Fellowships: Enhancing the education of family medicine physicians
Eugene Marsh, MD
Dean, College of Community Health Sciences
HEALTH CARE REFORM BRINGS CHALLENGES, OPPORTUNITIES TO MEDICAL EDUCATION

In the world of Continuous Performance Improvement and Quality Improvement, it is recognized that there are two areas in which change is most difficult. One is health care, and the other is academia. Our world of academic medicine, therefore, is hindered by a double dose of resistance to change. This poses a significant hurdle in light of the health care challenges we face in this state and country and the growing national consensus to increase the provision of primary care, with its emphasis on prevention, wellness and chronic disease management.

We are dangerously short in the number of primary care physicians needed in Alabama and the United States. We are beginning to see some emphasis being placed on primary care education at the medical school and residency levels, but these changes are not sufficient to meet the current needs of the state and less than what it will take to provide the kind of care advocated by national health care reform. Even with our campus’s focus on primary care, it is still challenging to effect significant change and to encourage more students to consider a career in primary care, but we are striving to do so. Work is underway to increase the size of our Tuscaloosa Family Medicine Residency. We have also created a number of fellowships that are attracting more medical students to family medicine and that are providing them with additional training to fit their desired practice.

While these are the kinds of changes that we can make and stay within our current structure and comfort zone, they do not go far enough. We need to transform our medical education system to achieve a shift in emphasis to primary care and really impact health care in Alabama. We need to critically examine our medical education system and have the courage to change “the way we have always done it.” To do so, we must look first to our desired outcome (high-quality, cost-effective health care), agree on the best mechanism by which this can be achieved (i.e., a patient-centered, medical home model of care with its seamless collaboration of subspecialists, hospitals, nursing homes, etc.) and restructure our medical education system to achieve this desired result.

I was encouraged during the recent, initial meeting of the College of Community Health Sciences’ Board of Visitors. The board was created as a way to reach out to people across the state, including those in rural areas, and seek input to support the College’s mission. At the meeting, we discussed some of the health care challenges Alabama faces and ways we can address these challenges. There is a consensus that change is needed and there is no shortage of ideas about how to achieve better health-care outcomes for our state. Rather than being followers of change and waiting for government, third-party payers and others to shape the future of health care, the College wants to help lead this change, and we encourage other academic institutions to do the same.

My hope is that through careful listening, staying focused on the ultimate measure of health care – patient outcomes – and increasing flexibility and willingness to change, the College of Community Health Sciences can meet the current challenges and achieve its mission of helping to provide the primary care needs of Alabamians, particularly those living in rural areas.

With challenges come opportunities. With the support of many people across this state and nation who believe in our mission, I am confident that we can take a leadership role and make the most of these new challenges and opportunities and, in doing so, make a real difference in health care in Alabama.
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The College has launched a Rural Health Resource Center website that is designed to share resources from the College’s health care providers and Health Sciences Library with physicians who are practicing in rural Alabama.

The website contains links for various specialty areas, including family medicine, pediatrics, obstetrics and gynecology, internal medicine, psychiatry and sports medicine, as well as nutrition and social services. Each link contains physician resources and patient handouts specific to these specialty areas that were chosen and that are used by the College’s physicians. There are also links to websites of the American Association of Family Practitioners, the American Association of Pediatrics, the American College of Obstetrics and Gynecology, the American College of Physicians, the American Psychiatric Association, the National Association of Social Workers and the American Dietetic Association.

Electronic information from the College’s Health Sciences Library is included on the website, as are links to online educational activities, including Continuing Medical Education offerings. Users can also access information about the College, including news and upcoming events, as well as the latest medical, family medicine and government news from around the nation.

The website is updated daily and can serve as a homepage for physicians who can also select and make easily available their favorite resources.

The Rural Health Resource Center website was created in 2008 after family medicine physicians responded to a College survey asking how the College could be of service.

“Our commitment is to respond to the needs of physicians in Alabama towns through a variety of ways, such as easier library use, the availability of popular lectures, patient information, and to foster better communication between the College and practicing rural physicians,” says College Dean E. Eugene Marsh, MD. “The website is our attempt to continue to support the fine efforts of rural physicians.”

The Rural Health Resource Center website can be found at www.cchs.ua.edu/rural-health.
The College of Community Health Sciences is responding to changing needs in health care by offering more fellowships for family medicine physicians.

The College, which is also the Tuscaloosa branch campus of The University of Alabama School of Medicine, recently added a fellowship in hospital medicine and one in emergency medicine. A sports medicine fellowship and academic medicine fellowship began this summer, and fellowships in rural public psychiatry and behavioral health began this fall. The College has long offered a fellowship in obstetrics. Additionally, a rural medicine training track during the residency years is now in its second year.

The fellowships are offered through the College’s Tuscaloosa Family Medicine Residency and academic departments; each fellowship adds one year of training following three years of residency.

“While these fellowship programs benefit the individuals who pursue additional training, they also benefit all of our residents and medical students with the educational infrastructure they provide,” says College Dean E. Eugene Marsh, MD.

Enhancing Their Game

A recent survey of family medicine physicians shows 45 percent serving as team physicians in one or more sports. To help future physicians fill that role, the College’s Sports Medicine Fellowship welcomed its first fellow this summer, offering education, training and certification in state-of-the-art sports medicine care. Fellows work with University of Alabama athletic team

By Leslie Zganjar
The Tuscaloosa Family Medicine Residency received approval in 1973 from the Residency Review Committee for Family Medicine for 36 family medicine residents, 12 per year. The first full-time resident entered the program in 1974. In the years since, the residency has produced nearly 400 graduates. Accredited and affiliated with DCH Regional Medical Center in Tuscaloosa, the residency is an unopposed program that has the advantages of being university-affiliated and community-based.

Today, the Tuscaloosa Family Medicine Residency is among the most successful family medicine residencies in the country. One of every seven family medicine physicians in Alabama was trained at the residency, and 67 percent of graduates are practicing in Alabama in Health Professional Shortage Areas (HPSAs), the majority of which are located in rural areas. In addition, the residency has alumni in 10 southeastern states also practicing in HPSAs, demonstrating that the residency is having an impact on improving access to primary care not only in Alabama but in the Southeast as well.

Physicians, coaches, trainers, and athletes between and during University sporting events. Fellows also work with local area high school athletes.

Marsh says the Sports Medicine Fellowship will benefit the University and its athletes and provide additional training “that will be felt in community sports programs as fellows graduate and establish their practices throughout Alabama and the region. The fellowship will also enhance the training of other family medicine residents who might not elect to take an extra year to complete the fellowship but who could well find themselves serving as team physicians for sports programs and athletes in the communities where they will practice.”

The Sports Medicine Fellowship is the culmination of several years of work by the College and The University of Alabama Department of Intercollegiate Athletics. The fellowship is part of the College’s Dr. Patrick Lee Trammell Sr. Excellence in Sports Medicine Program, named in honor of the quarterback who led the Crimson Tide to the 1961 national championship. Trammell received his undergraduate degree from The University of Alabama in 1963; three years later, he graduated from the University’s School of Medicine. As he prepared to start his residency, he was diagnosed with cancer and died at the age of 28 in 1968.

As part of the Sports Medicine Program, an endowed chair will be established to recruit a nationally known sports medicine physician to lead the College’s efforts in sports medicine research and strengthen its sports medicine training.

Hospital-Based Training

The College’s University Hospitalist Fellowship program is the nation’s first certified hospitalist fellowship for family medicine physicians. The yearlong fellowship offers training at Tuscaloosa’s DCH Regional Medical Center, a tertiary-care facility with more than 580 beds. University of Alabama Hospitalists Group physicians, all of whom are College faculty, care for nearly half of inpatients at the medical center. The fellowship began in 2008 and had its first graduate last year.

The Emergency Medicine Fellowship for Primary Care Physicians is another yearlong program based at DCH Regional Medical Center. A level II trauma center and regional referral center for West Alabama, the medical center’s emergency department is one of the five busiest in Alabama, treating approximately 70,000 patients a year. The fellowship, a collaboration of the College and Tuscaloosa’s Northriver Emergency Physicians, began in 2008. Its goal is to provide clinical and procedural training and experience so that family medicine physicians can practice emergency medicine more comfortably, says fellowship Director Dustin Sheppard, MD.

Preparing for Rural Practice

The Rural Residency Training Track, also established in 2008, enables resident physicians to gain 24 months of hands-on experience in a rural clinic in Centreville, Alabama. The Tuscaloosa Family Medicine Residency is the state’s first family medicine residency to provide an accredited rural training track, says residency Director John B. Waits, MD. He adds that the first rural-track resident chose to practice in a rural Alabama community after his June graduation.

The College has offered an Obstetrics Fellowship since 1986. The fellowship was developed by Paul David Mozley, MD, then chair of the College’s Department of Obstetrics and Gynecology and now professor emeritus, to address the overwhelming need for obstetric care in
rural and remote areas of Alabama. During the yearlong
program, fellows master high-risk, operative obstetrics
and office obstetric and gynecologic procedures,
including ultrasound, colposcopy, cryotherapy and
endometrial biopsies.

Fellowship Director Dwight Hooper, MD, says
that as the attrition of obstetricians in the United
States exceeds the number of obstetricians completing
residencies and entering general practice, programs that
train family medicine physicians to provide quality
obstetrical care will continue to grow in importance.

Healing the Mind

Family medicine physicians in rural areas have few
psychiatrists close by for patient referrals and often must
address psychiatric care issues themselves, says Marisa
Giggie, MD, director of the College’s Behavioral Health
Fellowship. She says 50 percent or more of a family
medicine physician’s caseload involves patients with
psychiatric issues.

The yearlong Behavioral Health Fellowship trains
family medicine physicians, particularly those planning
to practice in rural communities, to better care for
patients with psychiatric concerns.

Giggie also directs the College’s Rural Public
Psychiatry Fellowship, a yearlong program for physicians
who have completed an accredited psychiatry residency.
The goal of the fellowship is to provide administrative
training and public psychiatric experience for
psychiatrists interested in practicing or serving in a
community setting.

It’s Academic

The yearlong Academic Medicine Fellowship
provides physicians with the knowledge and skills to be
effective teachers, mentors and scholars, says fellowship
Director Alan Maxwell, MD. The fellowship is designed
for physicians who have successfully completed a family
medicine residency.

Maxwell says there are other academic medicine
fellowships for family physicians throughout the country,
but the College’s Academic Medicine Fellowship is the
only one in Alabama for family medicine physicians.

He says Academic Medicine fellows receive faculty
appointments in the College’s Department of Family
Medicine and participate in educational projects and
activities in collaboration with department faculty.

SPORTS MEDICINE
FELLOWSHIP

Before his decision to commit to medicine, Earl Ray
Stewart, MD, wanted to be a professional baseball
player. “Then reality hit,” he says. “Only a handful of
people make it to that level.”

But Stewart will still be part of the game. He is the
first fellow in the College’s Sports Medicine Fellowship
program, which began this summer and offers education,
training and certification in state-of-the-arts sports
medicine care. As a fellow, Stewart will work during and
between University of Alabama sporting events with
University athletic team physicians, coaches, trainers and
athletes, as well as with local area high school athletes.

“I really enjoy being part of a team – taking care of
athletes on the field and being part of the community,”
he says. “This fellowship is a great opportunity to do
something I really enjoy with good people at a place I
love.”

The yearlong Sports Medicine Fellowship is offered
through the College’s Tuscaloosa Family Medicine
Residency. A recent survey of family physicians shows that
45 percent serve as team physicians in one or more sports. In addition, research shows that musculoskeletal injuries represent up to 15 percent of all visits to family medicine physicians' offices.

Under the guidelines of the Sports Medicine Fellowship program, fellows are required to spend half their time in a clinical setting, of which one day each week is spent seeing patients at the Dr. Bill deShazo Sports Medicine Center, located within University Medical Center. Fellows also spend a half day per week seeing patients at University Medical Center's Family Medicine Clinic. The College operates both the Sports Medicine Center and University Medical Center. In addition, fellows devote 10 to 15 hours per week to the University’s Athletic Department, as well as provide weekly coverage at University sporting events and at area high school sporting events.

The Dr. Bill deShazo Sports Medicine Center is named in honor of the late William F. deShazo, MD, a long-time faculty member at the College who chaired its Department of Family Medicine, directed the Tuscaloosa Family Medicine Residency and who introduced the sports medicine rotation into the College’s curriculum. deShazo was also the team physician for the University’s Athletic Department from 1972 to 1985 and served as a personal physician to then head football Coach Paul “Bear” Bryant.

James Robinson, MD, of West Alabama Family Practice and Sports Medicine in Tuscaloosa, directs the Sports Medicine Fellowship, which he helped develop. He has served as head team physician for The University of Alabama since 1989.

A native of New Orleans, Robinson graduated from the Louisiana State University School of Medicine and completed his residency training at the Tuscaloosa Family Medicine Residency. He received fellowship training in primary care sports medicine at the Cleveland Clinic in Cleveland, Ohio. He then returned to Tuscaloosa and established his private practice.

In addition to his practice and his work with The University of Alabama, Robinson cares for numerous athletes throughout the Southeast, serves as medical director for DCH Sports Medicine in Tuscaloosa and is team physician for many local area high schools. He served as a physician for the U.S. Olympic team at the 2000 Summer Games in Sydney, Australia.

Stewart graduated from the Tuscaloosa Family Medicine Residency in June. He says the opportunity to work with and care for athletes was the primary reason he chose to remain for additional training through the Sports Medicine Fellowship program. “In family medicine, we often see and help manage chronic conditions that we don’t get to completely cure. With athletes, to be able to fix a problem and get them back to doing what they want to do, there’s a certain satisfaction in that,” he says.

Stewart says The University of Alabama is the perfect place to be involved in sports medicine given the University’s sports culture and talented athletes, as well as the College’s outstanding physician faculty, strong focus on primary care and commitment to sports medicine.

Upon completion of the fellowship, Stewart plans to practice family medicine with a sports medicine emphasis in a small town in Alabama. He says there is a strong connection between family medicine and sports medicine.

“In sports medicine, you get opportunities to do what you do as a family medicine physician, which is to prevent injury and disability,” he says. “I really enjoy high school athletics and I hope to be really involved with that. But I am still a family medicine physician and that’s the way I see myself.”

Stewart says he chose family medicine as a specialty his first day of medical school. He is a graduate of The University of Alabama School of Medicine. “It was a natural choice for me. I always wanted to take care of everyone and not be restricted in what I do.”

While he briefly considered a baseball career, it was Stewart’s interest in science and his father’s heart disease that kept him firmly on the path to medicine.

“When I was young, my dad went through a difficult time with his illness. I was always interested in what was going on with him and I would get out the encyclopedia and read about it. I think that’s where the seed was planted,” Stewart says. “Going through school, I loved science, anatomy, understanding things and solving problems. It all fit with medicine.”
The College’s University Hospitalist Fellowship is the nation’s first certified hospitalist fellowship for family medicine physicians. Fellowship founder and director, A. Robert Sheppard, MD, says the College received word about the national certification in June. “We have the first such certified program in America,” Sheppard says. “It is the first hospitalist fellowship in the country specifically designed for family medicine physicians.” Program certification allows physicians who complete the fellowship to take the necessary exams to become board certified in hospitalist medicine.

In addition, Sheppard says the certifying entity, the American College of Physician Specialties, used the College’s Hospitalist Fellowship as a guide in establishing its board and site certification processes for future hospitalist fellowships in the country.

Physicians who practice hospital medicine work within hospitals, caring for patients from the time they are admitted to the time they are discharged. Hospitalists provide much of the hospital care once handled by patients’ primary care physicians.

The growth of the specialty has been fueled by several trends, the main one being that the demands on office-based physicians’ time have significantly increased and many have less time to travel to facilities where their patients are hospitalized and make rounds. In addition, research has shown that as medicine becomes more complex and more technology dependent, physicians who have constant exposure to acute illness can improve efficiency and consistency of care, and lower costs. Research also suggests greater satisfaction among hospitalized patients who are cared for by hospitalists.

“Hospitalists are there all day,” Sheppard says. “They can answer questions, meet with the family and follow up on tests. Traditional office-based physicians make morning rounds, then go back to their practices and often find it difficult to split their time throughout the day with office and hospitalized patients.”

Sheppard adds that hospitalists “help traditional office-based physicians to do a better job in the office because their focus can remain there. They are not distracted and they do not have to leave and come back and cut appointments short. It’s a good partnership.”

In addition to being the first hospitalist fellowship for family medicine physicians, the College’s Hospitalist Fellowship is the only one in the country with a rural focus, according to Sheppard.

The yearlong fellowship offers training at Tuscaloosa’s DCH Regional Medical Center, a tertiary-care facility with more than 580 beds. The University of Alabama Hospitalists Group physicians, all of whom are College faculty, care for nearly half of DCH inpatients. In addition, the fellowship provides training at a satellite rural hospital, Pickens County Medical Center in Carrollton, Alabama.

Sheppard says a significant focus of the Hospitalist Fellowship is to train family medicine physicians who will work as hospitalists in rural areas. “The time they spend at Pickens County Medical Center gives them a comfort level to practice in a critical care environment with limited support from specialists,” he says.

The Hospitalist Fellowship began in 2007 and had its first graduate, Neal Honea, MD, last year. Current fellow Ty Krehbiel, MD, graduated in June from the College’s Tuscaloosa Family Medicine Residency. The Brewton, Alabama, resident earned his medical degree from The University of Alabama School of Medicine in 2007.

Sheppard is also a graduate of The University of Alabama School of Medicine. He completed a Categorical Internal Medicine Residency at the University of South Alabama Medical College in Mobile. As chief medical resident, he focused on cardiology and medical sonology. After completing the residency, Sheppard began a general internal medicine and cardiology practice in Carrollton.
that spanned 25 years, and that experience convinced him of the benefits of a hospitalist fellowship for family medicine physicians. Most hospitalists are trained in general internal medicine.

Sheppard recalls that when he was on call at Pickens County Medical Center, he would ask family medicine physicians for assistance in areas like pediatrics and, in turn, he would assist them in critical care. “It made me feel comfortable with what family physicians do and I benefited from their broad education,” he says. “That gave me the idea that here at the College, in an academic environment, family doctors would benefit from exposure to more critical care and that a one-year fellowship in hospitalist medicine would leave them more comfortable in the newly emerging hospitalist arena.”

ACADEMIC MEDICINE FELLOWSHIP

While a resident in the College’s Tuscaloosa Family Medicine Residency, Deanah Maxwell, MD, had the opportunity to help medical students develop diagnostic and treatment plans for patients. She found the work challenging and rewarding.

“The experience sparked an interest in me to explore the arena of teaching within the scope of medicine,” she says. This summer, Maxwell became the College’s first Academic Medicine fellow.

The yearlong Academic Medicine Fellowship provides physicians with the knowledge and skills to be effective teachers, mentors and scholars, says fellowship Director Alan Maxwell, MD (no relation to Deanah Maxwell). The fellowship is designed specifically for physicians who have successfully completed a family medicine residency. Alan Maxwell says there are other academic medicine fellowships for family medicine physicians throughout the country, but the College’s Academic Medicine Fellowship is the only one in Alabama for family medicine physicians.

Maxwell is also an associate professor in the College’s Department of Family Medicine, through which the fellowship is offered. He says Academic Medicine fellows receive faculty appointments in the department and participate in educational projects and activities in collaboration with department faculty. Fellows maintain a private practice and serve as attending physicians in the College’s Family Practice Center, and serve on the in-patient service at DCH Regional Medical Center in Tuscaloosa. In addition, fellows receive management and leadership skills training and have opportunities to travel to regional and national meetings of such organizations as the Society of Teachers of Family Medicine.

Maxwell says when selecting a fellow, the department looks for certain qualities – excellent people skills, a desire to pursue knowledge and a demonstrated interest in and support for the specialty of family medicine.

Deanah Maxwell says she has always been interested in family medicine. “I like all aspects of medicine and family medicine allows me to see and manage a variety of health conditions. The possibilities in family medicine are endless and that makes for a very dynamic and exciting career.”

Maxwell graduated from the Tuscaloosa Family Medicine Residency in June. She says she chose the residency because of the dedication of the College’s faculty and fellow residents. She is a graduate of The University of Alabama School of Medicine and earned a bachelor’s degree in medical technology in 2001 from the University of Alabama at Birmingham.

Maxwell says she is not sure if she chose medicine, or if medicine chose her. “My desire to enter a career in medicine dates back as far as the second grade, and every pathway since has led me to this point.”

After her junior year in high school, Maxwell, a native of Tuskegee, Alabama, participated in the College’s Rural
Health Scholars Program, an initiative that brings high school juniors from rural communities to The University of Alabama for a five-week summer program to explore rural health careers and experience college life. Scholars live on campus, take courses for credit, participate in seminars and field trips and receive information about health careers.

Maxwell also participated in the College’s Rural Medical Scholars Program as a medical student. The program seeks to produce physicians for rural Alabama. The Rural Medical Scholars and the Rural Health Scholars programs are part of the College’s Rural Health Leaders Pipeline, a series of programs created at The University of Alabama to find and nurture students from rural areas who are interested in becoming physicians and practicing in their hometowns or in similar areas.

Maxwell says upon completion of the Academic Medicine Fellowship, she plans to practice in a rural area and also hopes to have an appointment with The University of Alabama School of Medicine or the College’s Tuscaloosa Family Medicine Residency “that allows me to actively participate in the education of medical students and residents.”

Ahmed Moussa, MD, graduated from the College’s Tuscaloosa Family Medicine Residency in June but wanted more exposure to emergency medicine before starting a practice. To get that experience, he started this summer as a fellow in the College’s Emergency Medicine Fellowship for Primary Care Physicians.

“I thought that as a primary care physician, I might need more exposure in the emergency room. Even in an office setting, you have to be comfortable with emergency situations,” Moussa says. “I think emergency medicine training is important, and it adds to the hands-on experience and skills of primary care physicians.”

With the additional training, Moussa will also help fill a critical nationwide need for more physicians experienced in emergency medicine. The Emergency Medicine Fellowship, a collaboration of the College and Tuscaloosa’s North River Emergency Physicians, began in 2008 with the realization that it would likely be many years before enough residency-trained emergency medicine physicians would be available to staff the country’s emergency departments, says fellowship Director Dustin Sheppard, MD.

Sheppard says emergency medicine training is especially important for family medicine physicians practicing in rural areas because rural hospitals are traditionally staffed by local physicians, particularly family medicine and internal medicine physicians. “Part
of having privileges at the hospital may be covering the emergency room,” he says.

Sheppard says the goal of the Emergency Medicine Fellowship is to provide clinical and procedural training and experience so that primary care physicians can practice emergency medicine more comfortably and effectively. This is accomplished with rotations in emergency medicine, critical care and radiology as well as with a didactic curriculum designed to supplement primary care residency training with the essentials of the field of emergency medicine.

“The fellowship will provide family medicine physicians experience with trauma and critical care and procedures that they may not get in a typical family medicine residency,” Sheppard says.

The yearlong fellowship program is based at DCH Regional Medical Center in Tuscaloosa. A regional trauma and referral center, DCH’s emergency department is one of the busiest in Alabama, treating approximately 70,000 patients a year. North River Emergency Physicians contracts with the hospital to staff the emergency department and, as part of the fellowship program with the College, provides oversight and funding for the fellowship. Sheppard says interest in the fellowship program is growing and the College has added and is working to fill a second fellowship position.

Sheppard, a graduate of The University of Alabama School of Medicine, initially chose internal medicine as a specialty and began an internal medicine residency in Birmingham before changing to emergency medicine. He completed an emergency medicine residency at Louisiana State University School of Medicine and worked at Earl K. Long Medical Center and Our Lady of the Lake Regional Medical Center, both in Baton Rouge, Louisiana, as part of his residency. Sheppard began working at DCH Regional Medical Center right after completing his residency. He grew up in Carrollton, Alabama. His father, A. Robert Sheppard, MD, is an internal medicine physician and directs the College’s University Hospitalist Fellowship program.

Moussa was practicing in New Zealand when he decided to continue his medical education and training with a focus on primary care. He explored a number of residencies before choosing the College’s Tuscaloosa Family Medicine Residency. He was accepted into the program in 2007. Moussa says a primary reason he selected the residency is that it has both a university and a community component. He says residents are educated by outstanding faculty at the state-of-the-art University Medical Center and also benefit from working at the community-based DCH Regional Medical Center with private attendings.

Before moving to New Zealand in 2003, Moussa completed seven years of medical school at Cairo University in Egypt, with a focus on medicine and surgery, followed by a three-year internship. He also was a faculty member at the university, teaching in the pharmacology department. He is originally from Kuwait and moved with his family to Cairo when he was 16 years old.

Moussa says he was drawn to medicine “because it is challenging and because you can help people. You can really touch that human part of people at a time when they need help. It has always been my passion to help people and nothing is better than patients really thanking you from their hearts. Medicine is unique in that sense.”

Moussa says the Emergency Medicine Fellowship will provide him with challenges and opportunities but, more importantly, “it will allow me to better serve my patients.”
Family medicine physicians practicing in rural communities have few psychiatrists close by for patient referrals and often must address psychiatric care issues themselves, says Marisa Giggie, MD.

“Family medicine physicians, particularly those in rural areas, are more responsible for the psychiatric care of their patients,” she says. “For many family medicine physicians, 50 percent or more of their patient caseload involves psychiatric issues.”

Giggie, a psychiatrist and assistant professor in the College’s Department of Psychiatry and Behavioral Medicine, directs the Behavioral Health Fellowship. The yearlong program trains family medicine physicians, especially those planning to practice in rural areas, to better care for patients with psychiatric concerns.

The Tuscaloosa Family Medicine Residency provides more training in psychiatric care than most family medicine residencies. “However, family physicians need more psychiatric training to feel confident handling patients in the field. This fellowship gives them a degree of expertise to handle some of the psychiatric care issues,” Giggie says. She says the fellowship provides additional training for family medicine physicians in evaluation and treatment of psychiatric problems, as well as autism, ADHD, eating disorders, personality disorders and managing chronic pain.

The Behavioral Health Fellowship is for physicians who have completed an accredited family medicine residency. Fellows spend three days a week at one of two rural sites in the state – Cahaba Mental Health Center in Selma and West Alabama Mental Health Center in Demopolis. Fellows also complete rotations at the Tuscaloosa Veterans Affairs Medical Center and at a juvenile detention center.

The College’s Behavioral Health Fellowship is only the second such fellowship in the United States. Giggie says the other program is offered at the University of Tennessee Graduate School of Medicine in Knoxville.

Giggie also directs the College’s Rural Public Psychiatry Fellowship, a yearlong program for physicians who have completed an accredited psychiatry residency. The goal of the fellowship is to provide administrative training and public psychiatric experience for psychiatrists interested in practicing or serving in a community setting.

Like the Behavioral Health Fellowship, the Rural Public Psychiatry Fellowship requires that fellows spend two days a week at either Cahaba Mental Health Center or West Alabama Mental Health Center and complete rotations at Tuscaloosa Veterans Affairs Medical Center and a juvenile detention center. Rural Public Psychiatry fellows also have the opportunity to intern at the Alabama Department of Mental Health to observe or shadow an agency administrator.

Giggie says there are about a dozen public psychiatry fellowship programs in the country, but the College’s Rural Public Psychiatry Fellowship is the only one with a rural focus. Many of the others are offered by universities in large cities and have an urban focus. “Our program gives psychiatrists experience in handling the challenges they will face in rural areas,” she says.

Both the Behavior Health Fellowship and the Rural Public Psychiatry Fellowship began this fall. The programs are offered through the College’s Department of Psychiatry and Behavioral Medicine and are partially supported by funds from Bristol-Myers Squibb.

Giggie specializes in forensic, adult and pediatric psychiatry. She received her medical degree from the Medical College of Pennsylvania/Hahnemann School of Medicine in Philadelphia (now Drexel University College of Medicine). She completed a residency in child and adolescent psychiatry and forensic psychiatry at the University of Texas Health Science Center in San Antonio. She is fellowship trained and board certified in general, child and adolescent and forensic psychiatry. Giggie has a bachelor’s degree in economics from Smith College in Northampton, Massachusetts, and a master’s degree in public affairs from the Lyndon B. Johnson
The College has offered an Obstetrics Fellowship since 1986. The fellowship was developed by Paul David Mozley, MD, then chair of the Department of Obstetrics and Gynecology and now professor emeritus, to address the overwhelming need for obstetric care in rural and remote areas of Alabama. During the yearlong program, fellows master high-risk, operative obstetrics and office obstetric and gynecologic procedures, including ultrasound, colposcopy, cryotherapy and endometrial biopsies.

Fellowship Director Dwight Hooper, MD, says that as the attrition of obstetricians in the United States exceeds the number of obstetricians completing residencies and entering general practice, programs that train family medicine physicians to provide quality obstetrical care will continue to grow in importance.

The College’s Obstetrics Fellowship is the oldest such training program in the country. While family medicine physicians had delivered babies and provided maternity and newborn care for decades, the declining interest in obstetrics and lack of rural maternity care, not only in Alabama but in the rest of the country, gave Mozley the idea of extending training for graduates of the Tuscaloosa Family Medicine Residency through an obstetrics fellowship.

“I came (to the College) as a professor and chair of the Department of Obstetrics and Gynecology in 1984. At that time, there were 27 counties in Alabama where no one would deliver a baby,” Mozley says. “We started an extra three months rotation in obstetrics, making six-month elective training available.”

Mozley says after some time, he decided “to personally train a family medicine resident for one year as a personal fellowship. The University supplied a stipend on the condition the fellow would remain in Alabama upon completion of the fellowship. Thus began the Obstetrics Fellowship.”

The idea caught on, serving as a model for similar programs across the country. There are currently 25 such programs at major medical centers in the United States recognized by the American Academy of Family Physicians that are training fellows.

Hooper directs the education and training of up to two obstetric fellows each year. The program’s most recent graduate, Linsey Williams, MD, will practice family medicine-obstetrics in St. Clair County, Alabama. Other graduates of the program are currently practicing in rural communities throughout Alabama, including the counties of Clarke, Talladega, Bibb and others. Hooper says these physicians have come from across Alabama, other states throughout the United States and from international locations.

Hooper is a native of Maryland who joined The University of Alabama following a commission in the U.S. Air Force. He received his medical education at the University of Maryland School of Medicine and his training in obstetrics and gynecology at the University of Maryland School of Medicine’s Harbor Hospital Center. He served as Chief of Obstetrics at the U.S. Air Force’s 5th Medical Group in Minot, North Dakota. Hooper was in private practice in Georgia and Alabama before joining the College. His clinical interests include operative vaginal delivery of pregnancies and management of abnormal uterine bleeding. Hooper served this year as chair of DCH Regional Medical Center’s OB/GYN Department.

In addition to his medical education, Hooper has an MBA degree from Cole’s College of Business at Kennesaw State University in Kennesaw, Georgia.
The Rural Residency Training Track, established in 2008, enables resident physicians in the College’s Tuscaloosa Family Medicine Residency to gain 24 months of hands-on experience in a rural clinic in Centreville, Alabama.

The residency is the first in the state to provide an accredited rural training track, says Residency Director John B. Waits, MD. He adds that the first rural-track resident, Michael Luther, MD, chose to practice in a rural Alabama community after his June graduation.

The Rural Residency Training Track is accredited by the Accredited Council for Graduate Medical Education for four residents and is housed at Cahaba Medical Care, initially established as Waits’s private practice but which has since taken on this expanded training role. Currently, a second- and third-year resident are working in the clinic as rural-track residents, and in January 2011 a first-year resident will be added.

Rural-track residents perform their continuity clinics at this rural site, where they experience primary care practice in a rural community, immersing themselves in issues that may arise in small, primary care offices. In addition to patient visits during a typical rural office day, there is more exposure to procedures and more involvement in the day-to-day running of a small practice, similar to what they will experience in private practice. Residents are also significantly involved in the surrounding community.

Residents in the Rural Residency Training Track receive training in the Centering model of care. Cahaba Medical Care is the first site in Alabama to implement Centering Pregnancy, an approach to group visits for prenatal care of patients, and will apply in 2011 for site accreditation. The Centering model is at the forefront of health care reform and responds to the national goals of Healthy People 2010.

Centering is a model of group health care delivery with three components: health care assessment, education and support provided in a group facilitated by a credentialed health provider. Centering is a way for patients to participate in their care and for providers to have more of a partnership with their patients. Group participants spend more time with their health care provider and with other patients with similar health concerns, giving them an opportunity to learn together and from each other. Studies show that in regard to prenatal care, the Centering Pregnancy model has resulted in a reduction in preterm births, greater satisfaction for care received, increased breast feeding rates and improved knowledge and readiness for birth and parenting.

Waits, who directs the Rural Residency Training Track, received his medical degree from The University of Alabama School of Medicine and completed his family medicine residency at In His IMAGE Family Medicine Residency in Tulsa, Oklahoma. He also completed an obstetrics fellowship at The University of Alabama School of Medicine.
Medicaid claims data for quality improvement efforts in their practices. She also leads the organization’s Patient Education Workgroup and practices at a rural underserved federally qualified health center. Biola spoke about the Community Care of North Carolina Patient-Centered Network.

Yerby’s keynote address focused on health care reform and its potential impact on rural health policy. Yerby uses her previous experience in federal health policy to train medical students and community members in public health advocacy and government relations.

The conference also featured breakout sessions that focused on partnerships and included such topics as “Physician Communication and Patient Education,” “Strengthening Healthy Rural Environments,” “Advocating for the Underserved: It Takes a Village,” and “Teaming for Care in Rural Communities.”

The annual Rural Health Conference is attended by health-care providers, community leaders, researchers, government officials and representatives of faith-based organizations.
One ride could be the difference between life and death. That is the lesson recent University of Alabama graduate Daniel Marbury learned by studying ambulance response times in Alabama as part of a student research project he conducted at the College’s Institute for Rural Health Research.

By measuring the disparity between ambulance services in rural and urban areas, Marbury found that the balance between life and death could hinge on an ambulance ride in medical emergencies – and, it may not tilt in favor of rural Alabamians.

Using statistical analysis to study the timed responses of ambulance services in three public health areas, Marbury found that rural Alabamians are at a disadvantage for receiving treatment in the event of an emergency.

The project measured ambulance response times by gauging the time from ambulance call to the emergency site and from the site to a primary care facility. Marbury compared three different public health areas: one that included Jefferson County, one with Tuscaloosa County, and an area south of Tuscaloosa encompassing eight rural Black Belt counties, a region named for the color of its soil.

Ambulance travel times are reported by emergency medical personnel every time an emergency call is received. Marbury’s analysis considered both response and transport times. Response time is defined as the time
it takes for an ambulance to arrive on the scene of the emergency after receiving notification from 911, while transport time is measured from the time an ambulance leaves the site with the patient to the time of arrival at a primary care facility such as a hospital.

Marbury, of Alpharetta, Georgia, majored in political science and music, and his research project was conducted through his membership in the University’s Computer-Based Honors Program.

“I was most interested in picking up the skills used in database management,” he says. “It seemed like a very practical experience that would apply in future research efforts. Additionally, this project had such direct and meaningful implications for Alabamians.”

Marbury’s study utilized data from the Alabama Department of Public Health EMS database, which is part of a larger National EMS Information System. Information from every response to a 911 call is stored in these databases, with more than 200 variables used to describe the procedures that occur during each emergency.

Marbury, who graduated in May, found that the average response time for urban and rural areas was relatively the same, but rural counties had a significantly longer average time for transport to a primary care facility. “We saw a difference between an average of 12 minutes and 42 seconds in Jefferson County and 19 minutes and 8 seconds in the rural public health area 7. The likely explanation for this difference is that there are fewer hospitals servicing rural areas,” Marbury says.

Lea Yerby, PhD, an assistant professor in the College’s Institute for Rural Health Research and Department of Community and Rural Medicine and Marbury’s adviser for his ambulance time research, says, “These differences could have a major impact on survivability and trauma care outcomes for people who live in rural areas.”

Yerby has used Marbury’s research to not only measure response time, but also to determine how long an ambulance unit is on the scene, as well as transport time. She found there were significant differences between all three public health areas for on-scene time, transport time and total time from beginning to end.

Marbury became interested in the research project when he received an e-mail from the Computer-Based Honors Program about possible summer employment options. He began working on the database management project with Jason Parton, MS, MA, director of special projects for the Institute for Rural Health Research, and decided to continue this work as his Computer-Based Honors Program research project. Marbury has mentored another Computer-Based Honors Program student, Gaines Gibson, who is continuing the research.
The College’s Institute for Rural Health Research, which conducts research to improve health in rural Alabama, is collaborating on rural-related research efforts in other states.

The Institute is working with the University of Utah on a project that seeks to reduce barriers to genetic counseling and testing for women in rural and medically underserved areas who are at risk for hereditary breast and ovarian cancer.

In-person genetic counseling is the current standard of care in such cases. But a shortage of health professionals trained and qualified to provide such testing and counseling presents a significant barrier to such services. The University of Utah project focuses on using telephone counseling and other communication approaches and clinical interventions to deliver such services at sites distant from specialists. If successful, such approaches could be an important solution to access issues and could reduce the disparity to those services that currently exist in rural and medically underserved areas.

“Telephone genetic counseling has the potential to improve health and enhance informed decision-making through access to information and communication with experienced providers, regardless of geographic location,” says Institute Director John C. Higginbotham, PhD, MPH, who is assisting on the project. Higginbotham is also the College’s associate dean for Research and Health Policy and chair of the Department of Community and Rural Medicine.

The Institute is working with Hampton University in Hampton, Virginia, on an application to the National Institutes of Health for funding to develop a Proton Beam Research Center at the Hampton University Proton Therapy Institute. If funded, the center would conduct health-related research. The application will be submitted to the NIH’s National Center for Research Resources Research Centers at Minority Institutions (RCMI) Program.

The Institute is assisting Texas Southern University’s College of Pharmacy and Health Sciences on an RCMI grant that focuses on health disparities in the areas of biomarkers and environmental toxicology, drug discovery and development and clinical translational research.

The Institute is working with the University of Kentucky Prevention Research Center to develop and test interventions to increase colorectal cancer screening rates in rural areas of Kentucky. In addition, the Institute is collaborating with the Tallahassee-based Florida A&M University’s Pharmaceutical Research Center in evaluating the center’s activities related to reducing health disparities, as well as activities that center on increasing research in biotechnology, drug discovery, nano-medicine and neuro-degeneration.
**STUDY WILL EXAMINE USE OF ELECTRONIC MEDICAL RECORDS**

The University of Alabama’s Research Grants Committee awarded a $5,000 grant to Melanie Tucker, PhD, CCRC, an assistant professor in the College’s Department of Community and Rural Medicine and Institute for Rural Health Research, for her study, “EMR Use Among Alabama Family Medicine Physicians: A Rural and Urban Analysis.”

Tucker says her study will examine physician and practice characteristics that encourage and hinder adoption of electronic medical records (EMR). The study will explore the likelihood of physicians achieving EMR adoption, and identify implementation barriers and ways those barriers can be overcome, particularly for rural primary care practitioners.

Recent federal guidelines require that every American have an electronic medical record by 2014.

**INSTITUTE ASSISTS EMS NETWORK**

The College’s Institute for Rural Health Research is partnering with the Tuskegee Area Health Education Center (TAHEC) to develop an emergency medical services network in Macon County, Alabama.

TAHEC received a grant from the federal Health Resources and Services Administration (HRSA) to begin planning the development of the Macon County Emergency Medical Services (MCEMS) Network. HRSA is part of the U.S. Department of Health and Human Services and is the primary federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable.

Other network partners include the Community Hospital of Tallassee, the Macon County Volunteer Firefighters Association and the Macon County Health Care Authority, which operates the local ambulatory care center. The Institute will play a key role in planning the project, which seeks to determine the operational feasibility of the proposed network and to develop a strategic plan for implementing and sustaining an EMS system in Macon County, a rural area in central Alabama. Lea Yerby, PhD, an assistant professor in the Institute and the College’s Department of Community and Rural Medicine, will conduct a network feasibility study and assist network partners in developing a workable strategic plan for implementation of the MCEMS Network.

The goal of the MCEMS Network is to address the critical need for an emergency services system of coordinated care in Macon County by developing a more accessible and responsive EMS system.

**TUCKER PARTICIPATES IN HEALTH DISPARITIES RESEARCH PROGRAM**

Melanie Tucker, PhD, CCRC, an assistant professor in the College’s Department of Community and Rural Medicine and Institute for Rural Health Research, was selected to participate in the Health Disparities Research Training Award Program for 2010.

The program, which is coordinated by the Minority Health and Health Disparities Research Center at the University of Alabama at Birmingham, is for faculty interested in health disparities research. Faculty members have to apply and be accepted into the program.

The training program is designed to support faculty members in their efforts to develop competitive grant proposals. Those proposals meeting eligibility criteria could be awarded $10,000 in pilot project funds to start their projects while their proposals are under review by a federal funding agency.

The goal of the training program is to eliminate health disparities by developing a cadre of researchers committed to finding solutions to reverse existing health disparities trends and to develop new knowledge aimed at prevention.
The College’s Health Sciences Library has added two new resources to its electronic resources page – The Medical Letter and VisualDx.

The Medical Letter includes two newsletters, The Medical Letter on Drugs and Therapeutics and Treatment Guidelines from the Medical Letter.

The Medical Letter on Drugs and Therapeutics provides unbiased critical evaluations of drugs, with a special emphasis on new drugs, for physicians and other health care professionals. The newsletter, which is updated biweekly, also provides reviews of older drugs when new information becomes available about their usefulness or adverse effects.

Treatment Guidelines from the Medical Letter offers review articles of drug classes for the treatment of common disorders. Updated monthly, the newsletter contains recommendations for first choice and alternative drug choices with assessments of effectiveness, cost and safety. Topics covered include diabetes, asthma, rheumatoid arthritis, hypertension, psychiatric disorders, pneumonia, allergic disorders and HIV infections.

“The Medical Letter is a well-known and respected source of drug information,” says Library Director Nelle Williams, MSLS.

The Medical Letter also includes:

Adverse Drug Interactions Program, which is an evidence-based, proprietary database of adverse drug interactions. Searches can be conducted for interactions of between two and up to 12 drugs. The database is updated regularly.

Handbook of Antimicrobial Therapy is an electronic handbook with articles listing drugs of choice, as well as possible alternatives, for treatment of frequently encountered illnesses, such as arthritis, asthma, hypertension and infectious diseases. Much of the information is presented in easy-to-read charts and tables.

VisualDX is a diagnostic decision support system that assists in the diagnosis of visually identifiable diseases, such as conditions of the skin and eyes, as well as visual presentations of infectious, metabolic, genetic and immunologic diseases. VisualDx covers 1,000 diseases with 18,000 images that are searchable by patient findings. In addition, written information about each disease is included to help guide diagnostic decision making and to provide information about appropriate tests and treatment.

Unlike textbooks and online resources that require knowing the name of the diagnosis to look up images and information, VisualDX builds a patient-specific pictorial differential diagnosis based on the patient’s findings. The clinician can compare diseases side-by-side and then drill down to see the range in presentation within each disease differential (light skin, dark skin, early/late stage, unusual presentations, severe cases, etc.).

“With VisualDX, you don’t have to know the name of the skin disease in order to find it. That makes it quite different from other dermatology resources,” Williams says.

The Medical Letter and VisualDx can be accessed at the Health Sciences Library’s electronic resources page at http://www.cchs.ua.edu/library/electronic-resources.
Michael Taylor, MD, FAAP, professor and chair of the College’s Department of Pediatrics, is the only board certified child abuse pediatrician in the state of Alabama and one of only 184 pediatricians nationwide certified in this newly designated medical subspecialty.

Child abuse pediatrics was approved as a subspecialty by the American Board of Pediatrics and the American Board of Medical Specialties in 2006. Certification in child abuse pediatrics is intended to provide assurance to the public and those in the medical field that certified pediatricians possess the knowledge, skills and experience to provide high-quality care in child abuse cases. Taylor received certification in November 2009.

There is a great need for physicians trained in child abuse pediatrics. Nationwide in 2008, there were nearly two million reports to child protective services of possible child abuse involving 3.7 million children. Subsequent investigations determined that 772,000 children were abused – 1 percent of all children during that one year of reporting. In Alabama, 9,217 children were determined to have been victims of abuse in 2008.

Alabama currently lacks an organized statewide system for the medical evaluation of potentially abused children. Taylor’s dream is to help establish such a system and to train additional medical examiners in this field. “We can do a better job of helping more of these kids,” he says.

Reporting Child Abuse

Taylor says it is more difficult in Alabama than in many other states to report child abuse, primarily because no statewide toll-free telephone number exists to report suspected abuse. Instead, callers must contact local law enforcement offices or the local office of the state Department of Human Resources (DHR).

When abuse cases are reported in West Alabama, a multidisciplinary team investigates. The team includes law enforcement personnel, DHR, district attorneys and medical examiners. Taylor works with the team, providing medical evaluations of potentially abused children. He calls this work the “dark side of pediatrics.”

Taylor says a vital part of this process is reassuring children that their bodies are “okay.” He says of all team members investigating child abuse, only medical examiners can effectively reassure children that their bodies are fine. “That’s what kids need and want to hear. They want to know that they are okay.”

Unfortunately, Taylor says there are too many abused children and not enough medical examiners trained in child abuse pediatrics to care for them. He works to raise awareness that child abuse pediatrics is a necessary subspecialty and wants to help Alabama’s medical examiners receive this specialized training so that they have the skills and experience to effectively diagnose and care for abused children.
Taylor says states with established networks of medical examiners trained in child abuse pediatrics have seen an increase in the number and quality of medical examinations of potentially abused children. He says it is easier to recruit, train and retain medical examiners skilled in child abuse pediatrics in a well supported and organized system.

Music and Medicine

Taylor did not start his college career intending to pursue a career in medicine. His early studies included music and physics, but he soon realized neither of these fields was meant to be his future career. He took an aptitude test at the University of Kentucky and 18 months later was accepted into the University of Louisville School of Medicine. The summers before his third and fourth years of medical school he took a job offered by the Pediatrics Departments to interested medical students. “I needed a job and the Pediatrics Department paid 10 medical students to work in the clinic one year and the hospital the next year with the desire to entice some of them into choosing pediatrics,” Taylor says. “It gave me 18 weeks of extra exposure to working with children in a medical setting. It just fit me well.”

Taylor graduated from the University of Louisville School of Medicine in 1976. He completed a residency in pediatrics at Children’s Hospital of Alabama in Birmingham in 1979 and was board certified in pediatrics in 1981. He was in private practice from 1979 to 1991 in Raleigh, North Carolina, and Paducah, Kentucky.

While in North Carolina, Taylor was recruited, trained and began performing forensic medical evaluations on potentially abused children as a Child Medical Evaluator. He was also in private practice and teaching part time at the University of North Carolina Chapel Hill School of Medicine. He says after several years of “depressing” work in child abuse pediatrics, he “dropped out of the game” and continued with his full-time private practice. When he moved his practice to Paducah in 1988, Taylor was recruited back into forensic child abuse examinations due to a lack of experienced examiners in western Kentucky.

Recruited to Alabama

In 1991, Taylor was recommended to David Hefelfinger, the founding chair of the College’s Department of Pediatrics, for a faculty position. Taylor says he accepted the position because it provided an opportunity to work in child abuse medical evaluations, conduct research in the field and help improve the overall child abuse investigative process. In 1991, he started the West Alabama Child Medical Evaluation Center at Capstone Medical Center (now University Medical Center and operated by the College) and today it is the longest running child abuse examination clinic in Alabama, serving 16 West Alabama counties.

Taylor says practicing child abuse pediatrics can be difficult but setting realistic goals and the support of family get him through the tougher cases. He remains dedicated to the field knowing that if he can determine what happened in a child abuse case, he can help stop the abuse and, hopefully, prevent future abuse. He has a big heart for the children he cares for and is passionate about ensuring their wellbeing.

“If, at the end of an evaluation, I can get a kid to give me a smile and a high five, then I have done my job.”

West Alabama Child Medical Evaluation Center

The West Alabama Child Medical Evaluation Center is a forensic pediatric clinic for the medical assessment of children who have come to the attention of local authorities as potential victims of child abuse. Patients seen in this clinic are scheduled through the Department of Human Resources for the county in which they reside.

Michael Taylor, MD, a professor and chair of the College’s Department of Pediatrics, established the center at the College in 1991. At the time, it was one of only two such established clinics in Alabama and is currently the longest running clinic in the state. To date, more than 1,000 children from 16 counties in Alabama have been seen at the clinic.

Certification in Child Abuse Pediatrics

Child Abuse Pediatrics was approved as a new subspecialty by the American Board of Pediatrics and the American Board of Medical Specialties in 2006. The first ever certification examination for the new subspecialty was held in November 2009. The purpose of the certification is to “provide assurance to the public and the medical profession that a certified pediatrician has successfully completed an accredited educational program and an evaluation and possesses the knowledge, skills and experience requisite to the provision of high quality care in pediatrics.”

The reasons for developing the subspecialty were the need for more and better research and to increase core knowledge in this area.
The patient-centered medical home is a necessary part of health-care reform because it provides the “coordination, mechanisms and decision support to improve quality, cost and (patient) satisfaction,” says Bruce Sherman, MD, FCCP, FACOEM, consulting medical director of Global Services for The Goodyear Tire & Rubber Company.

Now, fragmented care is common, Sherman says. “Many Medicare patients see two primary care physicians and five specialists in a year or several years.”

Sherman also directs Health and Productivity Initiatives for the Employers Health Coalition of Ohio and is a clinical faculty member in the Department of Medicine at Case Western Reserve University of Medicine in Shaker Heights, Ohio.

Sherman says the patient-centered medical home is a way to provide comprehensive primary care that is accessible, coordinated, comprehensive, continuous, family-centered, compassionate and culturally effective.

Implementing the model, he acknowledges, will require a re-engineering of physician practices, particularly in the areas of staffing and information technology. A patient-centered medical home will require expanded use of nurse practitioners, medical assistants and other health-care professionals, and an electronic medical record system will be needed, as will data registries to track patients, especially those with chronic medical conditions, he says.

Sherman says the patient-centered medical home will bring value to patients, physicians and the nation’s health-care system: Patients will have increased access to care that is better coordinated, and their compliance with treatment should improve; providers will be reimbursed for patient education and care coordination; and the nation will realize reduced health-care costs as a result of a more efficient health-care system and better management of patients’ chronic diseases.

Still, there are barriers. Sherman says there is not a consistent definition of the patient-centered medical home. He also says there is a lack of cost-savings data, and practice re-engineering may be a considerable undertaking, especially for small practices.

The Patient Protection and Affordable Care Act, which makes sweeping changes to the nation’s health care system, totals more than 2,600 pages. Implementation of the new health-care reform law could seem even longer, says William Brewbaker, JD, a professor at The University of Alabama School of Law.

“This will be a long, step-by-step, incremental implementation,” he says.

Brewbaker says it is not exactly clear how the law will shape health-care delivery, but “access is the primary driving force. When we talk about health-care reform, we talk about cost, quality and access.”

Brewbaker teaches courses in health-care law and health-care liability. He is co-editor of two books in Aspen’s Health Care Corporate Law series and has written law review articles about health-care antitrust, physician unionization and managed care liability.

The Patient Protection and Affordable Care Act makes extensive changes to the current system in regard to how health coverage is obtained and what is covered. The law requires coverage for immunizations and preventive care, prohibits pre-existing condition exclusions, expands Medicaid eligibility, subsidizes insurance premiums and provides incentives for businesses to provide health-care benefits.

Costs of these provisions, which will be implemented over a number of years, are offset by a variety of taxes, fees and cost-saving measures, such as new Medicare taxes for those in high-income brackets, taxes on pharmaceutical companies, tax penalties for citizens who do not obtain health insurance (unless exempt due to low income or other reasons) and financial penalties assessed against large employers that do not offer minimal coverage.

Brewbaker says how much competition the new system will have, and how much regulation there will be, is not yet known. “There will continue to be adjustments, both great and small,” he says. “The political battles are only beginning.”
EXPANDING OUTREACH EFFORTS

The College is reaching out to its alumni and adjunct faculty in an effort to strengthen existing relationships and share its many resources – and we want to hear from you. What are we doing well? What additional resources can we offer?

Here is a brief recap of some of the College’s current outreach efforts:

The Rural Health Resource Center website is up and running and designed to share information from our physicians and Health Sciences Library that can benefit practicing rural physicians. The website was created in 2008 after family medicine physicians responded to a survey asking how the College could be of service. Please visit www.cchs.ua.edu/rural-health, register and make this site your computer home page. (See related story on page 5.)

The College hosted its first award ceremony in September 2009 to recognize Outstanding Affiliate Faculty. Each of the College’s departments selected a physician to recognize for his or her outstanding teaching efforts during 2009. Service awards were also presented to affiliate faculty who have loyally served our medical students and residents for many years.

The College’s Tuscaloosa Family Medicine Residency is looking for ways to increase alumni involvement in the residency and has redesigned a website for this effort. Please visit www.cchs.ua.edu/fmr and give us your feedback about how you would like to be involved and whether you would participate in an alumni association.

For the past two years, the College has provided a half day of lectures at the American Association of Family Practitioners annual conference. The College is committed to supporting this event each year.

Finally, Continuing Medical Education has always been an important service component of the College and we will continue to provide opportunities for CME credits for physicians and other health-care professionals.

As Dean E. Eugene Marsh, MD, myself and other College officials travel the state, we enjoy visiting with our alumni. We are often asked to provide additional opportunities for resident recruitment, and we have received requests to host another residency reunion. We also receive positive feedback about our College magazine, *OnRounds*, which is our primary form of communication with our alumni. We are working hard to make each new issue better than the last.

The College is deeply committed to supporting practicing physicians, especially those who are working in underserved areas. Please let us know how we can help. Send your ideas and requests, no matter how big or small, to aleitner@cchs.ua.edu and together we can find ways to support the efforts of our practicing physicians and, ultimately, improve the health of Alabama.

YOUR NEWS IS IMPORTANT TO THE COLLEGE

The College is planning an Alumni News section for *OnRounds* and we want to hear from you. Please share with us the latest about yourself, your family and your career.

We want the Alumni News section to be a way that we can share information about our alumni and their medical practices, careers, promotions, honors and achievements, marriages, births and retirements. We also hope to include profiles of alumni and classes of alumni in the new section.

Please send your news items to: Allison Leitner, College of Community Health Sciences, Box 870326, Tuscaloosa, AL, 35487-0326; fax to 205-348-9417; or e-mail to aleitner@cchs.ua.edu. Include graduation years and degrees received in your submissions.

*OnRounds* is a semiannual publication of The University of Alabama College of Community Health Sciences/School of Medicine, Tuscaloosa Campus.
The College hosted its third Annual Retired Faculty and Staff luncheon January 27 at The University of Alabama School of Medicine, Tuscaloosa Campus building. Dean E. Eugene Marsh, MD, spoke to the group about recent developments at the College, including the addition of new fellowship programs for family medicine physicians in sports medicine, emergency medicine, academic medicine, rural public psychiatry and behavioral health. Marsh also provided an update of ongoing efforts to create a statewide Board of Visitors to help support and shape the College’s mission. Approximately 50 retired faculty and staff attended the luncheon.
John Wheat, MD, MPH, a professor in the College’s Department of Community and Rural Medicine and founder and director of the University’s Rural Health Leaders Pipeline programs, was inducted into the Alabama Healthcare Hall of Fame in May. Wheat is nationally known for his work in helping rural students who want to become primary care physicians and practice in rural communities.

Since medical students from rural areas are more likely to choose practice sites in rural communities, Wheat has focused his administrative and research efforts on programs to recruit, train and place primary care physicians in underserved rural communities in Alabama.

The Rural Health Leaders Pipeline is a sequence of programs to help rural students enter health professions and prepare for rural service. The pipeline includes: the Rural Health Scholars Program, which introduces 25 high school juniors to The University of Alabama each year during a five-week summer session; the Rural Minority Scholars Program, which brings 15 college-bound high school graduates from under-represented communities to the University for summer classes and to prepare them for the MCAT, the medical school entrance exam; and the Rural Medical Scholars Program, a five-year medical education track that leads to a medical degree for 10 premedical and medical students from rural Alabama counties.

ACCOMPLISHMENTS

Lea Yerby, PhD, an assistant professor in the College’s Department of Community and Rural Medicine and Institute for Rural Health Research, will participate in the State Health Policy Institute 2. Participants in SHPI 2 learn to generate long-term, sustainable health education advocacy campaigns by creating and implementing policy change, using new forms of media to keep constituents engaged and evaluating results.

Yerby participated last year in SHPI 1, which focused on educating Alabama legislators and other professionals about the latest policy and research in chronic disease prevention and control.

APPOINTMENTS

Pamela Foster, MD, MPH, deputy director of the College’s Institute for Rural Health Research and an assistant professor in the Department of Community and Rural Medicine, was named to two statewide health committees. Foster was elected vice president for 2009-2010 of the Alabama Diabetes Network, a system of clinicians, health department employees, institutions and voluntary, nonprofit and community-based organizations working to decrease diabetes and its complications.

Foster was also appointed to the State Mental Health Prevention Advisory Board, which includes government, academic, business and mental health advocate leaders throughout the state.
Heather Whitley, PharmD, BCPS, CDE, who is affiliated with the College as an assistant clinical professor in the Department of Community and Rural Medicine and who also works with the Institute for Rural Health Research, was appointed co-chair of the State Obesity Task Force. The goal of the task force is to develop and implement a comprehensive, realistic state plan that will reduce the worsening obesity epidemic in Alabama. Whitley’s primary appointment is as a clinical assistant professor of Pharmacy Practice at Auburn University’s Harrison School of Pharmacy.

AWARDS

Drake Lavender, MD, an alumnus of the College’s Tuscaloosa Family Medicine Residency and a member of the first class of the Rural Medical Scholars Program, was a nominee for the Argus Award for Best Clinical Instructor. Lavender, who practices in rural Alabama, received the recognition for his work with this year’s class of medical students at the College. The Argus Society of The University of Alabama School of Medicine was formed by the student body in 1996 to honor faculty who exhibit excellence in medical education and signifies the respect and gratitude students have for the professors and residents who have taught them the art of medicine.

A. Robert Sheppard, MD, director of Hospitalist Services in the College’s Department of Internal Medicine, received the Faculty Recognition/Patrick McCue Award/Senior Year Award during the College’s 34th Annual Medical Student Honors Convocation May 14. The award is presented by graduating medical students to a faculty member in recognition of outstanding contributions to undergraduate medical education during the senior year.

Heather Taylor, MD, an assistant professor in the College’s Department of Pediatrics, received the Faculty Recognition/Junior Year Award during the College’s 34th Annual Medical Student Honors Convocation May 14. The award is presented by graduating medical students to a faculty member in recognition of outstanding contributions to undergraduate medical education during the junior year.

Lea Yerby, PhD, an assistant professor in the College’s Department of Community and Rural Medicine and Institute for Rural Health Research, is the recipient of the Jack Davis Professional Achievement Award from the University of Alabama College of Human Environmental Sciences. The award is given annually to alumni from the College of Human Environmental Sciences in recognition of their professional accomplishments in administration, education, extension, research or business in several fields of Human Environmental Sciences.

PRESENTATIONS

Pamela Foster, MD, MPH, deputy director of the College’s Institute for Rural Health Research and an assistant professor in the Department of Community and Rural Medicine, presented a poster abstract titled “Academic Partnership with a Faith-based Organization to Build HIV/AIDS Prevention Capacity in African American Churches in Alabama” during the American Public Health Association Annual Meeting November 6-10, in Denver, Colorado. In February, Foster gave a talk titled “From Rhetoric to Reform: How Social Justice Should Shape the Current Debate and Health Policy” at the Annual Scholarly Events & Research Symposium and Mary Starke Harper Lecture Series at Tuskegee University in Tuskegee, Alabama.

John B. Waits, MD, Natasha Harder, MD, and Michael Luther, MD, gave five presentations as part of the “fmCASES Authoring Workshop” at the Society of Teachers in Family Medicine Annual Conference in Vancouver, Canada, in April. Waits is director of the College’s Tuscaloosa Family Medicine Residency. Harder is assistant director of the residency. Luther graduated from the residency in June.

PUBLICATIONS

Pamela Foster, MD, MPH, deputy director of the College’s Institute for Rural Health Research and an assistant professor in the Department of Community and Rural Medicine, co-authored with John C. Higginbotham, Mukesha Voltz, Jessica Williams, Carlos Estrada, Monika Safford and Jeroan Allison “Recruitment of Rural Physicians in a Diabetes Internet Intervention Study: Overcoming Challenges and Barriers,” published in February in the Journal of the National Medical Association; and co-authored with Susan Gaskins “Management of AIDS related stigma by older African Americans living with HIV/AIDS,” published in AIDS Care in 2009.
Sheena Quizon, MS, RD, LD, has joined the College as assistant director of Nutrition Education and Health Services in the Department of Health Promotion and Wellness at the Student Health Center. Quizon also provides medical nutrition therapy services for the Department of Family Medicine at University Medical Center. The College operates both the Student Health Center and University Medical Center. Quizon worked previously as a clinical dietitian at Gadsden Regional Medical Center and DCH Health System in Tuscaloosa. She received both her bachelor’s degree and master’s degree in Human Nutrition and Hospitality Management from The University of Alabama and also completed The University of Alabama’s Coordinated Program in Dietetics. Quizon was recognized in 2007 by the American Dietetic Association with the Outstanding Dietetics Student Award in a Coordinated Program for the State of Alabama and has a Certificate of Training in Adult Weight Management from the Commission on Dietetic Registration.

John Warren, MD, who practices at Tuscaloosa Internal Medicine, has joined the College’s Internal Medicine Department as a part-time faculty member. Warren received his medical degree from The University of Alabama School of Medicine. He completed an internal medicine internship and residency at the University of Alabama at Birmingham.

Gaurav Jain, MD, has joined the Internal Medicine Department faculty as a member of the University Hospitalists Group. Jain received his medical degree from Delhi University in New Delhi, India. He completed a fellowship in Nephrology at the University of Alabama at Birmingham.

William Michael Hall, MD, has joined the Internal Medicine Department faculty as a member of the University Hospitalists Group.

IN MEMORY

Earl Brandon, MD, a former adjunct faculty member at the College and pediatrician who practiced in Tuscaloosa for more than three decades, died June 19. Brandon was also a supporter and benefactor of the College’s Rural Medical Scholars Program.

Born in Fairfield, Alabama, Brandon was attending The University of Alabama when World War II interrupted his studies. He served in the U.S. Navy in the Pacific and then returned to the University. He married Marion Powell and they had two children, Lynn Johnson and John Brandon, MD, a family physician in Gordo, Alabama, who is also a clinical professor of family medicine and community and rural medicine at the College and a 1981 alumnus of the College’s Tuscaloosa Family Medicine Residency.

Earl Brandon graduated from Tulane Medical School in New Orleans in 1951 and interned at Henry Ford Hospital in Detroit, Michigan. He completed a pediatric residency at the University of Alabama at Birmingham. He opened a medical practice in Tuscaloosa in 1954 and practiced for 35 years. For some of that time, he also served as chief of staff at DCH Regional Medical Center.

From 1975 to 1989, Brandon was an adjunct professor at the College providing clinical training for medical students and family medicine residents. The College is also the Tuscaloosa branch campus of The University of Alabama School of Medicine.

Brandon and his wife made a substantial gift to the College in 2007 to help support the Rural Medical Scholars Program, which recruits and assists rural students who want to become physicians and practice in rural Alabama. At the time, the Brandons said they wanted to make sure that Alabama has enough trained physicians practicing in rural areas to take care of generations to come.

Just a few days before his death, Earl Brandon was honored as a “Pillar of the Community” by the Community Foundation of West Alabama.
Imagine that you made a difference in someone’s life. That with your help, a student achieved a dream. A dream of becoming a doctor.

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