

# *The Residents*

PAGE **12**

**Expanding**  
kids' care **4**

**Disabilities**  
and **dentistry** **10**

The  
**outbreak hunter** **23**

## On the Cover

Eric Coon, M.D., an intern in the department of pediatrics, is one of 1,135 residents across the Health Science Center.

Photo by Maria Belen Farias

17



7



18

## Table of Contents

- 3 **Post it**
- 4 **Administration:** New hospital for children and women
- 5 **Education:** A day in Kenya
- 7 **Jacksonville:** Safety through simulation
- 8 **(Extra)ordinary Person:** Muna Oli
- 10 **Patient Care:** Inside Tacachale
- 12 **Cover Story:** Doctors in residence
- 17 **Research:** Funding dental research
- 19 **Research:** Lung transplant center
- 21 **Research:** New hope for breast cancer
- 22 **Distinctions**
- 23 **Profile:** Glenn Morris

## Ladies **first**

Speaking about her life experiences working in the medical field and in academia, UF's first lady Chris Machen spoke to members of the Association for Academic Women on Sept. 13. The event kicked off the group's 2010-11 year. Led by Rebecca Pauly, M.D., the AAW fosters the careers and personal growth of UF women in all faculty and administrative roles and other professional positions. The group's next meeting will be held from 4:30 p.m. to 6 p.m. Oct. 28 and will feature a panel discussion about leadership in higher education. College of Dentistry Dean Teresa Dolan, D.D.S., M.P.H., will be one of the featured speakers, and Gwen Lombard, Ph.D., associate residency program director for the department of neurosurgery, will moderate the event. For more information, visit [grove.ufl.edu/~aaw](http://grove.ufl.edu/~aaw).

PHOTO BY JESSE S. JONES



UP FRONT



## LEND AN EAR TO THIS

The UF Speech and Hearing Clinic and the Gainesville chapter of the Hearing Loss Association of Florida are offering free classes for people with hearing impairment. The educational series "Living with Hearing Loss" starts this month and includes four classes: "Coping with Hearing Loss," "A Thousand Ways to Say 'Huh,'" "Handling Difficult Listening Situations" and "What Other Help is There?" The classes are from 2-3:30 p.m. on Wednesdays at the United Way of North Central Florida office, 6031 NW First Place. To register, call 352-294-5151 or e-mail ccaghren@phhp.ufl.edu.



PHOTO BY SARAH KIEVEL

Post it

### The American Pharmacist Association

123 MAINSTREET SUITE 100  
SPRINGFIELD, MV, 00000

(000) 000-0000

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NAME \_\_\_\_\_

D.O.B. \_\_\_\_\_

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*Thank your pharmacist*

Your prescription for October: Celebrate pharmacists. The American Pharmacist Association at the College of Pharmacy is promoting the profession with events like the Shands and UF College of Pharmacy Health Fair from 10 a.m. to 4 p.m. Oct. 22 on the first floor of the Shands Medical Plaza. The event is open to the community and presented in conjunction with Shands HealthCare and the Florida Society of Health System Pharmacists. There will be information on nutrition, immunizations, first aid, poison prevention and tobacco awareness, as well as blood pressure screenings and blood glucose testing for diabetes.

Date

*10/22/10, 10 a.m. to 4 p.m.*

## SUPERIOR 2011 ACCOMPLISHMENT AWARDS

### AWARDS, YAY!

If you could pick someone, anyone, to win an award for his or her hard work, who would it be? Well, don't just sit there and think about it. Seriously. Nominate your all-stars for the UF Superior Accomplishment Awards. The awards honor all-star efforts that occurred between August 2009 and July 31, 2010. The deadline for nominations is Oct. 29. For more about the awards and categories, visit [hr.ufl.edu/awards/saa](http://hr.ufl.edu/awards/saa).



PHOTO BY SARAH CAREY

## MEOW ALL ABOUT IT

The small animals are getting a bigger hospital, and their friends can take a sneak peek. The new UF Small Animal Hospital will be open for public touring from 2 p.m. to 4 p.m. Oct. 24. Treats will be served (for humans, of course). This sneak preview will mark the end of a week filled with celebration events with friends of the College of Veterinary Medicine and the UF Veterinary Hospitals. The new \$58-million facility is located at 2015 SW 16th Ave. in Gainesville. The hospital will officially open for business Nov. 1.



# Shands to expand children's services



By Melanie Fridl Ross

UF and Shands aim to spend approximately \$100 million over the next five years to create the Shands Hospital for Children and Women, subject to final board approval and completion of a fundraising feasibility study that supports this direction.

The plan currently consists of a 175-bed four-story hospital to be built in phases by reconfiguring existing space at Shands at UF. It will feature a family-friendly environment — including a new dedicated hospital entrance and lobby, pediatric emergency department and inpatient and outpatient units — that will serve as the clinical home for a broad-based program for children and women.

The expansion is backed by an independent analysis that projects growth in the demand for children's services in the region and supports increased investment in pediatric services at Shands at UF. These findings dovetail with the longstanding mission of the Sebastian Ferrero Foundation to create a nationally prominent

children's hospital and with the commitment outlined in the UF&Shands strategic plan to open the Shands Hospital for Children and Women on the campus of Shands at UF.

The analysis identified opportunities to expand patient-centric pediatric health and wellness services by capitalizing on existing strengths and committing necessary resources amid a rising call for enhanced pediatric services in the area. Investments at UF and Shands will focus on meeting the specific needs of pediatric patients, their families and the community; adopting a more patient- and family-centered integrated care model; and growing the ranks of pediatric specialists and other pediatric health-care providers.

"We're pleased the independent analysis is consistent with the plans we've developed as part of a much broader strategic process focused on achieving the highest level of quality care and safety for all our patients, as well as training the next generation of health-care professionals and sparking important new discoveries to improve health," said David S. Guzik, M.D., Ph.D., senior vice president for health and affairs and president of the UF&Shands Health System.

The first step will be the pediatric emergency room, which will be situated in the former Shands at UF emergency department and will factor in the special needs of children. The commitment to complete — by next summer — a dedicated pediatric ER is an important milestone for the Sebastian Ferrero Foundation, which will contribute to the project, and its supporters.

"Throughout this journey I have heard from the community and personally experienced how critical a pediatric ER is needed ... it brings me joy to be part of making this a reality," said Luisa Ferrero. **P**



# A day in Kenya

Nursing dean, faculty member work in rural village

By Tracy Brown Wright

**“Y**ou do good work here. People who come here get well. I want to say thank you very much.”

These simple words were painstakingly pieced together and written on a folded piece of paper by a Maasai man in rural southeastern Kenya. The man — not fluent in English — had managed to find a way to impart this simple message in order to thank those who work at the Africa Infectious Disease Village Clinics. The clinics are a U.S.-based charity that provides medical care and education to roughly 100,000 Maasai people. At the helm of this venture is UF nursing alumna Ann Lurie, a global philanthropist and president of AID Village Clinics.

In 2009, Lurie received an honorary doctorate in public service from UF and was named the UF College of Nursing Alumna of the Year. Upon reconnecting with UF and the college, Lurie offered UF nursing Dean Kathleen Long, Ph.D., and Clinical Assistant Professor Sally Bethart, M.S.N., A.R.N.P., a unique opportunity to visit the clinic in Kenya and witness the work being done to improve the health and quality of life for rural village communities in Africa.

Long and Bethart traveled to Kenya in September. Long stayed for 10 days and Bethart will be there through mid-December, assessing infection control measures at the clinics and working closely with Lurie and the nursing and health-care staff to establish protocols.

To provide a glimpse of the experience Long and Bethart shared at the AID Village Clinics, here is Dean Long's recount of a day in Kenya:

*I thought I would tell you about what I am calling “my best day” to give you a flavor of the clinic and our work here, which is multifaceted.*

*On Friday morning, Sally and I went to rounds — I to pediatrics and Sally to the adult area. In rounds it was noted that one of the little girls who is HIV-positive continues to be terribly anemic despite their best nutritional efforts. For several days all she has done is sleep fitfully and cry — scream actually — whenever she is touched. They needed a blood transfusion for her, and they did not have a donor with her type. I happen to have a type she can use and volunteered. The staff seemed a bit surprised that I would do this; I was amazed that anyone in the same circumstances would not.*

*I had had my blood typed and cross-matched earlier, and then was ready to donate, which I did. Lest you wonder about any risk to me, I had been thoroughly assured by the clinic's sponsor that she and her family members had donated several times, and they were absolutely confident in the sterile procedures used. Sally accompanied me for the donation and her “eagle eyes” assured me that the sterile technique was perfect.*

*At the end of that day, as we turned to leave the ward, I spotted the same tiny little girl who was so lethargic and irritable earlier in the day. She was now sitting up in bed with her grandmother nearby. I waved to her and she smiled and waved back; the transfusion was running and almost completed, and already she seemed so much better. While we, of course, cannot take any photos of patients — in my mind it is a picture that I will never forget.*

*The next morning at rounds, the pediatrician commented that I must have “magic blood” because the child was so much stronger. I think the magic was actually in the experience. It was very meaningful to have done something, however small, to help. **P***



# Game + learning = free coffee



PHOTO BY MARIA BELEN FARIAS

## Gift stop celebrates birthday

By Elizabeth Behrman

**T**he Gift Stop turned 30 this year and partied all week long.

The Shands gift shop celebrated the 30th anniversary of its opening in September, and celebrated with raffles, giveaways and birthday cake.

The store was all decked out for its party, too. A birthday banner hung over the store entrance, and visitors could take a gander at the red posters lining the store, outlining a little bit about its history and displaying photos of its opening 30 years ago. The promotion lasted from Sept. 7 through Sept. 11.

"There's a lot of history with the Gift Stop," said Kimberly Cheatham, retail coordinator for the store.

Kathryn Seagle, president of the UF Medical Guild, said in 30 years the store has grown from a simple drug store in a space the size of a utility closet to a store with three locations and a team of paid employees. The UF Medical Guild founded the store in 1980.

They don't even have to hand-write the price tags anymore, and the balloons and flower stands are actually inside the store.

Cheatham said all the proceeds of the store go back to the hospital, and the shop even helps fund student scholarships.

"We were the ones that provided the dry erase boards so patients could know who their nurse was," Cheatham said.

Seagle said the Gift Stop, which has three locations at Shands at UF, the Davis Cancer Pavilion and at Shands Cancer Hospital, is more than just a gift shop.

She said she has seen husbands come in because they forgot to buy an anniversary gift for their wives. But she has also seen how relieved families are to be able to buy basic toiletries because they are stuck at the hospital for whatever reason.

"Times have really changed," Seagle said. **P**



PHOTO BY MARIA BELEN FARIAS

Tiffany Tseng, a second-year pharmacy student, plays the simulation game at the Health Science Center Library. Winners can score a medium coffee from Einstein Bros. Bagels.

By Elizabeth Behrman

**A**t the beginning of September, a new computer game appeared in the lobby of the Health Science Center Library.

But it isn't just any computer game. It's a ticket to learning how to measure blood pressure ... and winning a free cup of coffee.

Samsun Lampotang, Ph.D., director of the Center for Simulation, Safety and Advanced Learning Technology, said the Health Science Center library, in collaboration with the center, wanted to create a way to help students learn valuable medical skills and have fun at the same time.

The center already had a simulation for calculating blood pressure, but staff members turned it into a video game for students and residents in the HSC and put it in the library, right where students are studying.

Team members that helped put the game together include Cliff Richmond of the HSC library, Dave Lizdas and Nik Gravenstein.

The game asks questions about converting blood pressure units and inferring blood pressure in various parts of the body taken from different positions.

At the end of the game, players enter their name and e-mail address, and if they are one of the two with the highest scores that day, they receive a voucher for a free medium coffee from Einstein Bros. Bagels.

But, Lampotang said, the game is more than just a game.

"The real objective is not the coffee, it's the learning," he said.

The blood pressure game is the first in a series of exhibits in the HSC Library Alternative Learning Technologies Showcase. Lampotang said the next game his team designs will challenge students about prepping skin for surgical procedures.

He said the group is already planning on moving the game around to different residency libraries to build up the competition between departments.

"It would be sort of a traveling game," Lampotang said.

He said the game will help refresh everyone's basic medical skills, and still be fun.

"The concept that's nice, I think, is that it's a game and there's a prize and it gets people to compete." **P**



# Safety 1FIRST

Jacksonville  
campus revamps  
patient safety  
training using  
simulation



PHOTO BY DAVID CONE

The College of Medicine-Jacksonville is using simulation to teach residents and fellows important patient safety skills.

By Bridget Higginbotham

Phones ringing. People running around. Equipment beeping. Colleagues asking for advice or a signature. Everything happening so fast.

“As doctors, that’s the environment we work in,” said Constance Haan, M.D., M.S., senior associate dean for educational affairs for the College of Medicine-Jacksonville. “How are you sure you’re safe? How are you sure your patient is safe?”

The Institute of Medicine estimates that each year medical errors cause between 44,000 and 98,000 patient deaths and result in a total cost of \$17 billion to \$29 billion. So patient safety training is important, but how much do physicians really absorb from sitting in a classroom or lecture hall?

Enter simulation learning: the college’s new method of teaching residents and fellows the fundamentals of safety such as good communication, teamwork and awareness.

With the help of Andy Godwin, M.D., and the staff at the Center for Simulation Education and Safety Research, the training provides hands-on practice with standardized patients and high-fidelity mannequins — computer-controlled, interactive robots that mimic the human condition.

“We’re giving them a chance to practice what we expect them to do in day-to-day work,” Haan said. “We’re trying to help young physicians prevent errors by reinforcing behavior patterns for safety.”

Reading material is posted online and residents and fellows sign up for one of the 12-person, 90-minute, hands-on sessions. The trainees work through different real-life situations that emphasize the fundamental principles of patient safety, such as communication; thorough hand washing and hygiene; properly identifying patients; and medication safety, stressing that some drugs may look and sound similar.

Haan does not know of any other institution teaching patient safety with simulation scenarios and vignettes, so the training is set up in an Institutional Review Board study format. The trainees are split into two different groups so Haan and her team can determine which teaching method is more effective. The first group works through brief vignettes as small teams. The second works through more complex scenarios using role-playing and interaction

with larger groups.

So far, residents and fellows who have gone through the new training say they appreciate not sitting in a classroom. The true results of the program will be explored when trainees are later tested for learning retention and patient safety indicators are analyzed for impact.

“I don’t want them to just enjoy it,” Haan said. “I want them to apply what they’ve learned.”

Eventually, the goal is for everyone on the Jacksonville campus to go through the training as teams because physicians, pharmacists and nurses work together in real situations. Right now, pharmacy and nursing faculty participate in the training as actors so the residents and fellows can become accustomed to interacting with other disciplines.

The program uses principles of evidence-based adult learning theory to modify behavior in accordance with national safety goals issued by the Joint Commission. These goals are designed to avoid mistakes such as wrong-site surgery, health care-associated infection or misinterpreted written or verbal orders.

“These are the fundamentals,” Haan said. “It matters less how smart and skilled we are if we’re missing the fundamentals.” **P**

# NOT SO senior scientist

Teen UF researcher winning awards, meeting presidents ...

By Shayna Brouker

The ideal summer for many high school students includes vacationing at the beach or attending sports camps. But Muna Oli, a senior at Eastside High School in Gainesville, was happy to devote every day of her three months of freedom to “playing around” with gold nanorods, photosynthesizers and aptamers. Sound like fun? She’s having a blast — blasting cancer tumors, that is.

Muna, 17, has been investigating the use of gold nanorods as a cancer tumor treatment since June 2008.

The last time *The Post* caught up with her in 2008, Muna’s research was just beginning in the lab of renowned neuroscientist Brent Reynolds, Ph.D., director of UF’s Adult Stem Cell Engineering and Therapeutic Core. She now works in two other labs on campus and has turned heads in the science world from here to California.

Muna earned \$1,000 for her project at the 2010 International Science and Engineering Fair in San Jose, Calif., where she competed against 150 students. She placed second in a state science competition, represented Florida in a regional competition and won two scholarship awards from



PHOTO BY JESSE S. JONES

MUNA OLİ

the Florida Institute of Technology and Drexel University in Philadelphia, as well as a few others, which altogether total \$203,200.


She met one of her heroes, Balamurali Ambati, who at 16 was the youngest person ever to receive an M.D., as well as the past two presidents — quite the tally of accomplishments for someone who can’t even cast a ballot yet. She’s even the editor of *Young Scientist*, a journal for junior researchers like herself.

The accolades stand testament to Muna’s dedication to finding a better therapy for cancer. Her investigation of a two-pronged treatment shows promise as a less invasive, milder alternative to full-on chemotherapy. She uses gold nanorods, which heat up when exposed to a certain light, to explode cancerous tumors without harming surrounding healthy cells. By simultaneously attaching a low dose of chemotherapy drugs to a molecule called an aptamer, she can target the malignant tumor and avoid damaging healthy tissue.

“From what I’ve read and everyone I’ve talked to, it really seems that the way research is going is toward an integrative approach to treating cancer,” she said. “You kill a lot of the cancer cells without harming or having a lot of side effects for the patients, which is really important.”

Besides combating cancer, she also enjoys doing “normal kid stuff,” like watching TV, reading and practicing karate. She looks forward to college and has her sights set on Drexel, Berkeley, Stanford, the University of California at San Francisco, and of course, UF. Muna hopes to continue her research and pursue a combined M.D./Ph.D. degree in neuroscience oncology or biomedical engineering.

Reynolds has high hopes for her.

“Muna clearly has the inspiration, the ideas and the drive to carry those ideas,” he said. “I don’t see that in anyone her age, in undergrad students, or even some Ph.D students. I don’t think any of them are as driven as Muna to find a treatment for cancer.” 





# In high cotton

Labrador on the mend after treatment at UF



PHOTO BY SARAH CAREY

Dr. Carsten Bandt, Ben Puckett, Keith Puckett, Mary Lee Puckett and Dr. Katie Baxter visit with Cotton in August.

By Sarah Carey

Cotton, a 4-year-old yellow Labrador, led a fairly cosmopolitan, stress-free life up until August. She summered in the Bahamas. She was comfortable on a boat, in a truck or in a tractor in Pass Christian, Miss., on the Gulf Coast, where she frequently spent time with her owner's parents. She had adjusted to city life quite well after following her owner, Mary Keith "Keith" Puckett, from Starkville, Miss., to her new job in Dallas.

But it was in the idyllic community of Hope Town, Abaco, Bahamas, that Cotton suddenly grew deathly ill.

"At first, it didn't seem too serious, but we took her to the local vet in Marsh Harbour, and after two afternoons of treatment, we decided she needed more help," said Keith's mother, Mary Lee Puckett, adding that her veterinarian in Pass Christian, Jennifer Hendrick, D.V.M., had recommended taking Cotton back to the

U.S. for critical diagnostic testing.

What happened next involved an odyssey of veterinary consultations and referrals, ultimately leading Cotton to the UF Small Animal Hospital to receive lifesaving dialysis after being diagnosed with kidney failure.

The family flew to Florida, where an internist, Bettina Mayer-Roenne, D.V.M., immediately recognized the dog was a good candidate for hemodialysis treatment.

"She said the sooner the better, called UF and arranged for our arrival after midnight, even printing out phone numbers and driving directions," Mary Lee Puckett said. "Cotton was so sick at that point, and we were frantic."

Cotton was able to receive care immediately through the UF Small Animal Hospital's 24-hour emergency service. The family was met by Katie Baxter, B.V.Sc., a third-year small animal medicine resident, Jordan Nickell, D.V.M., an intern with the emergency and critical care service, and Theresa Rodina, a junior veterinary student.

Cotton received two five-hour hemodialysis treatments, one the day of her arrival and another two days later.


Within days, her blood values had improved. For another week, however, she remained at UF while Baxter and Carsten Bandt, D.V.M., an assistant professor and head of the UF Small Animal Hospital's hemodialysis unit, monitored her liver and kidney function. Although Keith Puckett had returned to work in Dallas, for the next 10 days, Ben and Mary Lee Puckett were frequent visitors to the hospital.

"Our lives at this point revolved around when we could visit Cotton," Mary Lee Puckett said.

On Aug. 23, the Pucketts received the go-ahead to take Cotton home to Pass Christian. UF clinicians say she has a good prognosis, although they were never able to determine the cause of her illness.

"We may never find out what it was," Baxter said. "In about half of the dogs with renal failure, the cause is never determined."

As for the Pucketts, they were happy to finally be able to take Cotton home, after two and a half weeks of uncertainty.

"Our family so appreciates everyone who touched Cotton's life," Mary Lee Puckett said. "We are overwhelmed by Dr. Baxter's expertise and are so indebted to her for her selfless consideration of her patients and their families, and are thankful for Dr. Bandt's skilled knowledge of dialysis. We are huge fans of the UF Veterinary Hospitals, and are so pleased that Cotton was able to be treated there." 



# Nowhere ELSE TO GO

UF dentist helps Florida's disabled patients at Tacachale clinic

Bobby Carver looks on as his daughter, Miranda, gets her teeth cleaned. He helps her brush her teeth every morning and night.

**Story** by Shayna Brouker **Photos** by Maria Belen Farias

Miranda Carver tries her best to sit still in the chair, but her limbs twitch and shake uncontrollably. Her dentist takes it all in stride. An assistant holds her head still while Dr. Garvey peers into her mouth and examines her teeth.

"Miranda, I think we can make these really pretty and clean," he reassures her. "Does she chew OK?" he asks her father, Bobby Carver, looking on from the doorway.

"Yes, she chews real well," Carver answers.

Miranda, 28, was born with cerebral palsy. Her father helps her brush her teeth twice a day, but it's been four years since she's seen a dentist. They drove an hour and a half from Live Oak, Fla., to come to the Gainesville clinic for a cleaning.

Most people dread their yearly visit to the dentist, but Miranda is one of 600 patients who travel to the Tacachale After Hours Dental Clinic from across Florida. Many dentists shy away from treating these

patients because of their special needs, but the volunteers at Tacachale are happy to help.

Timothy Garvey, D.M.D., a clinical assistant professor of pediatric dentistry in the UF College of Dentistry, has been involved with the dental clinic at Tacachale for 21 years. Those lucky enough to live in this community for physically and mentally disabled adults enjoy their own room and medical and dental care and can even earn their own money with a job.

But specialized dental care is hard to come by elsewhere.

"The community here is only a little microcosm of the numbers everywhere," he said.

So with the Agency for People with Disabilities,



Garvey convinced the state of Florida to allow patients to come to the dental clinic. In December 2008, the Tacachale After Hours Dental Clinic opened its doors.

News spread quickly through word of mouth alone, and the patient list grew from 30 to more than 600.


"There is nowhere else to go," said Dominika Marczsak.

Few dentists want to wrestle through the legal red tape that comes with patients' insurance, the Medicaid Waiver. The additional staff and resources needed to treat disabled patients slows efficiency, and therefore, income. They must obtain permission to treat and restrain patients, if necessary.

But Garvey and his staff understand patients and their distress. He knows that behavioral problems in patients are often signs of an underlying physical ailment.

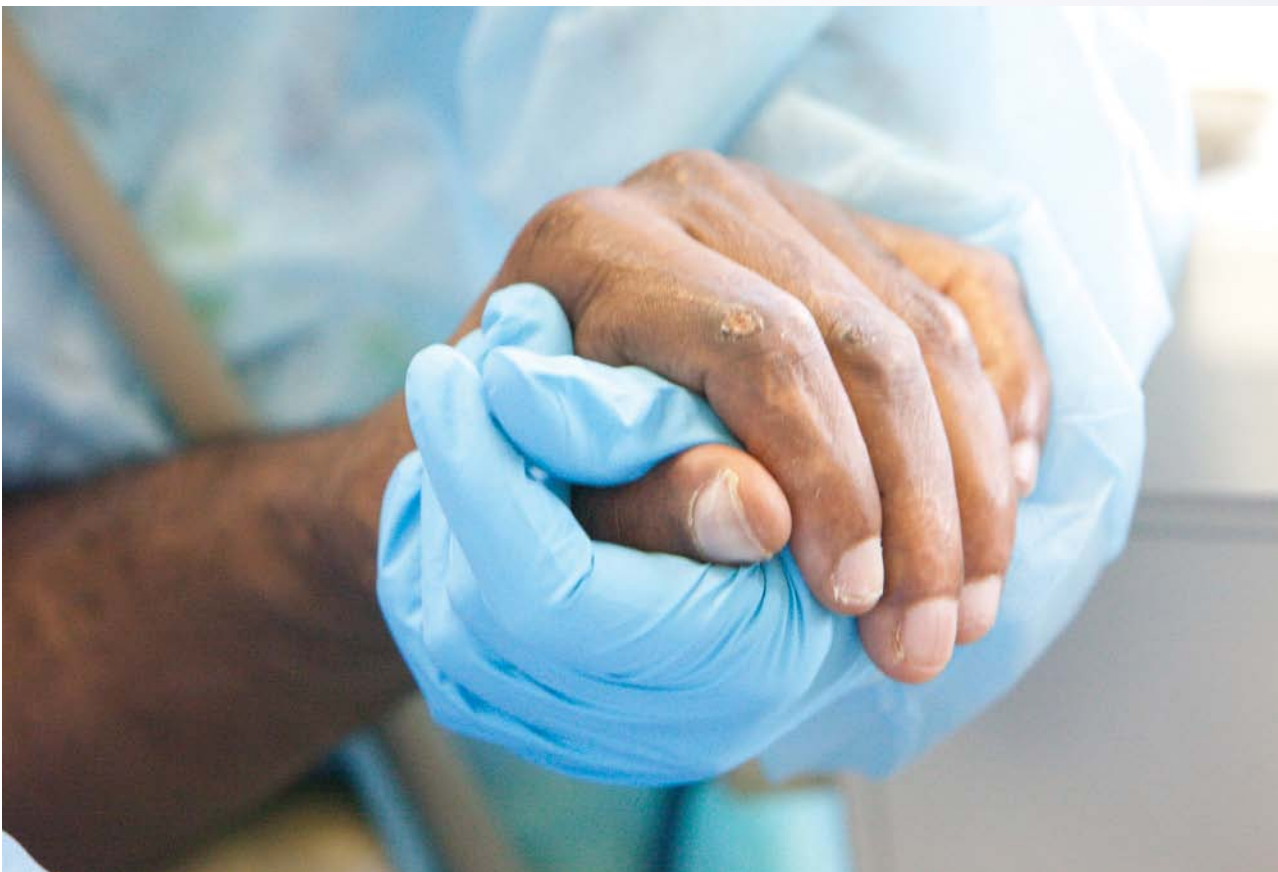
"It takes someone with heart to really want to do this," said Swanna Keely, caretaker of 11 years for patient William "Wiggy" Wigginton, 47. Keeley says he is "like family" and she knows Wigginton is in the best care when she brings him here.

Garvey hopes to expand the clinic's model of care throughout the state and serve as a resource for private dentists.

"Sometimes the biggest challenge is getting them into the chair and figuring out how we're going to do this so they're safe," he said. "But this is just general dentistry. Anyone can do it." 

Volunteers at the Tachachale After Hours Dental Clinic hold patient Michael Hyde still as he gets a regular cleaning.

A volunteer holds a patient's hand during treatment. The clinic is a resource for patients with disabilities across Florida, who often have a hard time finding a dentist to treat them.





# The Residents

They **teach**. They **learn**. They **work** long hours. They're **residents**.

Between the colleges of Medicine, Dentistry and Veterinary Medicine, there are about 1,135 residents training in clinical specialties across the Health Science Center. This month, The POST gives you an **inside look** at their world.

Story by Shayna Brouker Photos by Maria Belen Farias

A hushed lull settles over the fourth floor as patients sleep. The clamor of nurses giving IVs, crowds of clinical teams walking on rounds, babies crying and machines beeping has slowed to an almost peaceful pulse. It's 10 p.m. and pediatrics intern Eric Coon, M.D., has already been at work at Shands Children's Hospital at UF for four hours.

It's his third shift this week on "nightfloat," the aptly named rite of passage for residents who stand watch over 20 or so patients from 6 p.m. to 7 the next morning. Just three months into his first year of a three-year residency, Coon is the first responder for anything that goes bump in the night. He sits down for a moment in the resident breakroom but is soon interrupted by a piercing alert from his beeper.

Madison, 3, needs her ostomy bag examined. Her small intestine was removed and now a bag collects waste from her tiny body. A nurse follows Coon into the room and they gather around Madison's bed as her grandmother explains that the ostomy bag fell off. Madison's elfin face, framed by unruly blond wisps, peers up at them with questions.

"There's salt forming on her ostomy. I don't want to force it," her grandmother says.

"Do you want anything on it?" the nurse asks Coon.

He looks down at Madison. "I'll page the senior resident," he decides with caution, referring to the third-year resident supervising him.

As an "intern" — a first-year resident — Coon is in a curious in-between stage of medical education. Having earned the title M.D. after four years of medical school, but not yet practicing independently as a full-fledged doctor, residents are both students and teachers. Residency is their time to gain valuable hands-on experience in their chosen specialty in the clinic or operating room — with supervision — before striking out on their own. The term dates to the mid-20th century, when "housestaff," as they are also known, actually lived at the hospital.

Known for enduring grueling schedules of 80-hour workweeks and graveyard shifts with few breaks, they are the workhorses in the hospital and the first in line to help patients. From pediatrics to urology, each residency program is a microcosm within the microcosm of the UF Health Science Center, and each forges its own unique culture of camaraderie from shared adversity.





Dr. Eric Coon, a pediatrics intern, checks in on patient Madison Barrett, 3. Her grandmother, Judy Fight, keeps her company through the night.

## Peds

In “peds,” for example, caring for kids fosters a family-oriented environment.

“I feel like all my classmates are married and some have kids,” Coon says.

Indeed, many of the 48 residents are married and have children. In the resident class of 2010, three interns and three third-years were pregnant and an intern’s wife had a child.

Co-chief resident Teresa Lynch, M.D., planned a wedding, got married in Tennessee and recently had a baby herself.

“Life doesn’t stop,” asserts Lynch, who has completed residency but now serves as a leader and mentor to the residents in her role as co-chief resident. “You’re never going to have as much time as you want to do the things you want, but you can find some time.”

Co-chief resident Meredith Mowitz, M.D., who had a baby her intern year, agrees. If you want something, you can make it work, she says.

“If you look at the ages of people who are in medical school and residency, that’s the time of your life when you’re making those decisions,” Mowitz observes. “For me, I know I can’t be a good

physician at work if I’m not in a good place at home. Being in a good place at home is having a good marriage and my daughter.”

Flexible leadership and support at home make it work, and as Mowitz acknowledged, not many other programs would be willing to allow so much time off. Her husband helped by bringing her baby to the hospital at night to be nursed. Some nights they eat dinner with her there.

“My daughter has seen the inside of the hospital more than other kids who are not sick,” she jokes.

The long hours, napping in the same on-call room and shared experience of suffering and death form lasting friendships. Mowitz worked Thanksgiving Day during her intern year. In a curious switch of traditional gender roles, husbands brought in dinner for their wives during their nightfloat duty.

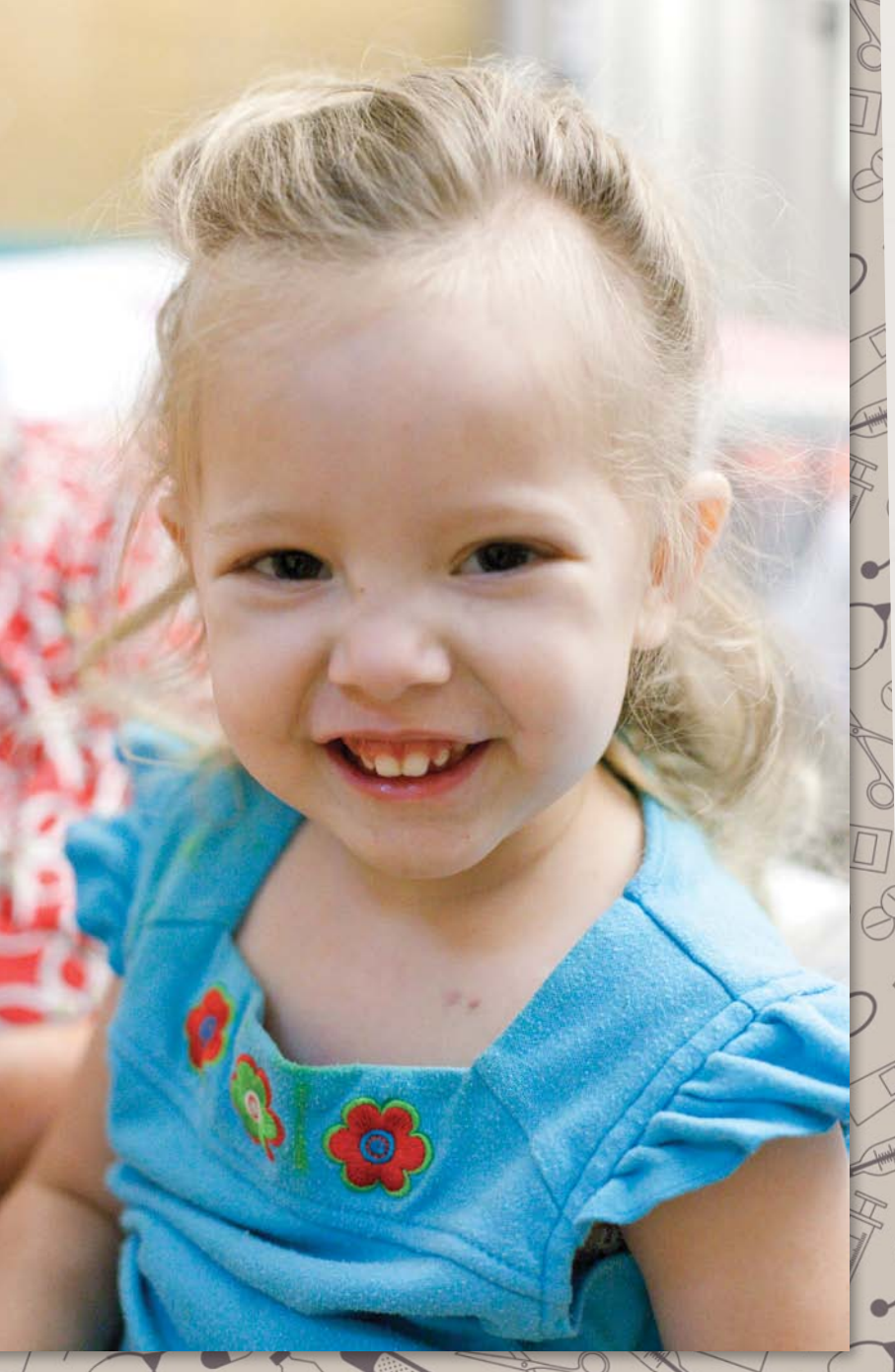
It can be difficult, being caught between two worlds, she said.

“I think it’s hard that no one else comprehends where you are or what state you’re in. You’re in this odd place,” she muses. “My grandmother keeps asking me, ‘When are you going to be a real doctor?’”

Likewise, parents sometimes doubt that “doctors-in-train-

CONTINUED ON **PAGE 14**





Despite her stay in the hospital, Madison is all smiles.

ing” are qualified to care for patients. “I was told by one parent that his child was not a guinea pig. I said, ‘No, you’re right, he’s not,’ ” Lynch reflects.

But, she adds, the best, safest care for patients is always the primary focus, and most parents are very receptive. To further ease potential concerns, residents are creating a brochure and video to not only explain to parents who each person is on their child’s care team, but also to describe what to expect during a typical hospital stay and what resources are available.

And attending physicians, whom parents view as the “real doctors,” often help explain the role of residents.

“That goes a long way,” Lynch said.

## Vet Med

Across Archer Road and across species, Katie Baxter, B.V.Sc., checks on her dialysis patient. Pearl, an elderly Welsh corgi, lays on a plush pillow and smiles at Baxter as she kneels down to gently stroke Pearl’s head.

“She’s doing much better today,” she says in her soft British lilt.

A third-year internal medicine resident in the College of Veterinary Medicine department of small animal clinical sciences, Baxter approaches Pearl with the same tenderness and care one would expect from any physician.

“A number of people equate pediatric medicine with veterinary medicine because we are dealing with people’s children,” she points out. “They’re fluffy children, but we have a large number of clients who tell us, ‘This is my baby, and I want you to treat it as such.’”

Vets, however, treat more than one species and see huge variations between them.

“Even two dogs can be quite different if you compare a Chihuahua to a Great Dane,” Baxter explains. “The types of diseases they suffer from and the treatment options available to them can be very different.”

Vets also form emotional attachments to their patients, who like children, cannot always tell them where or why it hurts. The team structure in a “vetmed” residency is similar to that of pediatric rounds, too. Teams of faculty members, residents and interns take turns seeing appointments and taking emergency patients. Long days and overnight shifts are expected.

While the Accreditation Council for Graduate Medical Education limits medical residents to workweeks averaging 80 hours, there is no such limit for veterinary residents. But even after a long day, they don’t go home until they feel comfortable leaving their charges alone — sometimes staying overnight.





Dr. Katie Baxter, a third-year internal medicine resident in the College of Veterinary Medicine, checks up on her patient Daisy.

“The people here are of such quality, they don’t bail out,” affirms Michael Schaer, D.V.M., a professor in the department of small animal clinical sciences.

The American Association of Veterinary Medicine also does not require veterinarians to complete a residency. After four years of veterinary school, about half go on to private practice. Schaer says those who continue their education do so out of a “desire to be state-of-the-art, to be all that you can be.”

The only veterinary school in Florida, UF offers a variety of residency programs from small and large animal clinical sciences to the more exotic aquatic animal medicine. There’s even an acupuncture program.

During a monthlong program at Cornell University, Baxter began to see vet school not as the end of her training, but rather as a steppingstone.

“The idea of practicing only within that specialty was very attractive to me,” she says.

Though Baxter does not work directly with the two other internal medicine residents, they share an office and a sympathetic ear.

“The resident class changes every year — we lose one, gain

another — but I’ve been lucky to have a good resident class the three years I’ve been here,” she says. “It’s just essential for surviving your residency, especially when you’re new here. I felt enveloped by my resident mates, and that was a great feeling.”

## Urology

Another closely-knit, exclusive program, urology’s highly specialized nature attracts those seeking excellence. The surgical urology program accepts just three residents each year and is five years long.

“Each resident has a lot of responsibility. We need to have a culture of camaraderie because if one person is missing it affects us all,” says Dan Willis, M.D., a fourth-year resident. “I also think we have a great working relationship with our faculty members that a lot of other residents don’t get because they don’t have that continuity. We’ll work with them all five years and they will be there with us every step of the way as we develop as surgeons.”

Willis starts his day around 4 a.m. At 4:30, he prepares for

CONTINUED ON **PAGE 16**



# Nurses in residence

Come spring, 28 Doctor of Nursing Practice students will start their residencies in advanced practice nursing. During this clinical immersion, they will develop skills as clinical experts and must manage, lead and find ways to balance care with efficiency — all while striving to improve patient care and outcomes.

“It allows them an opportunity to become engaged in the practice environments and to assimilate complex clinical knowledge,” said Sharon Bradley, D.N.P., interim associate dean for academic and student affairs for the College of Nursing.

Each student’s experience is different based on his or her selected specialty track. Up to seven specialty tracks are currently available for study. But unlike traditional medical residencies, students practice in variety of settings, such as hospitals, clinics or in the community. Students complete 500 clinical hours during one or two semesters. UF is one of six public universities in the state that offers a D.N.P. degree, and the residency is one of the final steps toward earning the practice-focused doctorate.

— Bridget Higgingbotham

rounds by taking patients’ vital signs, collecting bloodwork results and checking results of tests. At 5:30 or 6, he and a team of residents, and sometimes an attending, go on rounds and see anywhere from five to 25 patients. Almost every day at 7, there’s an educational conference to prepare for boards or discuss interesting surgical cases.

Willis performs surgeries most days, usually until 6 or 7 p.m. He often stays another hour or so to check on his patients and get an update on their progress.

Contrary to what some people might think, his motivation has never been about the steep salary he’ll earn after residency.

“The biggest thing I’ve learned from residency is what motivates me. After four years of residency, you’re not motivated by the money or by what people think of you,” he reflects. “What motivates me and keeps me happy during a long day is the satisfaction I get making a difference in the lives of our patients, to be honest with you.”

What he was not prepared for, he says, is the commitment it takes to excel in residency. The hours are especially taxing when you spend the day operating and taking care of patients, only to face a research project and more studying when

you get home.

Willis, who is married with four children, returns home to a family that requires just as much care and attention as he devotes to patients.

And like Lynch from pediatrics, he too has encountered family members who doubt his credentials.

When Willis’ daughter took a spill in the house, he tried to stitch her head in the emergency room himself. She was scared, and he wanted to help.

“She looked up at me and said, ‘Daddy, I want a doctor to do it!’” he recalls. “So, the non-surgeon ER physician sewed her up. Just when I thought I could mesh work and family, I was foiled again.”

Willis is “100 percent committed” to both work and family. He enjoys what little leisure time he has working on his house, visiting local springs and going to the beach with his family.

But in pursuit of excellence, he pays a price. He’s realized he can’t do it all. The key to residency, someone once told him, was to learn to live with guilt.

“I like to play golf and have a bunch of hobbies, but my wife reminds me I chose my career and to have a family,” he says. “There will be a time and a place.”

Until then, it’s business as usual. **P**



Dr. Dan Willis, a fourth-year urology resident, talks to patient James Morrell in the urology clinic at the Shands Medical Plaza.

# Building **better** dentists

UF awarded \$7 million to train dentists to serve children, at-risk patients



PHOTO BY MARIA BELEN FARIAS

The College of Dentistry received \$300,000 to expand its dental simulation laboratory, where first- and second-year students train. This was one of several projects that recently received funding in the college.

By Karen Rhodenizer

Faculty in the UF College of Dentistry received five grants totaling nearly \$7 million to improve access to dental care for underserved children and adults from the Health Resources and Services Administration of the U.S. Department of Health and Human Services.

The funding will be used to enhance education for dental students and specialists with an emphasis on public health dentistry and to ensure that tomorrow's dentists graduate with an understanding of how to treat a diverse patient population, and are culturally competent to deliver care to the underserved.

"These grants direct much-needed funding and resources to allow us to build our infrastructure to train more dentists, and to enhance that part of our dental education that relates to serving the most at-risk populations in our state," said **Teresa A. Dolan**, D.D.S., M.P.H., dean of the College of Dentistry.

"There are pieces in these five grants that address a broad range of critical care issues, including pediatric dental care, tobacco cessation, increasing our minority enrollment and providing care for minority populations. It's a comprehensive package and it will have a dynamic effect on our curriculum and our students during the next five years," she said.

Dolan was one of four faculty members who received grants. She received

\$300,000 for equipment upgrades and expansion of the college's dental simulation laboratory where first- and second-year dental students learn the hands-on practice of dentistry before entering the clinics and working with patients. Improving the laboratory allows the college to increase the number of students admitted annually, a necessary step to expanding access to care for patients in Florida. Other recipients include:



Teresa A. Dolan

- **Frank Catalanotto**, D.M.D., a professor and chair of community dentistry and behavioral sciences, received two of the five grants. The first, for \$3.7 million, will focus on enhancing the predoctoral dental education program's curriculum that relates to serving diverse populations, recruiting more minority students, teaching students how to promote tobacco cessation, and increasing understanding and awareness of public health dentistry. He also received a grant for almost \$300,000 that will provide equipment to support the training goals of his larger grant.



Frank Catalanotto

- **Scott Tomar**, D.M.D., Dr.P.H., a professor of community dentistry and behavioral sciences, received \$1.3 million to fund a unique program that will prepare pediatric dental residents for future leadership positions in public health dentistry. It expands an existing two-year residency program, adding an optional third year during which the resident practices in a public health facility and conducts a field or community-based research project. Residents graduate with a certificate in pediatric dentistry, a master's in public health and an understanding of the needs of children along with fundamental understanding of public health programs and health administration. The goal is to increase the number of pediatric dentists who work in public health and are able to provide the specialized scope of services that children need.



Scott Tomar

- **Micaela Gibbs**, D.D.S., an assistant professor in community dentistry and behavioral sciences, received \$1.3 million to assist with transitional funding of the college's Internationally Educated Dentist Program, based in Hialeah, Fla. The program's graduates mirror the ethnic and socioeconomic demographics of Florida and can help address the oral health disparities of the state's population. **P**



Micaela Gibbs



# The **link** between depression **and** dementia



PHOTO BY JESSE S. JONES

**VONETTA DOTSON, PH.D.**

By Jill Pease

**A**n episode of depression can raise a person's risk of developing dementia by 14 percent and two or more episodes can double the risk, according to a new UF study. The findings were published in the July 6 issue of *Neurology*.

"A lot of researchers have shown that a history of depression increases your risk for dementia. I became intrigued by the possibility that having multiple episodes of depression might increase your risk even greater," said lead researcher Vonetta Dotson, Ph.D., an assistant professor in the College of Public Health and Health Professions' department of clinical and health psychology.

For the study Dotson and colleagues analyzed data collected from older adults participating in the National Institute on Aging's Baltimore Longitudinal Study of Aging. Participants completed a general depression survey at one- to two-year intervals. Of the 1,239 participants, 142 developed dementia and 88 developed mild cognitive impairment.

Each episode of elevated depressive symptoms was associated with a 14 percent increased risk of developing dementia. Participants with two or more depressive episodes were nearly twice as likely to develop dementia.

Experts aren't sure why depression and dementia are linked, but one theory is that depression can damage the brain's hippocampus, an important area for memory, Dotson said.

"I'm hoping this research will lead to more recognition of the importance of treating depression in older adults," Dotson said. "This is one way we can actually intervene and potentially reduce the risk of dementia." **P**

## Got **statins**?

Cardiologists recommend new use for old drug

By Czerne M. Reid

**C**ardiologists at UF are pointing to a new use for an old therapy. Giving patients cholesterol-lowering statins before surgery and other invasive procedures can halve the risk of heart attacks, deaths and other complications, they report in the *Journal of the American College of Cardiology*.

"The magnitude of benefit we found in terms of reducing mortality and post-procedure myocardial infarctions and reduction in atrial fibrillation after bypass surgery is really quite large," said first author David Winchester, M.D., a cardiology fellow in the College of Medicine's department of medicine. "If you look at some of the other interventions we use, such as using beta-blockers before surgery, you don't get nearly the kind of benefit that we are seeing with using statins prior to procedures. That is very surprising."

The results strongly support the routine use of statin therapy before invasive procedures, experts say.

Statins are known for their ability to lower cholesterol. But a different mechanism is at play in reduction of postsurgery complications. Although researchers have not pinpointed the specifics, they have clues about how statins work to benefit patients after surgery.

After invasive procedures, the risk of heart attack is raised thanks to a combination of factors. Just the act of inserting wires and catheters directly into major blood vessels can damage those vessels or dislodge unstable plaques that then travel in the bloodstream and restrict blood flow to the very artery that doctors are trying to mend.

Led by Anthony A. Bavry, M.D., M.P.H., the researchers found that patients who took the therapy before surgery had a 43 percent lower risk of heart attack and 46 percent lower risk of atrial fibrillation. Postsurgery death rates were lower by 34 percent. **P**



PHOTO BY JESSE S. JONES

**DAVID WINCHESTER, M.D.**

# THE FIGHT TO BREATHE

Lung Transplant Center receives **\$1 million** from state

By April Frawley Birdwell

Eight years ago, he sat in his living room, tethered to oxygen, his lungs rapidly deteriorating from pulmonary fibrosis. If Tom Telford had not become Patient No. 199, he probably would have gone on this way, unable to breathe, until he died.

That year, 2002, Telford became the 199th patient to receive a lung transplant at Shands at UF. He can't run a marathon and struggles walking up a flight of stairs, but Patient No. 199 is alive. But for many lung transplant recipients, a successful transplant does not always ensure years of survival.

"At five years post-transplant, only 50 percent of recipients survive," said Telford, a semi-retired nuclear engineer who lives in Gainesville. "I was No. 199. I knew 195 to 205. I exercised with these people and got to know them. Now, many of them are not alive. It is pretty depressing."

To help change these statistics, the state of Florida has awarded a \$1 million grant to UF to establish a lung transplant center and fund research projects focused on problems such as chronic rejection, the most common reason why patients die after a lung transplant. The center emerged in 2010 from the flagship lung transplant program.

"Of the solid organ transplants, the survival rate of lung transplants is unfortunately the lowest," said Mark Brantly, M.D., division chief of pulmonary medicine in the UF College of Medicine and a director of research efforts for the new lung transplant center. "There are many challenges in transplanting lungs not the least of which is chronic rejection. We are looking to develop a multicollge research group that will help advance our knowledge about rejection and will develop new therapeutics to improve our patients' lives."

According to the U.S. Organ Procurement and Transplantation Network and the Scientific Registry of Transplant Recipients, about half of lung transplant recipients are still alive after five years, and only about one-quarter of



Lung transplant recipient Tom Telford (center, in blue shirt) worked with UF doctors and other patients to lobby the state for funding lung transplant research and care.

them make it to 10 years.

"This grant will allow us to put our three objectives into motion: education, clinical care and research in lung transplantation," said Maher Baz, M.D., director of the lung transplant center. "We are hoping this will allow us to advance lung transplant knowledge, which in turn will lead to more funding from varied sources that will advance knowledge further and ultimately help our patients."

After his transplant in 2002, Telford set up a charitable trust to donate money to Baz's research and UF's transplant efforts. But after raising \$62,000 during a tennis benefit in 2007, he teamed with John Ross, M.D., a professor emeritus of pediatrics in the College of Medicine, to take fundraising efforts a step further. The duo, along with other transplant recipients, lobbied state legislators for help. After three years, the help came through.

Aside from the research projects, the funds will also go toward the first steps toward developing an improved pediatric lung transplant program through Shands Transplant Center at Shands Children's Hospital at UF.

"Shands is the best," Telford said. "They have performed the most transplants, and it is the obvious place to develop this resource for the state of Florida. **P**



# Savings for science

Researchers to pay Medicare rates for clinical study services

By Czerne M. Reid

A new initiative of the UF Clinical and Translational Science Institute in collaboration with Shands HealthCare and the College of Medicine Research Administration and Compliance Office is removing obstacles for investigators who want to establish clinical research studies.

In September, researchers began receiving the Medicare rate for study-related services performed at Shands HealthCare and UF Physicians facilities. That means individual investigators will no longer have to negotiate their own prices, and rates will not vary by funding agency.

Instituting a set payment rate is the first of a number of changes that will, over time, revamp the entire system of clinical research budgeting and payment — called the “R99 process.” The changes will reduce delay and hassle for UF researchers, and boost clinical research at the university.

“The simple new process will save weeks off the typical protocol development timeline, resulting in more efficient and effective patient-oriented research,” said David R. Nelson, M.D., director of the Clinical and Translational Science Institute. “This will enhance translational and clinical research opportunities for the UF community.”

The pricing structure applies to new studies that request an R99 number from the Research Administration and Compliance Office.

“We can now make the process more efficient for everyone, including our research and hospital teams,” said Yvonne Brinson, R.N., M.H.Sc., assistant dean for research administration and compliance.

In the past, researchers had to contact the service provider for each lab test or medical service and request a quote, then wait to get confirmation of that service. Prices varied by type of funding, and the process created significant delay.


Not anymore.

The new standardized Medicare-based cost schedule will help investigators quickly put together study budgets that optimize the use of research dollars, and prepare grant proposals that are viewed favorably by prospective funders.

“Streamlining the pricing process will allow the principal investigators to remain competitive,” said Bill Robinson, senior vice president for finance at Shands HealthCare.

Later, the mechanisms of research budgeting, billing and payment will be overhauled to ensure accuracy, avoid effort duplication and give researchers more control and accountability.

“Our ability to forge this solution reflects well on the collaboration between CTSI leadership, HSC faculty and hospital administration, and serves as an important step in our journey from ‘us and them’ to ‘we,’” said David Guzik, M.D., Ph.D., senior vice president for health affairs and president, UF&Shands Health System.

To learn more about the rate changes, visit [http://ctc.health.ufl.edu/forms/Medicare\\_Rates\\_for\\_Research.pdf](http://ctc.health.ufl.edu/forms/Medicare_Rates_for_Research.pdf), attend a Research Administration and Compliance Office budget-building class or call 352-273-5946. 



SPOTLIGHT ON RESEARCH



## Decisions, decisions

A new UF study will take an in-depth look at the factors involved in treatment decisions made by people with colorectal cancer. The study is funded by a \$1.2 million grant from the Bankhead-Coley Florida Cancer Research Program. After surgery, patients with newly diagnosed colorectal cancer are routinely asked to make a series of treatment decisions, in particular, whether to undergo chemotherapy. UF researchers will examine how these patients make decisions that fit their individual needs and offer the best health outcomes.

Team members include **Dr. Shahnaz Sultan, Barbara Curbow, Elisa Rodriguez, Tracey Barnett, Evelyn King-Marshall and Dr. Thomas George.**

## Sea-worthy finding

A chemical compound made from a type of bacteria discovered in the Florida Keys by UF pharmacy researcher **Hendrik Luesch**, Ph.D., has shown effectiveness in fighting colon

cancer in preclinical experiments. Writing online in the *Journal of Pharmacology and Experimental Therapeutics*, scientists say the compound — known as largazole because it was first found near Key Largo — inhibits human cancer cell growth in cultures and rodent models by attacking a class of enzymes involved in the packaging and structure of DNA.



Hendrik Luesch

# New technology, new hope

By Laura Mize

**T**his fall, the UF Shands Multidisciplinary Breast Cancer Program will become the first health-care entity in Florida to offer Intrabeam treatments for breast cancer.

"It's a technology that's been recently validated as an approach for drastically shortening the period of treatment for early stage breast cancer," said Stephen Grobmyer, M.D., an associate professor of surgery in UF's College of Medicine who specializes in researching new treatments for breast cancer patients.

In some cases, Intrabeam therapy can shorten the duration of a woman's radiation treatment "from about three to six weeks down to one day."

For other patients, the device is used to administer an initial "boost" of internal radiation before external radiation therapy begins, allowing for a shorter treatment time.

Administering the treatment inside the breast also means less healthy tissue is exposed to radiation and ensures therapy is delivered directly to the former tumor site.

UF physicians expect the Intrabeam machine to arrive in October. Surgeons insert the device directly into the breast during a lumpectomy, or resection operation, to deliver a single dose of radiation therapy to the site where the tumor once was. The device is not meant to treat women undergoing mastectomies. **P**



In July, Dr. Stephen Grobmyer and colleagues visited Jerusalem Hospital in Hamburg, Germany, one of the busiest breast cancer programs in that country, to learn how to use the Intrabeam and to train a team to administer the treatment during surgery.

## Think pink

October is National Breast Cancer Awareness month. According to the American Cancer Society, more than 192,000 patients will be diagnosed with an invasive form of the disease this year.

# Stopping breast cancer

## Grant to help develop new treatments

By Laura Mize

**U**F surgeon Stephen Grobmyer, M.D., and his collaborators in the department of surgery and College of Engineering have been awarded three U.S. Department of Defense Breast Cancer Concept Awards and a research foundation grant totaling nearly \$600,000 to develop new ways to deliver treatment to breast cancer patients.

The money will fund research on three potential delivery methods that may one day allow doctors to target tumors in hard-to-reach places without damaging healthy cells nearby. All three projects rely on nanotechnology.

Working with Grobmyer, an associate professor of surgery in the College of Medicine, are surgical resident researcher Luke Gutwein, M.D., and College of Engineering researchers Brij M. Moudgil, Ph.D., a professor and director of the Particle Engineering Research Center; Scott Brown, Ph.D., a research assistant scientist at the center; and postdoctoral associates Vijay Krishna, Ph.D., and Parvesh Sharma, Ph.D.

The grants will allow UF's researchers to conduct preliminary studies and collect data needed to secure funding for further research on potential

delivery methods. The research could lead to less invasive treatments that are more effective and more comfortable for patients than current procedures. They also could enable new theranostic strategies, which link therapeutic and diagnostic techniques, for breast cancer.

"Right now what we do is we image cancer, and then we design a treatment for it," said Grobmyer. "With theranostics, which nanotechnology is enabling, you can combine the diagnosis and treatment all into one modality." **P**



PHOTO BY JESSE S. JONES

Research team members include (from left) Scott Brown, Dr. Luke Gutwein, Dr. Stephen Grobmyer, Brij M. Moudgil and Parvesh Sharma.



## COLLEGE OF DENTISTRY

### RODRIGO NEIVA,

D.D.S., M.S., joined the department of periodontics on July 1 as the graduate program director and a clinical associate professor. An accomplished lecturer, author and researcher, Neiva earned his D.D.S. in 1997 from Vale do Itajai University in Itajai, Brazil, and his master's degree in periodontics from the University of Michigan in 2004.



Rodrigo Neiva

## JACKSONVILLE

### THEODORE A. BASS,

M.D., a professor of medicine, has been appointed by the American Board of Internal Medicine to be its next chair of the ABIM Interventional Cardiology Test Committee. He will serve a four-year term on the national committee beginning in 2011. Bass serves as chief of the cardiology division, medical director of the cardiovascular center and program director of the interventional cardiology fellowship.



Theodore A. Bass

### SHAHLA MASOOD,

M.D., a professor and chair of the department of pathology and laboratory medicine, was appointed chair of the Scientific Committee by the Florida Breast Cancer Foundation at the September board of directors meeting. The committee reviews scientific grant proposals, makes recommendations on funding and analyzes the opportunities for development of research fellows for the Florida Breast Cancer Foundation, a nonprofit organization dedicated to ending breast cancer through advocacy, education and research.



Shahla Masood

## COLLEGE OF MEDICINE

### TIMOTHY C. FLYNN,

M.D., has been named senior associate dean for clinical affairs at the UF College of Medicine and chief medical officer for Shands at UF. In both roles, Flynn



Timothy C. Flynn

will help department chairs and clinical faculty and staff achieve highest-quality, patient-centered care for hospitalized patients. He will also serve as a point person for planning and implementing quality and patient safety initiatives. He also has recently been elected chair of the Accreditation Council for Graduate Medical Education's board of directors and is vice chair of the American College of Surgeons Board of Governors.

### THOMAS J. GEORGE JR.,

M.D., an assistant professor of hematology/oncology, was tapped last month by Gov. Charles Crist to serve as chair of the Florida Cancer Control and Research Advisory Council. George, a member of the UF Shands Cancer Center and director of the UF Gastrointestinal Oncology Program, has been a member of the 35-member council since 2006. The council advises Florida's governor, Legislature, surgeon general and other state agencies on cancer control issues.



Thomas J. George Jr.

### REBECCA GRAY, Ph.D.,

a postdoctoral fellow in the department of pathology, immunology and laboratory medicine, received a travel grant from the Society for Molecular Biology and Evolution to attend the group's annual meeting in Lyon, France, in July. Gray, one of 20 awardees from around the world, gave an oral presentation on the use of sophisticated statistical models to study past and current epidemics and predict the emergence of new ones.



Rebecca Gray

## COLLEGE OF NURSING

### JOYCE STECHMILLER,

Ph.D., R.N., an associate professor of nursing, was elected to serve a three-year term on the National Pressure Ulcer Advisory Panel board of directors. Stechmiller is a national expert in wound care. Her research focuses on chronic wound healing, nutrition, immune function and health outcomes among older adults. Stechmiller holds secondary appointments at the North Florida/South Georgia Veterans Health System



Joyce Stechmiller

as director of skin and wound education and research and as an investigator with the Rehabilitation Outcomes Research Center.

## COLLEGE OF PHARMACY

### RAYMOND BOOTH,

Ph.D., a professor of medicinal chemistry, has received a \$1.8 million grant from the National Institute of Drug Abuse to develop novel drugs as pharmacotherapy for methamphetamine abuse and induced psychiatric disorders. This new award complements his ongoing NIDA funding to discover and develop novel serotonin 5-HT<sub>2</sub> receptor drugs for cocaine addiction and his National Institute of Mental Health award to develop antipsychotic drugs without weight gain.



Raymond Booth

### JUDITH M. RIFFEE,

R.Ph., a development coordinator in the UF Office of Interdisciplinary Education, is Kappa Epsilon fraternity's Woman Pharmacist of the Year. Candidates for this award are chosen and voted on by active KE members. Riffée received the honor for her dedication as a faculty adviser to UF students traveling this spring to Ayuda, Nicaragua on a health outreach trip.



Judith M. Riffée

## COLLEGE OF PUBLIC HEALTH AND HEALTH PROFESSIONS

### MERYL ALAPPATTU,

P.T., D.P.T., and VIRGINIA LITTLE, P.T., M.S., N.C.S., doctoral students in the college's rehabilitation science program, received scholarships from the Foundation for Physical Therapy board of trustees. The program funds the most highly qualified doctoral and postdoctoral students preparing for research careers. Alappattu's scholarship was supported by the Georgia State-Marquette Challenge and Little received the Marylou Barnes-Patricia Leahy Award for post-professional studies in neurology.



Meryl Alappattu



Virginia Little

# Shoe-leather *epidemiology*

How three years in the CDC Epidemic Intelligence Service shaped Glenn Morris

By Laura Mize

When camps of Vietnamese refugees living in Thailand were overrun by cholera in the late 1970s, the Thai government called the national Centers for Disease Control and Prevention for help. The CDC sent Glenn Morris, M.D., an officer in the agency's Epidemic Intelligence Service.

Morris, having just completed his second year of residency at the University of Texas medical system, spent several months in the refugee camps, working with local authorities to reduce transmission and understand why the disease was spreading so rapidly. The illness caused medical chaos in the camps and aboard large flights of refugees abroad. There also was a danger of cholera spreading once the planes landed.

Morris and Thai authorities determined that, predictably, population density in the camps was a major factor in the outbreaks.

"We worked with the camp operators to try to minimize the crowding, to try to improve sanitation facilities," Morris explained.

They also separated refugees preparing to fly and stored medical supplies on planes to treat passengers who became ill.

"There's a very strong feeling at CDC that there is no substitute for what is called 'shoe-leather epidemiology,'" he said. "It's one thing to read reports, but until you're actually there, using your shoe leather, you don't really understand the epidemiology."

Today Morris directs UF's Emerging Pathogens Institute.

During his two-year employment with the EIS, Morris traveled to Bangladesh, India, Argentina, the Virgin Islands and numerous destinations within the U.S. Assigned to track and investigate outbreaks of enteric diseases such as cholera, ciguatera, shigella, salmonella and *Campylobacter*, Morris' work ranged from the adventure of studying cholera in Thailand to the monotony of conducting phone surveys.

A half-packed suitcase in his closet kept him prepared for last-minute assignments — like the time he had two hours to prepare for a two-week trip to Argentina.

He called his time in the EIS "the most exciting two years of my life."

But the job left Morris with questions about the diseases he'd encountered.

"I really wanted to understand the underlying science," he said. "I had questions that couldn't be answered by an epidemiologic investigation."

GLENN MORRIS, M.D.



After working for the EIS, Morris headed back to the laboratory. He finished his residency at Emory University, then completed a fellowship in infectious diseases at the University of Maryland and returned to academic medicine. From 1994 to 1996, Morris served as director of the U.S. Department of Agriculture's Epidemiology and Emergency Response Program.

Today, Morris' EIS experiences provide him with the knowledge he needs to continue working with cholera and ciguatera. But it gives him something else, too.

"After my two years as an EIS officer, I felt like there was no outbreak anywhere, no matter what disease, that I couldn't walk in, take control and figure it out, just because I'd done it so many times," he said. "It gives you confidence in your ability." **P**

## WANT TO JOIN?

The EIS accepts applications from medical professionals or scientists, and provides opportunities for students. U.S. citizenship is not required.

Visit [www.cdc.gov/eis/ApplyNow.html](http://www.cdc.gov/eis/ApplyNow.html).



SEE YA!

College of Medicine alumna Dr. Jean Bennett, College of Medicine Dean Dr. Michael L. Good and Dr. Heather Harrell unveil the George Harrell historical marker.



Brian Moore waits with Cody, a 5-year-old black lab mix, for the start of the 2010 Heart Walk.



Meet the 2010 Shands at UF Heart Walk team. This year's Heart Walk was held at the North Florida Regional Medical Center Sept. 18.

# THE POST

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The POST is the monthly internal newsletter for the University of Florida Health Science Center, the most comprehensive academic health center in the Southeast, with campuses in Gainesville and Jacksonville and affiliations throughout Florida. Articles feature news of interest for and about HSC faculty, staff and students and Shands HealthCare employees. Content may be reprinted with appropriate credit. Ideas for stories are welcome. The deadline for submitting items to be considered for each month's issue is the 15th of the previous month. Submit to the editor at [afrawley@ufl.edu](mailto:afrawley@ufl.edu) or deliver to the Office of News & Communications in the Communicore Building, Room C3-025.

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