the third floor of the College of Medicine.

Lee Williams, then a senior program assistant in the department of clinical sciences, was feeling down when she encountered Bowman, who looked at Williams and said, "I see God all over you."

So began one of the many friendships Bowman has formed with College of Medicine employees. After Robert Glueckauf, professor of medical humanities and social sciences, nominated Bowman for the King award, Williams added a letter of recommendation.

"When you meet Retha, you will truly feel as though your soul has been hugged," Williams wrote.

Bowman, a Building Services employee assigned housekeeping duties at the College of Medicine, may be the first King award winner not in a highly visible role at the university. But she shares with past winners the common thread of broad vision that steers her influence beyond the scope of her duties.



FSU PHOTO LAB

Bowman is pursuing her associate's degree in general studies at Tallahassee Community College. She hopes to continue her education at FSU with an eye toward one day earning a spot at the medical school as a student rather than an employee.

In her role as a team leader in Building Services, she encourages her fellow employees to lead healthier lifestyles.

"I am interested in the wellness of people," she said. "I don't just want to deal with things once a person is sick or in need of care, but I also want to be a part of how to stay well."

Bowman said she was inspired by King's "Letter from the Birmingham Jail" to make a difference in the lives of everyone she meets. She didn't expect her outlook to lead to accolades.

"When you are called to walk a certain path you don't always know why initially," she said. "I was never really looking for a reward for that. I think that we should all be more lending towards one another, but for someone to see that in me and say, 'Thank you,' or 'We appreciate that,' was very humbling and exciting."



SHAZIA AMAN

Leading women

Third-year medical student Shazia Aman has won a national election to serve as the medical student representative to the American Medical Association's Women Physicians Congress.

Having served as treasurer and chair of the state service project for the Medical Student Section of the Florida Medical Association, Aman now is turning her attention to addressing issues of women's health, as well as strengthening professional roles for women in medicine, at the national level.

Aman's election marks the second time in three years an FSU medical student has won this national office. She was inspired to run by Dr. Kimberly Ruscher, a member of the medical school's inaugural class who also was elected to the Women Physicians Congress in 2003.

Ruscher, who is now entering the second year of her general surgery residency at the University of Connecticut Health Center, was already headed for Pensacola to begin her third year of medical school by the time Aman arrived in Tallahassee as a first-year student. So it wasn't until the 2004 annual meeting of the American Medical Association that the two got to know each other.

"Kim was the outgoing WPC student representative at the time, and seeing her up on stage and listening to her speak motivated me to do something," Aman said.

"She was a role model for a lot of the students, especially me. She's like the big sister I never had. I just feel like she took me under her wing."



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feature

A CLASS IN

JOSE RAMOS/ELITE MODEL PHOTOGRAPHY

PERSPECTIVE

by Nancy Kinnally

One of these students fled Somaliland for Kenya in 2001. Another served in the U.S. Navy for five years. Another runs a youth group in Live Oak, Fla., on Saturday nights. They are all members of the Class of 2009. Together they prove that diversity is not about color.

The way his son tells the story, Raul Colon didn't have to die that day.

The 51-year-old subsistence farmer and local builder in Yauco, Puerto Rico, didn't have to leave behind a family of nine children to scrape by on a little bit of Social Security.

His common-law wife, Ana, didn't have to be a widow by the time she was 35.

The needlessness of his father's death from an asthma attack didn't dawn upon Elving Colon at the time. He was only 5, the family's second-youngest child.

Now a medical student at Florida State University, Colon only remembers his older brothers rushing home from church and speeding off with their father in the family car on the 45-minute ride to the nearest medical facility, and that his father never came home.

Among the things he doesn't remember: seeing an inhaler in the house, or his father ever going into town to see the doctor for his condition.

Colon sees his father's situation much more clearly today. And he understands the cultural and psychological context that turned the avoidable into the inevitable.

"My father was, I guess, kind of hard-headed," Colon said. "I don't think he ever followed up with the doctor. That's an aspect of the culture also. A lot of us don't seek care until we're almost dying, and I guess that's probably how he was."

Much of Colon's professional motivation stems from a lifetime of conclusions drawn from not only his father's death, but also from his mother's struggle with diabetes after the family moved to Tampa when he was 14.

"With the Hispanic culture I have come to understand the importance of physicians being able to speak a second language," he said. "For example, my mother did not speak a bit of English, and I believe that if our neighborhood would not have had a Spanish-speaking clinic she would not have kept her appointments and routine visits. This is one of the reasons I want to provide care to minorities, so that they can have someone to relate to and in the process improve the chances that they'll follow up with their next appointment and routine checkups."

Why diversity matters

Colon's story supports studies showing that minority physicians are more likely to treat minority and indigent patients and to practice in underserved communities.

In response to the 2004 graduation questionnaire of the Association of American Medical Colleges, nearly 51 percent of African-American, 41 percent of Native American/Alaska Native, and 33 percent of Hispanic graduating medical students reported intentions to practice in underserved areas. Among Caucasian students, the figure was 18.4 percent, and among Asians it was 15.2 percent.

Research also shows that minority patients, given the opportunity, are more likely to choose health-care professionals from their own racial and ethnic background.

These are all important reasons, especially in a state with Florida's rich cultural demographics, for upholding the legislative intent that among the key components of FSU's medical school would be "admission of diverse types of students who possess good communication skills and are compassionate individuals, representative of the population of the state."

The diversity of the student body at the FSU College of Medicine, however, goes well beyond ethnicity and cultural heritage to include a



"DURING THE INTERVIEW PROCESS AT FSU, YOU CAN TELL THEY'RE LOOKING FOR REALLY WELL-ROUNDED PEOPLE WHO ARE PASSIONATE ABOUT MEDICINE, RATHER THAN PEOPLE WHO HAVE STRICTLY A HIGH MCAT SCORE AND GPA."

-MICHAEL LEE



range of ages, experiences, socioeconomic backgrounds, and undergraduate majors, as well as representation from rural, urban and suburban communities throughout Florida.

And while meeting the needs of the state's rural and minority populations is part of the medical school's mission statement, the reasons for seeking out students with such varied backgrounds are many, said Dr. J. Ocie Harris, dean of the College of Medicine.

"In order to provide the highest quality of care and service, a physician needs to be aware of and understand the issues of diverse groups, their aspirations, their biases, their view of health care and the physician's role in that system," Harris said.

"The best place to start that is before they get to medical school. That's one reason we look for people who have had some breadth of experience. They already have a head start in understanding the world in a broader sense.

"Once they are here, we feel it's our goal to further broaden their experiences by having them as part of a diverse class. And by meeting people with different backgrounds and experiences, they can share and learn from one another."

Clinical psychologist Elena Reyes directs the medical school's behavioral science curriculum. One of the competencies she wants to make sure students develop is their capacity for self-reflection, which will lead to a better understanding of the perspectives of others.

Having students from different cultures and walks of life reinforces that goal.

"When you give an example, whether it's a research finding or a clinical example, you are more likely to have a student in that particular group who has confronted it before," Reyes said. "So that brings it home right then and there. This is no longer this theoretical issue that the professor is talking about. It's something one of their classmates has experienced or has

witnessed and can actually discuss how they felt about it and what they did, or what they saw being done."

Such discussions help students learn about their own biases and how they impact their views of patients.

Taking the example of Colon's childhood experience with his father's death, Reyes notes that such health disparities exist here in Florida, and students need to consider the root causes.

"The numbers, for example, of Hispanic children who have asthma, are very high," she said. "And given the fact that these children do not get hospitalized as often, we need to ask, 'Why not?'"

Sometimes the answer is as simple as a lack of transportation or health insurance.

"But the other part of it the students learn about is the research that is coming out that shows there is a lot of physician bias, that the system is biased," Reyes said. "And that the system tends to look at some patients differently than others, and by looking at patients differently they actually choose different types of treatments, different types of medications."

Portrait of a class

In the Class of 2009, 51.3 percent of the 80 students admitted were from minority populations, 62.5 percent were female, 28.6 percent were nontraditional (students returning to school after pursuing some other career), and 15 percent were from rural or disadvantaged backgrounds.

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

Home for the students could be just about anywhere from Miami-Dade County in the south all the way up both coasts, across the state's midsection, and on out to Escambia County in the Panhandle.

While statistics give an overview, the best way to understand the true diversity of FSU's medical students and how they contribute to each other's education is to meet a few of them and hear their stories.

Jennifer Morton, 22, is from Tampa, although she was born in Saudi Arabia and lived in Riyadh until first grade, just before the first Gulf War. She later returned with her family to Riyadh and then lived in Kuwait through fifth grade. Her mother is Brazilian, and her father is American.

"I've always had a hard time with that question 'Where are you from?'" she said.

Having lived in Florida from seventh grade on, she identifies herself as an American, although she roots for Brazil in the World Cup and loves "feijoada," a traditional Brazilian dish made with black beans.

When interviewing for medical school at FSU, one of her questions was about how cultural diversity was addressed in the curriculum. She liked what she heard, and likes even more her experiences so far in the first year, which have included taking a medical Spanish course and traveling to the U.S.-Mexico border region as part of a cross-cultural medicine elective.

"We recently worked with interpreters in our small groups, and I don't know if I would have had that experience at another school," Morton said.

Morton was one of about 500 students in her graduating class at Palm Harbor University High School. Her medical school classmate Leslie Davis-Singletary was one of five in her graduating class in Live Oak.

From preschool through 12th grade, Davis-Singletary attended Melody Christian Academy in Live Oak, a town of fewer than 7,000 people near the

intersection of I-10 and I-75. The town's only chain restaurants are fast food places and a Golden Corral. The closest movie theater is in Lake City, about 30 minutes away.

A first-year medical student, Davis-Singletary, 25, still spends many of her weekends in Live Oak, where she and her husband, a native of the nearby and even smaller town of Mayo, oversee the Revolution Youth Club. The program gives teenagers the chance to play basketball, video games, pool, air hockey and foosball on Saturday nights.

Recently elected vice president of the FSU chapter of the Florida Rural Health Association, Davis-Singletary intends to return to Live Oak to practice family medicine. Her goal for the summer is to learn Spanish.

"I assume I will have Spanish-speaking patients," said Davis-Singletary, who also developed an interest in the language while traveling with her family on church mission trips to Cuba.

Davis-Singletary is one of Morton's closest friends in medical school, in spite of the close connection Davis-Singletary maintains to her hometown and the vastly different lifestyles they led growing up.

Such friendships are common at the FSU College of Medicine, where students often describe the atmosphere as being "family-like." That feeling is not happenstance. It comes from a concerted effort to recruit students who appreciate – and represent – the differences among individuals.

Applicant interviews are a key step in coming up with the right mix.

Michael Lee knew he would be spending a lot of time with his classmates while in medical school – more time than some people spend with their own families. So he focused much of his attention during his medical school interviews on the types of students the schools seemed to be recruiting.



Jennifer Morton

"WE RECENTLY WORKED WITH INTERPRETERS IN OUR SMALL GROUPS, AND I DON'T KNOW IF I WOULD HAVE HAD THAT EXPERIENCE AT ANOTHER SCHOOL."

- JENNIFER MORTON



Kara Dacke



**"I WANT TO PRACTICE SOMEWHERE
WHERE I KNOW PEOPLE – NOT
JUST A FEW, BUT A LOT OF PEOPLE
– WILL NEED THAT CARE."**

- NOWOGHOMWENMA "CHARLES" IBIE



"During the interview process at FSU, you can tell they're looking for really well-rounded people who are passionate about medicine, rather than people who have strictly a high MCAT score and GPA," he said.

Lee, 23, had only about a month off between earning his bachelor's in finance at the University of Florida and starting medical school at FSU. From the first semester, though, he developed an appreciation of how much his older classmates enrich his medical school experience.

"When I was in college I knew I wanted to do medicine, so I had my sights focused on that," he said. "Now I look back and realize it's not exactly the biggest rush in the world to start medicine right away. I mean, I have a lot of respect for people who came from other fields and are pursuing it now. I think that's great. They have a perspective of the real world."

Lee cites Kara Dalke, one of his lab partners in anatomy. Lee and Dalke are examples of how students of different ages and work experience – and students from a range of undergraduate majors – can support each other as learners.

Dalke majored in theater at New York University. She had never entertained the idea of going to medical school until she was 30. But by that time, she already had helped build a hospital in northern Somalia, also known as Somaliland.

As a volunteer with HOPE Worldwide, Dalke was charged with setting up the administration of the Edna Adan Maternity Hospital, which was being built on a former execution ground.

"Digging up the foundation, they were just digging up bodies," Dalke said, adding that northern Somalia had enjoyed relative peace since 1991. Still, after 9/11, the United Nations ordered Dalke and other foreign aid workers out of Somaliland. Dalke, who left with nothing more than a backpack, a few files and a computer belonging to the hospital, took up refuge in Kenya with local HOPE Worldwide volunteers, where she remained for a few months until it was deemed safe to return.

"We returned after going to Kenya, and we helped to open the hospital," Dalke said. "We were there the day that it opened, and it was incredible. The first few days of being there, I watched a body being dug out of the ground, and the last couple of months I was watching babies being born."

Dalke's experiences in Somaliland taught her a lot about dealing with uncomfortable situations, helping patients and their families, and making the most of scarce resources, but her background in theater also serves her well as a medical student. And it is something she draws on to assist her fellow students as well.

Sometimes, for example, she helps her classmates use language more precisely when communicating with patients.

"I will say, 'Okay you said this, but this is what it actually meant, and I don't think that is what you meant to say,'" Dalke explains. "Versus their contribution to me with my lack of hard core sciences is, 'You didn't read that enough. Go back and let's talk about this concept.' So it really goes back and forth. Everybody brings something to the table."

Dalke's classmate Bernadette Stevenson, 47, worked as a nurse practitioner for seven years.

While with the Pinellas County Health Department, she practiced in downtown St. Petersburg, in an inner-city teen clinic where many of her young patients were there for their first gynecological exams. Sensitive patient interactions such as taking a sexual history are routine to her. With her experience, she offers fellow students a window on life after medical school.

"I have in my mind I'm doing this for a reason, and I know what the end result will be," Stevenson said. "I'm doing this to help the patient, and that helps me keep my perspective when studies are difficult. It's like the light at the end of the tunnel."

One of the contributions she tries to make is to help her fellow students see that light. In turn, she gets quick responses to questions she e-mails about biochemistry or neuroscience.

"It's a good sense of family, I think," she said. "Everybody's looking out for each other, e-mailing if they find a Web site that's helpful. I truly think that it's a teamwork effort and not a real competitive feeling."

Competition was something Nowoghomwenma "Charles" Ibie, 34, was happy to leave behind him after finishing his degree while in the U.S. Navy.

In one way or another, Ibie has been competing since he was 19. After the death of his father, an Edo chief in Benin City, Nigeria, Ibie and several members of his family had to compete for their own survival.

Although he had led a privileged life up until that point, Ibie soon found himself "praying to get one square meal a day." His father had stated in his will that his eight wives and 31 children were to be looked after by the elders in the family, but in the case of Ibie and his mother's immediate family, their designated surrogate did not hold up his end of the bargain, leaving them to make do in a partially constructed home with a dirt floor.

"It was just basically unsanitary, but that's all we could afford," Ibie said.

If the Class of 2009 is like a family, Ibie and Colon are like brothers.

Although they grew up half a world away from each other and in slightly different degrees of poverty, the classmates have similar stories about their early experience with health care – or the lack thereof – and how it affected them.

Today, the two med students carpool, and Ibie enjoys playing with Kariana, Colon's daughter, who is almost 2. Ibie used to play that way with his niece when she was about the same age, but then one day she suddenly fell ill.

Ibie's mother sent him to find the child's father, who was several miles away. Ibie and his brother took off on foot, but by the time they returned, the little girl had died. The family never found out what had killed her.

Having experienced the impact of having no medical care, Colon and Ibie hope to practice in rural communities in Florida where they can help the underserved.

Remembering what happened to his niece, Ibie feels he should set up practice in an area where the need is greatest.

"Of course, I couldn't do anything for her," he said. "Maybe in the future I can do something for someone. I want to practice somewhere where I know people – not just a few, but a lot of people – will need that care."

In the meantime, he's enjoying being a member of a class that, through its diversity, teaches him so much both inside and outside the classroom.

"I think that's really helpful," Ibie said, "because you get to mingle with everybody, and at the same time whatever bias you may have had, in any way, tends to dwindle away slowly, without you even knowing it."



Bernadette Stevenson



"IN ORDER TO PROVIDE THE HIGHEST QUALITY OF CARE AND SERVICE, A PHYSICIAN NEEDS TO BE AWARE OF AND UNDERSTAND THE ISSUES OF DIVERSE GROUPS, THEIR ASPIRATIONS, THEIR BIASES, THEIR VIEW OF HEALTH CARE AND THE PHYSICIAN'S ROLE IN THAT SYSTEM."

-DR. J. OCIE HARRIS, DEAN

2009
C L A S S O F

feature

Medicine flips



the switch

by Doug Carlson

When Tallahassee family physician Dr. Les Wilson heard the news in September 2004 that the popular pain-killing medication Vioxx was being pulled off the market because of safety concerns, he knew what to do.

He opened his laptop, logged on to the Wilson Family Medicine administrative folder and printed a list of every patient for whom the medication had been prescribed.

"I handed it to my operations manager and said, 'I want all of these people called and told to stop using it,'" Wilson said.

By noon the following day, every Wilson Family Medicine patient taking Vioxx had been notified.

The chances that Wilson could have identified and contacted the 80 or so Vioxx users among his 6,000 patients in less than 24 hours without electronic medical records?

"Zero," he said.

"If we had to search every one of those charts in there, we never would have been able to do it," Wilson said, gesturing toward a storage room that contains several thousand patient files of the paper folder variety.

The recall came just as Wilson and his wife, Dr. Vicki Erwin-Wilson, were implementing an EMR system in their thriving practice located a few blocks from Tallahassee Memorial Hospital.

As an advocate and consultant on the benefits EMR use can provide physicians, Wilson said he feels strongly about helping his profession get wired.

"I want to lead the troops into battle," he said.

The campaign, apparently, remains in its early stages.

In spite of calls by President George W. Bush and health policymakers for universal adoption of electronic health records in the United States by 2014, less than one-fourth of U.S. physicians are believed to be utilizing EMR or EHR systems.

The first push came in 1991 when the Institute of Medicine expressed the need for widespread implementation of

paperless records in the United States. The recommendation was based on patient safety concerns, as well as the need to help contain the cost of health care.

The IOM reported in 1999 that 44,000 to 98,000 people die annually as a result of medical mistakes. Other research has shown that one American dies every day as a result of medication errors, which injure more than a million people a year.

EMR usage, especially when coupled with other technology such as computerized physician order entry systems and clinical decision support systems, has been shown to be valuable in reducing the frequency of those errors. For example, using an electronic drug interaction database can help warn physicians of potential adverse effects of combining two or more medicines in a treatment plan.

One study found that combining order entry and decision support systems reduced medical errors by as much as 83 percent.

In spite of noted safety benefits, numerous studies on EMR adoption suggest 2024 is a more realistic projection of when the conversion might be considered universal. Obstacles include confusion over software and support, cost, doubts about the return on investment and a lack of time or computer savvy to make the difficult choices that go along with the paper-to-digital leap.

The sooner that leap takes place the better, according to Nir Menachemi, director of the Center on Patient Safety at the FSU College of Medicine.

Menachemi's extensive research on the topic has made him a leading proponent and nationally recognized expert on the use of clinical information systems, which encompass numerous technologies, including EMR and EHR.

Menachemi delivered the keynote address, "Rethinking the return on investment from health information

technologies," at the Health Information Management Systems Society regional annual meeting in Los Angeles in May.

"Dr. Menachemi's rigorous research on the use of EMR by health-care providers is making a huge difference in our nation's initiatives to implement an integrated health information network," said Michael Heekin, chair of the Florida Governor's Health Information Infrastructure Advisory Board, and founding CEO of WebMD.

"His work provides a crucial baseline on where we currently stand, and his study of barriers to adoption of EMR gives us extraordinary insight into how we need to reach our goal."

In his latest research, published in the summer issue of *Informatics in Primary Care*, Menachemi has identified what he believes is a way to expedite the shift away from paper medicine.

"I wouldn't say I believe getting there by 2014 is not gonna happen. I think it will, but it requires effort now, and it's where you put that effort to get maximum benefits that I'm trying to influence," Menachemi said.

Similar to physician practices, hospitals are also struggling with the transition to paperless systems.

Menachemi studied Florida hospitals and found the first extensive evidence showing technology investment provides the institutions broad financial benefits.

His research, published in the *Journal of Healthcare Management*, was described as a "clanging bell" to the industry in the accompanying invited commentary and drew widespread attention in the trade press for providing more than anecdotal support of the potential payoff of IT investments.

With hospital administrators trying to curb soaring health-care costs, the finding is an important one. Without evidence of the return on investment, hospital CEOs might shy away from the sometimes hefty upfront costs of technology upgrades.

The same can be said of individual medical practices.

"Financial-type barriers tend to be the conventional wisdom in terms of what's holding back physicians from widespread adoption," Menachemi said. "I think the financial barriers are very important and very true."

Menachemi's latest research suggests that the health-care industry and government could speed up the process by focusing on 'imminent adopters,' a term he gives physicians who have not yet converted to EMR use, but say they plan to do so within a year.

But he found that those imminent adopters may have other issues in mind, such as uncertainty over the wide variety of vendors and software systems.

To date, no national certification process exists for EMR software, leaving physicians uneasy about making a major investment with vendors who won't necessarily be in business years from now, or in software that may not be compatible with different systems.

Menachemi espouses a certification process and a concerted effort to remove the major barriers imminent adopters identified as their primary reasons for not flipping the EMR switch.

The idea for his latest study came, in part, from Menachemi's father, a 67-year-old internal medicine physician in New York City who is a few years away from retirement.

Dr. Eli Menachemi willingly shares - with anyone who asks - that financial reasons are what prevent him from doing away with paper records. Primarily, he recognizes that he won't be around to reap the return on his investment.

"I wondered how many people like him, who are either not good EHR candidates or are just not really serious about it, are, I guess, weighing down the conventional wisdom with what their barriers are," Menachemi said.

"More importantly, we should be focusing on the barriers of a physician who is really, really actively looking and for whom one or two things could sway them very easily towards adopting."

Once those physicians have made the change, the focus would turn to the next group, moving the health-care industry closer to a critical mass, or tipping point, toward universal adoption.

"Once we've moved the adoption curve forward, let's identify who the imminent adopters at that time are and figure out what they need, and if it's financial we should continue on the same trajectory with some of the incentives and policies that are already in place," Menachemi said.

"And if those aren't the main obstacles, then we'll be missing the boat and wasting time in trying to convince people and not giving them what they most need to move forward."

In some cases, moving forward is about persistence.

At Capital Health Plan, the largest HMO in the Tallahassee region, getting 29 staff physicians (many of whom help train FSU medical students), three physician assistants and roughly 34,000 patients wired for paperless records has been about slow, steady progress over the past 18 months.

"It has gone fairly well. If I had to say anything negative it would be just related to the culture of change," said CHP medical director Dr. Estrellita Redmon. "We have physicians and nurses used to dictating and having paper records."

"This is a new culture for them, new technology. Some of our staff didn't use computers at home for anything, so it's been a slow, tedious process."

While Wilson counts substantial financial savings, improved staff efficiency and the ability to see up to six additional patients a day as direct results of the EMR system at his family practice, the larger scale of the rollout at CHP has made the improvements more gradual.

Yet, overall, large health organizations such as CHP are going electronic with their records at a much faster pace than are small physician practices. Part of the difference can be traced to reporting requirements that make it increasingly difficult for a large organization to track and provide patient data without an electronic database.

Some physicians at CHP might have been hesitant about the conversion, but Redmon said patients are benefiting, and the organization is committed to working through the problems. In early May, CHP implemented the final of three phases in the conversion to an EHR system and is currently one-quarter to one-third of the way through an estimated three-year process of

converting patient files into the electronic format.

"When things weren't going well, we didn't scrap it," Redmon said. "We went ahead and fully implemented it. Is it perfect? No."

"But right now it's still our basic model. One of the disappointments to the physicians is it really hasn't sped things up for them. They don't get out any sooner, but taking care of the patient from the patient perspective has gotten better."

Redmon said the EMR system allows for a faster delivery of prescriptions to pharmacies (and to the patient). And she said CHP physicians, who use wireless tablets at work, are discovering the benefit of the virtual private network that allows them to complete some of their work from home, such as accessing and reviewing a patient's lab results.

The company also is starting to show a return on its investment. CHP spent four times more on transcription costs for the first three months of 2005 than it did in the same period this year.

"It takes a lot of work, a lot of dedication and commitment with the implementation team," Redmon said. "The adoption of changes in the health-care business is a tough process, but I feel like we prevailed, and we do get compliments. We have nurses who say, 'This is great,' and a few doctors who say they can see the benefit."

Wherever doubts persist, a talk with Menachemi would prove enlightening.

His research has helped reveal the potentially drastic improvements in reducing medical errors that EMR can deliver, and



DR. LES WILSON AND THIRD-YEAR STUDENT BRANDY WILLIS STAND IN THE RECORDS ROOM AT WILSON FAMILY MEDICINE, WHERE THOUSANDS OF PATIENT FOLDERS ARE IN THE PROCESS OF BEING CONVERTED TO DIGITAL FORMAT BEFORE BEING MOVED TO A PERMANENT STORAGE SITE.



RAY STANYARD

has answered the bottom-line question of whether or not investments in such systems also have the potential to be cost-effective.

“Dr. Menachemi’s research has been pivotal in defining the ways in which doctors use EHRs, and in helping us understand the barriers to adoption that still exist for some physicians,” said former Florida Secretary of Health Dr. Robert Brooks, associate dean for health affairs at the FSU College of Medicine.

“Armed with this knowledge, we will be better positioned to accelerate the transition to an electronic format, thereby making care of patients more efficient and safe.”

Menachemi and Brooks collaborated to research the level of technology adoption among physicians in ambulatory settings for a recent article in the *Journal of Healthcare Information Management*.

As much as anything, the influx of new physicians into the workforce will help complete the medical industry’s technological transformation.

“Technology has become such a part of almost every aspect of our lives that it seems only natural that it would be an integral part of health care,” said Brandy Willis, a third-year FSU medical student. “When you stop and think about it, it actually seems strange that the majority of health care is still paper-based when computers are used for most other recordkeeping and communication purposes in our society.”

Willis recently completed a rotation at Wilson Family Medicine, where learning to use the EMR system wasn’t necessarily a new experience, only a variation on a now familiar one.

Getting acquainted with a different type of EMR system, for Willis, wasn’t as much about the dramatic impact the technology had for Wilson during the Vioxx recall. Her focus was in balancing the abundant information at her fingertips, with the patient before her.

“Overall, I feel the technology enhances patient care. It’s more efficient and flexible than a paper-based system,” Willis said. “Getting lost in the technology can be prevented by knowing the system that you are working with well and by simply being mindful to maintain the connection with your patient.”

According to Menachemi’s research, that connection, too, stands to benefit from paperless medicine.

“What we’ve found is that technology, when used properly, can enhance the patient-physician relationship because of the flow of available information,” Menachemi said.

“We know that it can help reduce errors, and it can improve financial performance and efficiency. The focus now should be on identifying and removing barriers that are delaying universal adoption of EHR systems.”



Dr. Vicki Erwin-Wilson, right, reviews digital notes from a patient’s exam with third-year student Brandy Willis and Dr. Les Wilson.

Driving student

by Doug Carlson



RAY STANYARD

In the grand scheme of medical education, four years of study at the Florida State University College of Medicine is a relative bargain, even with the current base price of \$70,000 in tuition payments over four years.

Just don't say so to second-year medical student Randa Perkins.

Less than half-way through her matriculation at the College of Medicine, Perkins said she already had accrued enough school-related debt to have purchased two Hummers and a year's supply of gasoline.

Instead of living large, and driving something larger, she's taking the same low-profile approach most of her classmates follow toward their goal: survive and study - not necessarily in that order.

"I have a small, cheap apartment, I take showers at school to save money, I shop at Sam's Club, and I live off of frozen meals," said Perkins, who drives a "beat-up" Jeep her parents gave her and, truth be known, doesn't count expensive vehicles among her career objectives.

Little things, like coupons and no cable television, help when investing toward a future in medicine. The willingness to sacrifice in the short-term seems as much a part of getting there as does the spirit of service.

If there's confusion about that message before enrolling, this reminder greets visitors in the debt management link on the College of Medicine Web site: "Remember, if you live like a doctor now, you will surely live like a medical student when you are a physician."

But the rapidly escalating cost of medical education in the U.S., which has driven nearly a 500-percent increase in median student indebtedness at graduation since 1984, goes beyond lifestyles.

The fear isn't about doctors not being able to afford second homes. Rather, there's growing concern that as medical student debt outpaces physician compensation, it will lead to doctor shortages in vital areas and place medical school financially out of reach for many - or worse.

An Association of American Medical Colleges report from March 2005 on medical education costs and student debt states that, "failure to adequately address these challenges could have serious implications for the health of the nation if they impede the supply of physicians or diversity within the medical profession."

Numerous published studies suggest debt is increasingly steering students away from the primary-care specialties that are central to the FSU College of Medicine's mission.

The sting of being deeply in debt is something many FSU med students say they are trying to balance with the goals that brought them to medical school.

"It's frustrating because there are so many surprise expenses that go along with the burden of tuition, books and rent," said Nishita Patel, a third-year student at the Orlando campus. "I just charged \$1,500 to my credit card for Step 2 of the [USMLE] board exams. There are review classes to pay for, application fees for fourth-year externships, and flights and hotels for residency interviews."

debt

Randa Perkins already is shouldering two Hummers' worth of debt (and then some) to fulfill her goal of becoming a family physician.

THE STING OF BEING DEEPLY IN DEBT IS SOMETHING MANY FSU MED STUDENTS SAY THEY ARE TRYING TO BALANCE WITH THE GOALS THAT BROUGHT THEM TO MEDICAL SCHOOL.

Recent graduate Dr. Chris Sundstrom, with wife Beth and daughters Kate, left, and Caroline, balanced medical school with raising a family, thanks in part to his job as night manager at the Ronald McDonald House in Tallahassee.

And Patel considers herself one of the lucky ones, because her parents cover most of her tuition costs.

With university trustees recently granted legislative approval to increase tuition fees by five percent (10 percent for students admitted after 2006), the cost of attending will continue to rise. Still, it remains at a fraction of the actual cost to the university, and taxpayers, of educating medical students.

Sixty-one percent of FSU medical students receive some form of scholarship or grant, yet national averages suggest few will graduate with less than \$100,000 in education-related debts. Ninety percent of FSU med students receive loans.

Aside from the common lament about the debt-induced pressure they take to school with them every day, medical students' stories of sacrifice are as varied as their personalities.

First-year student Jill Adcox has earned money for med school by doing everything from selling plasma and participating in clinical trials to crocheting scarves to sell on eBay.

She didn't share a bedroom while growing up in Jacksonville, but does now. Adcox is unfazed by her shoebox apartment near campus or the bunk beds she and her law-school roommate bought for \$70 after arriving in Tallahassee last summer.

"I'm rarely home, so it works out well," Adcox said.

A med student and a law student getting through school by sharing a bunk bed could be the basis for a good joke. The topic of educational debt, however, is a serious one for medical schools, in general, and for the FSU College of Medicine, in particular.

The cost of medical school is impacting the effort to create future physicians who will meet growing needs in Florida, which is on its way to becoming the third-most populous state in the country.

Student debt is a not-so-subtle obstacle to the College of Medicine's stated mission of creating physicians who are "responsive to community needs, especially through service to elder, rural, minority and underserved populations."

The message about serving unmet needs in Florida is one FSU students say they hear often. Some complain that outsized education-related debts are at conflict with the mantra.

Combined with ongoing reductions in Medicare and Medicaid reimbursements, lower pay in general practice fields is an important issue for any medical student in the process of choosing a career path.



When that student also is faced with several Hummers' worth of school loan repayments, the cost of going into primary care appears to grow steeper. With generalist physicians becoming scarcer in this country, some believe only governmental intervention can avert an eventual crisis propelled, in part, by soaring student debts.

"Basically, they are leaving school with the equivalent of their first mortgage already in place before they start their lives," said Dr. Alma Littles, associate dean for academic affairs.

"What many students will do is to start looking at those areas where they can most efficiently, quickly, take care of that."

For some, that means abandoning plans to go into general practice and instead choosing specialties or subspecialties with better reimbursement.

"Most of us are well over \$100,000 in debt and that's a lot of money to pay back," said 2006 graduate Dr. Paul Payne, who is entering FSU's obstetrics/gynecology residency program at Sacred Heart Hospital in Pensacola.

Payne, a case study in innovative ways to help make ends meet during med school, said he gave up on his idea to work in family medicine and make house calls in his hometown of Crawfordville because of the "Medicare crisis."

"I cannot see how the current system will be able to support all the baby boomers in the very near future who will be depending on it," Payne said.

Bolstering that argument is this projection from the Centers for Medicare and Medicaid Services: Starting this year, Medicare physician fee reimbursements are expected to be reduced by five percent for each of six consecutive years.

But here comes the kicker: The Medicare Economic Index, a measure of inflation in physician practice costs, is expected to increase by 15 percent over the same period.

The picture isn't all bleak. At least, not in the eyes of many FSU med students, or in the numbers being tracked by the American Association of Family Physicians.

The AAFP annually produces a ranking of accredited U.S. medical schools in the percentage of graduates entering family medicine residency positions, based on the most recent three-year averages.

The FSU College of Medicine, with only two graduating classes so far, has yet to be included. But FSU's average after two residency matches, with 20.6 percent going into family medicine, would have tied for fifth out of 125 schools in the most recent rankings, which were published in the journal, *Family Medicine*.

Is it the mission, the reinforcement of the message, or the type of students drawn to Florida State's model of medical education?

"You meet a lot of people from the rural areas in school here who are down-to-earth type people," second-year student Jeremy Williams said. "They don't need a big house and fast car or anything like that - just enough to get by and be happy."

"Sometimes I'll run into the student who is doubting they can make a living as a family doctor, or that they could practice in a rural area, and I'm able to share with them that it actually is possible."

- DR. ALMA LITTLES, ASSOCIATE DEAN FOR ACADEMIC AFFAIRS

Like the majority of FSU med students, Williams didn't grow up in a farming community. He's a surfer from Merritt Island, but he shares a common belief that financial concerns – the cost of school, the expected return on investment – are secondary to the vision of becoming a doctor and helping people.

He works as first mate on a charter fishing boat at home during school breaks, sometimes for a weekend at a time, to help cover some of his living expenses. He guts fish, dives for lobster, cleans the boat, and counts working without a shirt and making frequent trips to the Bahamas as fringe benefits.

The income is modest – sometimes just enough to buy groceries for a few months upon his return to school – but the initiative is a sign of something deeper.



Nick Seeliger, left, and Scott Brotherton, right, covered the majority of their medical school expenses with Air Force scholarships, which required them to don gas masks during officer training exercises.



Jeremy Williams shows off a day's catch on the Anyar in Walker's Cay, Abacos, Bahamas, during the break between the first and second years of medical school.

COURTESY OF JEREMY WILLIAMS



COURTESY OF NICK SEELIGER

THE RAPIDLY ESCALATING COST OF MEDICAL EDUCATION IN THE U.S., WHICH HAS DRIVEN NEARLY A 500-PERCENT INCREASE IN MEDIAN STUDENT INDEBTEDNESS AT GRADUATION SINCE 1984, GOES BEYOND LIFESTYLES.

First-year student Jill Adcox saved money by sharing a bunk bed and made money by crocheting items to sell on eBay.



NANCY KINNALLY

Paul Payne (M.D. '06) raised field peas during the summer between his first and second years of medical school to help cover some of his educational expenses, such as the cost of commuting from his hometown of Crawfordville.

RAY STANYARD



“You can't go into this for the money. You have to do it because you care about the patients, because you can't imagine doing anything else.”

– SECOND-YEAR MED STUDENT RANDA PERKINS

Before Littles became an associate dean in the College of Medicine, she ran the family medicine residency program at Tallahassee Memorial Hospital. Before that, she started a solo family practice in her hometown of Quincy, completing a quest that began with her dream of becoming a doctor in spite of being the first in her family to go to college.

“I basically started college with no money,” Littles said. “The message that was given to me, that I continue to give today, is if you successfully get through school you will be able to get a job or a career that will allow you to pay back the loans.

“So don't let the issue of student loans hinder you from reaching your goals. Remember what it is that you are doing it for.”

The 2004 AAMC study on young physician indebtedness reached a similar conclusion. While growing more expensive, medical education remains a sound investment, and physicians still have the means to pay off their loans – even if it takes higher payments over a longer stretch of time.

“I don't know of another place where you can go and invest \$100,000 to \$200,000 in a business and know for certain that you're going to come out with a sure thing,” said Peter Eveland, associate dean for student affairs, admissions and outreach.

“One of the things about the people in this business is that they have to really not be into immediate gratification, because you're putting off making that money for a long time, and they're poor for a long time.”

During his years in the College of Medicine, Payne occasionally earned income raising crops on the family farm. Among his customers were medical school faculty and staff. He's also bartered black-eyed peas for haircuts and traded field peas for meals at restaurants. Selling an assortment of goods to classmates during his first two years on campus earned him the nickname “Paul-mart.”

“I knew there would be a lot of debt associated with school, but I have never viewed it as a burden,” Payne said. “I have always thought of it as an investment in me that would pay dividends in the future.

“Money was easy to borrow through student loans, and I just view my debt as a cost of doing business.”

College of Medicine financial aid director Etheria Harris offers a variety of suggestions to students seeking ways to pay for their education, but “get a job” isn't one of them.

“They need their time and energy for studying,” she said.

But Payne's classmate Chris Sundstrom, a Tallahassee native who is also going into obstetrics-gynecology at Sacred Heart, found a job that didn't interfere with the demands of medical school.

Sundstrom and his wife of seven years, Beth, lived at the Ronald McDonald House near Tallahassee Memorial Hospital for the final three years of school. They served as night managers in exchange for free rent and utilities in the downstairs two-bedroom apartment.

The duties were light – answering the phone, occasionally checking in a new guest – and allowed him to study.

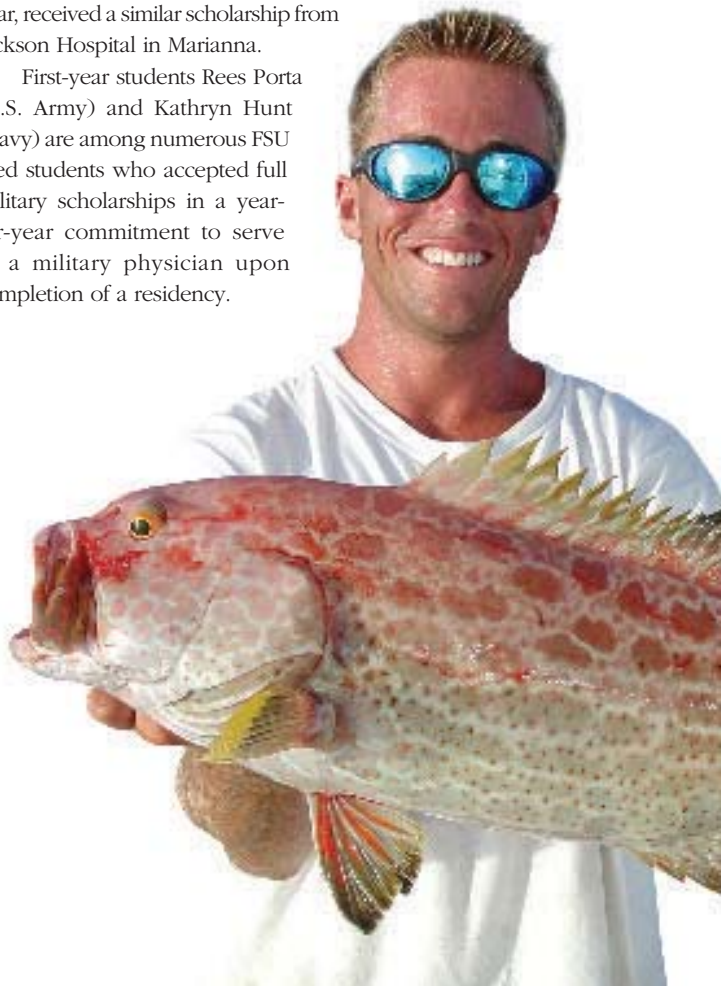
“It's been the perfect job for us,” said Sundstrom, who also got financial help from his family and took about \$100,000 in student loans to get through med school while also starting a family that includes daughters Kate, 1, and Caroline, 3.

A small percentage have avoided debt altogether. Harris estimates one in 10 FSU med students won't owe anything when they graduate, aside from what they might have charged on their credit card.

Class of 2006 President Shannon Price attended school on a scholarship provided by Doctors' Memorial Hospital in her hometown of Perry. The hospital, which also paid the way for 2005 graduate Joda Lynn and is supporting Josef Plum in the Class of 2007, asks in return that Price, Lynn and Plum come home to work for a minimum of four years to help alleviate a severe physician shortage.

Robin Albritton, who will graduate next year, received a similar scholarship from Jackson Hospital in Marianna.

First-year students Rees Porta (U.S. Army) and Kathryn Hunt (Navy) are among numerous FSU med students who accepted full military scholarships in a year-for-year commitment to serve as a military physician upon completion of a residency.



Jeremy Williams and the yellowfin grouper he caught while working as first mate aboard a private fishing boat in the Bahamas during his summer vacation.

"I was just planning on doing it the usual way, by taking out a bunch of loans, but the Army made a great offer, so I figured 'why not?'" said Porta, who had to give up the bartending job he held at Red Lobster during his undergraduate studies.

"There's no way to even make a dent in the tuition costs with a part-time job," Porta said. "It's almost futile because you're not going to be doing much except exhausting yourself."

Hunt had long-term reasons for accepting a Navy scholarship.

"I don't like debt," she said. "And I'm not a business person. I would rather not deal with that aspect of setting up a practice. I'd rather have my focus on patient care and leave the business part of it to someone else."

"I'm just thankful I won't be weighed down with lots of debt when I graduate. I'm free to find out what I want to do without feeling like money has to be the motivating factor."

Other studies have shown that perceptions about the degree to which a physician controls his lifestyle – being able to spend time with family and outside interests – also are weighing heavily on the current trend in specialty choices.

From a psychological standpoint, Hunt and Porta are far more comfortable with their obligation to the military than the potential alternatives associated with borrowing their way through school.

Apparently, there's plenty in that sort of thinking to be grateful for.

Citing several peer-reviewed studies, the AAMC's task force on medical student debt reports that high levels of debt can "lead to depression, burnout and feelings of excessive burden among residents."

Loan payments, the task force found, consume between 40 and 50 percent of the average resident's after-tax salary, which is usually in the \$40,000 range.

Little's can't recall exactly how much she owed upon graduation from the University of Florida College of Medicine in 1986, only that it was "somewhere between \$45,000-\$65,000," and that she paid it off in 10 years.

She offers her story as an example for students who begin to feel overwhelmed financially.

"Sometimes I'll run into the student who is doubting they can make a living as a family doctor, or that they could practice in a rural area, and I'm able to share with them that it actually is possible," Little said.

Adcox, who recently got paid to participate in a clinical trial for staph infections, despite not having one, supplements her money-raising efforts with a dogged pursuit of scholarship opportunities. She

plans to repay a percentage of her loans by working in an underserved area.

Perkins is troubled by the debts she is accruing, but is determined to keep her focus on the demands of school.

10 WAYS TO MAKE ENDS MEET IN MED SCHOOL

Tried and true methods FSU students have used to make a dent in the cost of obtaining a medical education.

10. Raising and selling (legal) crops: His field of peas helped 2006 graduate Paul Payne make some spending money and gave him a chance to introduce classmates and faculty to his rural lifestyle.

9. The electronic yard sale: They say anything sells on eBay, and first-year student Jill Adcox said she's had no trouble selling a variety of items she has placed up for bid, including scarves and other accessories she crochets.

8. Clinical trials: Pharmaceutical companies, and others, pay good money for willing subjects.

7. Give plasma: Students might feel like they've been squeezed dry after paying tuition, but some have sacrificed their plasma to cover the cost of a meal or two.

6. Go fish: A summer at sea provided income and valuable contacts for first-year student Jeremy Williams, who worked as first mate on a charter fishing boat off of Merritt Island. Williams landed a bigger catch when the boat's owner offered the use of a home he owns in Tallahassee.

5. Public showers: More than one FSU med student has cut down on utility bills by showering at the Leach Center or in the student learning communities at the med school.

4. Getting gassed: Boot camp and the traditional gas-mask training that goes with it is a small price to pay for the Army, Navy and Air Force scholarships that can provide an all-expenses paid trip through med school.

3. Work at McDonald's without flipping burgers: 2006 graduate Chris Sundstrom and his family received free rent for the past three years in exchange for working as night managers at the Ronald McDonald House.

2. The mom and pop store: Not all students have parents who are willing and able to make substantial contributions to the pursuit of a medical education, but those with the opportunity say they aren't afraid to beg, borrow and look pitiful when it comes to getting help from home.

1. Call the hospital: Doctors' Memorial in Perry and Jackson Hospital in Marianna have provided scholarships to several FSU med students in exchange for commitments to serve a prescribed amount of time in those communities upon completion of residency work. Other hospitals offer substantial loan repayment opportunities to attract new physicians.

She was debt-free when she enrolled in med school, thanks to a Bright Futures scholarship and a job at Publix during her undergrad years at Florida State.

When she's finished, she'll owe enough to have bought the house and a great big garage for those imaginary Hummers. But she vows that she will work in family medicine, and have no regrets about it.

"That's what I want to do as a doctor," she said. "You can't go into this for the money. You have to do it because you care about the patients, because you can't imagine doing anything else."



COURTESY OF JEREMY WILLIAMS

Closing in on the end of their intern year, several members of the medical school's inaugural class took some time to share with FSU MED their experiences during the first year of residency and their advice for those who will follow in their historic footsteps.

Dr. Christie Sain, Family Medicine, Tallahassee Memorial Hospital

I have grown so much professionally this past year, and the support has been amazing. I was just voted in as the secretary/treasurer of the Residents Section of the Florida Academy of Family Physicians. I'm on the Capital Medical Society Board of Governors, and I also sit on the selection committee for our residency program. Having people around that see so much potential in me has definitely helped me to realize how much I have learned, how to apply that knowledge to my patients, and what I can do next to continue shaping my career in medicine.

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

Dr. Kimberly Ruscher, General Surgery, University of Connecticut Health Center

I love my residency program and am grateful that I earned a position in the general surgery match. In internship, I have learned more, at a faster pace, than at any time in my life. The hours are long. Being a good intern has often required sacrificing sleep, exercise, time with loved ones, and hobbies.

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

Dr. Sachin Parikh, Otolaryngology, LSU, then UNC, and now Stanford

After Hurricane Katrina scattered many of the medical residents at Louisiana State University in New Orleans, Parikh completed his first year of residency at the University of North Carolina at Chapel Hill. Parikh then landed a spot at Stanford, where he will begin his second year of residency in July.

This is one of the best years of learning I have had. The fact that we are integral in patient care is exhilarating. I like the fact that we fix problems with immediate gratification, most of the time. One of the things that has surprised me is the difference we can make as patient advocates. Now that we have just a little clout we can really push to make sure that our patients get the best care possible. Whether it be reading a chest X-ray or putting in a central line, there are complications associated with each task, but if done right and meticulously you play a huge role along with the rest of your team helping the patient.

Note to medical students: Choose a specialty that makes you happy, but also look into the types of people you will be working with. Make sure your personality is similar to the residents and attendings in that field. The people you work with, and how much you enjoy or dislike their company, can make or break you during residency. Go all out and apply to some great schools. You'll be surprised. It's not all about scores and grades. Those letters and your performance clinically and around colleagues are what make the difference. Finally, do NOT let your USMLE Step 1 score dictate your specialty choice. There are a million other ways to shine.

Dr. Javier Miller, Urology, University of North Carolina – Chapel Hill

While Parikh was in North Carolina, his former medical school classmate, Dr. Javier Miller, put him up in his home in Durham, NC. Recently married, Miller and his wife, Hilary, turned their spare bedroom over to their hurricane-ravaged friend, Sach.

Everything is going great up here. Sach is still our first child and will be living with us until he starts his second year at Stanford in July. He got married in April. Oh, how quickly they grow up. Internship year couldn't be going any better. I'm at a phenomenal institution and working with great people. I've been operating quite a bit, and I look forward to going to work every day. What's surprised me the most has been how quickly you learn when you're thrown into the fire.

Note to medical students: First, residency programs are looking for people that will fit in. By that I mean they are looking for residents who have a good attitude and are hard-working. This is especially true for more competitive programs where there may be only two residents accepted per year. If these programs don't choose well, it can affect everyone. I also recommend that the students choose a field that they will always enjoy. We will be working in our respective fields for a very long time so we need to consider all facets.

Dr. Laura Dacks, General Surgery, East Tennessee State University

ETSU is one of those jewels that everybody overlooks. There's really good teaching, and you have a lot of attendings to help you out. The ratio is good, and I really like it here. As an intern we keep log books of all the cases we do all the way down to central lines and chest tubes and getting into the OR, and I have almost 200 cases, and I'm not even done with my intern year. I recently did a laparoscopic gall bladder and a thoracotomy, where I removed a tumor from a lung. So I've gotten a lot of hands-on training.

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

Dr. Adam Ouimet, Emergency Medicine, University of New Mexico School of Medicine

This is one of those programs that exists to actually teach you to be a good ER doc, not to work you into the ground. The most surprising things this year were that life is actually pretty darn good, and I'm actually a doctor. I was just elected secretary of the state chapter of the American College of Emergency Physicians. I'm also one of the Emergency Medicine Residents Association representatives from our program and got to go to D.C. to represent the program during the residency fair at the national conference this year. I'm putting to use the things I learned on the curriculum committee at FSU on UNM's Program Review Committee. We do the pre-reviews of programs before the Accreditation Council for Graduate Medical Education comes for its accreditation visit. On a personal note, I recently asked Abby Cruz to marry me, and she said yes!

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



Natosha Canty (M.D. '05) is entering the second year of her family medicine residency at Tallahassee Memorial Hospital.

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 or e-mail address has changed, please e-mail Nancy Kinnally, editor, at nancy.kinnally@med.fsu.edu.

CLASS OF 2006 RESIDENCY MATCH

Jason Acosta, M.D.

Anesthesiology
University of Florida, Shands
Gainesville, Fla.

Danielle Bass, M.D.

Family Medicine
MacNeal Memorial Hospital
Chicago, Ill.

Stefano Bordoli, M.D.

General Surgery
Rush University Medical Center
Chicago, Ill.

Sandra Brafford, M.D.

Family Medicine
Tallahassee Memorial Hospital
Tallahassee, Fla.

Kara Brooks, M.D.

Family Medicine
Phoebe Putney Memorial Hospital
Albany, Ga.

Scott Brotherton, M.D.

General Surgery – Preliminary
Orlando Regional Healthcare
Orlando, Fla.

Jason Buseman, M.D.

General Surgery
University of Kentucky Medical
Center
Lexington, Ky.

Stephanie Cruz-Lee, M.D.

Obstetrics and Gynecology
University of Florida Health Science
Center
Jacksonville, Fla.

Jeffrey Davenport, M.D.

Family Medicine
St. Vincent's Medical Center
Jacksonville, Fla.

David Drossner, M.D.

Pediatrics
Emory University School
of Medicine
Atlanta, Ga.

Zach Elmir, M.D.

Transitional Year
Eisenhower Army Medical Center
Ft. Gordon, Ga.

Jason Farrah, M.D.

General Surgery – Preliminary
Wake Forest Baptist Medical Center
Winston-Salem, N.C.

Brian Gibson, M.D.

Otolaryngology
New York Eye And Ear Infirmary
New York, N.Y.

Reena Hemrajani, M.D.

Internal Medicine
Virginia Commonwealth University
Health System
Richmond, Va.

Matthew Henry, M.D.

General Surgery
Lenox Hill Hospital
New York, N.Y.

Manny Herrera, M.D.

Obstetrics and Gynecology
Orlando Regional Healthcare
Orlando, Fla.

Victor Hultstrand, M.D.

Family Medicine
Tallahassee Memorial Hospital
Tallahassee, Fla.

Luis Izquierdo, M.D.

Otolaryngology
Walter Reed Army Medical Center
Washington, D.C.

Chad Krisel, M.D.

Family Medicine
Mountain Area Health Education
Center
Asheville, N.C.

Matthew Lee, M.D.

Orthopaedic Surgery
University of Florida Health Science
Center
Jacksonville, Fla.

Mark Leyngold, M.D.

Plastic Surgery
University of Nevada
Las Vegas, Nev.

Shellie Marks, M.D.

Preliminary Year
Virginia Commonwealth University
Health System
Richmond, Va.

Kevin McLean, M.D.

General Surgery – Preliminary
Orlando Regional Healthcare
Radiology – Diagnostic
University of Florida Health Science
Center
Jacksonville, Fla.

Phuong Nguyen, M.D.

General Surgery
University of Florida Health Science
Center
Jacksonville, Fla.

Aaron Nordgren, M.D.

Transitional Year
Riverside Regional Medical Center
Newport News, Va.
Radiology – Diagnostic
Virginia Commonwealth University
Health System
Richmond, Va.

Paul Payne, M.D.

Obstetrics and Gynecology
Florida State University College
of Medicine
Sacred Heart Hospital
Pensacola, Fla.

Shannon Price, M.D.

Obstetrics and Gynecology
Greenville Hospital System
Greenville, S.C.

Stelios Rekkas, M.D.

General Surgery
Mt. Sinai Medical Center
Miami, Fla.

Regan Rostorfer, M.D.

Internal Medicine
Orlando Regional Healthcare
Orlando, Fla.

Lensey Scott, M.D.

Internal Medicine
University of Florida, Shands
Gainesville, Fla.

Nicholas Seeliger, M.D.

Family Medicine
USAF Regional Hospital
Eglin Air Force Base, Fla.

Melissa Smith, M.D.

Family Medicine
University of South Florida College
of Medicine
Tampa, Fla.

Chris Sundstrom, M.D.

Obstetrics and Gynecology
Florida State University College
of Medicine
Sacred Heart Hospital
Pensacola, Fla.

Luc Tran, M.D.

Pediatrics
University of Florida Health Science
Center
Jacksonville, Fla.

Esther Vildor, M.D.

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

The 36th member of the Class of 2006, **Rob Allison, M.D.**, is completing a research fellowship at the National Institutes of Health in Bethesda, Md.

Correction

Dr. Garrett Chumney of the Class of 2005 is in his general surgery residency at the University of Florida Health Science Center – Jacksonville. His specialty was incorrectly listed in the winter 2005 issue.

On December 31, 2006, FSU concluded the most successful fundraising effort in its history.

The campaign was planned back when the College of Medicine was just an idea, and it was launched just as the school was opening its doors. Still, of the \$630 million raised in the five years of the FSU Connect campaign, \$35 million came in support of the College of Medicine.

Among the major gifts were three endowed chairs: the Elizabeth Freed Chair in the department of medical humanities and social sciences; the Jim and Betty Ann Rodgers Eminent Scholar Chair in the department of biomedical sciences, and the Charlotte E. Maguire Chair in the department of geriatrics.

Scholarship funds also grew dramatically, with the largest gift coming from the estate of Leon and Billye Tully of Tallahassee. When fully matched by the state, this planned gift will have created an endowment worth \$4.5 million.

A significant gift from the Williams Family Foundation of Georgia enabled the college to expand its Tallahassee campus to include Archbold Medical Center in Thomasville, Ga., and Blue Cross and Blue Shield of Florida provided a major gift to establish the medical school's Center for Rural Health in its name.

In all, the college received 14 gifts or pledges in excess of \$1 million, the largest of these from the Nemours Foundation for \$10 million. In addition, 16 donors made gifts of more than \$100,000, and 73 gifts exceeded \$10,000.

This fundraising success is a great testament to those foundations and individuals who were willing to act on their faith in the ideals represented by the medical school's mission, and we thank them.

As the college grows, so do its needs. So, while the university may have completed its campaign, the College of Medicine cannot afford to rest. We continue to seek support in all corners as we expand our program to new communities around Florida.



ROBERT C. DAWSON, PH.D.

ASSISTANT DEAN FOR DEVELOPMENT

ASSISTANT VICE PRESIDENT,

HEALTH & HUMAN SERVICES

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With Gratitude

The College of Medicine has its roots in Florida State University's Program in Medical Sciences (PIMS). Begun in 1971 to address a shortage of physicians in rural areas of northwest Florida, PIMS provided students with their first year of medical studies at FSU before they transferred to the University of Florida College of Medicine to complete their degree.

With the first entering class at the FSU College of Medicine in 2001, PIMS became obsolete, but not forgotten. Thirty students a year went through PIMS during its 30-year existence, creating a small fraternity of physicians who led the way for the College of Medicine's two graduating classes.

One PIMS alumna, Dr. Sue Makin, who does medical mission work in Malawi, wrote the medical school after receiving FSU MED and sent in a contribution to the Annual Fund.

"I am highly cognizant of the fact I would not be where I am today were it not for the Program in Medical Sciences at FSU," Makin said. "The PIMS program was trying to train doctors to go to underserved areas. In Malawi we have a population of about 13 million people, and there are nine trained ob/gyns."

The College of Medicine acknowledges PIMS alumni for their contributions, both historic and financial. We also are grateful for the generosity of our own alumni, faculty, and staff, as well as the local physicians, medical societies and others in the communities where we operate who have supported our early development. Those who contributed through May 2006 at the annual fund level (\$200 and above) are listed here.

Every effort was taken to ensure accuracy in this report. If any errors are found, please contact: Robert C. Dawson, Ph.D., Assistant Dean for Development, FSU College of Medicine, 1115 W. Call St., Tallahassee, FL 32306-4300.

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When trouble hits home

Suzanne Leonard Harrison, M.D.

CORBIS

My good friend and fellow physician Dr. Holly Pederson was shot and killed by her estranged husband in February 1991. When Holly didn't show up at the hospital, and did not call, we knew something was terribly wrong. As her friends and colleagues at the residency program, we had seen warning signs.

One of my first encounters with domestic violence, my friend's murder has provided me with a constant reminder that violence in personal relationships can and does happen to *anyone*.

Still, many people, physicians included, believe that intimate partner violence is something that happens to "other" people. This often leads to failure to recognize common signs of abusive relationships and the impact of violence on family, friends and patients. Intimate partner violence has far-reaching effects, crossing barriers of age, gender, education, culture, race and socioeconomic status.

Most of us have known victims of intimate partner violence. It may be your co-worker, a student, family member, friend, or even yourself. Since more than 25 percent of the population experiences abuse at some point, the chance is very high that you know at least one person who has been, or is currently, the victim of intimate partner violence. One study estimates that one in four women who present to a primary-care physician has been abused in her lifetime, and that one in seven has been abused in the past year.

The following are things to keep in mind:

1. Common complaints with which victims of domestic violence present to a physician's office include depression, anxiety, headaches, chronic pelvic or abdominal pain, substance abuse, sleep disturbances and recurrent infections.

Delay in seeking treatment, or substance abuse during pregnancy, should raise concern. Routine screening for intimate partner violence is recommended by the American Academy of Family Physicians, the American College of Obstetrics and Gynecology, the American College of Emergency Physicians, and the American Academy of Pediatrics.

2. A victim may choose to stay with her abuser for many reasons. She may fear for the safety of her children or retaliation from her abuser. She may be dependent upon her abuser for food and shelter. An abused man or woman often has such low self-esteem after years of physical and emotional battering that developing a plan of escape is inconceivable. Because domestic violence victims are often at highest risk for injury or death when leaving a relationship, a safety plan must be in place before such a move is considered.

3. Children are often at risk in homes where domestic violence is occurring. Children living in homes in which domestic violence is common are at higher risk for physical abuse. Seventy percent of men who abuse their partners will eventually abuse their children. Children are also at significantly higher risk for accidental injury in a home where domestic violence is occurring, even when not the target of the abuse. The estimated 3.3 million children who witness domestic violence each year are at extremely high risk for emotional trauma. Even if not physically abused, these children often develop dysfunctional relationships involving intimate partner violence as early as their teens.

4. Men are victims of intimate partner violence at nearly the same rate as women, although they do not always suffer serious physical injury at the same rate as women. Men in same-sex relationships may be at even higher risk if they are uncomfortable coming forward with complaints of abuse. It is important to remember the impact of long-term emotional abuse on a person's ability to function independently.

5. You can often help an abuse victim. Most victims of domestic violence are open to being asked about their situation. While they may not disclose information, studies have demonstrated that abused and battered women see the gesture as a sincere desire to help. An abuse victim may have tried unsuccessfully to access the system in various ways over the years and given up trying. The friend, neighbor, nurse, doctor or co-worker who asks that first question may open the door for much needed support and intervention.

More information:

NATIONAL COALITION AGAINST DOMESTIC VIOLENCE
WWW.NCADV.ORG

THE NATIONAL DOMESTIC VIOLENCE HOTLINE
1-800-799-SAFE (7233)

now & then



**College of Medicine
Dean, Dr. Ocie Harris,
addressing the Class
of 2006 on Match
Day in May.**

**Ocie Harris as a high
school student in
Picayune, Miss.**



Now (2006): Dean

By the time he was 6, Ocie Harris was well known to the residents of Picayune, Miss., as a result of his early entrance into the world of work.

"My first job was as an entrepreneur," Harris said. "I was self-employed."

During the summer of 1946, Harris plied the six blocks of downtown Picayune every Saturday selling homemade snow cones for a nickel. He would make shavings from a block of ice and then add syrup he bought from the local soft-drink bottling plant. Customers could choose orange, strawberry or grape. He would pull the ice behind him in a wagon, having devised a special method to keep it from melting.

"I kept it covered up with a very clean burlap sack," Harris said.

With his trade, Harris earned \$3 or \$4 every Saturday, not bad money at a time when a quarter could buy you a movie ticket, popcorn and a soda.

From that time forward, Harris has worked his whole life, his career reaching its zenith when he was named dean of the Florida State University College of Medicine in January 2003.

Harris recalls his youth as a relatively carefree time. He and his friends could disappear on their bicycles until suppertime without causing any worries at home. But there was always work to be done.

In the winters, he sold parched peanuts. All year round, he delivered the local weekly newspaper, the *Picayune Item*.

"You could sell as many as you could on the street and then go get on your bicycle and have your regular customers and deliver their papers," he said. "And then you could just ride through the streets on your bicycle calling out, 'Paper!' and people would come out on the front porch and buy a paper. That's how you sold papers in Picayune."

Then (1957): National Guard trainee

From the time he was big enough to wipe a windshield, Harris worked at his father's gas station. As a teenager in the segregated South, he convinced his father to integrate the station's restrooms, long before the "whites only" signs began disappearing in Mississippi.

Other jobs he held while in high school included dump truck driver for the city of Picayune and Greyhound ticket agent.

When it came time to settle on a career, Harris first tried the military. Although he eventually served in three branches – Army, Air Force and Navy – all it took was going through basic training in the National Guard at the age of 17 for Harris to decide that a military career was not for him.

To a boy who grew up going barefoot more often than not, the military had too many rules.

Medicine seemed like a good alternative. And so after graduating from the University of Mississippi in Oxford in 1961 and marrying Jo Ella, a beautiful hometown girl whom he'd dated in college, Harris headed to the University of Mississippi in Jackson for medical school.

In medical school, he worked in the bookstore, the pulmonary function lab, and as a private duty nurse to support his growing family. Both of the Harris girls, Geneva and Missie, were born while Harris was in medical school.

"Private duty nursing paid pretty well compared to selling blood and the other things we did to get by," Harris said. "I also participated in clinical trials where they'd pay us to be a subject."

After more than 30 years at the University of Florida, where he did his internal medicine residency, a fellowship in pulmonary medicine and infectious disease, and led a distinguished career as a faculty member and associate dean, Harris decided to try one more start-up venture.

At age 60, he came to FSU as associate dean for medical education in November 2000 to help found the College of Medicine, the first M.D. program to be established in the United States since 1982.

"I figured I'd add one last job to my list," Harris said.

Teens at the med school

RAY STANYARD

Tallahassee high school student Meron Deldebo discusses anatomy with SSTRIDE mentor Carol Porter.

Nearly every weekday afternoon during the school year, large passenger vans roll to a stop in front of the College of Medicine. The doors swing open and out pop ... teenagers.

Teens hanging out after school is one thing. Hanging out together at medical school is quite another.

The high school students are part of a unique outreach program at the College of Medicine designed to tilt the odds in favor of finding more qualified medical students from underrepresented backgrounds.

Studies show that such students, once they become physicians, are more likely to care for populations faced with the biggest doctor shortages.

Rickards High School sophomores Meron Deldebo and Henrietta Fasanya are among the Tallahassee-area students who spend several afternoons a week at the College of Medicine throughout the year.

There's no way to tell yet if either will become a doctor. But there's a better chance they will thanks to the SSTRIDE program, which has seen roughly two-thirds of its participants go on to pursue science majors in college.

Being associated with a medical school at such an early age has afforded valuable experiences for both. They've shadowed physicians, observed surgeries and have already completed two years of anatomy and physiology courses that go well beyond the typical junior high science class.

As much as those experiences resonate for a pair of 16-year-olds pondering a future in medicine, it's the daily conversations with mentors at the College of Medicine that do the most to bring their futures into focus.

We're not talking about after-school gossip. These teens are into conversations that may help to shape their lives.

"Sometimes if I am puzzled about where I am headed I ask my mentor what he wants to do and why he chose this field," Deldebo said. "Sometimes he tells me he did not plan to go into medicine as a high schooler, or as a kid, so that lets me know that this is going to kind of happen over time."

SSTRIDE (Science Students Together Reaching Instructional Diversity and Excellence) includes 68 students from two Tallahassee middle schools and four Leon County high schools. A separate rural SSTRIDE program involves students from Okaloosa, Gadsden and Madison counties.

"Before I took the SSTRIDE class in middle school I wanted to be a lawyer, but after I started in physiology and anatomy I realized I enjoyed a lot more learning about the human body and how we process and how we work and function," Fasanya said.

The Leon County high school participants are the ones shuttled to and from the College of Medicine for after-school enrichment sessions. The program helps them with everything from preparing for tomorrow's chemistry exam to teaching them about the college financial aid application process.

Their mentors are college students from Florida State, Florida A&M University and Tallahassee Community College who have shown an aptitude and interest in going to medical school.

Success rates for SSTRIDE mentors are also high, with more than 70 percent of those mentors from the program's first 10 years now being in medical school, residency training, or in medical practice.

Currently, African-Americans, Hispanics and Native Americans represent 25 percent of the U.S. population. But only six percent of U.S. physicians and 13 percent of U.S. medical students are from those groups.

Heading to med school a few hours a day instead of hanging out with friends might not alleviate that problem. But it's a healthy step toward ensuring the College of Medicine continues to attract students who represent the populations most in need of increased access to medical care.

Florida State University

College of Medicine

Partners

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

FSU-sponsored Residency Programs

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

Tallahassee Campus

Apalachee Center Inc.
Bond Community Health Center, Inc.
Capital Health Plan
Capital Medical Society
Capital Regional Medical Center
HealthSouth Rehab Hospital
Neighborhood Health Services

Tallahassee Memorial Healthcare
Tallahassee Outpatient Surgery Center
Tallahassee Single Day Surgery
Westminster Oaks

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

Daytona Beach Campus

Florida Hospital Ormond Memorial
Halifax Medical Center
Volusia County Medical Society

Orlando Campus

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

Ft. Pierce Campus

Indian River Medical Society
Indian River Memorial Hospital
Lawnwood Regional Medical Center
Martin Memorial Medical Center
St. Lucie Medical Center

Pensacola Campus

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

Sarasota Campus

Cape Surgery Center
Doctors Hospital of Sarasota

GulfCoast Surgery Center, Inc.
Sarasota County Medical Society
Sarasota Memorial Healthcare System

Family Medicine Residency Program Affiliations

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

Other Affiliates

Bay Medical – Panama City
Collier Health Services, Inc. – Immokalee
Gulf Coast Medical Center – Panama City
Mayo Clinic – Jacksonville

(1) end note



PAUL PAYNE (M.D. '06) raised field peas during the summer between his first and second years of medical school to help cover some of his educational expenses, such as the cost of commuting from his hometown of Crawfordville.

NANCY KINNALLY

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