

Fall 2008

FLORIDA STATE UNIVERSITY COLLEGE OF MEDICINE

FSUMED

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NEW AVENUES IN AUTISM RESEARCH



As your new dean, I am honored to have this wonderful opportunity to lead the Florida State University College of Medicine into its next phase of growth and success.

Coming from the University of Vermont, an institution with more than 200 years of tradition in education and innovative research, I look forward to helping build upon the traditions and culture here at FSU as we approach our 10-year anniversary. The legacy of superb education begun almost 40 years ago through FSU's Program in Medical Sciences will serve us well as we continue to work on our innovative educational programs that serve our students, the community and the state.

The College of Medicine was founded to educate and develop exemplary physicians who practice patient-centered health care, discover and advance knowledge, and are responsive to community needs. I was excited about that mission and the medical school's positive early outcomes during my first visits to campus. I was immediately attracted by the FSU mission, as it aligns with the passions and ideals of my own medical career since completing my residency 30 years ago.

In addition, I was impressed by the people I met who were so supportive and candid, encouraged by the significant progress achieved over a short period, and inspired by the great promise that I see for the future.

I want to express my thanks to Dr. Ocie Harris for his dedicated and selfless leadership as dean. In his last message he identified all the wonderful accomplishments that had been achieved over the last five years, and it is very clear that his leadership, guidance and tremendous passion for the school were critical to these successes.

I look forward to continuing the work he began in preparing the caring and compassionate physicians of tomorrow who will serve the state of Florida, and to further developing our innovative model as a national center of excellence in medical education.

In the weeks and months ahead, I hope to meet many of you as I learn about the FSU College of Medicine and prioritize the work that lies ahead. Getting to know the faculty, staff, students, partners and friends of the college is a priority for me, as well as reviewing the curriculum, identifying the opportunities for research and investigation that fit the school's mission, seeking opportunities for clinical faculty to contribute and practice, and looking for ways to advance the active collaborations with our partners across the campus and the state.

There is much to do, and I am confident that we will have a very busy and successful year ahead of us.

My wife Diane and I are excited to be joining the wonderful community of the FSU

John P. Fogarty, M.D.

Dean, College of Medicine

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To read more about Dr. Fogarty, visit med.fsu.edu/dean



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RAY STANYARD

on the cover

SimMan is part of the high-tech family in the new Charlotte E. Maguire, M.D. and Tallahassee Memorial HealthCare Center for Clinical Simulation.

scientific endeavors

Life after Mars

When NASA's Phoenix Mars Lander touched down May 25 on the surface of the Red Planet, FSU medical student Casey Cable watched from Mission Control in Tucson, Ariz., feeling like the proud mother of a newborn.

"It took nine months to get to Mars, just like a little baby," Cable beamed, recalling a moment she'd undoubtedly imagined countless times – the precise instant when her little progeny would arrive.

During a three-year span, as Cable pursued first a bachelor's and then a master's degree in chemistry, she worked with a team of researchers in a Tufts University lab who refined the instruments sent aboard the Phoenix to conduct the first wet chemistry analysis of Martian soil.

Growing up in Titusville, the daughter of a Ph.D. chemist who worked at Cape Canaveral, Cable used to associate space launches with traffic, noise and being awakened in the middle of the night.

"But once I got to Boston, I realized that it was actually pretty cool," Cable said. "I got involved in this lab up there because I love research, so I'm constantly involved in it."

It was just a coincidence that the lab was working on a NASA project that would eventually be launched from her hometown, giving her the opportunity to play hostess to her colleagues.

"My whole lab group came down," Cable said. "It was a huge, huge thing."

Cable's lab calibrated and developed the protocols for four tiny receptacles, each of which can collect and analyze one cubic centimeter of soil. After the samples are mixed with water, tiny sensors test

for pH, metal content and other qualities that will help answer the question of whether or not Mars could support, or ever did support, life.

It's the first time water has ever been sent to Mars, although many space missions have attempted to determine if the planet had its own. Already the Phoenix Lander has answered that question.

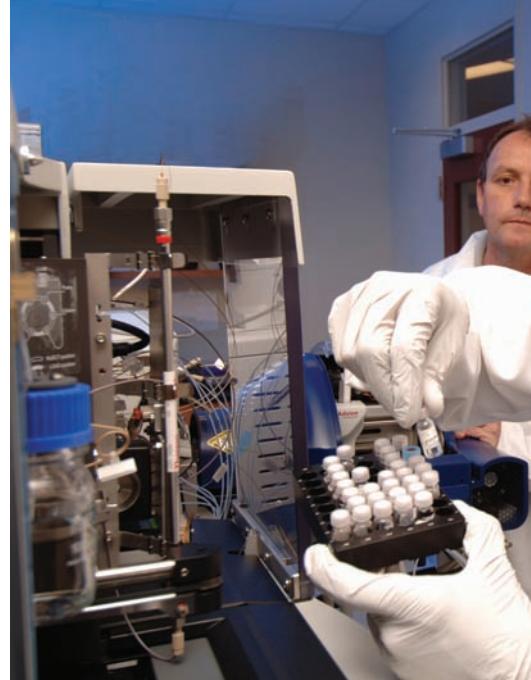
"The polygon patterns on the images that have come back are totally indicative of water thawing and then freezing again, so there's water," Cable said.

While Cable remains in touch with her former lab at Tufts, she won't be analyzing the data. Instead, she has been pursuing research of a very different nature at the FSU College of Medicine. The recipient of one of the college's summer research grants, Cable is working in the lab of James Olcese, associate professor of biomedical sciences, whose research focuses on melatonin and circadian rhythms.

"Melatonin receptors have been found on the muscle cells of pregnant women in the uterus – only women who are pregnant – and they increase in numbers as the pregnancy goes to term, which is interesting," Cable said. "Statistically more women go into labor at night, so they think it might be a survival mechanism."

For Cable, switching from a chemistry lab to a biochemistry lab has been like getting a lesson in what it's like to care for a baby after the nine months of waiting are up.

"Before, I could put my chemicals up on the lab shelf and go home for the weekend, and they're still there. Nothing has changed," she said. "But this is interesting because they are cells, so you've got to feed them and you've got to warm them and keep them happy, and if they get contaminated, you have to change them out."



Medical school mints its first scientist

Just four years after starting his Ph.D. in biomedical sciences at the FSU College of Medicine, Dillon Fritz is ready to take drug discoveries from the bench to the bedside at Moffitt Cancer Center in Tampa.

The first student to graduate from the college's doctoral program, which began in August 2004, Fritz had offers from Duke and Stanford. He chose to accept a National Cancer Institute-funded fellowship at Moffitt because it was in Florida and because he liked the research atmosphere there.

Although Fritz's doctoral research at FSU involved liver disease, at Moffitt he will be part of a team focused on translational cancer therapeutics.

"As a researcher you always want to find out novel mechanisms for disease – and if you have the chance – to be able to create and design new drugs and see the effect of those new drugs on the treatment of patients," Fritz said. "Moffitt has a great program where they have a lot of research physicians who work closely with the bench researchers and who take what you do and actually bring it to clinical trials."

Clearly, being the first product of a new Ph.D. program was not a limiting factor as Fritz looked at career opportunities. At the labs where he interviewed, Fritz said, the pri-



COURTESY OF CASEY CABLE

Casey Cable and former lab partner Jason Kapit at the launch.



Dillon Fritz, right, and Branko Stefanovic load samples into a liquid chromatography coupled mass spectrometer.

mary concern was what techniques he knew, whether he had obtained research funding and whether he had published.

"This program has allowed me to do all those three things," Fritz said.

Fritz gained invaluable experience in the medical school's proteomics lab, which has more than \$2 million worth of equipment devoted to the study of the role proteins play in human disease.

"I know all these proteomics techniques that are extremely valuable to labs," Fritz said. "So there wasn't a place I applied to that said I was not suitable for what they were looking for."

For Fritz's advisor, Associate Professor of Biomedical Sciences Branko Stefanovic, it would have been nice if Fritz had not finished his degree so quickly, as he was a tremendous asset to his research program.

"It would be a waste of his time to keep him here any longer, although it would be great for me," Stefanovic said.

The College of Medicine has 22 biomedical sciences Ph.D. students, with plans for growing that number to 50 or more. In addition, medical school faculty supervise the doctoral research of 20 Ph.D. students from programs in the College of Arts and Sciences.

RAY STANYARD

Putting the brakes on cancer

With a four-year, \$707,000 grant from the American Cancer Society, Yanchang Wang, assistant professor of biomedical sciences, hopes to learn how a particular enzyme could help put the brakes on the runaway cell division process that occurs in many forms of cancer.

"The hope is that Dr. Wang's research will uncover new therapeutic targets and diagnostic tools for cancer treatment and prevention," said Myra Hurt, associate dean for research and graduate programs.

Wang's research involves the role of an enzyme known as Cdc14 in deactivating the cell division process set in motion by another enzyme, Cdk1.

"From this proposed experiment, we expect to find a new way to regulate cell division," Wang said. "Cdk1 is the key driving force for cell division, so it's quite important."

The enzymes Wang is studying are part of the cellular signaling processes that protect genes and chromosomes when cells divide, ensuring that

the number of chromosomes in each new cell is precisely correct. This process is critical in that an abnormal number of chromosomes can lead ultimately to cancer.

Wang conducts his experiments on yeast because it abides by the same regulatory processes during cell division as human cells.

"Yeast is a single cell, but it is really powerful and it will answer different kinds of biological questions, especially for the regulation of cell division," Wang said.

With the addition of this new grant, Wang has now attracted more than \$1.3 million in external research funding since arriving at the College of Medicine in 2003 as one of the first faculty recruited to the college's department of biomedical sciences.

The American Cancer Society grant follows a \$441,000 grant from the James and Esther King Biomedical Research Program and a \$240,000 grant from the American Heart Association, with which Wang laid the groundwork for his newest hypothesis.

Wang is one of only about two dozen Florida researchers to receive funding from the American Cancer Society this year.

"The hope is that Dr. Wang's research will uncover new therapeutic targets and diagnostic tools for cancer treatment and prevention."



- MYRA HURT

Yanchang Wang uses yeast as the model organism in his research aimed at shutting down the runaway cell division that occurs in many human cancers.

on main campus

Hands up for kids

Emotions ran high at the Leon County Civic Center Feb. 17 as hundreds of student dancers and volunteers realized they had just raised a record \$406,000 through Dance Marathon at FSU 2008 to help pediatric patients throughout northern Florida.

"We were just overcome when we realized we had broken the \$400,000 mark," said Megan Watt, external director for Dance Marathon at FSU 2008 and the overall director for next year's Dance Marathon. "This year's total was about \$100,000 more than the previous year, so all the work of our dancers and volunteers really paid off. I'm so excited about all the good this money will do."

Dance Marathon raises money throughout the year, but the fundraising comes to a head each year on a Sunday afternoon in February after more than 800 dancers have spent 32 consecutive hours on their feet at the Leon County Civic Center. Only then is the grand total announced.

Half of the proceeds will go toward pediatric outreach projects at the College of Medicine, including an initiative designed to address health disparities among Gadsden County children. The balance will benefit Children's Miracle Network at Shands Children's Hospital in Gainesville.

The College of Medicine has been working with the Gadsden County Department of Health and Gadsden County School District to expand the student health centers at James A. Shanks Middle School and George W. Munroe Elementary School in Quincy to include full-service primary care, as well as mental health services.

Compared to most other counties in Florida, residents of Gadsden County have more health-care problems and fewer treatment options.

Susan LaJoie, a nurse practitioner with more than 23 years of experience, joined the medical school faculty in January, with her full-time assignment being to oversee clinical operations in the Gadsden school health centers. LaJoie, whose salary is supported by Dance Marathon funds, sees about 35 students a day. In addition, faculty physicians and psychologists work part-time in the clinics and help LaJoie supervise the medical and graduate students who are assigned to the school health centers for their clinical experiences.

"I wanted to come here because I love serving the underprivileged populations," LaJoie said. "It's a great opportunity to work with the College of Medicine. It's very exciting, and I love doing pediatric care."

Donations can be made year-round through Dance Marathon's Web site, dancemarathon.fsu.edu

Cooper takes top honors

RAY STANYARD



Tony Cooper is FSU's Security Officer of the Year.

More than 800 dancers held their hands up for kids at the Dance Marathon at FSU 2008.



COURTESY OF CHILDREN'S MIRACLE NETWORK

He may not know all 500-plus names of the faculty, staff and students at the medical school's main campus, but he knows every face.

As the security officer for the College of Medicine, Tony Cooper keeps a mental Rolodex full of details that others would easily miss – all in the interest of making sure the medical school remains a safe place to learn and work.

His effective working relationships with medical school students and personnel have earned him universal respect and a number of award nominations in the three years he has been at the college. Cooper's achievements likewise have not gone unnoticed by the University Police Department, which recognized him this spring with its Security Officer of the Year Award.

In his letter informing Cooper of the award, Campus Police Chief David Perry noted his close attention to detail and consistent reporting of security concerns, as well as his excellent customer service.

"This dedication has translated into making the College of Medicine a place where crime is kept suppressed so students and staff can keep focused on their mission," Perry wrote.

Cooper's interest in making a difference in the lives of young people initially attracted him to working in campus security. And it's still what leads him to put extra effort into everything he does.

"If I've learned anything during my time of employment here, I've learned that every student is different, but they all have the same opportunity to make a difference," Cooper said. "The world is only affected by the works you leave behind."

Lab partners

Collaborative effort has been a hallmark of the research being done at the FSU College of Medicine. Recently, the university took that approach to another level.

FSU and the Mayo Clinic signed an agreement to work as research partners in the quest to improve health-care outcomes for Floridians and all Americans.

The agreement calls for interaction and collaboration between researchers at FSU and the Mayo Clinic in Jacksonville, Fla., the establishment of joint research programs and the exchange of scientific and educational literature and research. The agreement opens up unique opportunities to turn basic science into new cures for a variety of diseases, from cancer to Alzheimer's.

"The days of what used to be called mom and pop research, where one individual or a small team cloistered away in a laboratory somewhere making major discoveries – those days are long gone," said George B. Bartley, M.D., chief executive officer of the Mayo Clinic in Jacksonville. "Today science is so complex, medicine is so complex; it's expensive to do research and you need to work together."

One research project of mutual interest may be the Clinical Research Network being developed at the College of Medicine, which offers potential involvement of more than 1,300 faculty physicians whose 1.5 million patients represent a broad spectrum of health and illness, gender, age and demographics. The network fits in well with the recent emphasis at the National Institutes of Health on clinical translational research, which involves taking research from the laboratory to the bedside.

By partnering with Mayo, FSU researchers will gain insight from a health-care organization with more than 35 years of continuous funding from the NIH and a Clinical Research Unit considered one of the nation's premier sites for conducting inpatient and outpatient studies and clinical trials.

The Mayo Clinic is the first and largest integrated, not-for-profit group medical practice in the world. Of nearly 50,000 employees, more than 6,000 are actively involved in medical research, translating discoveries from the laboratory into improved patient care.

"This is a great marriage for both institutions and we're very excited about it," said Florida Lt. Gov. Jeff Kottkamp.

FSU President T.K. Wetherell and Dr. George Bartley, CEO of the Mayo Clinic in Jacksonville, seal the agreement. Standing are, l-r: Kirby Kemper, FSU vice president of research; Florida Lt. Gov. Jeff Kottkamp and Dr. Thomas Brott, director of research at Mayo.



BILL LAX/FSU PHOTO LAB

at the front lines

Building future physicians

Partnering with other Florida educational institutions to make state resources go further is benefitting the newest of the medical school's six regional campuses.

In recent months the Daytona Beach and Fort Pierce regional campuses each moved into new \$5 million buildings to accommodate planned growth to 40 third- and fourth-year students by 2010.

The Fort Pierce regional campus shares space in a facility constructed on the main campus of Indian River State College with students spending most of their time completing required and elective clinical rotations at 12 affiliated hospitals in four counties — St. Lucie, Martin, Indian River and Okeechobee. IRSC utilizes its portion of the new building to offer programs in surgical technology, medical assisting and bioinformatics.

Medical students at the Daytona Beach regional campus are now based in a 17,000-square-

foot facility which also houses Daytona State College classrooms and the FSU Florida Center for Reading Research. The campus includes six affiliated hospitals located in Volusia County.

"The partnerships with these educational institutions have been very positive for everyone. The new regional campus facilities provide a great learning environment for the students and a cohesive work setting for the staff," said Dr. Randall Bertolette, dean of the Fort Pierce Regional Campus.

Though the College of Medicine's educational program is separate from the health-related programs offered at DSC and IRSC, placing regional campuses at those locations makes strong economic sense. The College of Medicine also has regional campuses in Orlando, Pensacola, Sarasota and Tallahassee.

The first group of eight third-year students arrived at the Daytona Beach and Fort Pierce campuses in July 2007. Both campuses received a new group of 14 third-year students in late June with an expectation that the number of new incoming third-year students will increase to 20 in 2009 and thereafter.



Daytona Beach regional campus



Fort Pierce regional campus



BILL LAX / FSU PHOTO LAB

Dr. Karimu Smith-Barron

Opportunity in Immokalee

Having grown up as part of a culturally diverse family and community, Dr. Karimu Smith-Barron always knew when she became a practicing physician her calling would be to work with medically underserved patients.

When she heard about the FSU College of Medicine's rural training site in Immokalee she and her husband immediately were excited.

"I thought it was the perfect opportunity for me to fuse academics and medicine in a clinical community-based practice working with a population that traditionally has not received the health-care services it needs," said Smith-Barron, the College of Medicine's new clerkship administrator in Immokalee.

Smith-Barron, a pediatrician, will oversee the college's clerkship program, working with third- and fourth-year students while also seeing patients at the Isabel Collier Read Medical Campus.

The move to her new home in Southwest Florida was no simple operation. She and her husband, Cardale Barron, made the decision to sell several of their 11 horses - two of which were pregnant - due to the logistics of such a move.

Smith-Barron is used to doing things that are a bit non-traditional.

When she was 4 her parents took her and two sisters to Haiti, later adopting a Haitian boy into the family. Another family trip took her to Africa. When her father passed away, Smith-Barron's mother, a pediatric nurse, remarried to a man from Ghana who had lived in Denmark for 20 years.

The mix of cultural experiences was a highlight for Smith-Barron during a childhood marked by poor health. A chronically ill child seemingly always in the hospital, Smith-Barron had asthma so severe, doctors told her she wasn't likely to survive to reach high school.

Those same doctors became her preceptors when she was attending medical school at the University of Medicine and Dentistry of New Jersey, where she chose to complete one of her fourth-year electives in South Africa.

When Smith-Barron advises FSU College of Medicine students on the benefits of doing a rotation in Immokalee, she speaks with a lifetime of insight.

"I think it will be a great opportunity for any student. I know traveling outside my normal experience, going to South Africa and other places, really made me appreciate what medicine is," she said. "And to work with populations who were medically underserved really helped put things in perspective for me about why I chose to go into medicine.

"I know first-hand that it really is an enriching experience for anyone who would grab at the opportunity."

The first group of FSU medical students to travel to Filipinas were (wearing scrubs, from left to right) Alex Ho, Javier Miller, Sachin Parikh, Amanda Davis Sumner and Kimberly Ruscher (all M.D. '05). Standing next to Ho is Filipinas resident Christian Navarro, who has hosted medical students in his home since 2002.

In Filipinas, FSU spells health care

The teacher in the sparse, two-room schoolhouse in Filipinas, Panama, travels an hour and a half each day from the nearest city to get to work.

The remote mountain village of about 85 families has no sewage system and only limited electricity. Television is a luxury well beyond the reach of most households. And yet, everyone in Filipinas recognizes the name of Florida State University.

It has become essentially synonymous with health care.

Every year now, for the last seven years, medical school faculty and students have traveled to Filipinas to set up a temporary clinic for a village that has no other regular medical care at all.

Drs. Sarah and Charles Ritchie ('08) made three treks to Filipinas while in medical school at FSU. During their first and second years, they traveled with the medical student organization FSUCares as part of a cross-cultural medicine elective.

The experience was so fulfilling, and the relationships they had formed with the local families so strong, they decided to go back again as fourth-year students.

This time they took more than the customary medical and school supplies. The couple raised \$500 from their own family members as a gift to the community, to be used to bring electricity to the school and to fix the roof of the community church – the only two public buildings the village had when FSU medical students started visiting in 2002.

"Having been to Filipinas three times, we have established wonderful relationships with the people of the village," Sarah said. "It gets more and more exciting to return each time, and more and more emotional to leave each time."

In a period of four years, the Ritchies saw the village grow and advance. The dirt road into the village now has streetlights. The church has been expanded, and the community has built a gathering area, as well as a guest house where visiting medical students can stay.

Now first-year residents at the University of Florida – Sarah in pediatrics and Charles in radiology – the Ritchies plan to use some of their limited vacation time to return to Filipinas.

"One of the most amazing things is to see how grateful the local people are for what we can provide to them, whether it be vitamins, antibiotics or eyeglasses," Charles said.

The Ritchies feel the trips are a great reminder never to take small luxuries for granted.

"We have found that although language barriers may be difficult to overcome, with the small amount of Spanish that we have learned over the years we are still able to provide health care to those in need," Sarah said. "We have also found out that kindness and laughter have no language barriers, and these experiences are ones that we will never forget."

"One of the most amazing things is to see how grateful the local people are for what we can provide to them, whether it be vitamins, antibiotics or eyeglasses."

- DR. CHARLES RITCHIE ('08)



Charles and Sarah Ritchie (M.D. '08) graduated in May and are now in residency at Shands at UF in Gainesville.

BILL LAX/FSU PHOTO LAB

people of note

Healing the soul

In accepting the 2008 Dr. Martin Luther King Jr. Distinguished Service Award, given by Florida State University, Dr. Jose Rodriguez had little trouble explaining why he tries to help people.

"A wise mentor once told me that service heals the soul, and that's probably why I do it, because my soul needs help," Rodriguez said.

If that's true, he's finding plenty of ways to feed his soul through his work at the College of Medicine.

Rodriguez is one of five physicians from the College of Medicine who have provided free health care on a regular basis at Neighborhood Health Services, the clinic on Brevard Street in Tallahassee where many of the city's uninsured and underinsured residents go for their only health care.

Rodriguez, an assistant professor in the department of family medicine and rural health, said a mission trip to Latin America and Paraguay when he was 19 changed his life. "It taught me to love," he said.

He was motivated to become a physician, but also to focus his attention on those often neglected by the health-care system.

Beyond his work at NHS, Rodriguez is active in his church, works with the Boy Scouts of America and leads an obesity awareness program that tries to help minorities understand the chronic condition while learning how to combat it.

"A wise mentor once told me that service heals the soul, and that's probably why I do it, because my soul needs help."

- DR. JOSE RODRIGUEZ

Working with medically underserved patients helps to 'heal the soul' for Dr. Jose Rodriguez.

Restoring a work of art

Throughout decades of service to his patients, retired Tallahassee cardiologist Dr. Laurie L. Dozier Jr. helped define medicine as an art, and he wants to make sure future physicians will learn how to put that definition into practice.

Dozier has made a planned gift of \$2 million to be divided equally between Tallahassee Memorial HealthCare and the FSU College of Medicine.

"Dr. Dozier's support will enable the College of Medicine to attract and retain a nationally recognized medical educator to impart the combination of clinical acumen and caring bedside manner for which Dr. Dozier was so deeply appreciated by his patients," said former College of Medicine Dean J. Ocie Harris.

The \$1 million designated for FSU will fund the establishment of the Laurie L. Dozier, Jr., M.D. Professorship. Under existing statutes, when Dozier's charitable remainder annuity trust is realized, it also would be eligible for state matching funds, making its total value to the College of Medicine \$1.75 million.

A Leon County native, Dozier earned his M.D. from Duke University in 1955 and practiced internal medicine and cardiology in Tallahassee from 1960 to 1991. He was co-founder of Cardiology Associates, which later became Southern Medical Group. Dozier has long been well known for his insistence that all patients receive the highest quality care, no matter their social standing or ability to pay.

Mark O'Bryant, president and CEO of Tallahassee Memorial HealthCare, said Dozier recognized "the exceedingly positive influence of the clinical skills education programs" at the medical school and the hospital.



"His magnificent gift will enhance and strengthen clinical education and other medical initiatives at each institution," O'Bryant said.

The atrium at Tallahassee Memorial Hospital was recently named for Dozier in recognition of his compassionate care of patients and significant contributions to the growth and development of the hospital.



Dr. Laurie L. Dozier, Jr.

COURTESY OF DR. DOZIER

The Laurie L. Dozier, Jr., M.D. Professorship will serve as a tribute not only to his work, but also to that of his daughter, Sarah Dozier Sherraden, director of the Clinical Learning Center at the College of Medicine, where medical students learn patient interviewing and examination skills by working with people who have been trained to portray specific medical cases.

"My father feels that in the midst of all the exciting technological advances in medicine, the underlying practice of clinical medicine has become something of a lost art," Sherraden said. "He's impressed by the emphasis the FSU College of Medicine places on turning out good clinicians, and he wants to see that continue, which is why he chose to create this professorship."



COURTESY OF WILLIAM READ

Isabel Collier Read (1918-2008)

Isabel Collier Read remembered

Nearly 200 guests gathered to celebrate the grand opening of the Isabel Collier Read Medical Campus in Immokalee March 18 and to remember the woman whose generosity and persistence ensured that the 29,000-square-foot medical clinic would exist to serve the rural, farmworking community northeast of Naples.

As a member of the family that developed Collier County, Isabel Collier Read, who passed away at her home in Palm Beach Feb. 5 at age 89, was a longtime champion of the Immokalee community.

In particular, Read was determined to ensure the availability of health care in Immokalee, whose population of 19,000 nearly doubles during the harvest season. In the 1990s, she donated land and money to build a clinic that would serve Immokalee's migrant workers and other low-income residents, but the building stood largely vacant for more than a decade.

Richard Akin, president and CEO of Collier Health Services (CHS), recalled Read's admonition regarding the need to follow through on the development of a partnership with Florida State University for the operation of the clinic as a teaching site for medical and other health-professions students.

"She said to me, 'Young man, I want to see action,'" Akin told the crowd gathered in front of the clinic, now home to a busy pediatric practice, with maternal/infant care scheduled to come on line in 2009.

Among those in attendance was Read's husband, William A. Read Jr., to whom she had been married since 1959. Mr. Read said his late wife had been pleased to see that the building was finally being used for the purpose for which she had originally intended it.

"I think the president of the university described things perfectly," Read said. "He said he was sure that Isabel was smiling down from Heaven, and I think that's one of the best descriptions that you could come up with. The fact that Florida State was able to make one of its teaching facilities out of the place made her very, very happy."

The result of three separate gifts totaling \$10 million, the project is the largest donor-funded initiative in the medical school's seven-year history. The building and land, valued at \$7 million, were donated by NCH Healthcare, while Read endowed the medical education program with a \$1 million gift. The Naples Children and Education Foundation then provided a \$2 million grant for the renovation of the clinic and the build-out of about 13,000 square feet of shell space. In addition, Collier County provided a \$250,000 community development block grant. With potential state matching funds of \$2.75 million, funding for the campus could eventually total \$13 million.

FSU President T.K. Wetherell said none of it would have happened without Read.

"She did a great thing not just for FSU, but for all of the children of Immokalee who will live healthier lives as a result," Wetherell said.

Students from the medical school's six regional campuses throughout the state will have the opportunity to fulfill several third-year required and fourth-year elective rotations in Immokalee, gaining a more complete understanding of rural medicine while contributing to the health of the community. CHS, which relocated its Immokalee pediatrics practice to the Isabel Collier Read Medical Campus in early 2008, handles clinic management, including patient enrollment. In 2009, once the build-out of the shell space is complete, CHS will move its obstetrics/gynecology practice to the campus facility, which will have a total of 40 exam rooms.

"It's a wonderful legacy for Mrs. Read," said former College of Medicine Dean J. Ocie Harris.

MISSION POSSIBLE

The mission of the Florida State University College of Medicine is to educate and develop exemplary physicians who practice patient-centered health care, discover and advance knowledge, and are responsive to community needs, especially through service to elder, rural, minority and underserved populations.

It's a statement of purpose emanating directly from a legislative mandate that this particular College of Medicine – the state's first new allopathic medical school to be created since the University of South Florida in 1965 – would address unmet needs.

Time will tell whether or not FSU will surpass other medical schools when it comes to producing physicians and research to help those Florida residents for whom quality medical care has been hard to find. But one thing is clear: when it comes to caring for the underserved, FSU medical students have some of the state's best faculty role models.

Dr. Tara Gonzales, Dr. Jason Salagubang, Dr. C. David Smith and Professor Rob Glueckauf are just a few of the many faculty members throughout Florida who, by their example, teach medical students that FSU's mission is indeed possible.



Dr. Tara Gonzales fights the obesity epidemic with actions, not just words, through Health in Motion.

HOWARD ROBINSON

MEDICINE IN MOTION

by Nancy Kinnally

Five months ago, Dana Miller, 10, was referred by her primary care doctor to a program called Health in Motion aimed at helping overweight kids in the Pensacola area trim down, learn about nutrition and become more physically active.

The program is clearly working. Dana has lost about 12 pounds and has participated in three 5k walk/run events, with her times steadily improving. She continues to participate in the clinic sessions and has even begun serving as a mentor to other children.

Her father, Gene Miller, said the results show not only in his daughter. He's lost 15 pounds himself.

"It started out a program for her, but it's ended up being a program for the entire family," Miller said. "We're learning to eat better and live a healthier lifestyle."

Much of the credit is due, said Miller, to the program's co-founder, Dr. Tara Gonzales, a Pensacola pediatrician and FSU College of Medicine clinical assistant professor.

"You can sum her up as just a firecracker," Miller said. "She's amazing

with the children. Part of it is her small stature. She blends in with the kids, and they all love her. She's energetic and outgoing and just a wonderful person."

Gonzales and Aliece Rockwell, a registered nurse, started the program with about \$40,000 provided by Children's Medical Services. Gonzales is the agency's assistant medical director for Pensacola.

"The need was out there, so once the word got out that we were trying to do something, within six months the floodgates opened," Gonzales said. "The sad part is that at this point we can't even book people until (seven months out)."

Gonzales is now focusing on writing grants and raising funds to expand the program into a full-service obesity clinic that would be equipped with pediatric exercise equipment, staffed with appropriately trained behavioral, nutrition and exercise science professionals and open from 8 a.m. to 5 p.m. Monday through Friday. Although the program is free to participants, it costs \$1,200 per person to operate.

"My biggest problem is that everybody thinks obesity is a choice," Gonzales said. "For a child it's not a choice. They didn't choose to be that way, because they didn't know any better."

While the effort Gonzales puts toward the obesity clinic would amount to a full-time job for most people, it's just a fraction of what she accomplishes through her solo pediatric practice, which also focuses on special needs children.

Medical student Mikel Hofmann, who did a pediatric rotation with Gonzales earlier this year, said her practice is one of the most diverse she's ever seen.

"She sees all kinds of children, from basic well-child exams to very complicated developmentally disabled and handicapped children, and she treats them all with the same amount of care and respect," Hofmann said. "I learned a lot from her in terms of the type of difference that I want to make locally."

Hofmann's classmate Aaron Wagner also did pediatrics with Gonzales and said she's the hardest working preceptor he's ever had.

"She is very passionate about doing something to help the community besides just having a practice," Wagner said. "She truly cares. Instead of just saying, 'Your



kids should get more exercise and watch what they eat,' there's no excuse, because she'll say, 'I have a program where you can take your kids after school to help deal with this.' And it's not just obese kids, it's all kids, to help maintain and promote good health."

Dr. Michelle Grier, pediatric clerkship co-director for the Pensacola campus, invited Gonzales to join the faculty back when the campus was first being set up in 2003. Although Gonzales had never considered teaching, Grier knew she would be a natural at it because when Grier was a pediatric resident at Sacred Heart Hospital in Pensacola, and later when she was setting up her solo pediatric practice, Gonzales was an excellent role model and mentor.

Grier appreciates that when medical students rotate with Gonzales, she includes them in community activities such as health fairs and obesity clinics.

"She shows them that the office setting is just one aspect of medicine," Grier said.

For Gonzales, the opportunity to teach has proven to be a true calling.

"Aside from being a parent, this is the second most fulfilling thing I've ever done," Gonzales said. "You have young minds that you're impacting specifically and individually. I always tell them I'm not trying to make you a pediatrician, I want you to be an ethical and committed member of your community. You are a community leader. That's what you are going to be, so glean everything you can from me that you can use, that fits your personality, and throw the rest away."

"She's amazing with the children. Part of it is her small stature. She blends in with the kids, and they all love her."

– GENE MILLER, FATHER OF 10-YEAR-OLD DANA MILLER



HOWARD ROBINSON

"I always tell them I'm not trying to make you a pediatrician, I want you to be an ethical and committed member of your community."

– DR. TARA GONZALES

BEYOND THE SNAPSHOT

by Nancy Kinnally



Marla Mickel (M.D. '08) reviews examination items with Florence Johnson during an hour-long initial assessment by Dr. Jason Salagubang that included asking questions of Johnson's sister and caregiver, Jeanne Ellis, in the outpatient clinic of the Florida Hospital Family Medicine Residency Program.

RICHMOND GIBBS

For FSU medical student Marla Mickel, it wasn't anything she saw in the clinic or hospital while on her geriatrics rotation that taught her the most about what it means to care for an elderly patient.

The most memorable lesson came from visiting a patient in her home.

"To see the sandwich generation and the amount of work that goes into it for the mom who has children but also has the older parent she has to look after, you don't realize how much work they have to put into it," Mickel said. "We got that with going to a home visit, but in a clinic visit you would never get the whole understanding of what they would have to go through."

That's why Clinical Assistant Professor Dr. Jason Salagubang and his fellow geriatricians at Florida Hospital worked to develop a new model of geriatric care and training that exposes residents and medical students to a more comprehensive view of elder care.

"The geriatrics experience in the residency used to be that you would go to nursing homes once a month for two years. Then, your third year as a resident you would do a one-month geriatrics block. So it was kind of limited," Salagubang said.

"Now we've revamped it so they get exposed to nursing home care, inpatient care, outpatient care, and we also do the home visitations. We can't stress that enough, the home visitation, because what you see in the office is just a snapshot of who the patient is."

Along with changes in the residency curriculum, the hospital has developed a Geriatric Inpatient Team that represents a new approach to patient care. The team consists of a second-year family medicine resident, a geriatrics fellow and a geriatrician, as well as a fourth-year medical student.

"All four of us, or sometimes five, work in collaboration with the pharmacist on the unit, the case manager on the unit, nursing, occupational therapy and physical therapy. So we maintain that multi-disciplinary approach," Salagubang said.

The same principles are at work in the outpatient geriatric assessment clinic of the Family Medicine Residency Program, where Salagubang is a faculty member. As he prepares to see a new patient, Salagubang reviews the chart with the other members of the team, looking over answers to questions that have been sent to the caregiver ahead of time. The questions deal not only with the patient, but with how well the caregiver is coping.

His initial assessment, which may last an hour or more, includes a holistic set of measures including a depression scale and a minimal status exam and a review of the patient's mobility.

Throughout the encounter he looks for tiny clues to problems that might be lying beneath the surface. For example, even a report of just one drink a day – if it's every day – can be a risk factor for alcoholism in an elderly patient.

Whenever possible, he includes a psychosocial/geriatric specialist from the Senior Resource Alliance who can provide support and resources for the mental health and social needs of the patient and caregiver alike.

“One of the things I tell medical students is that if you’re the type of person who enjoys teamwork, who enjoys a challenge, who enjoys the art of medicine as opposed to the textbook version of it, then geriatrics is for you, because it’s multi-disciplined, multi-faceted.” Salagubang said.

Mickel, now a first-year resident in the Family Medicine Residency Program at Florida Hospital, said her fourth-year geriatrics rotation showed her exactly what Salagubang means.

“In some other rotations you’re mostly concerned with lab values, findings, and treatment measures, but in geriatrics that’s only a small piece of the pie,” Mickel said. “You have to include social factors, environmental factors, and whether their living situation allows them to follow treatment measures. You have to incorporate transportation, whether they can get their groceries, whether they are able to shop – things that in other rotations you don’t usually have to consider. Geriatrics shows you a whole view.”

For caregivers like Jeanne Ellis, who is looking after her elderly mother as well as her older sister, the importance of having a doctor who understands the complex nature of geriatric care cannot be underestimated.

“I honestly believe that many people have no idea of the great importance of a good, board-certified, geriatrician,” Ellis said.

RICHMOND GIBBS



“One of the things I tell medical students is that if you’re the type of person who enjoys teamwork, who enjoys a challenge, who enjoys the art of medicine as opposed to the textbook version of it, then geriatrics is for you, because it’s multi-disciplined, multi-faceted.”

- DR. JASON SALAGUBANG



Dr. Jason Salagubang tests Florence Johnson's balance as part of a gait assessment.

CARE FOR CARE

by Doug Carlson



When her aging mother reached a point with her dementia where she needed round-the-clock care, Emma Baker quit the job she'd held for 30 years in the cardiology unit at Tallahassee Memorial Hospital to become her full-time caregiver, having been elected from among seven siblings because of her medical experience.

As the nation's population continues to age, more and more family members, most with no medical background at all, are finding themselves in the caregiver role.

For Baker, the first step was to help sell her mother's house in Sarasota and move 86-year-old Hattie Mae Brown to the small home

in rural Quincy where Baker had lived alone. For the next three years, until Hattie Mae's death at age 89, Baker was her mother's sole caregiver, experiencing first-hand her steadily declining mental and physical health.

"I used to tell other people at my church, 'Caregiver, take care of yourself,' " Baker said. "But I did not heed my own advice. I was burned out, and I felt like I had nowhere to turn. I had siblings, but they were in other states. I really felt like I was on my own."

The story is not uncommon.

Love and compassion typically are the motivating emotions for someone who takes on the responsibility of caring for a family

GIVERS

Emma Baker retired from her job at Tallahassee Memorial Hospital to become a full-time caregiver for her mother, Hattie Mae Brown, during the final three years of her mother's life.



RAY STANYARD

member suffering from dementia during old age.

It's no secret that such a decision comes at a cost. The life of a caregiver often is marked by a mix of seemingly incompatible feelings from satisfaction to isolation, frustration and depression.

"Recent research estimates 30 to 50 percent of dementia caregivers have clinically diagnosable levels of depression," said Rob Glueckauf, professor of medical humanities and social sciences at the College of Medicine.

"The demands of caregiving, the most difficult of which are the so-called challenging behaviors: agitation, argumentativeness, irritability, depression and – later in the condition – diminished

personal hygiene, all take a toll on the caregiver."

For years, Glueckauf and colleagues have studied the effects of providing support for caregivers through face-to-face meetings and by telephone.

The results could have a profound economic impact on the health-care system in Florida, where the population of residents over 65 is expected to reach 19.5 percent by 2015. Without personal caregivers, Florida's nursing homes and health-care facilities would be overwhelmed by the number of elderly suffering from dementia and incapable of caring for themselves.

Individual caregivers often become overwhelmed, too. Many are faced with caring for an aging parent on a 24/7 basis, 365 days a year.

Recently, Glueckauf was awarded a combined \$743,000 grant from the National Institute of Mental Health and the Johnny Byrd Sr. Alzheimer's Center & Research Institute for research into the most effective method of providing skills building and support for African-American caregivers of dementia patients.

The African-American Alzheimer's Caregiver Training and Support (ACTS) project will allow Glueckauf to compare the effects over time of telephone-based versus face-to-face cognitive-behavioral intervention on depression and health status among African-American dementia caregivers.

At the advice of a friend, Baker attended a seminar about the Alzheimer's Rural Care Healthline (ARCH), created by Glueckauf to assist people like her. From there, she joined a regular support group, meeting by telephone one hour each week with a facilitator and two other caregivers.

"We always went over that hour," Baker said of her participation in the recently completed project. "I learned to take care of myself. They gave us advice on controlling the behavior of your patient by your attitude and how you act. My mother became a completely different person when her mind was going. I needed somebody to teach me how to deal with that other person."

If the new ACTS study finds that telephone intervention is as effective as face-to-face intervention – and that's what initial findings would suggest – the implications for stretching limited state resources for dementia caregivers are obvious.

For anyone who has been in Baker's shoes, the significance of the work is just as easy to recognize.

"There is mounting evidence that caregiving demands for African-American caregivers vary considerably from those of non-Hispanic white caregivers," Glueckauf said. "African-American dementia caregivers spend significantly more time a week in care activities than their white counterparts and are substantially more likely than other caregivers to perform the most demanding caregiving tasks, such as toileting, bathing, and dealing with incontinence or diapers."

Glueckauf's research is promising. Caregivers receiving intervention skills-building assistance by telephone showed significant improvement in challenging tasks such as managing difficult behaviors, agitation, aggression and wandering. They learned to control upsetting thoughts and exhibited decreases in personal burden and depressive symptoms.

In short, the caregivers learned to take better care of not only their loved ones, but also themselves.

A HOMETOWN HERO

by Nancy Kinnally



As her elderly mother slowly declined into the world of dementia, Margaret Miller did her best to cope, choosing to care for her at home, even after she had become bedridden.

"It was a long goodbye," Miller said of the two years her mother spent confined to her bed.

"Without the help of a caring physician who was concerned not only about her condition, but also mine, it would have been impossible for us to see it through."

The caring physician who stood by Miller throughout her ordeal was Dr. C. David Smith, and Miller's story is one of thousands about a man who has been the backbone of the local health-care system in Jay, Fla., and the surrounding rural area for more than a quarter of a century.

Smith has served patients in his private practice, the emergency room, acute care center, hospital and nursing home, and as team physician for the local high school football team. The Florida Academy of Family Physicians named him Family Physician of the Year in 2004.

For years, Smith was the only physician practicing in Jay, a farming town of about 600 people about an hour north of Pensacola. He was almost always on call, relying on a work ethic that grew out of his local upbringing in a working class family. His part-time jobs as a teenager once included assisting the mayor of Jay with garbage collection.

After observing the need for more medical care in Jay – and falling in love with the daughter of the director of nursing at Jay Hospital – Smith set his sights on a career in medicine.

While sorting mail one day at Pensacola Junior College, where he was then a student, Smith came across a brochure for the FSU Program in Medical Sciences, which had just been established.

"It outlined the fact that they were trying to locate potential medical students that would likely return to an underserved area and would likely be interested in family medicine," Smith said. "I thought, 'Gee, this sounds an awful lot like me.'"

Smith went on to earn his bachelor's degree at FSU, start medical school through PIMS and graduate second in his class from the University of Florida in 1979.

Today, in addition to being known as a caregiver, friend and confidant to his patients and neighbors, Smith is heralded as the man who saved the local hospital.

As a young doctor with seemingly limitless career potential, Smith made the difficult decision to cut short his residency training at the University of South Alabama in 1980 when Jay Hospital administrators told him the hospital – like many rural hospitals at the time – faced closure due to financial difficulties and a lack of physician manpower.

Dr. C. David Smith grew up and practices medicine in Jay, Fla., a Panhandle town of about 600 people where cotton, soybeans and peanuts grow in the fields surrounding his practice.

Smith knew that as someone with ties to the community of just 600 people, he was likely the only physician who had a compelling reason to intervene in order to keep the doors open.

"My thinking was, 'Gee, if they close the hospital, it probably will never be reopened,'" Smith said. "To open a facility is very difficult to near impossible, so I decided that I should return."

That selflessness has characterized his career from day one, and it has since inspired a new generation of doctors to follow his lead. Smith has helped recruit at least a half dozen physicians to the area, including his son, Dr. Michael Smith, and his first cousin, Dr. Marian Stewart, both Jay natives and PIMS alumni.

As a faculty member with the medical school's Pensacola campus, Smith now serves as a role model for FSU medical students, including some who are also from small Florida towns.

Dr. Amanda Davis Sumner ('05), originally from Wewahitchka, did her family medicine rotation with Smith in 2003. It was her first clinical rotation, and she felt it forever changed her.

"He came back to Jay for the people, and he put the good of his community and the health care of his community far above himself," Sumner said. "It definitely made me realize the impact that one person can have."

Fourth-year medical student Kelly Jones did her advanced family medicine rotation with Smith this summer.

"Dr. Smith is patient-centered and wants us to be patient-centered, too," Jones said. "Never tell a patient, 'It's just a virus.' You need to listen to the patient and their concerns."

Smith, forever modest, shares credit for his accomplishments with his office staff, co-workers, patients and family.

"I could not do what I do without the help of my staff, and the support from my wife and family, and really the entire local community," Smith said.

Dr. Smith has been on the faculty of the FSU College of Medicine since its founding. Amanda Davis Sumner (M.D. '05) did a family medicine rotation with him in 2003.



HOWARD ROBINSON



Meet Annie, Harvey, SimMan and iStan. These patients are no dummies.

by Doug Carlson

Amid all the advanced technology, the faculty who teach in the College of Medicine's new clinical simulation center still have an old, reliable point of reference for judging whether medical students are catching on.

Most often, you can see it in their eyes.

But with help from the mechanical patients who reside in the Charlotte E. Maguire, M.D. and Tallahassee Memorial HealthCare Center for Clinical Simulation, medical educators are finding they no longer have to take a student's reactions at face value.

"For example, by the time students come in to the simulation center they have learned what the normal range of a blood pressure should be," said Dr. Lisa Granville, associate chair in the department of geriatrics and director of the doctoring course for first-year students. "With a simulator, I can check to make sure they are hearing what they are supposed to be hearing and what they say they are hearing.

"It helps me find out – is the student faking it, or hedging their bets, by giving me a number within normal range? Or are they truly assessing the information in front of them?"

What's in front of them, after all, is very different from the living, breathing standardized patients the students have been examining down the hall in the medical school's Clinical Learning Center. There, trained actors mimicking various medical

conditions help introduce students to the rudimentary elements of patient-physician interaction and physical examination skills.

No standardized patient, however, can suddenly present a heart murmur or pulmonary embolism on demand just because the college's curriculum committee requires it.

But Harvey can. So can SimMan. Likewise for Annie and iStan.

They are the family of electronic mannequins that reside in the simulation center, where advancements in medical education are moving so fast, they can even bring on a heart attack.

In fact, faculty can arrange for the simulators in each of the center's four rooms to exhibit an acute myocardial infarction with a ruptured valve, enabling students to hear what such an event would sound like.

Starting last spring, students were expected to identify basic valve disorders in four simulation patients using a stethoscope, along with blood pressure and other physiologic data through an integrated educational module developed by Granville and Professor Mike Overton, director of the first-year physiology course.

The students worked in teams and were challenged to explain their findings to the instructor, who gave them immediate feedback. The exercise combined skills and knowledge learned in doctoring and physiology courses.

Just as easily, a patient simulator can be programmed to go into an unexpected

cardiac arrest for the purpose of teaching students how to properly react to such an emergency in a no-risk environment.

"I've only encountered one heart murmur thus far in the real world," said

"It helps me find out – is the student faking it, or hedging their bets, by giving me a number within normal range? Or are they truly assessing the information in front of them?"

– DR. LISA GRANVILLE



second-year med student Roderick Hook, part of the first group of students to benefit from the center. “So being able to have them reproduced is a great enough advantage. Add in the factor that the faculty and fellow classmates, usually three others, can listen in with you and it is much better for brainstorming and learning.”

Those are examples of some of the overt lessons in medical education that can be shared in the simulation center.

Just as important, however, the simulators are equipped to impart far more subtle learning opportunities during those uncertain first steps toward becoming a physician.

If, for example, a simulator is programmed to die suddenly and unexpectedly under the care of a medical student, how would that student react to being asked to go share the news with the simulator’s “parents” in the next room, with standardized patients playing the role of the parents?

That kind of lesson might come during a class with the college’s department of



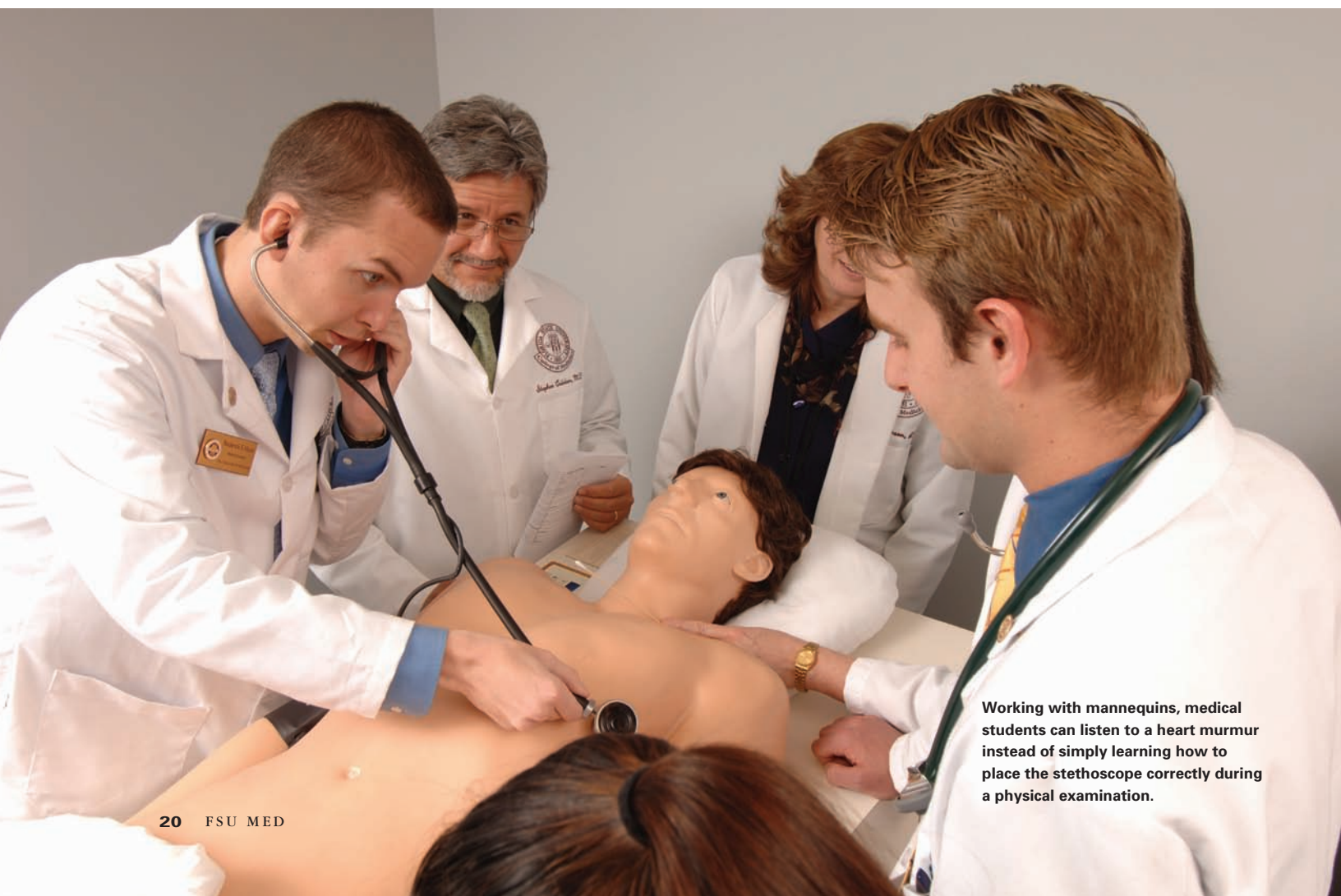
Dr. Steve Quintero, Assistant Professor Deb Danforth and Dr. Lisa Granville teach a group of first-year students how to identify heart sounds using Harvey.

medical humanities and social sciences.

Annie and friends can even make comments, if needed, by way of a microphone, with the voice provided by someone standing behind one-way glass

and interacting with the students from the control room.

The list of possibilities for the simulators is as long as the college’s curriculum committee cares to make it.



Working with mannequins, medical students can listen to a heart murmur instead of simply learning how to place the stethoscope correctly during a physical examination.

"This represents a significant advancement in our clinical skills education and complements our outstanding and innovative Clinical Learning Center," said former dean Dr. J. Ocie Harris, who was instrumental in making the simulation center a reality prior to his retirement in August.

Harris first approached Dr. Charlotte Maguire two years ago about the way a simulation center would enhance the medical education program for FSU College of Medicine students. Maguire, a benefactor of the medical school and of Tallahassee Memorial HealthCare, immediately began talking to the leadership of the hospital and its foundation about making a joint gift.

The resulting \$750,000 gift from the TMH Foundation was matched by the state of Florida for a total gift of \$1.5 million. Construction began in an area that had been set aside in the college's lower level. Then, the mannequins moved in and the simulation center officially opened in February.

"What the mannequins bring are this sort of pathology on demand – the ability to create consistent pathology at any time, which we can't do with our standardized patients," said Dr. Steve Quintero, the simulation center's director and an assistant professor of family medicine and rural health at the College of Medicine.

"If we want to tell the mannequin to wheeze, we will tell it to wheeze," he said. "And we can get the same wheeze in all four rooms in four different mannequins so that every student is trained exactly the same."

Quintero also noted that the mannequins can be made available 24 hours a day, as opposed to the natural constraints on opportunities for student interaction with standardized patients.

"The availability for students to go in and test themselves and practice, that concept is possible 24/7," he said.

So far, the lessons have evolved primarily around some of the basic physical examination skills students are learning in the first year, such as taking a patient's blood pressure and listening for an irregular heartbeat or signs of obstructed breathing.

Ultimately, the instructional value could be more far-reaching. In fact, the college's simulation center could end up having a global impact that is especially important in Florida.

As the population grows older and fewer physicians pursue specialized training in geriatrics, Granville believes mannequins can make a difference in health care for the elderly.

As part of a medical school with a focus on geriatrics, she is behind evolving plans to use the simulation center in teaching geriatric concepts to students who eventually will practice in any number of different specialties.

"We can ensure Harvey is used with a geriatricized, patient-centered approach rather than a more traditional disease-focused approach," Granville said.

Given the prevalence of cardiopulmonary disease in the frail elderly, Harvey can be utilized to teach geriatric diagnostic and management skills including distinguishing between types and degree of cardiopulmonary disorder.

Numerous geriatric features and lessons are available in the simulators, but currently there is no facilitator's guide that readily identifies those features. Granville hopes to change that by working with former colleague Dr. Michael S. Gordon, a cardiologist at the University of Miami who developed Harvey.

"Pediatric cardiology diseases are stressed and integrated into the pediatrics curriculum by the pediatricians. Nurses tailor their teaching to the needs of student nurses," Gordon said. "Harvey could be a mechanism for disseminating geriatric concepts to a broad audience of future physicians."

Harveys are in use in more than 700 medical education centers around the world. Granville is utilizing part of a Donald W. Reynolds Foundation grant to write a geriatrics manual with the potential to be used in each location.

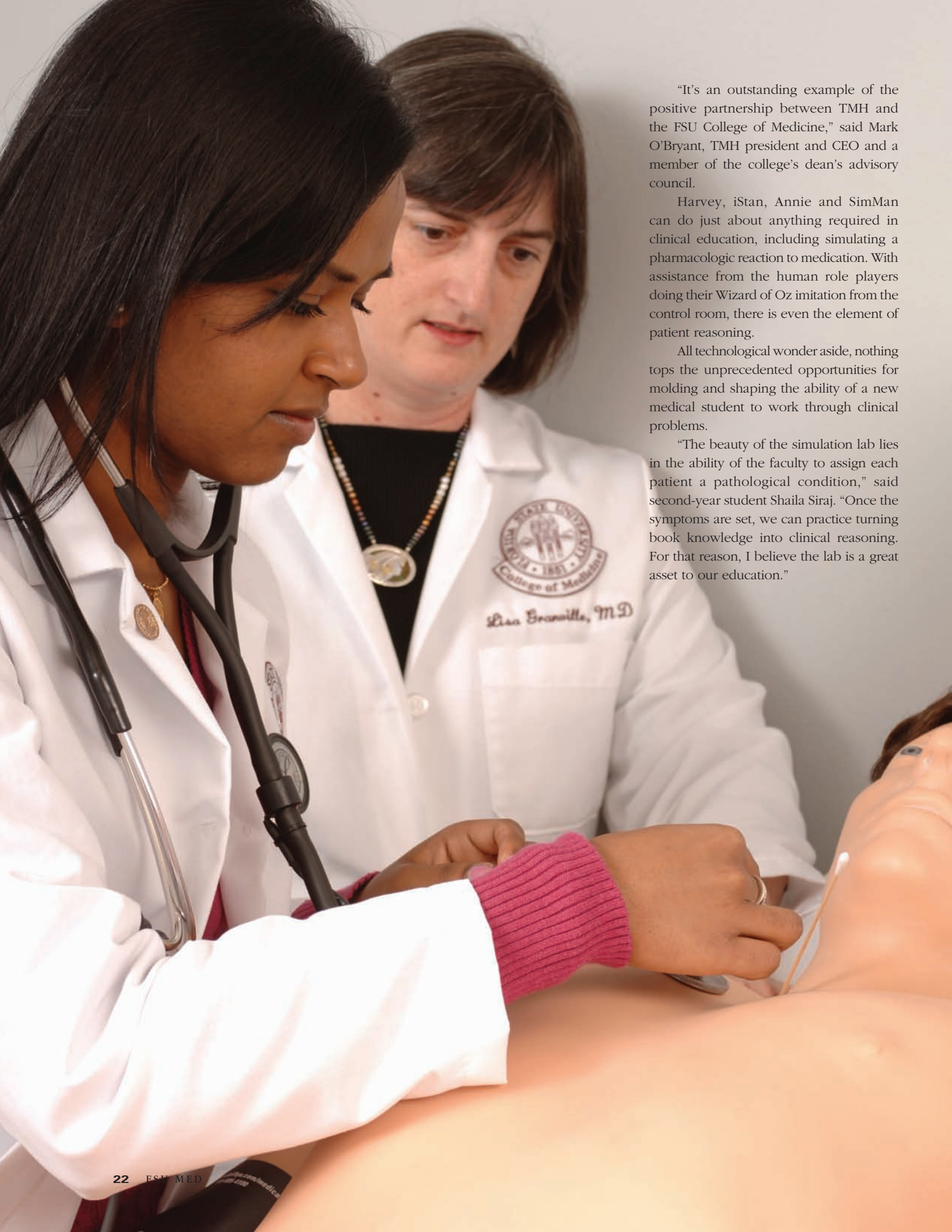
"Certainly not everyone will have a geriatrician on site, but if the geriatricians can gather their expertise and package it in a way that others can benefit from it and utilize it for instruction I think that will be wonderful," Granville said.

Closer to home, the simulation center will benefit the TMH Family Medicine Residency Program, which includes 12 FSU College of Medicine graduates. The residents, who regularly cover the TMH emergency room, can receive no-risk training in proper emergency room procedures at the simulation center.



"The beauty of the simulation lab lies in the ability of the faculty to assign each patient a pathological condition."

- SHAILA SIRAJ, SECOND-YEAR MEDICAL STUDENT



“It’s an outstanding example of the positive partnership between TMH and the FSU College of Medicine,” said Mark O’Bryant, TMH president and CEO and a member of the college’s dean’s advisory council.

Harvey, iStan, Annie and SimMan can do just about anything required in clinical education, including simulating a pharmacologic reaction to medication. With assistance from the human role players doing their Wizard of Oz imitation from the control room, there is even the element of patient reasoning.

All technological wonder aside, nothing tops the unprecedented opportunities for molding and shaping the ability of a new medical student to work through clinical problems.

“The beauty of the simulation lab lies in the ability of the faculty to assign each patient a pathological condition,” said second-year student Shaila Siraj. “Once the symptoms are set, we can practice turning book knowledge into clinical reasoning. For that reason, I believe the lab is a great asset to our education.”



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JOSÉ RAMOS

FIRST WORDS CAN SPEAK VOLUMES

by Doug Carlson

Like most toddlers, Sam Powell loved to look at picture books. He would gather as many as he could collect in his family's Tallahassee home and surround himself while sitting in the corner gazing at the pictures.

Except, unlike other children, he had no interest in sharing the joy he found in those books with others, not even his parents. The minute someone entered the room and tried to read to him or with him he would loudly protest.

"That was part of him being in his own private world, and trying to break into that world was something we had to be taught how to do," said his mother, Kathy Powell.

Breaking into the private world of autism has been nearly a lifelong effort for Professor Amy Wetherby, director of the Autism Institute at the FSU College of Medicine.

Wetherby has led several groundbreaking studies on autism, achieving research advances that have directly benefited thousands of autistic children, including Sam Powell.

At present, Wetherby, in collaboration with the University of Michigan, is spearheading a unique study with \$7 million in funding from the National Institutes of Mental Health that has the potential to open a new chapter in the way autism is diagnosed and treated.

Both internationally and elsewhere across the United States, autism research at present is focused primarily on younger siblings of autistic children, due to genetic patterns that have demonstrated the risk to younger siblings of inheriting the disorder.

With 30 years of research experience, Wetherby is exploring other avenues. The FSU FIRST WORDS® Project, funded by several federal grants, has identified early red flags of autism by screening children in the community through physician offices or childcare centers for the past decade.

Now, with new funding from NIMH, she is looking at the effectiveness of intervening in toddlers by 18 months of age, when the first warning signs of autism are evident.

Based on the success of a preliminary study, her work is expected to offer important clues for parents, pediatricians and

Sam Powell, center, no longer prefers to be alone with his books. Today, he often enjoys playing games with his mother, Kathy, and older brother, Jack.

others in making an earlier diagnosis to increase the chances of providing a more normal life for autistic children.

In addition, Wetherby's work and teaching will make it possible for medical students at the College of Medicine to be part of a new generation of physicians who have learned how to diagnose autism spectrum disorders (ASD) in infants in time for treatment to begin as early as 18 months of age.

"During the preliminary study we found really nice effects on the improvement in social communication skills for children between the ages of 18 and 36 months over the course of one year of treatment," Wetherby said.

"We're predicting that children in more intensive treatment by the time they are 18 months old are going to show the most improvement."

Wetherby and co-principal investigator Catherine Lord of the University of Michigan are recruiting 100 toddlers younger than 18 months who have been diagnosed with ASD. Previous research has shown that children 3 to 5 years old with ASD have the best outcomes if they are actively engaged in intervention at least 25 hours a week. Because children with ASD typically are not diagnosed prior to age 3, research is not available on the effectiveness of earlier intervention.

"The findings will underscore the importance of early detection of ASD leading to early intervention," Wetherby said.

Jalen Crawford is a bouncing, smiling example of the difference early intervention can mean in a child's – and a family's – life.

Jalen, 3, was referred by his pediatrician at 10 months of age for participation in FIRST WORDS. Wetherby first received federal funding eight years ago for the longitudinal study to identify early red flags of developmental language disorders, ASD and other communications delays in children under 24 months of age to improve early detection.

Through involvement with the study, Jalen's parents learned effective ways to improve his communications skills by spending at least 25 hours a week engaging in various activities with him.

"We went in stages, first by beginning to help Jalen connect with me and other people," said his mother, Wendy Crawford. "It grew from there into starting to make further demands of him, like maintaining his eye gaze and encouraging him to be more vocal.

"We could see some results almost immediately. At the end of the first month there was a huge difference in his communications skills."

The activities include not just teaching him to follow commands, but making sure there is interaction between parent and child – or grandparent and child, as was often the case with Jalen.

Today, Jalen has little trouble interacting with a visitor to his house, actively engaging in impromptu games, pointing and gesturing and taking an interest in those around him.

"He's doing so much better with other kids, too, and I think it's because of the help we have been able to provide for him through our involvement at the [Autism Institute]," Crawford said.

Powell's son, Sam, now is 5 and will be starting what is called a 'reverse mainstream' class as a kindergartener at a Tallahassee elementary school in the fall. He will join regular activities for physical education, music, art and lunch, and will be slowly introduced to other activities like centers and circle time with plenty of support until he is ready to fully join the classroom.

Sam's progress has been steady and heartwarming for his parents.

"Four years ago when you walked into the room you could have been a ghost," his mother said. "Now he will look at you and say hello. He'll gaze at you and we can read and work puzzles together. He's much more in our world now."

Wetherby said parents, in general, don't know what to look for in recognizing potential communication disorders while their child is 9 to 18 months of age. Just as significant, said Wetherby, many doctors don't know, either.

That's one area where her new relationship as a professor of clinical sciences at the College of Medicine is expected to make an impact.

"Doctors most often are going to screen only the children of parents who express concern. If so, they are going to miss most of the cases under 18 months," Wetherby said. "I think in most medical training programs little time is spent on autism or other developmental disabilities and that's one of the things I'm hoping to change at FSU."

Wetherby has established the FSU Autism Institute in the College of Medicine to promote research, education and service related to autism spectrum disorders. With her grant projects under one roof, her vision is to attract interdisciplinary researchers to gain momentum on advances in science about autism and bridge the gap between science and practice.

Wendy Crawford said she and her husband saw immediate results when their son, Jalen, became part of the FIRST WORDS program at the Autism Institute.



JOSÉ RAMOS



BILL LAX / FSU PHOTO LAB

"Doctors most often are going to screen only the children of parents who express concern. If so, they are going to miss most of the cases under 18 months."

– PROFESSOR AMY WETHERBY,
DIRECTOR OF THE AUTISM INSTITUTE AT
THE COLLEGE OF MEDICINE



RAY STANYARD

MAJOR MILESTONE

Drs. Shayla Gray, Natosha Canty, Christie Sain and Lorna Stewart (left to right), all members of the College of Medicine's inaugural class, the Class of 2005, graduated June 26 from the Tallahassee Memorial HealthCare Family Medicine Residency Program. Gray will be practicing in Madison, Fla., while Canty, Sain and Stewart will remain in Tallahassee. About half of the 27 members of the medical school's inaugural class completed their residency training and entered practice this summer, marking yet another major milestone in the medical school's history. Several others are pursuing additional training in fellowship programs, with the remainder in residency programs lasting more than three years.

FROM INTERVIEW DAY TO THE WHITE COAT CEREMONY TO MATCH DAY TO GRADUATION, College of Medicine students need the support of their friends. That's why we ask that you consider becoming a Friend of the College of Medicine. Your support enables the medical school to fund many activities and programs that enrich the medical school experience for FSU students. Please use the envelope provided in this issue to send in your contribution to the Friends of the College of Medicine. Or make your gift online at: <http://www.med.fsu.edu/alumni>

If you are considering a major or planned gift, please contact Marcia O'Donovan Bourdon, assistant vice president for health and human sciences, at (850) 644-4389 or marcia.bourdon@med.fsu.edu.



BILL LAX / FSU PHOTO LAB

ALL IN THE FAMILY

When Cody VanLandingham earned his M.D. May 17 as part of the Class of 2008 it continued a long tradition of family ties with the College of Medicine. His mother, Kathy VanLandingham, served as office manager of the medical school's regional campus in Tallahassee; oldest brother, Hugh, a PIMS alumnus, precepts third- and fourth-

year students at his Tallahassee medical practice; and older brother, Jake, is an assistant professor in biomedical sciences at the College of Medicine. Like Dr. Hugh VanLandingham, Cody will receive his graduate training as part of the Tallahassee Memorial HealthCare Family Medicine Residency Program.



BILL LAX / FSU PHOTO LAB

Dr. Aarti Patel is hooded by Dr. Michael Muszynski at the Class of 2008 graduation.

Class Notes

'05

Mark Bochey, M.D. graduated from the emergency medicine residency program at the University of Florida – Jacksonville and has accepted a position in Austin, Texas with University Medical Center at Brackenridge.

Natosha Canty, M.D. graduated from the family medicine residency program at Tallahassee Memorial HealthCare and is practicing family medicine at Capital Health Plan in Tallahassee.

Shayla Gray, M.D. graduated from the family medicine residency program at Tallahassee Memorial HealthCare and is practicing family medicine in Madison, Fla., with one of her residency classmates.

Fawn Grigsby Harrison, M.D. and Matt Harrison were married Feb. 4, 2006 and are expecting their first child in December. Harrison graduated from the pediatrics residency program at the University of South Florida and is now employed at DeSoto Memorial Hospital in Arcadia, Fla., where she has outpatient clinical responsibilities, covers inpatient pediatrics, attends emergency/high-risk deliveries for infant resuscitation and cares for nursery patients.

Michael Hernandez, M.D. was named to the Alpha Omega Alpha Honor Medical Society as an alumnus of the FSU College of Medicine. He is the first alumnus to be selected for membership in AOA.

Alex Ho, M.D. graduated from the emergency medicine residency program at the University of North Carolina at Chapel Hill and has accepted a position in the emergency department of Tallahassee Memorial HealthCare.

Joda Lynn, M.D. graduated from the family medicine residency program at the University of South Florida/Morton Plant Mease Health Care, where he was chief resident.

Karen Miles, M.D. has begun a two-year Child and Adolescent Psychiatry Fellowship at Duke University after graduating from the psychiatry residency program at the University of North Carolina – Chapel Hill.

Adam Ouimet, M.D. graduated from the emergency medicine residency program at the University of New Mexico Medical Center, where he was chief resident, and is now practicing at Tacoma Emergency Care Physicians in Tacoma, Wash. He completed his terms as secretary of the New Mexico College of Emergency Physicians and as a member of the national Academic Affairs Committee of the American College of Emergency Physicians.

Kevin Raville, M.D. graduated from the emergency medicine residency program at the University of Rochester Medical Center and is now practicing at Rochester (N.Y.) General Hospital.

Neil Rodgers, M.D. graduated from the emergency medicine residency program at Orlando Health and has joined the emergency department of Leesburg Regional Medical Center.

Sachin Parikh, M.D., a resident in the department of otolaryngology at Stanford University, is conducting research on surgical simulation in sinus surgery through a \$15,000 Xoran Academy Research Grant and an \$8,000 American Rhinologic Society Research Grant. The title of his research project is "Virtual Surgical Rehearsal for Pre-op Planning in Frontal Recess Sinus Surgery." The goal is to design a simulator to allow for improved preoperative planning that will in turn result in enhanced operating room performance, fewer errors, better patient care and greater efficiency.

Christie Sain, M.D. graduated from the family medicine residency program at Tallahassee Memorial HealthCare and is practicing at Patients First Ella Urgent Care in Tallahassee. She also has been appointed to the faculty of the FSU College of Medicine as a clinical assistant professor, with responsibility for teaching clinical skills to first- and second-year students. Having completed her term as president of the Florida Academy of Family Physicians Resident Section, she continues to serve the organization as the statewide Tar Wars coordinator and a member of the nominating committee. In June, the FAFP recognized Sain with its Young Leader Award, and the FAFP Foundation presented her with the Exceptional Resident Scholars Award.

Lorna Stewart, M.D. graduated from the family medicine residency program at Tallahassee Memorial HealthCare and is joining the TMH Hospitalist Group.

'06

Kara Brooks, M.D. has been named chief resident at Southwest Georgia Family Medicine Residency.

Regan Rostorfer, M.D. is serving as chief resident of the internal medicine residency program at Orlando Health and has matched in the M.D. Anderson Orlando Hematology Oncology fellowship for 2009.

Chris Sundstrom, M.D. was district winner in the American College of Obstetricians and Gynecologists junior fellows essay contest. His essay was published in *Obstetrics and Gynecology*, the official publication of ACOG.

'07

Roberto Gonzalez, M.D. recently presented two posters at Digestive Diseases Week in San Diego. He is in his second year of internal medicine residency at New York-Presbyterian Hospital (Cornell Campus).

Reena Hemrajani, M.D. received the award for best junior in the internal medicine residency program at Virginia Commonwealth University. She also has been selected to serve as chief resident in 2009-2010.

Mason Shamis, M.D. and Nicole Rifkin were married in Madison, Wis., July 20. Shamis is in his second year as a family medicine resident at the Fort Collins Family Medicine Residency Program in Fort Collins, Colo.

Kimberly Spillman Mason, M.D. and her husband are expecting their first child in September.

Housestaff

Julia Mercer Niebauer, M.D. was named to the Alpha Omega Alpha Honor Medical Society as a resident in the FSU/Sacred Heart Hospital Pediatrics Residency Program. Niebauer graduated from the program in June.

Class of 2008 Residency Match

Erkan Alci, M.D.
Orthopaedic Surgery
Jackson Memorial Hospital- Fla.

George Amyradakis, M.D.
Obstetrics and Gynecology
Orlando Health- Fla.

Nicholas Anthony, M.D.
Internal Medicine
Carolinas Medical Center- N.C.

Michelle Asher, M.D.
Pediatrics
Orlando Health- Fla.

Jessica Auffant, M.D.
Obstetrics and Gynecology
Orlando Health- Fla.

Murray Baker, M.D.
Emergency Medicine
University of Florida,
Jacksonville - Fla.

Ashley Bassford, M.D.
Dermatology
University of South Florida - Fla.

Peter Bechtel, M.D.
General Surgery
Lehigh Valley Hospital- Pa.

Marc Bernstein, M.D.
Internal Medicine
Einstein/Montefiore
Medical Center - N.Y.

Todd Besnoff, M.D.
Obstetrics and Gynecology
FSU/Sacred Heart Hospital - Fla.

Matthew Buckler, M.D.
Internal Medicine
University of Maryland-Md.
Radiology-Diagnostic
Long Island Jewish
Medical Center - N.Y.

Kristin Burns, M.D.
Obstetrics and Gynecology
University of Florida,
Jacksonville - Fla.

Moya Chin, M.D.
Psychiatry
University Hospital, Jackson- Miss.

Charles Clark, M.D.
Internal Medicine
Orlando Health - Fla.
Ophthalmology
University of Florida, Shands - Fla.

Jonathan Deam, M.D.
Psychiatry
Boston University Medical
Center - Mass.

Paola Dees, M.D.
Pediatrics
University of South Florida - Fla.

Tanya Evers, M.D.
Obstetrics and Gynecology
Vanderbilt University
Medical Center -Tenn.

Lance Feldman, M.D.
Psychiatry
University of Toledo - Ohio

Ashley Fox, M.D.
Emergency Medicine
University of Florida, Jacksonville - Fla.

Thomas Griffin Gaines, M.D.
Internal Medicine
University Medical Center - La.

Andrew Galligan, M.D.
Pediatrics
University of Florida, Shands - Fla.

Nathanael Hawkins, M.D.
Family Medicine
Tallahassee Memorial
HealthCare - Fla.

Patrick Hawkins, M.D.
Family Medicine
Tallahassee Memorial
HealthCare - Fla.

Lindsay Hinson-Knipple, M.D.
Obstetrics and Gynecology
University of Florida, Shands - Fla.

Adam Huddleston, M.D.
Internal Medicine
Orlando Health - Fla.

Kathryn Hunt, M.D.
Family Medicine
Naval Hospital Bremerton - Wash.

Phong Kieu, M.D.
Internal Medicine
Stony Brook University - N.Y.
Physical Medicine & Rehab
Johns Hopkins Hospital - Md.

Kristi Killingsworth, M.D.
General Surgery
University of Arkansas - Ark.

Justin Kim, M.D.
Anesthesiology
New York Presbyterian Hospital/
Columbia University Medical
Center - N.Y.

Unho Kim, M.D.
Internal Medicine
Rush University Medical Center - Ill.

Stacey Lindo, M.D.
Obstetrics and Gynecology
Memorial University Medical
Center - Ga.

Kit Lu, M.D.
Internal Medicine
Johns Hopkins/Bayview - Md.

Janet McNaughton, M.D.
Pathology
Orlando Health - Fla.

Marla Mickel, M.D.
Family Medicine
Florida Hospital, Orlando - Fla.

Aarti Patel, M.D.
Internal Medicine
Jackson Memorial Hospital - Fla.

Anjan Patel, M.D.
Internal Medicine
Washington Hospital Center - D.C.

Nehali Patel, M.D.
Internal Medicine
University of Florida, Shands - Fla.

Randa Perkins, M.D.
Family Medicine
Tallahassee Memorial HealthCare - Fla.

Anne Marie Piantanida-Whitlock, M.D.
Obstetrics and Gynecology
FSU/Sacred Heart Hospital - Fla.

Ivan Porter, M.D.
Internal Medicine
Mayo School of Graduate Medical
Education, Jacksonville - Fla.

Brian Reece, M.D.
Orthopaedic Surgery
University of Alabama Medical
Center - Ala.

Amy Reimer Neal, M.D.
Family Medicine
Tallahassee Memorial HealthCare - Fla.

Charles Ritchie, M.D.
Medicine-Preliminary
Radiology-Diagnostic
University of Florida, Shands - Fla.

Sarah Ritchie, M.D.
Pediatrics
University of Florida, Shands - Fla.

Leia Sammons, M.D.
Obstetrics and Gynecology
Stony Brook University - N.Y.

Amanda Shearer, M.D.
Family Medicine
Tallahassee Memorial HealthCare - Fla.

Anastasia Shiriaeva, M.D.
General Surgery
Albany Medical Center - N.Y.

Paulo Silva, M.D.
Emergency Medicine
Medical College of Georgia - Ga.

Katrina Slaughter, M.D.
Obstetrics and Gynecology
Ochsner Clinic Foundation - La.

Michael Seth Smith, M.D.
Family Medicine
University of Florida, Shands - Fla.

John Streacker, M.D.
Family Medicine
Tallahassee Memorial HealthCare - Fla.

Jessica Suber, M.D.
Plastic Surgery
University of South Florida - Fla.

Liberty Taylor, M.D.
Anesthesiology
Maine Medical Center - Maine

Cody VanLandingham, M.D.
Family Medicine
Tallahassee Memorial HealthCare - Fla.

Johnny Washington Jr., M.D.
Orthopaedic Surgery
Atlanta Medical Center - Ga.

Nikita Wilkes, M.D.
Obstetrics and Gynecology
University of Florida, Jacksonville - Fla.

Jeremy Williams, M.D.
Emergency Medicine
Orlando Health - Fla.

CHARLIE'S CHARGE

Charles Ouimet, professor of neuroscience, issued the following Charge to the Class of 2008 at its commencement May 17.

Class of 2008:

You know, I wish the whole audience could see the faces that I'm seeing right now. You can't see them from the back. They always – even at the beginning – have this look that's hard to describe, this look of anticipation. But there's also a strong element of the challenge in it that I have always loved. It's the kind of face you might see when you look at a matador as he's about to unfold his cape.

I suppose that's good since I stand ready to deliver the bull. (I have already deviated from the script.)

Well it looks like you made it, sometimes with our help, and sometimes in spite of it. It wasn't a coincidence that the last four years were the most difficult of your life. We made it that way on purpose. Like when you had to learn the eight cranial nerves. Some of you are saying, "No, we learned all 12." But what you don't know is that I made the other four up, just to make it hard for you.

Dr. Klatt came up with the best idea. You thought Web-Path was a scholarly compilation of hundreds of pathology

photomicrographs, but in reality there were only three pictures. He would just change their colors in Photoshop, put different arrows on them, and use the three pictures over and over. You never caught on.

But these were very difficult years, were they not? Four irreplaceable years of your youth, gone forever, not spent relaxing at the beach, partying, watching TV, going out on dates, or just hanging out.

Instead, you endured four years of tight discipline, study, exhaustion, poverty and sleep deprivation. And the latter is very important as Hemingway noted when he wrote, "I love to sleep. My life has a tendency to fall apart when I'm awake."

And I suspect your parents really know what you have been through. A day and a half ago – that's in parent standard time – they held a newborn in their arms and made eye contact with you for the first time. And they wondered what this child would become.

It wasn't long before they knew you were not ordinary and

Ouimet gestures during his Charge to the Class at the graduation of the Class of 2006.



would not live an ordinary life. You were able at a young age to differentiate between the superficial and the sublime. Your parents must have done something very right for you to have developed into who you are right now.

And there is not a parent, grandparent, spouse, friend or mentor in this room who will rest content at the end of this wonderful day thinking his or her pride in you was sufficiently expressed. You may be surprised that we are not proud of your high IQs, or any trait that may be determined by a mere quirk of genetics.

Instead, we are proud that you used your considerable gifts to nourish a profound respect for life, to embrace the essential fellowship of mankind and understand that we are all brothers and sisters. And I do mean all.

You have sacrificed because at heart you are good and decent. You were so offended by the suffering of others that, unlike most people, you were unable to turn from it. You were so undone by the plight of the underserved that you attended a medical college dedicated to that population.

As you leave us – and we are delighted to see you go – Did I say, “go?” I meant “graduate.” Anyway, as you leave us, here are a dozen little bits of advice:

1. Pop culture glamorizes the dramatic, things like cardiac resuscitation, as the sine qua non of medicine. Don't confuse drama with medicine. Small private acts of kindness and respect, freely given in the intimate stillness of the examination room, are often more profound.
2. Mark Twain was right when he said that life is too important to take seriously.
3. Never become the plaything of your ego.
4. When you are doing a neurological exam, remember to test both of the cranial nerves.
5. Take Osler's advice that, “It is much more important to know what sort of a patient has a disease than what sort of a disease a patient has.”
6. Don't work at Seattle Grace Hospital unless McDreamy and McSteamy have at last been fired.
7. Become patrons of the arts. Listen to the best music. Read literature that develops your mind, like the collected philosophical works of Paris Hilton; they may not be deep, but they're a quick read.
8. You will have to distance yourselves from pain and suffering, but never lose the deep sense of compassion that drove you to this moment in time.
9. Satisfy your need for spirituality by developing avocations that carry a sense of the profound into your life. Like golf or poker.
10. Live well and long. George Burns said that if you live to be 100 you've got it made. Because very few people die past that age.
11. Do not forget the person you were four years ago; You may think that you were naive back then or that you didn't really know what life was all about. But as we age, many of us become more naive, not less, about fundamental truths.

I remember you on that first day of class. The energy that danced in your hearts, the light in your eyes! That light can be dimmed by bitterness, ingratitude, fatigue, bureaucracy, cynicism and time. If it goes out, you may still be licensed to practice medicine but you will no longer be a doctor.

12. Hemingway once said: “The world breaks everyone, and afterward, some are strong at the broken places.” I remember visiting my grandmother shortly after my grandfather had died. I was surprised to find her dancing, all by herself, to a polka that was playing on TV. And at the same time, tears were streaming down her face. And I thought, some are strong at the broken places.

There may be times when the broken place is your heart, and it will be necessary to remember that first-year medical student; how you felt then about medicine, how you felt then about human suffering, how you agreed then with Emerson, that success is to know even one life has breathed easier because you have lived.

So on hard days, be prepared to dance when you are crying. Dance to the inspired music that was playing in your hearts four years ago. And in the long and sweet in-between times, relish the joy and nobility unique to your chosen profession.

It has been an honor to know each and every one of you.



BILL LAX/FSU PHOTO LAB

Charles Ouimet received his Ph.D. in neuroscience from Brown University, followed by four years of postdoctoral study in the pharmacology department at the Yale University School of Medicine. Prior to the creation of the FSU College of Medicine, Ouimet taught in FSU's Program in Medical Sciences, where he won the top teaching award so many times he was eventually made ineligible, and the award was instead named for him. Beginning with the medical school's inaugural graduation in 2005, each class has invited him to give the Charge to the Class during commencement.

now & then

J. OCIE HARRIS, M.D.



Dr. J. Ocie Harris shakes hands with FSU President T.K. Wetherell at the College of Medicine groundbreaking Feb. 4, 2003, a week after Harris was appointed dean.

RAY STANYARD

When Dr. J. Ocie Harris was appointed dean of the Florida State University College of Medicine in January 2003, the groundbreaking on the medical school's new building complex was still a week away. Already, though, Harris had helped lay a solid foundation.

The first M.D. faculty member hired after the founding of the College of Medicine in 2000, Harris played a key role in recruiting the school's original faculty and administration. After the first class of 30 students arrived in 2001, he did his share of clinical teaching, while spending much of his time on major projects such as earning initial provisional accreditation from the Liaison Committee on Medical Education.

Leading into that first academic year, Harris was the primary architect of the medical school's new curriculum, while helping design the college's temporary facilities, as well as its permanent home. It was during his more than five years as dean, though, that the walls of the house went up.

Harris led the college through its most explosive growth phase, which included not only the construction of the main campus building, but also the development of six regional medical school campuses around the state, as well as rural training sites from Marianna in the Florida Panhandle to Immokalee, just east of Naples.

Meanwhile, the college added a Ph.D. program in biomedical sciences and a state-of-the-art clinical simulation center, while taking on sponsorship of two residency programs in Pensacola. The medical school also expanded its middle- and high-school outreach programs to several rural counties, began an Honors Medical Scholars Program for undergraduate honors students, and provided 50 medical student research scholarships.

When Harris took over as dean, no FSU medical student had yet taken the U.S. Medical Licensing Exam, and the first graduation was still more than two years away. As of his retirement in August, four classes had passed steps one and two of the USMLE, graduated and gone on to residency, and about half of the inaugural class had entered practice—two in rural Florida communities. While numbers reveal only a small part of the story, they give some indication of the way in which the FSU College of Medicine grew and thrived under the leadership of Dean Harris.

	January 2003	August 2008
Full-time Faculty	70	142
Part-time Faculty	119	1,300
Medical Students	70	420
Ph.D. Students	0	22
Classes Graduated	0	4
M.D. Alumni	0	169
Ph.D Alumni	0	1
Clinical Affiliates*	17	66
Regional Campuses	0	6
Residency Programs	0	2
Rural Training Sites	0	3
Contracts & Grants	\$8 million	\$19.5 million
Endowment	\$3.1 million	\$18.7 million
Operating Budget	\$19.6 million	\$48 million
Location of Main Campus	Renovated K-12 school 68,000 sq. ft.	New medical school complex 300,000 sq. ft.
Accreditation	Provisional	Full

* Clinical affiliates are hospitals, clinics, surgical centers, health departments and other health-care facilities where FSU medical students can participate in clinical training through formal affiliation agreements.



Dean Harris congratulates Dr. Johnny Washington Jr. at the Class of 2008 graduation in Ruby Diamond Auditorium May 17, 2008.

BILL LAX / FSU PHOTO LAB



No longer a West Coast resident, Dr. Ken Brummel-Smith still loves the Dodgers.

PEANUTS, CRACKER JACK AND ASPIRIN

As house doctor for the Los Angeles Dodgers, Dr. Ken Brummel-Smith wasn't the one who rushed onto the field to attend to an injured player or the guardian of important news as fans waited for him to pronounce when a star player would be fit to return to action.

In many ways, his role was better than that.

Brummel-Smith, chair of the FSU College of Medicine's department of geriatrics, spent 11 years with the Dodgers when his day job was as a faculty physician at the University of Southern California School of Medicine.

The distinction between house doctor and team doctor is a significant one. For Brummel-Smith, the difference amounted to having an enjoyable diversion from the daily routine.

The team doctor is under pressure helping athletes with million-dollar salaries and enormous fan expectations stay healthy and able to overcome injuries without disrupting a team's chances at winning the pennant.

Brummel-Smith's role as house doctor generally carried more perks and fewer problems, while giving him a rare behind-the-scenes peek into the world of Major League baseball.

He was responsible for providing medical care for the occasional injured fan, umpire or member of the visiting team. "Too many Dodger dogs and beer leading to a fall down the stairs, for instance," Brummel-Smith said of the type injuries he most often encountered, though he said there were a few scary moments, like a fan being hit in the head by a line drive.

With the proximity to Hollywood, some medical queries came shrouded in secrecy.

"Not uncommonly there would be the hush-hush call to see a star with some sort of ailment," Brummel-Smith said. "They were usually squirreled away from the fans down in the Dodger training room so their mishap or illness would not be in the entertainment section of the L.A. Times the next day."

On a good night, Brummel-Smith had access to pre-game meals in the press box, where he might dine alongside some of his boyhood heroes – former Dodger All-Stars such as Sandy Koufax, Roy Campanella and Don Drysdale.

"I was always surprised how open and friendly they were to

the average guy," Brummel-Smith said. "I always warmed when I would hear one of the greats say, 'How ya' doing, Doc?'"

During games, Brummel-Smith had good seats along the first-base line, from where he could enjoy watching the action as long as nobody was waiting for him at the First Aid station.

His timing was fortuitous, as well.

In perhaps the best decade in franchise history, the Dodgers won four National League championships, two World Series titles and were among the most popular teams in the major leagues, drawing an average of more than 3.1 million fans a season at Dodger Stadium. The decade included a chance to observe such all-time Dodger greats as Orel Hershiser, Fernando Valenzuela, Steve Sax, Mike Scioscia, Steve Garvey and Pedro Guerrero.

In 1988, Brummel-Smith was seated behind first base to witness one of the most memorable moments in Major League history – Kirk Gibson's walk-off home run in the final game of the World Series.

Gibson, the team's top power hitter, had been hobbled by a severe hamstring strain and was not expected to play. But he lobbied Tommy Lasorda, the team manager, for a chance to enter the game as a pinch-hitter in the bottom of the ninth inning with one runner on base and the Dodgers trailing the Oakland A's, 4-3.

The feat later was voted, "The Greatest Sports Moment in Los Angeles History."

The Dodgers haven't been back to the World Series since, and Brummel-Smith ended his affiliation a few years later when he moved on to a new position at the Oregon Health Sciences University.

Chances are, he's never had a patient any tougher than the ones he met among Major League umpires. Once, Brummel-Smith was summoned to see an ump whose leg was severely swollen from the knee down. Fearing a blood clot, Brummel-Smith recommended an immediate trip to the hospital.

"He replied, 'Thanks, Doc, but I've got a game to call,' " said Brummel-Smith, who at least convinced his patient to take an aspirin.

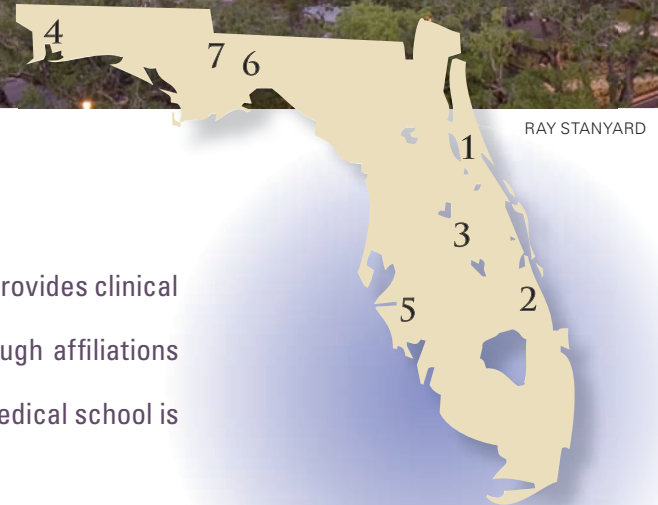
"I saw that old umpire a couple of years later and he said he never did go to the hospital," Brummel-Smith said. "But he told me that he kept taking aspirin and the problem went away after a couple of weeks."



Florida State University

College of Medicine

Partners



RAY STANYARD

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

1 Daytona Beach Campus

Act Corp
Bert Fish Medical Center
Florida Health Care Plans, Inc.
Florida Hospital Deland
Florida Hospital Ormond Memorial
Halifax Medical Center
Surgery Center of Volusia County
Twin Lakes Surgical Center

2 Fort Pierce Campus

Florida Community Health Center, Inc.
Florida Department of Health - Children's Medical Services
Grove Place Surgery Center
HealthSouth Treasure Coast Rehabilitation Hospital
Indian River Memorial Hospital
Lawnwood Regional Medical Center
Martin Memorial Health Systems
Raulerson Hospital
St. Lucie Medical Center
St. Lucie Surgery Center
Surgery Center of Fort Pierce
Surgical Center of the Treasure Coast

3 Orlando Campus

Florida Hospital
HealthSouth - Physician's Surgical Care Center
Nemours Children's Clinic
Orlando Health

4 Pensacola Campus

Baptist Health Care
Fort Walton Beach Medical Center
Lakeview Center, Inc.
Naval Hospital of Pensacola
Nemours Children's Clinic
Santa Rosa Medical Center
VA Medical Center
West Florida Hospital

5 Sarasota Campus

Doctors Hospital of Sarasota
GulfCoast Surgery Center Inc.
Sarasota County Health Department
Sarasota Memorial Healthcare System
Venice Regional Medical Center

6 Tallahassee Campus

Apalachee Center Inc.
Big Bend Hospice
Bond Community Health Center Inc.
Capital Health Plan
Capital Regional Medical Center
HealthSouth, Corp.
Neighborhood Health Services
Refuge House
Tallahassee Memorial Healthcare
Tallahassee Outpatient Surgery Center
Tallahassee Single Day Surgery
Tallahassee VA Clinic
Westminster Oaks

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

7 Rural Track

Jackson Hospital - Marianna

FSU-sponsored Residency Programs

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

Family Medicine Residency Program Affiliations

Bayfront Medical Center - St. Petersburg
Florida Hospital - Orlando
Halifax Medical Center - Daytona Beach
Morton Plant Hospital - Clearwater
Naval Hospital of Pensacola
St. Vincent's Medical Center Inc. - Jacksonville
Tallahassee Memorial HealthCare - Tallahassee

Other Affiliates

Cleveland Clinic Florida - Weston
Collier Health Services, Inc. - Immokalee
H. Lee Moffitt Cancer Center & Research Institute - Tampa
Mayo Clinic - Jacksonville

(1) end note



SERVICE WORTH A SMILE: Dr. Jose Rodriguez of the department of family medicine and rural health is one of many College of Medicine faculty members around the state who volunteer their time in clinics serving the uninsured, victims of domestic violence and other vulnerable populations. For his work with the underserved, Rodriguez won Florida State University's Dr. Martin Luther King Jr. Distinguished Service Award.

RAY STANYARD

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