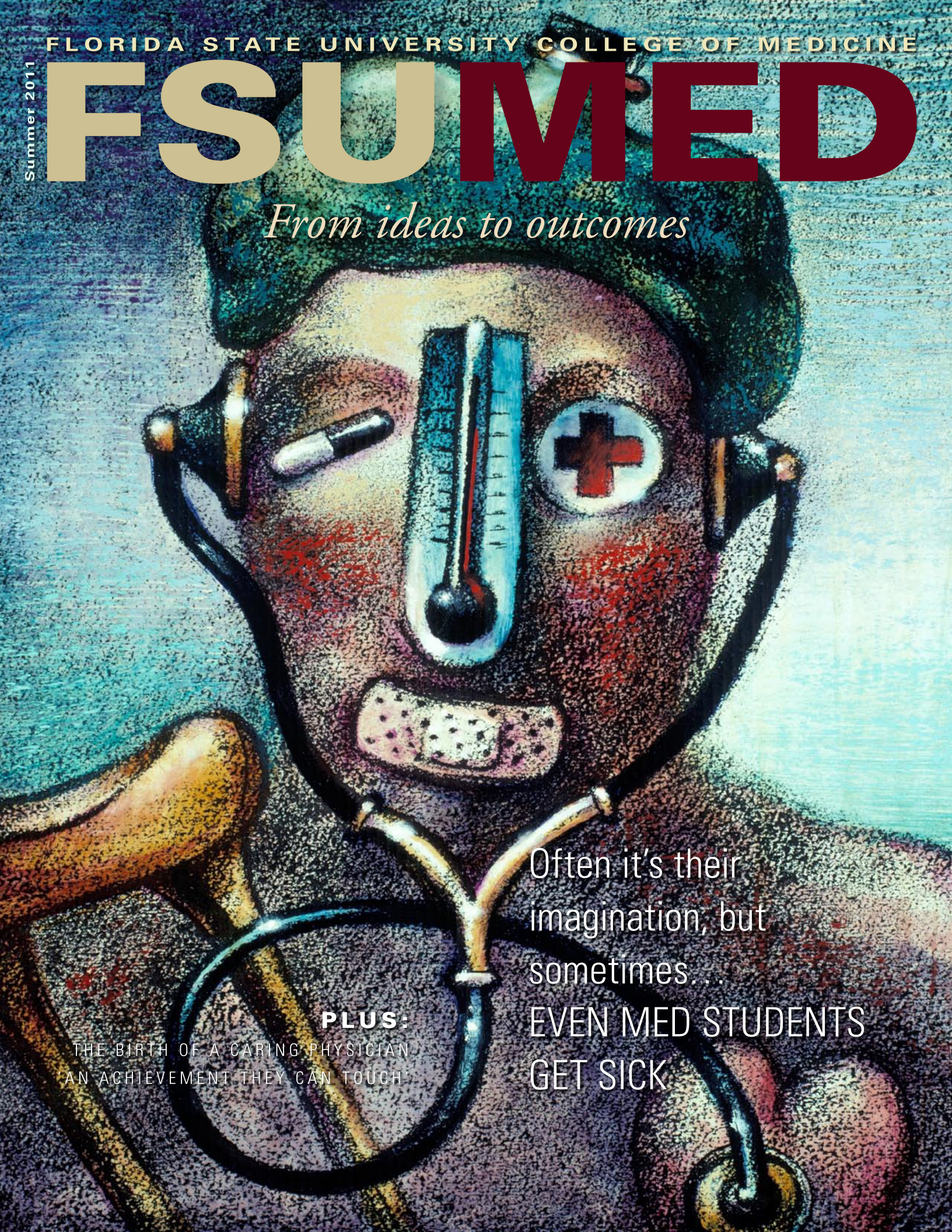


Summer 2011

FLORIDA STATE UNIVERSITY COLLEGE OF MEDICINE

# FSUMED

*From ideas to outcomes*



Often it's their  
imagination, but  
sometimes...  
EVEN MED STUDENTS  
GET SICK

**PLUS:**

THE BIRTH OF A CARING PHYSICIAN  
AN ACHIEVEMENT THEY CAN TOUCH





I am pleased to welcome you to our summer issue of FSU MED that focuses on several areas highlighting our unique students and mission.

First, while our track record of producing physicians who will practice in Florida is excellent (above 60 percent, well above the national average of 39 percent for in-state retention of medical school graduates), we know it's going to be very difficult to maintain when two-thirds of our graduates are leaving the state for residency training. In response to this trend, we announced in early August our sponsorship of a new family medicine residency program at Lee Memorial Hospital in Fort Myers. In addition, the internal medicine residency program we're developing with Tallahassee Memorial Hospital is progressing well. We also are actively pursuing other partnerships to advance this cause and to help train the kind of physicians Florida needs most.

In the meantime, please enjoy the feature story in this issue about Dr. Manny Herrera, a member of our Class of 2006. He believes so strongly in our mission that he turned down more lucrative (and possibly more comfortable) opportunities so that he could fill a need in the small town of Clermont. He is the only bilingual ob-gyn in town and he's doing something that's almost unheard of – running a solo practice in a specialty with already unpredictable hours. We congratulate Dr. Herrera on his choice and his commitment.

We also are quite proud of our most recent graduates. Among them is Dr. Natasha Spencer. She grew up in a tough Tampa neighborhood believing in her ability to build a better life and help others, but in need of someone to show her the way. Thanks to a football player who wants to give back and a donor who stepped forward, Dr. Spencer's vision is a reality. She graduated in May and is committed to practicing in Tampa, where she wants to help young women build better lives as she did. This is a prime example of a donor making a huge difference in the world and a student realizing her dream.

Both these stories highlight how special our students are and what it takes to fulfill our mission. One of the challenges of producing doctors like Manny Herrera is that not everybody wants to practice in primary care specialties, or work with underserved populations or in small towns. We know that people who come from backgrounds where they can identify with the needs in those areas are more likely to want to practice in areas of high need. An unfortunate reality is that this often means not having the economic resources that make medical school seem like a realistic goal. We need generous support to help fund student scholarships that will have real-world implications and encourage students to make specialty and clinical practice decisions based on their passions, not their loan picture.

Finally, we excitedly await the official outcome of our reaccreditation news this fall. The process of reaccreditation was very different for us than the first time for many reasons. We knew we had great outcomes and stories to tell the site visitors and their report validated the hard work of staff and faculty that prepared us so well.

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**The birth of a caring physician**

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*By Nancy Kinnally*

Manny Herrera believed in this medical school's mission when he enrolled. And he didn't flinch at the thought of setting up a solo practice in a rural community.

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As a child walking home in a crime-ridden Tampa neighborhood, Natasha Spencer wondered whether it was really possible to make a difference in the world. Today, Dr. Spencer is a step closer to going home and caring for patients whose stories are all too familiar.

**Sometimes they really are sick**

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*By Ron Hartung*

After you've learned in great detail about various diseases, you might get a nagging feeling that you need to see a doctor. Medical students know the feeling. It's usually a false alarm ... but not always.



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When you're learning so much so fast, and discovering more than you thought you'd ever know about human pathology, it's easy to develop suspicion that the patient in need of care might just be ... you.

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# scientific endeavors

## A project is born

College of Medicine researcher James Olcese is a step closer to demonstrating there's a better way to treat common and serious health issues related to pregnancy.

When a pregnant Tallahassee woman exhibiting characteristic late-term contractions was admitted to Tallahassee Memorial Hospital late one Sunday evening in April, she represented the quantum leap from bench to bedside for Olcese's research.

"No pun intended, it was a baby step," Olcese said, describing what her arrival meant in his two-year quest to involve pregnant humans in his project.

Large or small, it's part of a necessary evolution in discovering safer, more effective methods to treat women experiencing preterm labor. Scientists are puzzled at the worldwide increase in the incidence of preterm labor – and early birth.

As reported in the Summer 2009 issue of FSU MED, Olcese has made significant discoveries strongly suggesting that melatonin, a hormone produced naturally in the brain, could stem the increase in preterm birth. It also could provide a better, safer way to induce labor when medically necessary.

First, he needed to see whether his theory about melatonin proved true when human mothers-to-be were included in the research. Reaching that stage wasn't easy, but Olcese's first human subject arrived in timely fashion – on his 58th birthday.

The study also serves as one of the early projects in a College of Medicine-Tallahassee Memorial Hospital research partnership.

It has long been understood that the body produces more melatonin at night and that humans tend to give birth at night. Using that as the basis for his theory, Olcese developed a way to safely measure the link between uterine contractions and melatonin.

His team measures contractions through the night, but also interrupts the process during one stretch by using a large computer-monitor-sized lamp shining full-spectrum light.

"It gives off about the same amount of light as you'd experience on a summer's day outside. For someone in the middle of the night, it's a bright stimulus," Olcese said.

In that first case, and in several subsequent cases involving women in late-term pregnancy, Olcese's findings support his theory. When exposed to the light, his human subjects have shown a marked decrease in melatonin production. They've also shown a parallel reduction in uterine contractions.

"The project goal is to assess whether the uterine contractions during late-term pregnancy are influenced by changes in secretion of melatonin," Olcese said.

"Ultimately we're trying to get at what the key – the trigger – is for this nocturnal, nighttime-occurring event, because there's so little information on this," he said. "Our idea is, if we can understand what allows for greater contractions at night, this gives us insight into the hormonal mechanism behind labor.

"We can use that information to develop ways of helping women either in inducing labor or, conversely, mechanisms that would prevent or slow the contractions a month or two earlier in the pregnancy."

In this case, indeed, the light bulb represents an idea well-conceived.

## Scholarly development

His research is helping to explain the root causes of anxiety, depression and drug dependence, lighting the way for the development of more effective treatment methods. That's only part of why College of Medicine faculty member Mohamed Kabbaj recently received a 2011 Developing Scholar Award from Florida State University.

Kabbaj, an associate professor in the Department of Biomedical Sciences, is one of six FSU faculty members chosen for the award in 2011.

"Mohamed is what you'd call the total package," said Myra Hurt, senior associate dean for research and graduate programs. "It's not just his groundbreaking research or the individual grants he has won within his area of focus. He also collaborates with other scientists on campus through the neuroscience program, he leads our graduate teaching program and he is committed to service. Few excel in all areas the way he does."

Most recently, Kabbaj's research has made headlines for producing evidence that higher levels of testosterone could explain why men are less afflicted by anxiety disorders. Kabbaj's work offers hope that better help is on the way.

The Developing Scholar Award is based on an evaluation of his scholarly activities while at Florida State. Kabbaj, who joined the medical school faculty in 2002, was nominated by peers

and selected by the university Council on Research and Creativity. The award is intended to identify and recognize scholarly activity with the goal of stimulating additional development of quality programs at the university.







## Pointing the way to normal

Tim Megraw studies microcephaly (literally “small heads”). In this rare congenital disease, the head is small because the brain does not develop to its normal size. Why? That’s what his research team is exploring.

Much as he would like to end microcephaly, his primary goal is to understand the birth of the brain – particularly the cerebral cortex, home of learning, memory, language and more.

“Rare diseases like this can tell us a lot about the normal processes of development,” said Megraw, associate professor of biomedical sciences. “This affliction is pointing the way to something basic about how the brain forms.”

In the May 31 *Trends in Cell Biology*, he provided an update on where it’s pointing.

“This paper proposes that MCPH (autosomal recessive primary microcephaly) is part of a spectrum of diseases that affect the brain,” Megraw said. “We synthesize the possible mechanisms for how stem cells in the brain are affected in MCPH and how we think it relates to these other syndromes.”

The other diseases are known in shorthand as MOPD II and SCKL. Megraw’s paper, co-written by postgraduate fellow James Sharkey and Biomedical Sciences Chair Richard Nowakowski, proposes that all three are centrosome-based.

The centrosome is crucial in cell division. A cell that’s ready to divide typically has two centrosomes, each with a pair of interconnected centrioles. Ideally, when the cell divides, the genetic material is divided equally. But if those centrioles disengage at the wrong time, cells may start dividing too little or too much, or chromosomes may separate unequally. Last year, in research involving mice, Megraw’s lab discovered that the protein Cdk5rap2 is required to regulate centriole replication. That work helped convince them that these microcephaly syndromes are centrosome-based.

But Megraw cannot pinpoint their exact cause. It could be related to cell division. Or to defective cilia, the hair-like structures produced by centrosomes. Or to DNA damage response. Linking these common features of MCPH to neural stem cell function during brain development remains the challenge.

“We have these pathways that repair our DNA when it’s damaged,” explained Megraw, whose work has been supported since September 2009 by a four-year, \$1.2 million grant from the National Institutes of Health. “And there are signaling pathways and mechanisms that will make sure that everything stops until it’s fixed. Is there a connection between cilia and DNA damage response?” Those and other connections are the focus of continuing investigation.

## Science, symmetry and a magazine cover

Proteins represent the fastest-growing category of new drug approvals for human therapeutic application. Currently, such proteins are of the naturally produced variety. Looking ahead, an important question is whether natural protein forms can be engineered to have enhanced properties.

To College of Medicine Professor Michael Blaber, the answer is unequivocally affirmative.

Synthetic protein architecture is more than just fascinating to him. It serves as a steering mechanism, helping to guide the research taking place in Blaber’s laboratory in the Department of Biomedical Sciences.

“Nature utilizes a relatively limited number of fundamental protein architectures, and the majority of these exhibit some form of structural symmetry,” Blaber said. “Symmetry within protein architecture is of particular interest since it offers a means to simplify the design.”

And that’s exactly what Blaber’s team has been working on.

By developing a greater understanding of imperfections in the symmetry of natural proteins, the Blaber Lab has succeeded in creating a perfectly symmetric synthetic protein with greater stability against temperature extremes. The synthetic, or mutant, proteins have potential applications in treatments for such chronic health problems as multiple sclerosis and certain types of heart disease.

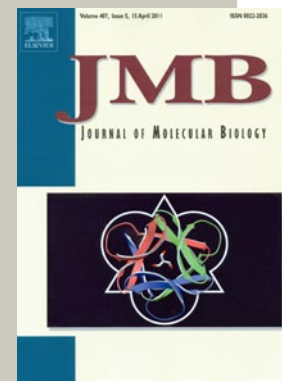
In April, the *Journal of Molecular Biology* put one of Blaber’s proteins on display, choosing a Blaber Lab report as its cover story. The article, “A polypeptide building block for the  $\beta$ -trefoil fold identified by top-down symmetric deconstruction,” appeared in the April 15 issue.

On the cover is a figure based upon the crystal structure of a synthetic protein designed in Blaber’s lab.

“One feature of this synthetic protein is that it is purely symmetric, with implications for gene duplication and fusion in the evolution of protein structure,” Blaber said.

“It is overlaid with a Middle Ages symbol known as a ‘trefoil’ that is found in some European architecture,” he said. “The comparison between the atomic details of a synthetic protein and the geometry utilized in ancient architecture is striking.”

Another of Blaber’s articles about the evolution of symmetric protein architecture recently was selected for inclusion in the Faculty of 1000 library. That distinction means it is among the top 2 percent of published articles in biology and medicine.





# on main campus



Dr. Alma Littles

## Awaiting good news

People were actually upbeat when the reaccreditation team was here in April. To fully appreciate the significance of that, you need a little history.

In 2002, the College of Medicine was

the country's first new medical school in decades. The Liaison Committee on Medical Education, the nationally recognized accrediting authority for M.D. programs, was flummoxed by the college's nontraditional structure and approach. And nobody on the LCME team at that time had experienced going through the accreditation process with a brand-new medical school. In a move that took Florida State's breath away, the LCME turned down initial provisional accreditation. Three years later, full accreditation was granted.

This time, the LCME entered with a better grasp of the college's nontraditional approach. In addition, the college now has countless examples of outstanding outcomes to share.

Alma Littles, senior associate dean for medical education and academic affairs, led an 18-month exercise to prepare for the site visit that included a rigorous self-study. During the visit, the six-person LCME

team's schedule was relentless. One day, they met with 46 faculty members and students. Another day, they split up and traveled to Pensacola and Daytona Beach, while two members stayed behind and visited the Tallahassee Regional Campus and Marianna to explore part of the school's regional campus system.

"Our visitors spent five days exhaustively asking questions about every facet of our program and came away with a great understanding of our model and how well it is working," Dean John Fogarty said.

The site team detailed its compliments and concerns in a confidential report to the full LCME, which is expected to make a determination about reaccreditation in October.

"While we won't hear anything from the LCME right away," Littles said, "we can celebrate a successful site visit and anticipate a bigger celebration in late October."

## Awarding 'a spirit of liberation'

Rural, single-parent family. Few resources. No reliable transportation. Little access to health care, which aggravated his brother's sickle cell anemia. It sounds like a textbook description of the patients our students are trained to serve. Instead, it's a description of one of our students – one who has excelled despite a challenging childhood and has just received a prestigious national award.

Brett Thomas is one of only 13 medical students in the country to receive a Minority Scholars Award from the American Medical Association Foundation. That means he will receive a \$10,000 scholarship to help him complete medical training and eventually contribute to improving minority health.

"Brett graduated from the University of Florida and during his premedical years was on a research team investigating ways to improve cultural sensitivity in health care," said Robert Watson, M.D., executive

associate dean for administrative affairs, as well as Thomas' advisor. "He entered the Bridge Program, where he performed spectacularly and has continued his stellar academic performance.

"Brett was elected president of the Class of 2014 and re-elected this year. Brett also serves as the service coordinator of the Christian Medical Association. He is unassuming and humble, always seeming surprised and blessed when an accolade comes his way. He will become a physician of the highest type."

The award is part of the AMA Foundation's effort to help ease medical students' debt load, which now totals about \$158,000 per graduate. That kind of debt can pressure new physicians into pursuing lucrative specialties and discourage them from practicing primary care or from practicing in underserved areas. Thomas said this award would be an enormous help.

"Because I didn't qualify for national and regional awards for medical students during my Bridge year," he said, "I was on the path to accrue more graduate debt

compared to most of my colleagues. The support from the AMA, the College of Medicine and other scholarship resources has provided a spirit of liberation to pursue a specialty irrespective of the salary."

Thomas also drew from his background in completing a summer research project. His article about the findings was published in the July 2011 issue of *Academic Medicine*. "Contributors of Black Men's Success in Admission to and Graduation from Medical School" explores the balance between educational experiences, exposure to medicine, psychosocial-cultural experiences, and personal attributes and individual perceptions. Find the article at: [journals.lww.com/academicmedicine](http://journals.lww.com/academicmedicine).







Ten of the 11 Honors Medical Scholars gathered for a photo outside of the anatomy lab one recent afternoon. All are from the Class of 2015 unless otherwise noted. Back row, along the stair rail, from left: Judy Lin (Class of 2014), Joseph Hernandez (2014), Kevin Yan, John Turner and Ryan Dickert. Middle row, from left: Anushi Patel, Robyn Rachesky and Laura Irastorza. Front row, from left: Georgia Christakis and Amanda Abaira. Not pictured: Keerti Dantuluri (Class of 2014).

## Peering into the pipeline

Picture a Panhandle kid being whisked to the doorstep of the College of Medicine in a magic school bus. If only it were that easy to bring in a top-quality, diverse student population from areas of the state that need more physicians.

Far more planning goes into the development of the College of Medicine's pipeline programs, but the intent is the same: a diverse student body that can help the medical school achieve its mission of producing the physicians Florida needs most.

Nearly 20 percent of the Class of 2015 arrived through that pipeline. Here's an overview.

### Honors Medical Scholars

Created in 2006, this program attracts top high school students to Florida State and then to the College of Medicine. Eleven Scholars are current medical students here: three in the Class of 2014 and eight in the Class of 2015. And 42 undergrads are enrolled in the program.

### Bridge

It provides a bridge into medical school for students whose characteristics make

them good candidates for practicing primary care with underserved or minority patients in rural or inner-city communities. Often they come from such communities themselves and had not considered medical school as an option.

Ten students who've completed the Bridge program are now medical students in the Class of 2015. The current Bridge group numbers 13 – all of whom are likely to join the M.D. Class of 2016.

### SSTRIDE

The program reaches into middle and high schools in North Florida, encourages rural students to consider careers in medicine, and offers guidance, tutoring and other support. (SSTRIDE stands for Science Students Together Reaching Instructional Diversity & Excellence.) Five members of the Class of 2015 came through Undergraduate College SSTRIDE, the Multicultural Association of Premedical Students.

Currently 228 students participate in the program, which operates in Gadsden, Madison and Okaloosa counties. It began with seventh-graders in the 2003-04 academic year, so only now are they ready for medical school. Jonathan "Reid" Hester of Okaloosa will apply this year.

The Summer Institute, another SSTRIDE program, welcomes more than 60 high-school students who come from – or would want to practice medicine in – underserved areas of Florida and gives them a weeklong preview of medical school.

It's been in place since 2003, when it was known as RIPE (Rural Introduction to Pre-health Education). Four current College of Medicine students participated in RIPE: Ericka O'Neil Bernardo (Class of 2012), Miranda Mack (Class of 2014), Brett Thomas (Class of 2014) and John Turner (Class of 2015, Honors Medical Scholar).

This summer, for the first time, most of the college's regional campuses not only recruited Summer Institute participants but also provided (or found donors to provide) scholarship money to cover the students' expenses. For example, Capital Health Plan sponsored two students – one each from Gadsden and Wakulla counties.

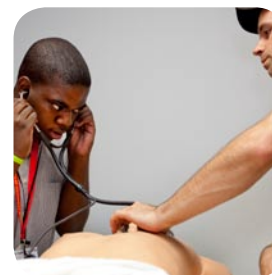
"CHP recognizes that our members in rural counties would benefit from increased access to local medical care," said Dr. Nancy Van Vesslem, chief medical officer for the health maintenance organization.

"We provided funding for this experience for two students from our rural areas because we hope that the FSU program will ultimately produce primary-care physicians who are willing to work in their hometown. This potential outcome would benefit the student by directing them to a solid career choice and benefit our mission to provide high-quality health care."

In Sarasota, U.S. Rep. Vern Buchanan also sponsored two students to attend – one each from Sarasota and Venice high schools.

Thirty-two percent of past Summer Institute participants have gone on to enroll at Florida State. And two 2010 participants will start this fall as Honors Medical Scholars.

Said Myra Hurt, senior associate dean for research and graduate programs: "Our pipeline programs continue to succeed in recruiting great students for us."



Brandon Baker, left, from Tallahassee's Leon High School, was introduced to the stethoscope and much more during the Summer Institute. Guiding him was Class of 2014 medical student Chris McDonald.



# at the front lines

## Raising the bar

Motivated Florida State University students are doing more than ever to help improve children's health. In February, more than 1,500 of them helped raise a record \$487,000 as part of the 16th Annual Dance Marathon at Florida State.

The money goes to the Children's Miracle Network at Shands Children's Hospital to help care for young children in need of expensive, lifesaving medical procedures. Numerous children and their families from the Tallahassee area have benefited.

Half of the money raised is returned by CMN to the College of Medicine to be used in pediatric outreach programs locally. The College of Medicine uses some of the funds to pay for a school-based health program in Gadsden County, which has some of the highest rates of health disparities of any county in Florida.

The majority of children in Gadsden County do not have a primary-care physician, but Dance Marathon proceeds enable them to receive primary-care services at school.

Dancers solicit sponsors and then stay on their feet during one of two 20-hour shifts at the marathon in February.



RAY STANYARD

Dr. Maggie Blackburn (center) at the school-based health program the College of Medicine operates at Munroe Elementary School in Quincy.

## For Havana, a model of teamwork

With little fanfare or money but loads of enthusiasm, the Havana Health and Wellness Center is taking shape. The town may be tiny, but the project involves medical and educational partnerships on a grand scale.

"We're looking for a way," said Gail Bellamy, College of Medicine rural health researcher, "in which all our universities and health-profession colleges can come together to address the specific needs and desires of this underserved community, and then model that to our students."

Havana resident Shirley Aaron, head of the steering committee, said the plan is to open the center by August and have it serve the school alone for a year, then the whole community. Aaron notes that many of Havana's low-income residents have no access to health care.

Organizers await word about several grant applications, but they remain undaunted. They've nurtured the relationships that undergird the center. Among their institutional partners are:

- Florida State University (Medicine, Nursing, and Communication & Information).
- Florida A&M University (Allied Health, Architecture, Pharmacy, Social Work, Public Health, and Provost).
- Tallahassee Community College (Allied Health Professions and Grants & Special Projects).



COLIN HACKLEY





BILL LAX/FSU PHOTO LAB

**Caring for a child at the College of Medicine's pediatric residency program at Sacred Heart Hospital in Pensacola.**

The College of Medicine already operates health centers in two Quincy schools.

"We really have an integrated team doing care there," said Maggie Blackburn, College of Medicine director of rural health. "That's not something that our students get to see a lot."

Added Yvonne Nelson-Langley, from FAMU's Community Health Alliance: "This is an opportunity for students to recognize that a medical student can learn something from a nursing student, or a student in social work, or a student in allied health, and that when we bring it all together, it really benefits the patient."

The school system provided a 4,000-square-foot building. FAMU architecture students drew up blueprints for the space. The health department is providing personnel and supplies. At FSU, the College of Medicine is providing a halftime nurse-practitioner; the College of Nursing is providing two.

From the start, the organizers consulted local residents.

"This isn't about what we want for Havana," said Xan Nowakowski, with FL CURED at Florida State. "It's about what Havana wants and needs."

Aaron, retired from the FSU School of Library and Information Studies, is adamant that this project will not fail.

"I have never worked with a group," she said, "that is more dedicated and that has more passion and more expertise."

## Supporting residents

The College of Medicine is actively pursuing every opportunity to help increase the number of available residency positions in Florida. It's the best way to try to keep as many graduates of Florida medical schools as possible in the state.

In July, the college announced its latest effort, a family medicine program at Lee Memorial Hospital in Fort Myers. The College of Medicine will serve as the program's sponsor and, as the top producer of family medicine residents in the state, hopes to be sending a supply of future physicians to the area.

The College of Medicine already sponsors residency programs in pediatrics and obstetrics-gynecology at Sacred Heart Hospital in Pensacola. The pediatrics program recently received a new four-year accreditation from the Accreditation Council for Graduate Medical Education.

The college also is working with Tallahassee Memorial Hospital to open a program in internal medicine that could begin accepting residents in 2012.

In 2011, nearly two-thirds of the 114-person graduating class at the College of Medicine accepted residency positions outside Florida. That's a problem Dean John Fogarty hopes to reverse by working with Florida's leaders to create more residency programs in the state.

Florida currently ranks 44th nationally in the ratio of residency positions to population.

The power of in-state residencies was well illustrated recently when TMH graduated its latest class of family medicine residents. Though the College of Medicine is not that program's sponsor, it has been the top supplier of medical school graduates in recent years.

Seven of the 10 graduating residents were College of Medicine alumni, including Chief Resident Randa Perkins. All but one of the graduates will be practicing in Florida.

As Fogarty told the Tallahassee Democrat for an article about the residents: "It really demonstrates from my perspective that if you train locally, you stay locally."



## 'A full participant in life'

The College of Medicine lost one of its best friends in May. Charles R. Mathews, distinguished physician and active volunteer providing primary care for indigent people, was celebrated in a memorial tribute at the medical school.

Mathews, a physician who was an expert in pulmonary and critical-care medicine, donated his money and time to geriatrics education at Florida State. In addition, he donated a rare set of documents from

the 1966 White House Conference on the Implementation of Medicare, which he attended.

Bruce Berg, dean of the College of Medicine's Sarasota campus, is one of the many for whom Mathews was a mentor. At the memorial service, Berg recalled: "Charles was a teacher and a collaborator, ... an organizer, a traveler, a builder, ... a sailor, a calligrapher, a singer, a cyclist, an adventurer and a risk-taker. And without

doubt a full participant in life."

Watch Ken Brummel-Smith's interview with Mathews about the physician's responsibility to the medically indigent and more: <http://medicareexhibit.weebly.com/dr-charles-r-mathews.html>

Read about the historic Medicare documents that Mathews donated to Florida State University: <http://med.fsu.edu/index.cfm?fuseaction=spotlight.viewArticle&usemenu=home&article=179>







## Gee, aren't you ... ?

The selection of a well-known pathologist to give the commencement address at the College of Medicine's graduation ceremony in May was virtually unanimous. Nobody but the speaker seemed to protest.

"Oh, for Pete's sake, why would you invite a forensic pathologist?" Dr. Jan Garavaglia asked in her opening comments.

"Forensic pathologists are the Rodney Dangerfields of medicine: We get no respect," she said. "We deal with the dead. How inspirational and uplifting can a talk by a forensic pathologist be?"

Answer: Very.

Garavaglia, more affectionately known as Dr. G, not only inspired and uplifted, but also provoked thought among medical students embarking on what they believe is their dream career. Most know her from her award-winning documentary television show – "Dr. G: Medical Examiner" – on the Discovery Health Channel.

Likely few in the audience knew that she started out in internal medicine – and that she found it to be incredibly frustrating to the point of nearly leaving medicine.

Garavaglia cautioned the graduating medical students about burnout, a significant problem among physicians, and encouraged them to learn from her story. After all, it took a drastic career decision to find her calling.

"If you would have asked me at my medical school graduation if there was any chance I would end up as a forensic pathologist, I would have said, 'Work with the dead? No way.' I was going into medicine to save people."

Instead, Garavaglia did a lot of soul searching and ended up saving her career.

Today, she's the chief medical examiner for Florida District Nine and a faculty member with the College of Medicine's Orlando Regional Campus. She's also highly

successful, though not necessarily for the most obvious of reasons.

"I consider myself a success because I am one of the happiest people I know," she said. "I am a success because I love going to work. I love finding the elusive diagnosis and being an honest voice that people can count on."

"After 25 years, I remain passionate about my job, about finding the cause and manner of death, whether it is the 'case of the century' or a homeless fellow found alone and decomposed in the woods."

"I love my job and will always care enough to do the best job I can."

For more good advice, and more of her unique humor, read the entire speech by visiting [med.fsu.edu](http://med.fsu.edu) and searching 'Dr. G.'





## Channeling knowledge

No matter how many patients he sees in his lifetime, Justin Casey (M.D., '11) likely won't ever reach a bigger audience than when he blogged recently about the health benefits of wearing flip-flops.

"It had like 40,000 hits the first day and ended up on AOL's home page," Casey said. "I later wrote a more serious piece about steroid use by high school athletes. I did a lot of research and had lots of interesting numbers to support it, but people didn't want that. They wanted flip-flops."



Casey's flip-flop blog was one small part of a six-week "medicine and the media" elective he completed with the Discovery Channel just before his graduation in May. Competition for the American Medical Association-sponsored elective was intense – the position was advertised with medical schools nationwide.

Casey, though, had an edge: He was the football play-by-play announcer for his college radio station at Rensselaer Polytechnic Institute, so he knows his way around a microphone.

More likely, the numerous leadership roles he volunteered for with local medical societies, the AMA and Florida Medical Association during four years as a student at the College of Medicine contributed to his selection.

Regardless, Casey didn't hesitate when he learned Discovery Channel was offering the elective.

"The media plays such an important role in delivering the message about health," said Casey, who now is a first-year resident in otolaryngology at the University of Colorado. "It was a unique rotation, and to get something in health communications was intriguing to me. With Discovery Channel being as big a brand as it is made it very exciting."

During the elective at company headquarters in Silver Spring, Md., Casey worked under the supervision of Discovery Channel's chief medical expert, Dr. John J. Whyte. Casey developed a script for a continuing medical education program, attended production meetings for health-related programs and developed a greater understanding of how the news media transmit medical information.

"If you watch the nightly news there's always at least one health topic being covered," Casey said. "We've got Dr. Oz, Dr. Phil, The Doctors ... there's a huge desire in the American public for self-improvement information. So it's just a question of how you put that message in a capsule and deliver it."

Receiving media training, learning how to read a teleprompter and getting comfortable in front of a camera was more than just fun for Casey. He said he'll benefit as a physician who is interested in clear communications with patients.

And just as he was at Florida State, Casey intends to be active outside of his practice. "What I learned at Discovery Channel," he said, "will help me take a role in the media to speak out about important health topics."

With his multimedia skills, Casey might even one day become the medical expert you see on the nightly news. In fact, his debut could be coming soon. Casey produced a video about allergies that may appear on a health news show currently being developed by the network.

"I actually learned a lot about building a health message not just for health professionals, but for the common person," he said.

After all, there are a lot more ways to improve your health than just wearing flip-flops.





Current fourth-year medical student Jared Rich's artwork was on the cover of the April 2011 issue of Academic Medicine.

## Covered art

When Jared Rich presented an original painting to Professor Lynn Romrell in the summer of 2008, he only wanted to say thanks. On behalf of the Class of 2012, Rich expressed gratitude for Romrell's teaching in a piece of art representing the knowledge students gain from those who donate their bodies for use in medical education.

Nearly three years later, Rich's artwork was selected to be on the cover of Academic Medicine, the journal of the Association of American Medical Colleges. The publication is distributed to medical schools nationwide.

The painting depicts a medical student's hand reaching out to the hand of a cadaver. Romrell, who teaches gross anatomy at the College of Medicine, has the original hanging in his office.

Wrote Rich for a statement in Academic Medicine: "The tremendous amount of knowledge we gain from our silent teachers is the first step in our pursuit and our conviction to become protectors of life."



## HELPING PATIENTS NEVER GETS OLD

By Doug Carlson

It's long been known that older patients may be prone to episodes of delirium during hospitalization. And like many others around the country, Tallahassee Memorial Hospital has seen an increase in the number of older patients admitted in recent years, meaning the potential for more cases of delirium.

People experiencing delirium, which includes mental confusion and disorientation, have increased confusion along with trouble focusing their thoughts and paying attention.

"It can have a serious impact in the recovery process," said Geri Forbes, regional development administrator at TMH. "It adds a danger of the patient falling and adds complexity to the delivery of care provided by the nursing and medical staff."

"Delirium generally increases the likelihood of a longer hospital stay and may lead to the patient needing to go to a skilled care facility prior to going home."

Unlike dementia, delirium is caused by external factors, such as the disruption in daily routine that comes with a hospitalization. And in most cases delirium appears to be preventable.

Working with the College of Medicine, TMH has found a simple and effective way to significantly reduce cases of delirium in its older patients. The medical school introduced the Hospital Elder Life Program (HELP), which has nearly eliminated delirium among older patients who participate.

Hospital volunteers, many of them younger men and women interested in a career in medicine, spend quality time with selected older hospitalized patients. In addition to engaging in conversation, the volunteers assist with therapeutic and range of motion activities and take patients for walks when possible.

While it sounds simple, the extra attention appears to produce dramatic results in helping an older patient maintain normal cognitive functioning.

During a four-year period in which the HELP program at TMH was underwritten by the College of Medicine's Donald W. Reynolds Foundation grant, the results were remarkable. Of 512 patients participating, only two exhibited signs of delirium. In total, more than 1,600 patients have taken part through June.

As part of the Reynolds grant, patients were selected based on criteria predicting who might be vulnerable to delirium during a hospital stay. The patients were 70 years or older, able to communicate orally and in writing and had at least one known risk factor for cognitive or functional decline.

Identified patients who agreed to participate completed a baseline cognitive and functional skills assessment. The assessment was repeated at the end of the hospital stay for comparison.

Even when patients initially resist visits from HELP volunteers, and they sometimes do, the program has produced noteworthy results.

"Some didn't want a visitor. You learn how to present this not as being a charity, but as companionship," said Chris Kovacs, 25, a former HELP volunteer.

"I think for most, their initial reaction was that they expected it to be something contrived. I think they were surprised that it wasn't that way at all. We were genuinely interested in speaking with them and could give them the time to make it a meaningful visit.

"You end up learning a lot about their lives. I met one gentleman who had been there at Pearl Harbor during his time in the Navy, and had later constructed radar stations in Alaska to protect us from the Russians. I learned all these fascinating stories."

Without the visits, statistical averages say as many as 154 of those patients might reasonably have been expected to experience some delirium during their stay.

HELP was developed at Yale University School of Medicine and is gaining acceptance nationwide as a tool for improving outcomes for older patients during hospital stays. The College of Medicine-TMH partnership fostered HELP's introduction in Tallahassee.

An interesting side effect of the program centers on the volunteers. Many of them have gone on to attend medical school or have chosen another path into a health career.

Kovacs now is a first-year student at the Northwestern University Feinberg School of Medicine. Another volunteer, Natalie Voithofer, now is a first-year student at the Florida State University College of Medicine.



“Volunteering made me want to be the one going in there treating them,” said Voithofer, who worked with one female patient who spoke of meeting Hitler when she lived in Germany. “It was great talking with them and helping them,” Voithofer added, “but it also reinforced my desire to become a doctor.”

In total, six HELP volunteers have gone on to medical school, three to nursing school and six to pursue advanced degrees in other healthcare fields.

Dr. Ken Brummel-Smith, professor and chair of the Department of Geriatrics at the College of Medicine, is proud of how the medical school has helped influence better health outcomes for older patients.

“Studies that have looked at medical care in the past have shown that whereas we are very good at treating the admissions reason, people generally leave the hospital more disabled than when they came in, because we treat the medical problem, not the whole function of the person,” Brummel-Smith said.

“Our patients in HELP had the opposite experience, and the results are impressive: They maintained their activities of daily living throughout the entire hospital stay and didn’t lose function.”

Although the medical school’s Reynolds grant funding has expired, Forbes said TMH is committed to continuing HELP as a way of seeking the best outcomes for older patients.

“With the trend of baby boomers moving into older age, we knew we’d continue to see more elderly patients admitted,” Forbes said. “We were being anticipatory about how to provide the best care, and HELP fits perfectly with that goal. The results have been fabulous.”





# LIVING THE MISSION: THE BIRTH OF A CARING PHYSICIAN

By Nancy Kinnally

**K**acy Labuda, 28, was a little apprehensive when a change in her insurance required her to find a new obstetrician, especially since the one she found, Dr. Manny Herrera, was fresh out of residency and just establishing a new practice.

But the mother of two girls, who is now expecting her third, couldn't be happier with the way things turned out.

"He's been nothing but amazing," Labuda said. "I actually referred a co-worker who just had her baby the other day, and she's also had a wonderful experience. My prenatal visits have been very personable. If I ever have a problem I can call him directly. He's everything I ever wanted in a physician, plus."

Her review would come as no surprise to the man responsible for Herrera's residency training.

"He's mature. He's decisive, he's knowledgeable, but the biggest thing is that he goes above and beyond what's asked of him," said Dr. Amanpreet Bhullar, director of the Obstetrics & Gynecology Residency Program at Orlando Health. Herrera served as the program's chief resident in 2010, earning an award for best surgical skills from AAGL, a national society of gynecologic and laparoscopic surgeons.

Bhullar places Herrera among the top 10 physicians to pass through the residency program in the 12 years he's been associated with it, stressing his focus on making sure to leave no loose ends.

"He doesn't just do his part," Bhullar said. "You know everything that has to do with that patient will be taken care of by the time he's through."



And when Herrera tells you he's going to do something, you can take it to the bank.

Back in 2002, when he came to the FSU College of Medicine as a first-year student, Herrera said he wanted to help take care of medically underserved patients and use his language skills to reach out to Florida's growing Hispanic population.

Now in practice in Clermont, Fla., Herrera has established a practice at South Lake Hospital through which he is living up to his promise. About 75 percent of his patients are on Medicaid, and another 5 percent are on Medicare.

### Going where he was needed

"When I came here, some feedback we got from many primary-care providers was that they were happy that finally someone was here who was taking Medicaid and Medicare, because many ob-gyn groups take care of Medicaid only for ob, but for gyn you will find that they do not take Medicaid, so we take it for both," Herrera said, explaining that reimbursement rates for obstetrics are higher than for gynecology.

Herrera's patients include not just women of childbearing age but also a significant number of elderly women,

especially during the winter months, when Lake County's population swells with southbound retirees. He estimates that about 30 percent of his patients are Hispanic, and says many of them had been driving to Orlando to find a doctor who spoke Spanish or who accepted Medicaid.

"I went to where there were no Hispanics practicing, and probably in the future I will bring another Hispanic doctor I know from training," Herrera said, adding that he took care to hire a fully bilingual staff.

John Moore, chief operating officer at South Lake Hospital, said Herrera is filling an important need for the hospital and the community.



"Finding the right candidate for an ob-gyn in our service area has been a challenge," Moore said, adding that the hospital needs more providers to care for Lake County's growing population.

The county is still largely rural, with more than half its residents living in unincorporated areas. On a drive through Clermont, the county's largest city at 23,000 inhabitants, the gently rolling hills offer patchwork vistas of still undeveloped land dotted with the occasional Starbucks or Outback Steakhouse. Downtown Orlando is less than 30 miles away.

But Clermont is still the kind of place where you can get friendly service and a homemade egg salad sandwich at a café in the historic downtown, and where just down the street, Hanks Electric Co., an independent appliance dealer, has survived the arrival of Lowe's and Home Depot.

Herrera and his family have lived in the same house in rural Lake County since relocating there from Tallahassee at the start of his third year of medical school. And it's actually closer to South Lake Hospital than it was to his residency program in Orlando. A member of the college's



second graduating class, the Class of 2006, Herrera spent his third and fourth years of medical school at the Orlando campus. His son Christopher, 11, who was in first grade when they moved to Orlando, is now in middle school. His other son, Sebastian, is 10.

"My kids kind of grew up here," Herrera said. "I was here with FSU for my last two years, and then there were four years of residency. So, I had been here already for six years, and by staying I didn't have to move the family again, especially the kids. They were able to stay in the same schools and have the same network that had been created with their friends."

Such factors, along with the professional connections made during residency, are among the reasons why most physicians go into practice near where they complete their residency training. And for Bhullar, the medical school's Orlando campus has proven to be a great pipeline into the residency, where four other FSU College of Medicine alumni are currently training.

"The fact that they have a local connection and want to stay in the area and we have a great residency program to be a part of, that goes hand in hand," Bhullar said.

Herrera stresses the quality of his training, both there and as a medical student, beginning with FSU's emphasis on the doctor-patient relationship.

As an example, he said he has trained his staff such that when a patient leaves his office, she doesn't just walk out with a referral slip. She knows exactly what her next

steps will be.

"In this office, we go that little extra mile," Herrera said. "When the patient says she can't find a gastroenterologist that takes Medicaid, we pick up the phone and try to find her one. We help them coordinate the care. And that's kind of the philosophy of Florida State. That's where it comes from."

### Living the mission, then teaching it

Herrera's nurse, Laura Vilardo, recalls a pregnant teenager who was also severely anemic. After finding a hematologist that accepted her insurance, the office staff learned that the hematologist took only adult patients. So they began researching further to find a pediatric hematologist who would see her.

And when older women come in who haven't had a pap smear in several years and can't remember their past results, instead of sending them to chase down their own medical records, Herrera's staff contacts their former providers to get the information for them.

In addition to the bilingual staff, Herrera also offers extended hours so that his patients don't have to take time off work to see him if that is difficult for them to do.

"I've been a nurse for almost 30 years. Believe me, I've worked with a lot of physicians," Vilardo said. "These are little things we do that you can't get at other offices."

The difference shows, according to Moore.

"Dr. Herrera has met and exceeded our expectations so far as patient satisfaction, and he has also led the development of his practice and really taken ownership in making sure it succeeds," he said. "All of this, coupled with his enthusiasm and professionalism, makes him a great asset to the hospital."

After completing his residency June 30, 2010, Herrera went to work setting up his solo practice July 1. Within two weeks, he was seeing his first patients.

He is available to his patients 24 hours a day, seven days a week. When a patient showed up in the hospital's emergency room at 11 p.m. and the diagnosis was an ectopic pregnancy, Herrera was there to perform emergency surgery.

After only the first six months of practice, he already had a panel of 300 patients and had done 14 deliveries. Although he had arrangements for emergency backup, he so far had done every one of his patients' deliveries. And with many of his obstetrics patients nearing their due dates, he would soon be doing as many each month as he'd done in the first six months.

It's rare these days to find anyone practicing obstetrics and gynecology solo, given the heavy call schedule that goes along with delivering babies and performing gynecological surgeries.

COLIN HACKLEY







*“In this office, we go that little extra mile. When the patient says she can’t find a gastroenterologist that takes Medicaid, we pick up the phone and try to find her one. We help them coordinate the care. And that’s kind of the philosophy of Florida State.”*

**(MANNY HERRERA, M.D., '06)**

He credits the hospital and the support of the local medical community for making it possible for him to do what few would even attempt, especially straight out of residency. The hospital’s willingness to support the development of his practice, give him the option of opening an independent practice later, and absorb some of the costs of caring for his Medicaid patients helped lure Herrera to Clermont in spite of a number of attractive offers from practices in downtown Orlando.

“The rapid growth of my practice would not be possible without the help and support from the South Lake Hospital administration,” Herrera said. “They are always listening and working with me to improve the care in our community.”

He also is grateful for the support of local medical groups, including the ob-gyns, primary-care physicians and specialists who have welcomed him to the community and offered assistance. In particular, he appreciates the support of the emergency physicians and their staff at the hospital.

“By providing high-quality, first-line triage evaluation and many times treatment for my patients, they make a solo physician practice possible and not just a thing of the past,” Herrera said.

Next on his agenda: teaching.

Herrera has joined the faculty of the College of Medicine’s Orlando campus. And eventually – after he gets a partner to cover for him when he’s gone – he hopes to accompany FSU medical students as a faculty member on medical outreach trips such as the one he took to Panama with FSUCares while in medical school.

“Once I’m established here, I will definitely do medical outreach for the rest of my life,” Herrera said, “and not just in other countries, but also in the United States.”





## A LIFESAVING OPPORTUNITY

By Donna Koehn and Katherine Smith

**A**s a little girl, Natasha Spencer dreamed of a career in medicine.

Someday, she hope-hope-hoped, she could become a certified nursing assistant like her mother. She harbored no illusions that girls could become doctors, especially not little girls growing up in Tampa's crime-ridden Ponce de Leon housing complex.

On May 23, Spencer crossed the stage to receive her medical degree from Florida State University, and then headed straight for the two men who made it possible.

Former Buccaneer linebacker Derrick Brooks saw Spencer's potential before she knew she had any. Brooks' golfing buddy Stuart Lasher, a private equity investor and Tampa philanthropist, picked up the tab for every expense she incurred in med school, including tuition. That aid will continue while she completes her residency in obstetrics/gynecology in Alabama.

Seeing her middle school friends getting pregnant and dropping out helped Spencer discover her calling.

"My plan is to come back to practice in Tampa, mainly focusing on gynecology to help young girls take

control of their health," says Spencer, 26.

Spencer met Brooks when she was 12 years old during his visit to her neighborhood Boys & Girls Club, her favorite hangout after school. It was 1997, when he was formulating his plan to start Brooks Bunch, a program for at-risk children. Brooks Bunch in turn launched Derrick Brooks Charities, an ongoing effort to help Florida's children.

Brooks Bunch has been replaced with the First and Goal Program, which has helped about 100 young people graduate from college, with 65 more enrolled. Spencer says she recalls being less than impressed at first when told that Brooks was visiting her Boys & Girls Club. "He didn't seem very big for a football player," she says.

As a charter member of Brooks Bunch, she went on her first airplane trip – to Fort Lauderdale. Soon, the group traveled to Washington, Atlanta, then to South Africa in 2000. The goal was to show students, 35 to 50 at a time, a world beyond their crumbling neighborhoods.

Spencer went on to graduate in the top 10 percent of her class at Tampa Bay Technical High School, where she lettered



in three varsity sports. She was accepted at FSU and graduated cum laude with a bachelor's degree, with Brooks' financial help. Before medical school, she accepted a six-month Fulbright scholarship to teach teenagers in Thailand.

In her late teens, Spencer once giggled and hid her face as she delivered a speech about Brooks Bunch to a group of educators. Now she's a mature, poised young woman who has experienced the joy of delivering babies during her medical rotation.

"I'd be up at 2 or 3 or 4 o'clock in the morning with first-time mothers, and everyone would tell me to go home," she says. "But I was just so excited and it was just so amazing. I will always remember those women, and they will always remember me."

Doug Carlson, spokesman for FSU's medical school, says the debt incurred by students causes many of them to go for high-paying specialties such as dermatology or radiology. Fewer want to become primary-care doctors.

"Our mission is to produce physicians who will work with



medically underserved populations,” he says. “We know one good way to do that is to identify and recruit students from backgrounds underrepresented in medicine.

“Natasha is proof that with the right encouragement, we can help diversify our physician workforce, which may lead to better health outcomes for people who face great health disparities.”

Lasher, who heard about Spencer from Brooks, says his Stuart G. Lasher Foundation supports a number of nonprofit groups. But meeting a person who directly benefited from his financial help was overwhelming, he says.

He also is moved by the notion that by helping her, he starts a ripple effect as she repays the favor.

“I had tears in my eyes looking at the joy on her face at graduation,” he says. “She has the ability to save people’s lives. And yet there has never been any sense of entitlement on her part. She’s always gracious and grateful.”

No father could have beamed more proudly than Brooks as Natasha became Dr. Spencer at graduation. Brooks, who graduated from FSU and [until recently was] on its board of trustees, sat on the front row with Lasher. Letitia Spencer also traveled to Tallahassee to see her daughter graduate.

“It was an emotional moment,” Brooks says. “When she hugged me after, it made me think of when this thing started, and it brought back memories of a lot of the kids and all that they’ve accomplished. That moment was bigger than the two of us.”

A second Brooks Bunch member also has started medical school, he says.

“Natasha went out and succeeded in doing what she said she was going to do. The sky was the limit and she went for it.

“That is one of the things that I’m most proud of, and it does have a special meaning for me. She set the bar high, and now she’s going to throw the rope back. Now these kids who are growing up in situations like Natasha have a visual and can see she achieved this and it’s an achievement they can touch.

“What I’m going to be most proud of is when she comes back to her neighborhood and helps out, and she will. She has never gotten caught up in her own vision. Along the way, it’s always been important to her to help others and not just herself.”

Spencer says she would have been a different person on a different path if not for Brooks.

“Derrick has been like a father to me, an older brother, a confidant and a friend,” she says.

This story originally was published June 5 in the Tampa Tribune and is reprinted here with the newspaper’s permission.



COLIN HACKLEY

*“What I’m going to be most proud of is when she comes back to her neighborhood and helps out. It’s always been important to her to help others and not just herself.”*

**(FORMER FLORIDA STATE AND NFL FOOTBALL GREAT DERRICK BROOKS SPEAKING OF RECENT COLLEGE OF MEDICINE GRADUATE NATASHA SPENCER, WHO BENEFITED FROM BROOKS’ INSPIRATION AND GENEROSITY)**







# SOMETIMES, THEY REALLY ARE SICK MED STUDENTS OFTEN IMAGINE THEY HAVE THE DISEASES THEY STUDY.

OCCASIONALLY, THEY'RE RIGHT.

By Ron Hartung



**T**he medical student was young, strong, healthy – and utterly sure that he had Lou Gehrig's disease. He poured out his fears to his professor, Robert Watson, now executive associate dean at the College of Medicine. Watson, an experienced neurologist then at the University of Florida, examined him, told him he had no signs of amyotrophic lateral

sclerosis and urged him to relax.

Not a chance. So Watson encouraged him to schedule an electromyogram, which would show any muscle or nerve abnormality. The student arrived for the test but, at the last minute, refused to enter the room. "It's a death sentence!" he cried. "I won't go in there and get a death sentence!"

Type "medical student syndrome" into Google and you'll get nearly 400,000 results. The syndrome, also known as hypochondria-

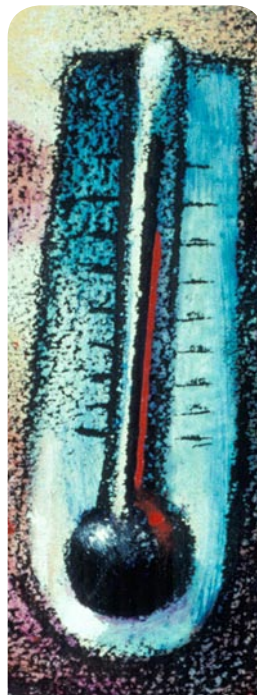
sis, is defined as abnormal anxiety over one's health, often with imaginary illnesses and severe melancholy. In its milder forms, it's apt to infect any Internet user seeking answers to medical mysteries. Imagine the vulnerability of a fatigued medical student who for the first time is tiptoeing the dark alleys of human pathology. It can be a short leap from "That disease sounds dreadful" to "Oh, no, I've got it!"

Then again ... what if a med student really is seriously ill?

This is a story about two students for whom a little knowledge was not a dangerous thing but, as it turned out, just the right thing.

## **M is for melanoma**

A typical Florida kid, Katie Powell (Class of 2013) grew up in the glare of the sun and had her share of serious sunburns. Unlike most people, though, she has a history of melanoma on both sides of her family. So as she got older, she became extremely conscientious about sunscreen and annual checkups – even though her dermatologist







Katie Powell



Souhail Karram

said every two years would be enough.

In 2010, a spot on her abdomen caught her attention. In August, on a trip home to Sarasota, she showed her dermatologist. The physician said she could do a biopsy, but then she learned that Powell was leaving on a vacation that involved swimming, and she worried about possible infection, so she advised her just to keep an eye on it and stop by in six months.

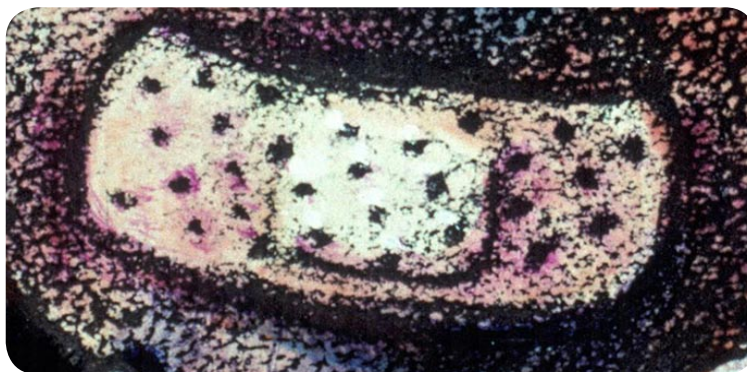
After only four months, Powell had it biopsied. Verdict: malignant melanoma.

"I was kind of in shock for a minute there," she said. "But the dermatologist was very reassuring," Powell said. "She said it was all in situ – nothing was deep yet." That was important. Melanoma eventually spreads, invading other parts of the body ... such as the brain. "Of course, that's where my mind went immediately when they said melanoma: 'I've got brain cancer!'"

After Powell went to a different dermatologist to have the lesion removed, the pathology report brought good news: "The fact that I had clear margins means that I'm cured, that it hadn't broken the basal membrane. But had it gone a little bit longer...."

These days Powell is getting regular full-body checkups. She is obsessive about sunscreen. And she's rethinking which specialty she'll choose.

"If you had asked me six months ago, I would have said maybe emergency medicine – but not pediatrics or dermatology," she said. "I still think dermatology's kind of boring, but I have much more interest in it."



### 'The pain's getting worse'

If you're a class clown, don't develop appendicitis on April Fool's Day.

That's what Souhail Karram (Class of 2013) did this year. And he had to work incredibly hard to get people to believe him. At times, even he doubted his self-diagnosis. But he kept remembering something Dr. John Giannini had mentioned in class that semester: "If you have appendicitis, you just can't get comfortable."

Karram had noticed a diffuse abdominal pain after a small-group session at 10 a.m. He went home and lay down.

Felt lousy. Couldn't throw up. Couldn't go to the bathroom. "I'm lying in my bed turning, turning," he said. "Can't get comfortable. And the pain's getting worse."

By about 2 p.m., the pain was migrating to his lower right abdomen – and had gotten so intense that his fiancée drove him to the hospital.

"They triaged me forever!" Karram said. "I think they thought, 'This guy says he has appendicitis. He probably doesn't know what he's talking about. Let's take every other case first.'"

Right about that time, the pain actually died down.

"I'm thinking, 'Oh, gosh, medical student syndrome! What if I get in there and it's nothing?' I'm thinking about wasting all of this money on CT scans and all this other stuff. I even thought about leaving."

But he didn't. Around 5 p.m. he saw the nurse and doctor. A CT scan came back positive. He was in surgery by 9 p.m. So ended the longest April Fool's Day of his life.

"It was cool to not just see but experience the classic symptoms of appendicitis, but to know what was going on inside of me without even seeing it," he said. "At this school we place a lot of emphasis, rather than running extraneous tests, on good history, good physical exam. I knew I had appendicitis."

Ultimately, he thinks that the possibility of being ridiculed as just another panicky med student helped him focus. "That same process that can be hypochondriasis actually was helpful for me: 'OK, I have abdominal pain. Now what? Where's it going? When did it start?' I think if you, as a student, handle it the right way, it can be helpful. If not, you will think you have every disease."

Giannini, the "you can't get comfortable" professor, said medical students who've come to him with concerns weren't experiencing a syndrome but were simply seeking perspective.

"Part of what we teach here is critical thinking, defined as knowledge plus experience," he said.

"Well, the students are getting a lot of knowledge right now, but they don't have the experience to go with it. So what is really important has not become perfectly clear to them yet.

"That's part of why medical education takes a long time. Knowing what's important and what is not takes a little while to learn. 'Is this something to be alarmed about?'"

Every once in a while, the answer is "Yes!"



*"The students are getting a lot of knowledge right now, but they don't have the experience to go with it. That's part of why medical education takes a long time. Knowing what's important and what is not takes a little while to learn. 'Is this something to be alarmed about?'" – DR. JOHN GIANNINI.*







Ryan Williamson

## WAIT – ANOTHER RIPE APPENDIX?

In May, while we were researching medical student syndrome, yet another student appendix misbehaved. We asked then-first-year student Ryan Williamson whether this syndrome had reared its head in his case.

“I think I was my biggest doubter, but mostly because I didn’t believe I had the intellectual toolkit yet to diagnose anything.

“I believe if I tried hard enough, I could convince myself that I have nearly any disorder shy of polycystic ovaries or uterine prolapse, but I’m thankful I was proactive about this, as were the physicians treating me.

“An important lesson I learned involved paying attention to my body and being honest with myself about what could, and could not, be happening inside me. Had this waited much longer, I could have had a ruptured appendix and a much more serious condition to deal with if I chalked it up to being a hypochondriac first-year med student with ‘nothing really wrong with me.’”

*“You have a lot of high-functioning people who are not used to asking for help.”*

## CALM INSIDE THE PRESSURE COOKER

When the College of Medicine accepts 120 new students who will push themselves as never before, it doesn’t just cross its fingers and wish them well. Among the many pieces of the support system is the office of Student Counseling Services, led by Carol Painter, Ph.D.

She’s familiar with medical student syndrome – a condition similar to what her psychology-major classmates experienced as “sophomore syndrome.” In her four years at the College of Medicine, she hasn’t encountered panicky students exaggerating their symptoms. Every week, though, in her welcoming office (which is intentionally off the beaten path, to guarantee privacy), she speaks with medical students seeking help mostly for academics, mental health or relationships gone sour.

“These students are in a stressful situation, and there are many triggers,” she said. “After a psychopathology class they might think, ‘I meet all these criteria. I’m going to come and talk about it and see if, in fact, I do have depression or anxiety.’ More of them think they have ADHD – but they don’t.”

What they’re missing is their support system. “So we become their support system,” Painter said – or at least they offer. “You have a lot of high-functioning people who are not used to asking for help,” she said.

“I’ll often tell them that it’s like me doing my taxes. I could probably do my own taxes, but I’m not an accountant. So I would feel much better with somebody whose expertise was in that. It’s the same thing when you hit the wall in medical school. You’ve done really well so far, but now maybe it’s time that you consult somebody else and see how they do it.

“It doesn’t mean you can’t do it. But smart people ask for help.”



Carol Painter

– CAROL PAINTER, DIRECTOR OF THE COLLEGE OF MEDICINE’S STUDENT COUNSELING SERVICES

## PIMS GRAD LEADS ALUMNI BOARD

One of the most important items on the agenda for the Third Annual College of Medicine and PIMS Alumni Reunion in April was the selection of a new alumni board and president. **Michael J. Sweeney, M.D.**, the new president, encouraged fellow board members to join him in building a strong foundation toward the development of a robust alumni association.

Selecting a Program in Medical Sciences (PIMS) graduate as president is an appropriate choice. PIMS began with its first students in 1971 as a way to attract service-minded students into medical school, with the hope that they might help alleviate a shortage of physicians in the Florida Panhandle and other rural areas of the state.

The College of Medicine's mission expands upon the work of the PIMS program to include service-minded students who may help address primary-care shortages in other areas of need, including caring for older patients and for those in urban and rural medically underserved communities.

Joining Sweeney (PIMS Class of 1975) on the alumni board are **Rick Sheridan, M.D.** (PIMS, '76), **Gordon Burtch, M.D.** (PIMS, '77), **Scott Warren, M.D.** (PIMS, '83), **Keith Ingram, M.D.** (PIMS, '81), **Floyd Jaggears, M.D.** (PIMS, '83), **Don Levine, M.D.** (PIMS, '91), **Shannon Price (M.D., 2006)**, **Chris Sundstrom (M.D., '06)**, **Tanya Anim (M.D., '10)**, **Marlisha Edwards (M.D., '11)** and **Layla Lundquist-Smith (M.D., '11)**. Interested in serving on the alumni board? Contact Alexa Von Staden, alumni affairs and special events coordinator, at (850) 645-9428 or [alexa.vonstaden@med.fsu.edu](mailto:alexa.vonstaden@med.fsu.edu)



Dr. Michael J. Sweeney



Drs. Stephanie and Matt Lee

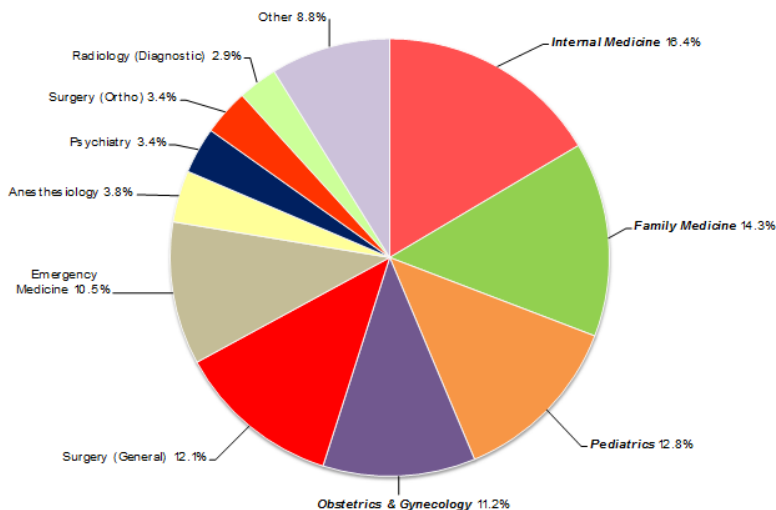
### 'I KNOW HOW TO DEAL WITH THIS'

Here is an excerpt from an Alumni Reunion interview with **Drs. Stephanie and Matt Lee** from the Class of 2006. (To view the entire interview, scan this QR code or visit [youtube.com/fsumed](http://youtube.com/fsumed).) Stephanie completed the ob-gyn residency program at UF-Shands Hospital in Jacksonville and has been in practice for a year at St. Luke's Hospital in Jacksonville. Matt finished up Shands' orthopedic surgery residency program and is a fellow at Johns Hopkins. One topic they discussed was how College of Medicine graduates compare with others.

- **Matt:** "I'm in a surgical subspecialty, so I see when they're working, closing wounds, those kinds of things – you can tell that they've had a lot more experience than their peers at the other universities."
- **Stephanie:** "Not only that, but I feel that when you see them interact with patients, they are definitely above their peers in that they've had a lot more experience. I think it's with the small groups and one-on-one training: 'This is how you develop a strong physician-patient relationship.' In our residency we watched them interact with laboring patients, and they are a lot more empathetic, and they're able to talk to them, communicate information in a way they're able to understand."
- **Matt:** "It does come back to the Doctoring classes. I have to admit there were times when I'd be, 'We have to go to Doctoring and do this? Why? This is so fake!' But I can't even begin to count how many times I've used things I learned in that class. Those skills are things you end up using for the rest of your career."
- **Stephanie:** "Especially when you get into tough situations when you start thinking, 'How am I going to handle it?' It comes back: 'Wait a minute – I *have* handled this before! I know how to deal with this.'"

### Match Day results, 2005-2011

54.7 percent choosing primary care residency programs  
450 graduates through 2011



Comparing FSU Medical students with others



Advice for choosing Medical School



Advice for couples in Medical School





**Dr. Rafael Mañon**

## PIMS ALUM TEACHES IN ORLANDO

**Dr. Rafael Mañon** (PIMS, '97) teaches for a simple reason. "I was always interested in academics," he said. "Few people are the triple threat: great teacher, excellent clinician and researcher. I aspire to be all three."

Mañon, a radiation oncologist at MD Anderson Cancer Center Orlando, works with students from the College of Medicine's Orlando Regional Campus. He's proud that each of the previous College of Medicine students he has worked with has been successfully accepted into a radiation oncology program after graduation.

"Every single FSU medical student I've had has been top-notch," Mañon said. "With medical schools, if you focus too much on MCAT scores and grades you end up fostering an environment where, yes, they look great on paper, but not all of them can communicate. Not all are a pleasure to be around. "The FSU medical students I've taught are very personable, they have an excellent bedside manner and they are people that you enjoy being around."

## SUPPORT FLORIDA'S FUTURE

We deeply appreciate the generosity of the College of Medicine's many friends. Without their financial support, many of the high-quality programs essential to our students' learning experience would be lost to budget adjustments necessary in today's financial environment. We extend our profound thanks to the more than 1,800 donors who've responded to help support this medical school since it was created in 2000. If you would like to discuss making a gift in support of the College of Medicine's vital role preparing new physicians to meet the challenges of Florida's health-care needs, please contact Wayne Munson, assistant dean for development. Call 850-644-4389 or e-mail [wayne.munson@med.fsu.edu](mailto:wayne.munson@med.fsu.edu).

COURTESY OF SACH PARIKH



**Drs. Joe Rousso, left, and Sach Parikh in Colombia**

## UNITED TO HEAL

**Sachin Parikh** (M.D., '05) and **Joe Rousso** (M.D., '07) joined a team of 30 people, including five surgeons, with Healing the Children NE on a medical mission trip to Santa Marta, Colombia, in February. The goal of the trip was to provide treatment for kids with cleft lips and cleft palates. Parikh in June completed a fellowship in facial plastic and reconstructive surgery at the New York Center for Facial Plastic and Laser Surgery in Long Island, N.Y. He is a plastic surgeon in Cupertino, Calif. Rousso is an otolaryngology resident at the New York Eye and Ear Infirmary in New York City. Along with their fellow physicians, the College of Medicine alumni helped to perform 65 surgeries in four days, treating approximately 90 patients.



**Dr. Nick Seeliger**

## HELPING A COMMUNITY IN NEED

When he was a medical student at Florida State **Nick Seeliger** (M.D., '06) sought an opportunity to work where patients had the greatest need for his services. He has found those patients as a captain in the U.S. Air Force. "One of the greatest honors of my life is the privilege of caring for the members of our armed forces and their families. The challenges faced by our service men and women are unique and deserve the utmost attention," said Seeliger, who is stationed at Incirlik Air Base in Turkey.

"The majority of my patients here are young adults who find themselves literally across the world from their homes, families and friends," he said. "With great attention to the bio-psychosocial model of care, we feel our services are greatly valued. In the spirit of my alma mater, I continue to strive to deliver the highest-quality, 21st-century, patient-centered medicine to one of our communities in greatest need."

### Celebrate a legacy

... and support the future of a strong medical education at the Florida State University College of Medicine.

### Legacy Celebration Program

The brick walkway surrounding the College of Medicine courtyard is the focal point of our Legacy Celebration Program. Inscribed bricks, granite pavers and commemorative benches not only provide financial support for the college and its mission, but establish a lasting impression for those honored by the tax-deductible contribution. Help pave the way for the future of medical education and pay tribute to a graduate, faculty member, or friend.

### ORDER ONLINE AT [MED.FSU.EDU/ALUMNI](http://MED.FSU.EDU/ALUMNI)

Naming opportunities ranging from individual student lockers to auditorium seats and classrooms also are available. Contact Wayne Munson, assistant dean for development, at 850-644-4389 or by email at [wayne.munson@med.fsu.edu](mailto:wayne.munson@med.fsu.edu).

## REUNION 2012

The 2012 PIMS and College of Medicine Alumni Reunion will take place in April at the main campus in Tallahassee. (We can't set the date until we know when the spring football game will be. As soon as it's announced, we'll send out save-the-date cards.) Featured guests are alumni from the Class of 2007. If you are planning to attend and would like to help us encourage classmates to join you, please contact Alexa Von Staden, alumni relations coordinator, at 850-645-9428 or [alexa.vonstaden@med.fsu.edu](mailto:alexa.vonstaden@med.fsu.edu).

# Class of 2011 Residency Match

## **SURGERY (18)**

**Brett A. Armstrong**, Mercer Univ. School of Med. (Ga.)

**Alvaro M. Bada**, Orlando Health (Fla.)

**Jamie G. Barrie**, Washington Hosp. Ctr. (D.C.)

**Ashley R. Chandler**, Carilion Clinic-Va. Tech Carilion School of Med. (Va.)

**Alex P. Csizinszky**, Univ. of Mass. Med. School (Mass.)

**Jonathan P. Dean**, Atlanta Med. Ctr. (Ga.)

**Cianna Pender Hatfield**, La. State Univ. School of Med. (La.)

**Danielle Henry**, Orlando Health (Fla.)

**Evan J. Johnson**, Univ. of Conn. Health Ctr. (Conn.)

**Emily R. Lagergren**, Wake Forest Baptist Med. Ctr. (N.C.)

**Eric J. Martinez**, Univ. of Texas Med. School (Texas)

**Kara A. Monday**, Washington Hosp. Ctr. (D.C.)

**Brittany D. O'Dwyer**, New Hanover Reg. Med. Ctr. (N.C.)

**Suril K. Patel**, N. Shore Long Island Jewish Health System (N.Y.)

**Matthew M. Ramseyer**, E. Tenn. State Univ. (Tenn.)

**Katherine A. Rodby**, Univ. of Ill. at Chicago/Mt. Sinai Hosp. Med. Ctr. (Ill.)

**Amanda E. Sautter**, St. Agnes Hosp. (Md.)

**Brad C. Stephan**, Orlando Health (Fla.)

## **PEDIATRICS (16)**

**Amanda G. Cooke**, Univ. of Texas SW Med. School (Texas)

**Kathleen A. Crick**, Orlando Health (Fla.)

**Mary E. Currie**, Univ. of N. Carolina Hospitals (N.C.)

**Ivey G. Gayahan**, USF College of Med. (Fla.)

**Abby M. Hunter**, Wake Forest Baptist Med. Ctr. (N.C.)

**Sarah A. Irani**, UF College of Med.-Shands Hosp. (Fla.)

**Ashley M. Lucke**, Univ. of Texas SW Med. School (Texas)

**Tashara N. Martin**, Greenville Hosp. System/Univ. of S.C. (S.C.)

**Sarah C. McIver**, Univ. of Tenn. College of Med. (Tenn.)

**Ashley Newell**, Univ. of Alabama Med. Ctr. (Ala.)

**Jazmin L. Overton**, Brooke Army Med. Ctr. (Texas)

**Marsha D. Ramsay**, USF College of Med. (Fla.)

**Kendall N. Riley**, UF College of Med.-Shands Hosp. (Fla.)

**Tricia D. Sias**, Univ. of Texas SW Med. School (Texas)

**Brian J. Thomas**, Vanderbilt Univ. Med. Ctr. (Tenn.)

**Tiffany M. Vollmer**, Jefferson Med. College (Pa.)

## **FAMILY MEDICINE (15)**

**Rachel M. Bixler**, Wake Forest Baptist Med. Ctr. (N.C.)

**Jennifer A. Brown**, Madigan Army Med. Ctr. (Wash.)

**Marlisha (Jackson) Edwards**, Tallahassee Mem. HealthCare (Fla.)

**Vanessa Escobar**, Halifax Med. Ctr. (Fla.)

**Daniel J. Gordon**, Bayfront Med. Ctr. (Fla.)

**Monique Y. Gray**, St. Vincent's Med. Ctr. (Fla.)

**Stacia (Kutter) Groll**, MacNeal Mem. Hosp. (Ill.)

**Jackson E. Hatfield**, Louisiana State Univ. School of Med. (La.)

**Layla R. Lundquist-Smith**, Tallahassee Mem. HealthCare (Fla.)

**Zita F. Magloire**, Univ. of Kansas School of Med. (Kan.)

**Elizabeth J. Marquez**, St. Vincent's Med. Ctr. (Fla.)

**Steven A. Moore**, Carolinas Med. Ctr. (N.C.)

**Cecilie G. Only**, Carolinas Med. Ctr. (N.C.)

**Alex L. Thacker**, Kaiser Permanente-Los Angeles Med. Ctr. (Calif.)

**Tina Tso**, Halifax Med. Ctr. (Fla.)

## **INTERNAL MEDICINE (15)**

**Philip J. Burke**, Orlando Health (Fla.)

**David J. Cangemi**, Mayo School of Grad. Med. Ed. (Fla.)

**Veronica (Finnegan) Carden**, University of Utah Affiliated Hospitals

**Andrew J. Cooke**, Univ. of Texas SW Med. School (Texas)

**Jeffrey M. Cummings**, USF College of Med. (Fla.)

**Komal R. D'Souza**, Emory Univ. School of Med. (Ga.)

**Zarna Dahya**, Univ. of Louisville School of Med. (Ky.)

**Shannon L. Davis**, Jackson Memorial Hosp. (Fla.)

**Jeremy C. Jones**, Univ. of Texas SW Med. Ctr. (Texas)

**Kim M. Maguire**, USF College of Med. (Fla.)

**Kelli R. Murphy**, Naval Med. Ctr. (Calif.)

**Cara C. (Neblett) Prier**, Mayo School of Grad. Med. Ed. (Fla.)

**Kevin B. Patel**, Rush Univ. Med. Ctr. (Ill.)

**David F. Snipelisky**, Mayo School of Grad. Med. Ed. (Fla.)

**Lance P. Tegen**, UF College of Med.-Shands Hosp. (Fla.)

## **OBSTETRICS-GYNECOLOGY (11)**

**Rachel C. Cartechine**, UF College of Med. (Fla.)

**Joshua C. Counihan**, Carolinas Med. Ctr. (N.C.)

**Christopher L. Dixon**, Orlando Health (Fla.)

**Nihar Ganju**, New York Downtown Hosp. (N.Y.)

**Juline M. Machado**, UF College of Med.-Shands Hosp. (Fla.)

**Kathleen A. McGlynn**, St. Johns Mercy Med. Ctr. (Mo.)

**Nicole B. Meisner**, Texas Tech Univ.-Affiliate (Texas)

**Elinor A. Rodriguez**, Orlando Health (Fla.)

**Lisa A. Rubinsak**, Virginia Commonwealth Univ. Health System (Va.)

**Caitlin M. Schultheis**, UF College of Med. (Fla.)

**Natasha L. Spencer**, Univ. of Alabama Med. Ctr.-Birmingham (Ala.)

## **EMERGENCY MEDICINE (10)**

**Ethan Cohen**, Staten Island Univ. Hosp. (N.Y.)

**Rafael J. de la Puente**, Univ. of Mass. Med. School (Mass.)

**Desmond E. Fitzpatrick**, UF College of Med.-Shands Hosp. (Fla.)

**Jessica B. Gershen**, Brooklyn Hosp. Ctr. (N.Y.)

**Joshua T. James**, Wake Forest Baptist Med. Ctr. (N.C.)

**Brett A. Lorenzetti**, Med. Univ. of S.C. (S.C.)

**Gregory C. Peters**, Wake Forest Baptist Med. Ctr. (N.C.)

**Miriam J. VanderMey**, Orlando Health (Fla.)

**Mary N. Wardrop**, Univ. of Kentucky Med. Ctr. (Ky.)

**Nathan Z. Weagraff**, Allegheny Gen. Hosp. (Pa.)

## **ANESTHESIOLOGY (6)**

**Vivek Dalal**, Univ. of Texas SW Med. School (Texas)

**Vaishali Gajera**, Jackson Mem. Hosp. (Fla.)

**Roderick F. Hook**, Univ. of Louisville School of Med. (Ky.)

**Trishaben Patel**, Loma Linda Univ. (Calif.)

**Joshua S. Powers**, Jackson Mem. Hosp. (Fla.)

**Stephanie R. Reed**, Vanderbilt Univ. Med. Ctr. (Tenn.)





#### PSYCHIATRY (5)

**Sanaa Bhatti**, George Washington Univ. (D.C.)

**Lauren A. Engelmann**, Univ. of Colo. School of Med. (Colo.)

**Matthew J. Frankel**, Univ. of Vermont/Fletcher Allen (Vt.)

**William Nguyen**, Einstein/Montefiore Med. Ctr. (N.Y.)

**Jennifer L. Tota**, Univ. of Calif. San Francisco (Calif.)

#### SURGERY

##### (ORTHOPAEDIC) (4)

**Obinna O. Adigweme**, Orlando Health (Fla.)

**Justin T. Deen**, UF College of Med.-Shands Hosp. (Fla.)

**Mark R. Elliott**, UF College of Med. (Fla.)

**David L. Nigen**, Jackson Mem. Hosp. (Fla.)

#### MEDICINE – PEDIATRICS (2)

**Ashley G. Kelley**, Georgetown Univ. Hosp. (D.C.)

**Shaila Siraj**, Jackson Memorial Hosp. (Fla.)

#### NEUROLOGY (2)

**Erin C. Golden**, Mayo School of Grad. Med. Ed. (Minn.)

**David P. Harris**, Stony Brook Univ. Med. Ctr. (transitional, N.Y.), Thomas Jefferson Univ. (Pa.)

#### OTOLARYNGOLOGY (2)

**Justin T. Casey**, Univ. of Colorado School of Med. (Colo.)

**Matthew Cox**, Univ. of Arkansas (Ark.)

#### PATHOLOGY (2)

**Natalie A. Ciomek**, Mt. Sinai Hosp. (N.Y.)

**Stephen M. Nobles**, Univ. of Calif. San Fran. (Calif.)

#### RADIOLOGY (DIAGNOSTIC) (2)

**Ernest J. Laney**, Resurrection Med. Ctr. (transitional), Rush Univ. Med. Ctr. (Ill.)

**Bradford T. March**, Spartanburg Reg. Healthcare (S.C., transitional), Rhode Island Hosp./Brown Univ. (R.I.)

#### PEDIATRICS-CHILD NEUROLOGY (1)

**Jessica Blick**, Vanderbilt Univ. Med. Ctr. (Tenn.)

#### PEDIATRICS-PRIMARY CARE (1)

**Amanda M. Rose**, Univ. of N.C. Hospitals (N.C.)

#### SURGERY/UROLOGY (1)

**Amar J. Raval**, Thomas Jefferson Univ. (Pa.)

## Class Notes

'05

**Julie Barre, M.D.**, graduated from the orthopedic surgery residency program at the Medical College of Georgia in Augusta, Ga. She is a fellow in sports medicine at the Hughston Clinic in Columbus, Ga.

**Garrett Chumney, M.D.**, is a family physician at Patients First in Tallahassee. He and his wife, Rachel, have four children – Walker, Taylor, Grace and Chasen.

**Laura Dacks, M.D.**, completed the surgery residency program at East Tennessee State University and is a surgery fellow at the University of Nevada School of Medicine in Las Vegas.

**Ajay Mhatre, M.D.**, completed a fellowship in cardiovascular medicine at the University of Florida and now is a fellow in interventional cardiology at the University of Arkansas for Medical Sciences.

**Sach Parikh, M.D.**, has entered practice as a facial plastic and reconstructive surgeon in Cupertino, Calif.

**Kim Ruscher, M.D.**, graduated from the general surgery residency program at the University of Connecticut. She is the first trainee in the newly established pediatric surgery fellowship at Connecticut Children's Medical Center. Dr. Ruscher and her husband welcomed a daughter, Marieange Grace Modeste, on March 17 at 4:26 a.m. Marieange weighed 8 pounds, 2 ounces and measured 20.5 inches in length.

**Lorna Stewart, M.D.**, has joined the board of directors at Eden Springs Nursing and Rehab Center in Crawfordville, Fla. She is expecting her first child (a boy!) in late July.

'06

**Matthew Henry, M.D.**, is a cardiothoracic surgery fellow at the Baylor College of Medicine/Texas Heart Institute.

**Matthew Lee, M.D.**, served as chief resident in the University of Florida-Shands Jacksonville orthopedic surgery residency program. He is a fellow in orthopedic spine surgery at Johns Hopkins Hospital in Baltimore. He and his wife, **Stephanie Lee (M.D., '06)** have four children – three girls and one boy.

**Lensey Scott, M.D.**, is a cardiology fellow at the University of Mississippi Medical Center. He and his wife, Felissa Scott, have one child, Lensey Jr.

'07

**Christopher Bingham, M.D.**, completed an internal medicine/pediatrics residency at the University of South Florida and is an internal medicine/pediatric hospitalist at Maury Regional Hospital in Columbia, Tenn.

**Robert Duarte, M.D.**, is chief resident of orthopedic surgery at the LSU Health Science Center in New Orleans. He has been accepted for a fellowship at Florida Orthopaedic Institute in Tampa.

**Adam Langley, M.D.**, is associate medical director at Suncoast Hospice in Clearwater. He and his wife, Leah, have two children – Jane and Elijah.

**Kimberly Mason, M.D.**, completed her residency in internal medicine at Virginia Commonwealth University and will begin practice as a hospitalist in Atlanta in October. She and her husband, Michael, have a son, Eli, who is 2, and a daughter, Ellie, born this summer.

**Hope (Mitchell) McLean, M.D.**, completed the obstetrics-gynecology residency program at the University of Alabama Birmingham and has entered practice at Mobile (Ala.) Ob/Gyn, PC. She and her husband, Dave, are expecting their first child in September.

**Kyle Moyles, M.D.**, is chief resident in the orthopedic surgery residency program at the University of Miami's Jackson Memorial Hospital. He has been accepted into the hand and upper extremity fellowship at the Brown University/Alpert Medical School Department of Orthopaedics.

**Kartik Pandya, M.D.**, is chief resident in the general surgery residency program at Maine Medical Center.

**Stephen Patrick, M.D., MPH**, and his wife welcomed a daughter, Annie Patrick, Oct. 14. He is a fellow in neonatal-perinatal medicine and a member of the Robert Wood Johnson Clinical Scholars Program at the University of Michigan.

'08

**Marc Bernstein, M.D.**, graduated from the internal medicine residency program at Albert Einstein/Montefiore Medical Center in New York City. He now is a fellow in gastroenterology at Temple University in Philadelphia.

**Paola Dees, M.D.**, completed the University of South Florida pediatric residency program in June and is a pediatric hospitalist at All Children's Hospital in St. Petersburg.



**Drew Galligan, M.D.**, is chief resident of the pediatric residency program at the University of Florida-Shands in Gainesville. He has been accepted for a pediatric hematology/oncology fellowship at MD Anderson Cancer Center beginning in 2012.

**Nathanael Hawkins, M.D.**, was married May 1 and graduated in June from the Tallahassee Memorial Hospital family medicine residency program. He is practicing, primarily in the emergency room, at Calhoun Liberty Hospital in Blountstown and at Northwest Florida Community Hospital in Chipley.

**Patrick Hawkins, M.D.**, completed the family medicine residency program at Tallahassee Memorial Hospital. He is a family physician with Bailey Family Practice in Bonifay, Fla.

**Kit Lu, M.D.**, completed the internal medicine residency program at Johns Hopkins Hospital in Baltimore and has begun a hematology/oncology fellowship at the National Institutes of Health. She and her husband, Gary, welcomed their first child (a daughter) Nov. 1.

**Amy Reimer Neal, M.D.**, completed the Tallahassee Memorial Hospital family medicine residency program and is practicing with Capital Health Plan in its Urgent Care Center in Tallahassee.

**Randa Perkins, M.D.**, graduated as chief resident of the family medicine residency program at Tallahassee Memorial Hospital. She is a hospitalist with the TMH Hospitalist Group.

**Ivan Porter, M.D.**, is chief medical resident of the internal medicine residency program at Mayo Clinic in Jacksonville. He and his wife, FSU graduate Nicole Guram Porter, M.D., celebrated the birth of their first child, Averie Isabel Porter, Nov. 30. The couple celebrated their first anniversary April 30.

**Anne Marie Piantanida-Whitlock, M.D.**, won the best overall award for her project at the 2011 Sacred Heart Hospital Resident Research Fair. Dr. Piantanida-Whitlock is a fourth-year resident in obstetrics-gynecology at Sacred Heart in Pensacola.

**Cody VanLandingham, M.D.**, graduated from the family medicine residency program at Tallahassee Memorial Hospital. He is a family physician at Tallahassee Primary Care Associates, where he practices alongside his brother, Dr. Hugh VanLandingham. He also welcomed his second son in January.

'09

**Kristen (Morrell) Barrio, M.D.**, is chief resident of the University of North Carolina emergency medicine residency program in Chapel Hill, N.C.

**Irmanie Eliacin, M.D.**, is chief resident in the family medicine residency program at Halifax Medical Center in Daytona Beach.

**Mary Ann Johnson, M.D.**, is a fellow in clinical research at the University of California-Davis in Sacramento, Calif. She and her husband, Darrell Johnson Jr., have two children — Owen and Ari.

**Michael Lee, M.D.**, is a resident in pathology at Emory University in Atlanta.

**Eric Mervis, M.D.**, is **chief resident** in the emergency medicine residency program at the University of California-Irvine. **Dr. Mervis said he "would be okay" with having this announcement written "in bright red letters."**

**Mikelson MomPremier, M.D.**, is a resident in ophthalmology at Howard University Hospital in Washington, D.C.

**Kendra (Buscetta) Porta, M.D.**, is a resident in anesthesiology at the University of Washington in Seattle.

**Rich Rodriguez, M.D.**, is chief resident of the emergency medicine residency program at Thomas Jefferson University Hospital in Philadelphia.

**Chelsea Tehan, M.D.**, a resident in pediatrics at the University of South Florida, gave birth to a baby girl — Reagan Jane Tehan — in May.

**Mary Watson, M.D.**, a resident in internal medicine at the University of Florida-Shands in Gainesville, and her husband, Bobby Nauss, are expecting their first child in December.

'10

**Kristen Barrie, M.D.**, completed a preliminary year in surgery at the University of Florida-Shands in Gainesville and has begun a residency in anesthesiology at UF-Shands Jacksonville.

**Leroy Floyd III, M.D.**, is a resident in internal medicine at the University of Medicine and Dentistry of New Jersey-New Jersey Medical School.

**Meghan Martin, M.D.**, a resident in pediatrics at Orlando Health, and her husband, Brian, are the parents of one girl, McKenzie, and are expecting a second child in November.

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

# GLOBAL OR LOCAL: WHY NOT BOTH?

## ADAPTED FROM AN INTERVIEW WITH DANIEL VAN DURME, M.D.

In the summer of 2008, some of us affiliated with Students Interested in Global Health went to Nicaragua and conducted medical clinics for people with almost no regular health care. The term for this sort of work is “medical brigade”: Go down, do what you can, fly back – not knowing when, or if, you’ll return. It worked out very well. We went back in 2009, and we started to think, “This *might* work for a long-term project.”

That December, two of us returned with the goal of identifying a rural village where we could establish a long-term, sustainable partnership for community health improvement. No more brigades.

After several more trips with medical students and TMH Family Medicine residents and faculty – and with the ongoing, indispensable assistance of missionaries Michael and Susan Buzbee – we struck up a relationship with the people of Los Cedros. In December 2010 we told them, “We’ll be back in March. You can count on it. And this is not a unilateral charity. We want to work with you.”

Since then we have returned in March and June. The people of Los Cedros are benefiting from more regular health care, and our students are learning much from them and getting extraordinary experience. Two other parts of this relationship are less obvious but enormously gratifying.

Some cynics hear about these medical trips and say, “Why are you doing all that stuff over there? Aren’t there needs right here in Tallahassee?” You bet there are. A lot has been published on this subject, concluding that students who participate in global health outreach are more likely to participate back home. People may say, “Well, that’s a self-selected population. They were going to do more at home anyway.” But there’s more and more literature that says it really does remove the blinders. There is great need *there*, and great need *here* – and some students are going to address both.

The other thing that’s been very gratifying is to have the students see firsthand that the health of a community is far more than the drugs we dispense. The students who’ve done medical brigade trips will sometimes

say, “Did we really make a difference? We gave them these blood-pressure pills, but what happens when the pills run out? We treated this, but what happens next?” This allows them to say, “The blood-pressure pills won’t run out. We’re giving three months of pills. And when we come back, we’ll give them enough to last another three months.” Sustaining it in that way is very different.

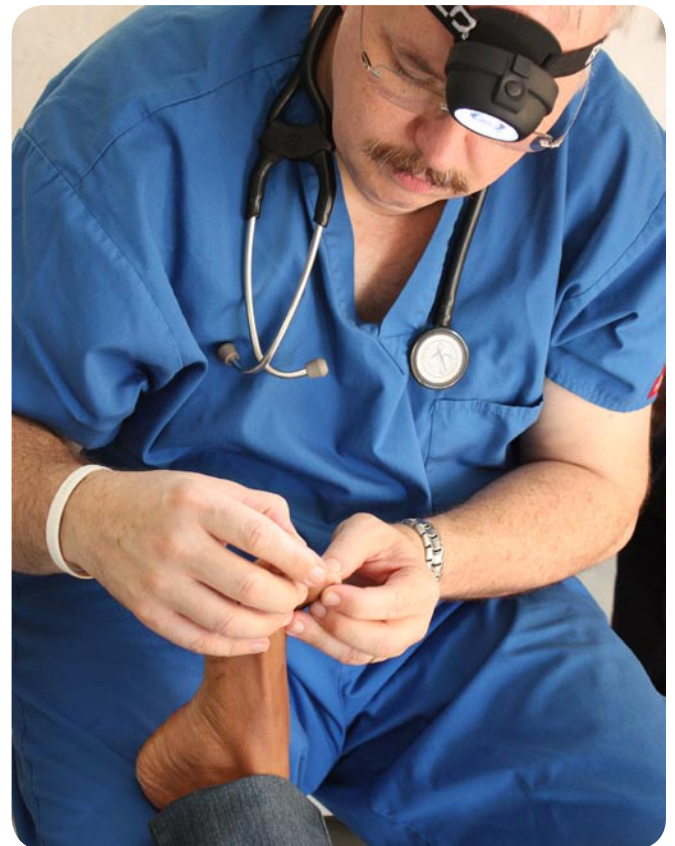
The students also get a much better sense that the health of a community is related to the water, the sanitation, access to healthful food, the nutritional state of the children and so on. It’s tied to governmental policies, plus the broader economic issues of global poverty.

So it really broadens their perspective on concepts of community health, public health and social determinants of disease beyond simply, “You had a parasite and I gave you a parasite drug.”

*Van Durme is chair of the Department of Family Medicine and Rural Health.*



Dr. Daniel Van Durme

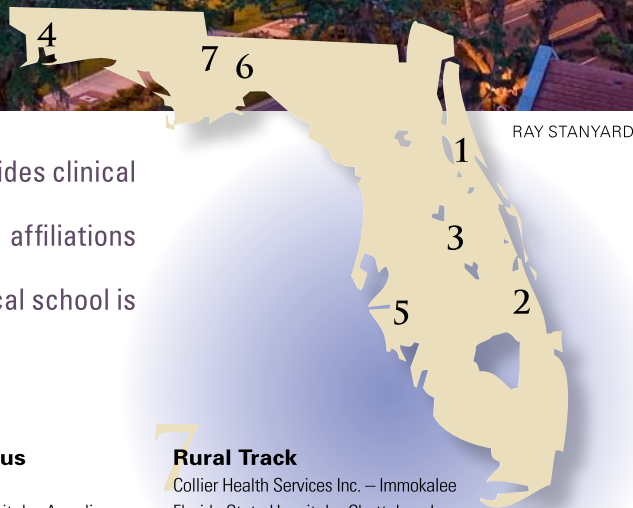


Dr. Daniel Van Durme



# Florida State University College of Medicine Partners

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



## 1 Daytona Beach Campus

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

## 2 Fort Pierce Campus

Florida Community Health Center Inc.  
Florida Department of Health – Children's Medical Services  
Grove Place Surgery Center  
HealthSouth Treasure Coast Rehabilitation Hospital  
Indian River Medical Center  
Indian River Medical Society  
Lawnwood Regional Medical Center  
Martin Memorial Health Systems  
Port St. Lucie Hospital  
Raulerson Hospital  
Sebastian River Medical Center  
St. Lucie Medical Center  
St. Lucie Surgery Center  
Surgery Center of Fort Pierce  
Surgery Center of Okeechobee Inc.

Surgical Center of the Treasure Coast  
The Surgical Center at Jensen Beach  
Treasure Coast Center for Surgery  
Treasure Coast Hospice

## 3 Orlando Campus

Florida Hospital  
HealthSouth – Physician's Surgical Care Center  
M.D. Anderson Cancer Center Orlando  
Nemours Children's Clinic  
Orange County Health Department  
Orange County Medical Examiner's Office  
Orange County Medical Society  
Orlando Health  
Orlando VA Clinic  
St. Cloud Regional Medical Center

## 4 Pensacola Campus

Baptist Health Care  
Escambia County Medical Society  
Fort Walton Beach Medical Center  
Haven of Our Lady of Peace  
Lakeview Center Inc.  
Naval Hospital Pensacola  
Nemours Children's Clinic  
Sacred Heart Health System  
Santa Rosa Medical Center  
VA Gulf Coast Health Care System  
West Florida Hospital

## 5 Sarasota Campus

Cape Surgery Center  
DeSoto Memorial Hospital – Arcadia  
Doctors Hospital of Sarasota  
Doctors Same Day Surgery Center  
GulfCoast Surgery Center Inc.  
Lakewood Ranch Medical Center  
Manatee Memorial Hospital  
Sarasota County Health Department  
Sarasota County Medical Society  
Sarasota Memorial Health Care System  
Venice Regional Medical Center

## 6 Tallahassee Campus

Apalachee Center Inc.  
Big Bend Hospice  
Bond Community Health Center Inc.  
Capital Health Plan  
Capital Medical Society  
Capital Regional Medical Center  
HealthSouth Rehabilitation Hospital  
Neighborhood Health Services  
Refuge House  
Tallahassee Memorial HealthCare  
Tallahassee Outpatient Surgery Center  
Tallahassee Plastic Surgery Clinic  
Tallahassee VA Clinic  
Westminster Oaks  
Archbold Medical Center – Thomasville  
Doctors' Memorial Hospital – Perry

## 7 Rural Track

Collier Health Services Inc. – Immokalee  
Florida State Hospital – Chattahoochee  
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 Health – Daytona Beach  
Mayo Clinic – Jacksonville  
Miller School of Medicine, University of Miami, Department of Family Medicine and Community Health  
Morton Plant Hospital – Clearwater  
Naval Hospital Pensacola – Pensacola  
St. Vincent's Medical Center Inc. – Jacksonville  
Tallahassee Memorial HealthCare

## Other Affiliates

Cleveland Clinic Florida – Weston  
Gadsden County Health Department – Quincy  
H. Lee Moffitt Cancer Center & Research Institute – Tampa



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(1) end note



After outgrowing its former home, the College of Medicine's Match Day celebration moved to a new, and regal, venue in 2011. The Ruby Diamond Concert Hall on the Florida State campus served as the backdrop to a ceremony in which 114 graduating students learned where, and what specialty, they would be practicing as first-year residents.

COLIN HACKLEY