Within this corridor lies the future of health care for Alabamians, especially those in rural areas. Help us to reach beyond these walls and touch them with healing hands and caring hearts.
A Message From The Dean
Measure, Improve, and Measure Again

E veryone associated with our College is well aware of our increasing emphasis on measuring all that we do, looking for ways to improve, then measuring again. This has been most applicable to quality indicators related to our clinical activities, but we also strive to find new and better ways to measure other aspects of our work. Without accurate ways of measuring what we do, I am convinced that we will not be able to carry out our mission to the degree that we need to and, most importantly, we will not be able to impact health care in Alabama to the extent that is needed.

We have some ways to compare our educational efforts to national and state standards, and we typically score very well on these objective metrics. Two years ago, The University of Alabama School of Medicine, Tuscaloosa Campus successfully completed and passed the Liaison Committee on Medical Education (LCME) external evaluation, which looked at medical student education. The Tuscaloosa Family Medicine Residency was re-accredited in 2007, and the Student Health Center is preparing for re-accreditation later this year. In addition, the College voluntarily participated last year in external evaluations of its clinical facilities – University Medical Center and the Student Health Center – that were conducted by the Alabama Productivity Center. Both clinical facilities were recognized with Level 1 Awards, indicating a significant commitment to quality.

Each of the processes described above reassures us that we are on the right course and provides us with feedback about ways we can improve. We take this information very seriously. In addition, we survey our “customers” and others who we interact with – patients, students, residents, alumni and other practitioners – always looking for better ways to serve. Recently, Dr. Chelley Alexander, the College’s assistant dean for Graduate Medical Education and chair of the Department of Family Medicine, began contacting rural physicians in Alabama to obtain more accurate information about how the College can better serve them. The results have been surprising and helpful and will give us valuable data as we approach our next Strategic Planning meeting.

All of this information is beneficial to us in our commitment to excellence in all of the College’s activities. However, in-service exams, board scores and surveys tell only part of the story. What is more important but harder to ascertain is the impact of our academic training programs “down the line.” Diane Kerr, former director of Nursing for the College who personally participated in the training and oversight of more than 350 Tuscaloosa Family Medicine residents, has estimated that each physician who graduates from the College’s residency will work for an average of 30 years and see approximately 5,000 patients per year. Over the next year alone, Tuscaloosa Family Medicine Residency graduates will see approximately 1.8 million patients. That is an impressive number of “lives touched” and explains why the information you will see in this edition of OnRounds is so critical. Dr. Alexander is helping to create an atmosphere that will prepare our residents for success as the Future of Family Medicine Project’s new model of practice unfolds, while Dr. John Waits, director of the Tuscaloosa Family Medicine Residency and an assistant professor in the College’s Department of Family Medicine, is doing an excellent job recruiting the best students into the residency and holding them to the highest standards while they are there. The efforts of Drs. Alexander and Waits, the remainder of our faculty and staff, and our community preceptors are crucial to preparing future practitioners to meet the tremendous health care needs of this state.

We also recognize now more than ever that medical education does not end on graduation day. We must continue to foster life-long learning so that our residents will be prepared for the dramatic changes they will see in health care over the course of their careers. Through surveys like the one mentioned above, we also hope to continue to search for new ways to reach out to practitioners and provide them with tools that will enhance their practices, improve their job satisfaction and help them maintain the kind of balance needed for sustained success in the practice of medicine.

The College of Community Health Sciences is blessed with a dynamic faculty and staff committed to finding, in an increasingly complex environment, new and better ways to meet our mission and to support those already in practice. This College has a unique opportunity to impact health care in Alabama where it is needed most – primary care and rural health. Perhaps the ultimate metric will be to see the ubiquitous health care maps start to change colors with Alabama leading the way in providing patient-centered, high-quality health care that makes a measurable difference in the lives of its citizens.
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Williams Named Director of Continuing Medical Education

Nelle Williams, M.S.L.S., assistant professor and director of the College's Health Sciences Library, has been named director of Continuing Medical Education for the College.

The College is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education opportunities to physicians.

Continuing medical education consists of educational activities that serve to maintain, develop or increase the knowledge, skills and professional performance that a physician uses to provide services to patients, the public or the profession.

The content of CME includes knowledge and skills generally recognized and accepted by the profession as within the basic medical sciences, the discipline of clinical medicine and the provision of health care to the public.

Among the events offered by the College for CME credit include: the Emergency Medicine Series held each July and August, Special Emphasis Weeks and Endowed Lectures.

Williams joined the College in 1998 as a medical information services librarian. She became interim chief medical librarian in 1999 and was appointed library director in 2004.

She earned a bachelor’s degree in history and integrated science from Morehead State University and received a master of library science degree from the University of Kentucky.

Her professional interests include library instruction, electronic delivery of medical information, consumer health and customer service.

Williams will continue to serve as an assistant professor and as director of the Health Sciences Library.

Residents in the College’s Tuscaloosa Family Medicine Residency received outstanding results on the most recent American Board of Family Medicine In-Training Exam.

Residents had the following performances on the In-Training Exam: six residents scored in the top 10 percent of the nation; 11 residents scored in the top 25 percent of the nation; and 21 residents scored above 50 percent nationally. Residents take the annual exam in preparation for their Family Medicine Board Exam, which is taken upon the completion of their residency.

Argus Awards Go to Faculty, Residents, Attendees

Faculty, residents and attendees from the College were recognized during the 13th Annual Argus Society Awards ceremony in Birmingham in April. The awards, hosted by the University of Alabama School of Medicine in Birmingham, recognize outstanding service to medical education.

Recognized from the College were:

**Best Attending:** Joseph C. Wallace, M.D. Also nominated were Daniel Avery, M.D., Vijaya Sundar, M.D., and E. Eugene Marsh, M.D.

**Best Resident/Intern:** Ty Blackwell, M.D. Also nominated were Justin Cook, M.D., and Jarred Sartain, M.D.

**Best Attending in Rural Medicine:** Larry O. Skelton, M.D. Also nominated were Barton Perry, M.D., Robert Snyder, M.D., and John Wheat, M.D.

**Best Resident/Intern in Rural Medicine:** Mandi Allen-Bell, M.D. Also nominated were Katrina Allman, M.D., Sadiqa Barbar, M.D., and Stephanie Burrell, M.D.

**Best Clerkship:** Surgery. Also nominated were Obstetrics and Gynecology and Pediatrics.

**Best Department:** Internal Medicine. Also nominated were Obstetrics and Gynecology and Surgery.

**Best Teaching:** Residents Brett Zimmerman, M.D., Ty Blackwell, M.D., and Mandi Allen-Bell, M.D.
Lochman Receives Burnum Distinguished Faculty Award

John E. Lochman, professor and Saxon Chair in Clinical Psychology at The University of Alabama, director of the Center for the Prevention of Youth Behavior Problems and co-developer of the “Coping Power” program to help treat persistent and disruptive aggressive behavior in children, is the recipient of the University’s 2007 Burnum Distinguished Faculty Award.

One of the highest honors the University bestows on its faculty, the Burnum Award is given each year to a faculty member who has demonstrated superior scholarly or artistic achievements and a profound dedication to the art of teaching.

The award is named in honor of the late John Burnum, M.D., a former faculty member in the College of Community Health Sciences who played a major role in the creation of the College. Together with his wife, Celeste, Burnum founded and endowed the Burnum Distinguished Faculty Award.

“It’s a tremendous honor to receive this award,” says Lochman, who earned his doctorate at the University of Connecticut. “One of the aspects of the award and the honor that’s most important to me is being included in the group of very outstanding faculty members at The University of Alabama who have won the Burnum Award over the years.”

Lochman came to The University of Alabama in 1998. He has published more than 150 scholarly articles, more than 75 book chapters and seven books.

He is president of the American Board of Clinical Child and Adolescent Psychology and is a member of the board of directors of the Society for Prevention and Research. He is a fellow of the American Academy of Clinical Child and Adolescent Psychology and the American Psychological Association Society of Clinical Psychology.

In addition, Lochman received an honorary doctorate from the University of Utrecht in the Netherlands in 2004 and The University of Alabama’s Blakemore-Moody Outstanding Professor Award in 2006.

College Sponsors Start! Heart Walk

The College was a sponsor of this year’s American Heart Association Tuscaloosa Start! Heart Walk held March 9 at The University of Alabama Recreation fields.

The Heart Walk is an event intended to increase community awareness of walking as a heart healthy exercise while also raising funds to contribute to the American Heart Association’s fight against heart disease and stroke.

Faculty and staff from the College who participated in the Heart Walk raised approximately $6,000 for the American Heart Association. University Medical Center staff also provided blood pressure and cholesterol screening at the Heart Walk. University Medical Center is operated by the College.

“The American Heart Association is committed to advancing the knowledge of heart disease and stroke and applying that knowledge in a way that makes a palpable difference in the lives of our patients,” says E. Eugene Marsh, M.D., dean of the College.

Rural Health Institute to Host Future of Health Care Conference

The College’s Rural Health Institute for Clinical and Translational Science will host its Ninth Annual Rural Health Conference September 4-5 at the Bryant Conference Center on The University of Alabama campus. The annual Rural Health Conferences bring together health care providers, community leaders, researchers, government officials and policy makers who share knowledge and information and seek ways to reduce the health inequities that impact Alabama’s rural and underserved citizens.

Much of the research conducted by the Rural Health Institute focuses on Alabama’s rural Black Belt region, where people suffer at higher rates than other Alabamians from cancer, heart disease, diabetes and other illnesses and diseases.
John McDonald, M.D., has joined the College as an assistant professor in the Department of Obstetrics and Gynecology. He is a 2003 graduate of The University of Alabama School of Medicine. He completed residency training in Obstetrics and Gynecology in 2007 at the University of South Alabama in Mobile. In addition to a medical degree, McDonald also has bachelor's and master's degrees in accounting from The University of Alabama and is a Certified Public Accountant.

Lea Yerby, Ph.D., CHES, has joined the College as an assistant professor in the Department of Community and Rural Medicine and as a faculty member in the Rural Health Institute for Clinical and Translational Science. Yerby received a doctoral degree in 2007 in Health Education and Promotion from The University of Alabama. She then completed a Health Policy Fellowship in Washington, D.C., as a health advisor for a U.S. Senator serving on the Health, Education, Labor, and Pensions Committee. Yerby earned a bachelor's degree in Biology from Belmont University in Nashville, Tennessee, and a master's degree in General Human Environmental Science from The University of Alabama. Her research interests include infectious disease prevention, HIV/AIDS, health disparities in rural populations, supporting health care infrastructure in rural communities and health policy. She is a native of Kennedy, Alabama.

Tom Struthwolf has joined the College as director of Marketing. Originally from New Jersey, Struthwolf previously worked for Mercedes-Benz U.S. International in Vance, Alabama. During his 10 years there, Struthwolf worked in the Marketing & Services Department and was later given responsibility for the Visitor Center and Museum’s marketing, merchandising and plant tours. Struthwolf also worked in the company’s departments of Human Resources, Production, and Quality and Continuous Improvement. He previously served on the board of the Tuscaloosa Convention & Visitors Bureau and is currently active with several charity organizations in the community. Prior to his work with Mercedes, Struthwolf worked for a number of agencies including Educational Testing Service in Princeton, New Jersey. Struthwolf received a Bachelor of Fine Arts degree from Virginia Commonwealth University in Richmond, Virginia.

Jason Parton, M.S., M.A., has joined the College as an Epidemiologist/Project Director in the Rural Health Institute for Clinical and Translational Science. Parton currently serves as director of the Institute’s EMS Data Surveillance Project. In that capacity, he provides epidemiological, statistical and geographic information systems analysis, and coordinates quality assurance and quality improvement for statewide emergency medical services providers. Parton is also assistant director for the Institute’s Alabama Ambulance Response Times project. In addition, he assists College researchers with epidemiological research, provides statistical analysis support for research projects and conducts public health-related GIS projects for the Institute. Parton earned a bachelor’s degree in General Health Studies from The University of Alabama in 2000 and master’s degrees from the University in 2007 in Health Science (emphasis on epidemiology and biostatistics) and Human Environmental Sciences (emphasis on data management and GIS). Parton has also studied at the University of Michigan and The Johns Hopkins University. He is currently a doctoral candidate in The University of Alabama’s College of Human Environmental Sciences.

Bret Summerlin, LPN, B.S., has joined the College as a research coordinator in the Division of Clinical Investigations, which is part of the Rural Health Institute for Clinical and Translational Science. Summerlin is responsible for helping to coordinate the College’s clinical trial efforts. She received her certificate of Practical Nursing from Shelton State Community College in Tuscaloosa, Alabama, in 1996 and earned a bachelor’s degree in Business Administration from The University of Alabama in 2004. Summerlin has experience in Pediatric, Obstetric and Gynecology and Neonatal nursing.
John C. Higginbotham, Ph.D., M.P.H., the College's associate dean for Research and Health Policy, received the 2008 Ira L. Myers Award for Excellence in Public Health.

The Alabama Public Health Association presented Higginbotham with the award at its 52nd annual meeting in Birmingham, Alabama, in April. The award was established in 1987 to honor Myers for his accomplishments by recognizing an individual, group or organization that, through excellence in work, has had a significant impact on public health in Alabama.

Higginbotham is also director of the College's Rural Health Institute for Clinical and Translational Science, and is chair of and a professor in the College's Department of Community and Rural Medicine.

"This is a significant honor that reflects positively on Dr. Higginbotham, the Rural Health Institute staff, our College and The University of Alabama," says E. Eugene Marsh, M.D., dean of the College.

Lori Greene, M.S., R.D., dietitian for the Student Health Center and University Medical Center, which are both part of the College, received the Young Dietitian of the Year Award from the Alabama Dietetic Association.

Greene initiated the "Dietitian on the Go" program with Bama Dining at The University of Alabama, and offers group presentations to student organizations. Greene also provides medical nutrition therapy at University Medical Center to faculty, staff and community patients.

In addition, Greene was the recipient of the 2008 Koster Innovative Practices in College Health grant award for her submission, "A Comprehensive Weight Management Program to Reduce the Incidence of Obesity at The University of Alabama." The purpose of the grant program is to provide financial support to student health centers and their staff for the development of innovative practices that improve access to quality health care for students.

John Maxwell, director of the Student Health Center, has been appointed as a board member for the Southern College Health Association. Maxwell's appointment will progress to president by 2013, when the Student Health Center will host the Southern College Health Association Regional Meeting. The Student Health Center is operated by the College.

Dwight Hooper, M.D., F.A.C.O.G., an associate professor in the College's Department of Obstetrics and Gynecology, has been elected chair-elect of DCH Regional Medical Center's Department of Obstetrics and Gynecology. His term as chair-elect will begin in October. He will become chair of the DCH OB/GYN Department in 2010. Hooper also serves as director of the College's Obstetrics Fellowship Program.

In addition

Cathy Gresham, M.D., FACP, assistant to the dean and director of Medical Student Affairs, received a Certificate of Appreciation for her more than 10 years of service with Alpha Epsilon Delta, The University of Alabama's Pre-Professional Health Honor Society. Gresham is also a professor in the College's Department of Internal Medicine.

James Leeper, Ph.D., a professor in the College's Department of Community and Rural Medicine, was awarded the 2008 Doctoral Student Organization Appreciation Award for his help and support of social work doctoral candidates at The University of Alabama. Leeper has also been selected for induction into the Alpha Phi Chapter of the Delta Omega Public Health Honor Society at the University of Iowa.
Student Health Center Receives Award for Alcohol Prevention Education Programs and Services

Outside the Classroom, a Boston-based company that helps education, corporate, and government institutions battle high-risk drinking and other health problems, has recognized The University of Alabama’s alcohol prevention efforts with a Prevention Excellence Award.

Outside the Classroom Inc. recognized the University’s efforts to provide education, programs and services as part of its overall alcohol prevention education initiatives. Those efforts include AlcoholEdu for College, a Web-based alcohol prevention program that is required of all incoming freshmen.

The program, recognized nationally for its effectiveness, uses the latest prevention techniques and science-based research to educate students about the impact of alcohol.

AlcoholEdu is a program administered by the Student Health Center’s Department of Health Promotion and Wellness. The Student Health Center is operated by the College.

“At The University of Alabama, all our efforts in student health and well-being are planned around a three-pronged approach set by President Robert E. Witt — education, environment, and enforcement,” says Margaret Garner, the College’s assistant dean for Health Education and Outreach, and director of the Department of Health Promotion and Wellness. “Collaboration and cooperation among many departments in Student Affairs, Financial Affairs, Academic Affairs and the Student Government Association have made this recognition possible.”

Nationally, alcohol is a significant health problem facing colleges and universities. The University of Alabama has responded proactively to address alcohol from a prevention education perspective and to actively engage the campus in deliberations and programs to promote safety and well-being among students.

“Challenging the future and changing the culture for healthier lifestyles for our students is a top priority because it supports our students’ dreams for personal and academic success,” Garner says.

### Health Promotion and Wellness Department Receives Two Awards

The Student Health Center’s Department of Health Promotion and Wellness has received two awards for its Project Health peer-educator program — the 2008 Crimson Star Award and the 2008 Foundation Award.

The awards are in recognition for leadership and service and are awarded by the University’s Coordinating Council of Student Organizations through a peer-review process.

The Crimson Star Award is the highest honor for a student organization and is given in recognition for providing superior service and outreach at The University of Alabama. The Foundation Award recognizes excellence in collaboration.

Project Health is a recognized student-based organization that strives to promote health and wellness throughout The University of Alabama campus and surrounding communities.

Project Health also provides students with peer support, education and awareness on issues that are considered to be important health issues for college students.

The Student Health Center is operated by the College.

Moore Receives Award for Leadership of National Medical Minority Educators Group

Cynthia Moore, assistant director of the College’s Rural Health Programs and director of the College’s Rural Health Scholars Program and Minority Rural Health Pipeline Program, received the 2008 Director’s Award from the National Association of Medical Minority Educators on March 28 in Charleston, South Carolina. Moore was recognized for her leadership roles with the association.

“If it were not for people like Cynthia who exhibit passion and dedication, the National Association of Medical Minority Educators would be non-existent,” says Patrena Benton, the association’s Southern Regional director. “Cynthia’s contributions are immeasurable and we are extremely fortunate to have her as a member of the organization.”

Moore has served in leadership positions with the association for many years and currently serves as communications chair. In her roles with the College’s rural health programs, Moore serves as mentor and advisor to students and oversees implementation of new outreach programs, such as the Black Belt Health Scholars Program initiated in 2007.
College Prepares Family Medicine Residents for New Model of Practice

By Leslie Zganjar

In 2002, the leadership of seven national Family Medicine organizations initiated the Future of Family Medicine Project with the goal of renewing and transforming the discipline of Family Medicine to meet the needs of patients in a changing health care environment.

The project resulted in a new model of practice for Family Medicine with the following characteristics: a patient-centered, team approach to care; use of advanced information systems, including an electronic medical record; provision of a “basket” of chronic and preventive medical services; a focus on quality and health outcomes; and elimination of barriers to access.

The College is already preparing residents in its Tuscaloosa Family Medicine Residency for the new model of practice. In fact, those efforts began as the Future of Family Medicine Project was just getting underway. “In some ways, we’re already there,” says Chelley Alexander, M.D., who oversees the College’s residency in her capacity as assistant dean of Graduate Medical Education. Alexander also chairs the College’s Department of Family Medicine.

The College in 2002 began phasing in an electronic medical record (EMR) at its University Medical Center, where residents receive clinical training. Exposure to and training in other components of the new Family Medicine model, particularly a patient-centered, team approach to care, have followed.

“When we began using an EMR system fully, only 3 percent of practices nationwide were using an EMR. That is now up to somewhere between 25...
percent and 33 percent,” says Michael Taylor, M.D., the College’s assistant dean for Information Technology and chair of its Department of Pediatrics. “I think it is safe to say that we were ahead of the curve.”

The new model of practice for Family Medicine may seem familiar to and even part of the practices of many family physicians. What makes the model new is that it is centered primarily and explicitly on the needs of the patient, it incorporates technology and aspects of customer service, and it integrates these concepts into a comprehensive approach to care, according to the article “Future of Family Medicine: A Collaborative Project” published in 2004 in the Annals of Family Medicine.

**Patient at Center Stage**

“In the new model, the patient, not the physician, occupies center stage” and patient care is provided through a multi-disciplinary team approach that includes not only the family physician but nurses, physician assistants, nurse practitioners, nutritionists, health educators, clerical personnel and the patient, according to the “Future of Family Medicine” article.

Alexander says the College is also hoping to create registries that will provide patient-oriented and physician-oriented interventions aimed at improving chronic disease care.

Alexander has submitted a grant proposal that, if funded, would allow for development of a computerized diabetes registry at University Medical Center. The registry would provide diabetes care reports for patients and diabetes report cards for physicians and would work this way: After a doctor’s visit, diabetes patients would receive written information that they could take with them containing their current health status, changes in health indicators from earlier visits and whether they are meeting established benchmarks. Physicians would receive a report card with information about how their diabetes patients are faring in comparison with other physicians at University Medical Center, as well as to a national standard. In addition, care providers could use the registry to remind patients of appointments.

“We expect our residents to become more aware of the components of patient-based care,” Alexander says. “We’re hoping that by training residents in patient-centered care, they will take this with them when they set up their own practices.”

In addition to group visits, care will become even more important in the future as the population ages and family physicians will increasingly be called upon to provide chronic disease care. She says improvement in care for such chronic medical conditions as diabetes, obesity and high cholesterol will depend on a patient-centered, team approach to care rather than solely on the family physician.

**Electronic Medical Record**

University Medical Center was an early adopter of the electronic medical record (EMR) – “the central nervous system of the new model of care,” according to the “Future of Family Medicine: A Collaborative Project” article.

Taylor says University Medical Center began using an EMR in 2002, initially for billing and insurance purposes. The system was fully phased in to all the center's specialty departments – Family Medicine, Pediatrics, Internal Medicine, Obstetrics and Gynecology and Psychiatry and Behavioral Medicine – by 2003, well ahead of the practicing medical community. The College’s Student Health Center began using the EMR in 2005.

“Before the electronic medical record was on the horizon of being required, the College had a vision about the long-term benefits that could accrue...
Family Medicine Residents Form Lasting Relationships

Relationships often develop during medical education and training. A number of physicians who have completed the College's Tuscaloosa Family Medicine Residency did so as married couples, including the Whites and the Doziers (profiled below). The Doziers are 1985 graduates of the Residency and practice together in Thomasville, Alabama. The Whites, who graduated in 2007, practice together in Scottsboro, Alabama.

Frank and Daveta Dozier

The Doziers met while medical students at The University of Alabama School of Medicine. Frank coached the intramural girls' basketball team. Daveta was one of the players. They began dating in their second year of medical school.

Once they entered the College's Tuscaloosa Family Medicine Residency in 1982, life moved quickly. They got engaged during the first year of residency, married in the second year and had a baby in the third year.

They say it was challenging to be married and in residency “because we were so busy.” The first two months of their marriage, Daveta worked in the DCH Hospital Emergency Room at night, and Frank worked in the hospital's high-risk nursery during the day.

“We met for hot chocolate in the doctor’s lounge between shifts,” Daveta says. “We were so independent that when we married, we really did not know what to expect of each other,” Frank says. “We discovered that life was much easier. We complemented each other and we were happier than either of us could have ever imagined.”

The say they “moonlighted” while residents to pay back their student loans and, in hindsight, probably would have chosen to moonlight less and spend more time together “because private practice required so much more of us than we realized it would,” Daveta says.

The Doziers graduated from the Tuscaloosa Family Medicine Residency in 1985. Today, they practice together in Thomasville, Alabama, where Frank grew up and where he says he wanted to return “to make a difference.” Daveta was raised in East Texas and

Andrew, Jennifer and Les White

It was a bet on an Alabama-Auburn football game during their first year of medical school at The University of Alabama School of Medicine that brought the Whites together.

“We sat together in several of our classes and had mutual friends,” Jennifer says. “I am a big Alabama fan and, unfortunately, Andy is a big Auburn fan. We were talking football and made a bet that whoever lost had to take the other to dinner.

“If you know anything about Alabama football in the last few years, you know who lost,” Jennifer says. “So, our first date was me taking Andy to dinner.”

Jennifer and Andrew married in their fourth year of medical school and after graduation entered the College’s Tuscaloosa Family Medicine Residency.

“We loved being married during residency, especially to a fellow resident. It was great for your partner to know firsthand what you were going through and how tough certain rotations could be. It allowed us to be completely understanding of each other,” Jennifer says.

“We can’t imagine how tough it is on couples where one partner really doesn’t know what it is like to be in medicine,” Andrew says. “It can be really demanding and you don’t understand it unless you have been through it yourself.”

The Whites graduated from the Tuscaloosa Family Medicine Residency in 2007 and joined the Highlands Medical Center in Scottsboro, Alabama, as family physicians. Jennifer grew up nearby, in an area called Limrock, and says her great-grandmother was the reason she chose medicine as a profession.
THE DOZIERS, CONTINUED

in Decatur, Alabama, and knew from age 9 that she wanted to be a physician. The couple has three children, ages 23, 19 and 17.

Daveta and Frank say their residency experience was just the preliminary to sharing — and juggling — a family, life and profession together. "When they look back at that time, they say what they gained from going through residency together benefits them now in their practice.

"Respect for each other and that each of us has our own opinion and our own way of doing things, but most difficulties can be worked out in a reasonable fashion," Daveta says. "We have been able to manage our time better," Frank says.

Their advice to other married couples who go through residency together? "Work as hard on your marriage as you do on your profession. Remember that you are not married to medicine, you are married to your spouse."

THE WHITES, CONTINUED

"I was very close to her as a child and she was ill a lot when I was younger from emphysema and congestive heart failure. I always liked to take care of her and that was probably my first experience with medicine."

Andrew was raised in Dadeville, Alabama. He says his father played an influential role in his decision to go to medical school.

"I didn't always know I wanted to be a doctor. I just really liked science and my dad was a pharmacist, so I was exposed to the health care field."

The Whites have one child, a son, Les, born in 2007.

Jennifer and Andrew say going through residency together has benefitted them as they practice together today.

"We already know how each other works," Jennifer says. "We were trained at the same place so we do things a lot alike, which makes it easier to care for each other's patients."

"Plus, it's great to have your husband or wife as your colleague to go to for questions or advice," Andrew says. "We have complete trust in each other."

Their advice to other married couples who go through residency together?

"Always keep the lines of communication open, and always keep your relationship as one of the top priorities in your life."

New Model

Continued from Page 9

from this technology for our patients and for this institution," says John Waits, M.D., director of the Tuscaloosa Family Medicine Residency, who also uses an EMR at his family practice in Centerville, Alabama. "There are still a huge number of medical practices in the United States that have not adopted the EMR, but the College is already six years into using an EMR."

Waits says many graduates of the Tuscaloosa Family Medicine Residency are electing to use EMRs as soon as they begin practicing. He says of the 12 physicians who graduated from the residency last year, eight went into solo practices or small group practices and five of those eight "started with a computer practice from day one." (The other four graduates are practicing in hospitals.)

Waits believes the College's graduating residents will pave the way for private practices that want someone with hands-on experience to help them implement paperless patient care. "I'm not sure this is at the forefront of what recruiters ask, maybe because EMRs have not really penetrated the market yet," Waits says.

"But when it comes up, it makes our residents overwhelmingly more marketable."

An electronic medical record refers to a patient's medical record in a computerized format and it offers some advantages over paper records, including better continuity of care and a potential reduction in medical errors and costs.

Today, patients are often treated by multiple physicians, clinics and hospitals. A computerized records network allows doctors access to complete patient information. An EMR can also help track patient adherence to prevention guidelines and can continuously improve the quality of that preventive care, according to the Future of Family Medicine Project.

Computerized records also allow physicians to find information quickly in an emergency, alerting them, for example, if a patient has a dangerous allergy to a medication or if they are about to order an expensive test that the patient has already had. EMRs can also help with standardization of terminology and abbreviations as handwritten medical records can be associated with poor legibility, which can contribute to medical errors.

A 1999 Institute of Medicine Report, "To Err is Human: Building a Safer Health System," pointed to the decentralized and fragmented nature of the health care delivery system as one of the factors contributing to the "nation's epidemic of medical errors. When patients see multiple providers in different settings, none of whom has access to complete information, it becomes easier for things to go wrong."

In addition to the EMR, residents in the Tuscaloosa Family Medicine Residency may soon be trained in the use of Medfusion as well.

Medfusion is a provider of secure patient and physician online communication portals. The technology allows patients to schedule appointments, receive appointment reminders, check laboratory and other test results, pay bills, check their health records and ask their doctors questions — all online. Physicians can use the technology for referral management.

The Student Health Center began using Medfusion in January and it should be fully operational there by early fall, Taylor says. He says the College wants to make sure the technology works smoothly at the Student Health Center before implementing it at University Medical Center "likely in 2009, if all goes well."
Two Students Get First-Hand Experience in Rural Health Care Through TERM Program

By Richard LeComte

Two third-year University of Alabama School of Medicine students are getting enhanced training in rural medical practice through TERM – Tuscaloosa Experience in Rural Medicine, a program of the College.

The students are Sara Beth Bush of Clay, Alabama, and Charlton Dennison of Coosada, Alabama. Bush is working at Primary Care of Monroeville in Monroe County with Angela Powell, M.D., and Alex Nettles, M.D. Dennison is working at Carrollton Primary Care in Pickens County with Julia Boothe, M.D., Cathy Skinner, M.D., and Robert Neil Honea Jr., M.D.

"At the core of our College's mission is the commitment to train primary care physicians with a special emphasis on the unique health problems of rural Alabama," says E. Eugene Marsh, M.D., dean of the College. "The TERM curriculum is a combined faculty effort led by Ashley Evans, M.D., the College's assistant dean for Undergraduate Medical Education. It represents a significant addition to the many programs already in existence in our College that are focused on Alabama's rural health care needs."

The program, which runs for 17 weeks, is a key part of Bush's and Dennison's third-year clinical training. TERM introduces students to rural health issues from the perspective of practicing physicians, provides students with hands-on clinical experiences at rural primary care practices, and provide an opportunity for students to learn about statewide rural health issues," Evans says.

"This concept is called continuity of care," Evans says. "It's something that's offered by primary care doctors – you have the same clinician each time you go to the doctor's office, which is better for consistency and builds trust over a period of time. That's impossible in an eight-week rotation. This is a whole different way of providing medical student education. It's much more like what a real doctor does."

TERM students receive integrated training in Family Medicine, Rural Medicine, Obstetrics and Gynecology, Pediatrics, Surgery and Internal Medicine. College medical faculty visit the rural sites and provide audio and video conferences, and students stay in touch with medical faculty at the Tuscaloosa campus through telemedicine and Internet-based technology.

In addition, the students receive the support of the clinicians they are working with, hospital administrators and members of the communities to which they are assigned. Students also receive a stipend of at least $3,000, personal laptops, PDAs and a training-site license for the clinicians' Web Resource UpToDate.

The goal of the TERM curriculum, in keeping with the mission of the College and the Tuscaloosa Campus of The University of Alabama School of Medicine, is to increase the likelihood that medical school graduates will choose primary care residencies and practice in rural Alabama communities.

Rural Alabama urgently needs primary care physicians. Many communities meet the federally defined medical manpower shortage area designation.

Charlton Dennison and Sara Beth Bush
SPECIAL EMPHASIS WEEK: PSYCHIATRY

Speakers at the College of Community Health Sciences/School of Medicine, Tuscaloosa Campus Psychiatry Special Emphasis Week included five recognized practitioners and researchers in the field who brought the most current information about various adult and child psychiatric topics to the Tuscaloosa medical community.

Adult ADHD
William Dodson, M.D.
Private Practice
Greenwood Village, Colorado

While there is no adult onset of Attention Deficit Hyperactivity Disorder, the vast majority of adults with ADHD probably had the condition as children and may never have been diagnosed, Dodson says.

Like it is for children, adult ADHD is a serious condition, leaving adults with impaired functioning in multiple settings, including work, home and relationships. Adults with ADHD are often disorganized, unable to complete tasks and have poor time management skills, Dodson says. They are often overcommitted and overwhelmed, talk excessively, cannot relax and have trouble sleeping.

"The impairment and consequences of children with ADHD escalate in adulthood," Dodson says.

There is no test that diagnoses ADHD; diagnosis is based on a carefully taken clinical history, Dodson says. Stimulant medications are the treatment of choice, he says, adding that the medications are effective and safe.

Psychiatric Manifestations of Medical Illness
Greg Fricchione M.D.
Associate Chairman, Division of International Psychiatry
Massachusetts General Hospital
Associate Professor of Psychiatry
Harvard Medical School

Depression ranks right behind heart disease as the second leading disability condition in the United States, Fricchione says. "There is an increased frequency of medical illness with depression," he says. Why?

"Because the mind and body are one."

Psychosocial stress leads to cellular stress, which leads to disease vulnerability, Fricchione says.

When people lose their jobs or their homes, or if they are going through a divorce, that stress causes cellular stress. "We are all born with a disease vulnerability -- a genetic disposition. Stress can bring this out," he says.

Fricchione says when primary care physicians provide supportive psychotherapy they are significantly impacting their patients both psychologically and biologically.

"With a good bedside manner, you are providing solace and changing the condition of the patient's brain. And you can affect diseases like hypertension, obesity, chronic pain and headache, atherosclerosis, anxiety and depression," he says.

Depression is one of the most common psychiatric illnesses in primary care patients, and patients with chronic medical conditions are 41 percent more likely to be depressed, Fricchione says.

Mental Health, Religion, and Spirituality
Martha R. Crowther, Ph.D., M.P.H.
Department of Psychology
The University of Alabama

Research shows that there is a positive relationship between religion and spirituality and physical and psychological health outcomes, Crowther says, adding that it is important for clinicians to acknowledge patients' spirituality and incorporate aspects of it into their medical treatment.

"This is a paradigm shift for the medical practitioner, but religion and spirituality have been found to be helpful in coping with stressful life events," she says.

Crowther says the vast majority of research finds that religious involvement is associated with greater well-being and life satisfaction, greater hope and optimism and less anxiety and depression.

"The importance of religion and spirituality and health is that people use religion and spirituality to redefine their illness experience," Crowther says.

Still, the relationship between spirituality and health is a new frontier in medicine, Crowther says. Duke University and the University of Kentucky are among only a very few institutions that currently incorporate in their medical curriculums the potential health benefits of religion and spirituality in medical treatment and patient care.

"I believe others will come, she says."

STAR*D Multi-site Trial for Treatment Resistant Depression
Lori L. Davis, M.D.
The University of Alabama School
Persistent major depression may require that clinicians change a patient’s medication until an effective one is found, or augment treatment, according to the findings of one of the largest studies to date for psychiatric illnesses.

The study, known as STAR*D, was funded by the National Institutes of Health and examined the effectiveness of medications designed to treat major depression. The study was conducted from 1999 to 2006 at 14 regional medical centers across the country, including the Tuscaloosa Veterans Administration Medical Center. More than 4,000 participants between the ages of 18 and 75 enrolled in the STAR*D study.

The aim of the study was to define preferred treatments for treatment-resistant depression, says Davis, the site coordinator for the study at the Tuscaloosa VA.

Davis says while studies have shown that just over half of people suffering from major depression experience remission as a result of being treated with anti-depressants, just as many have only a partial response or no response to medication. She says the consequences of non-remission include poor function at work and home, and psychiatric or general medical complications, including substance abuse and even suicide. “The consequences of non-remission are profound,” she says.

Davis says less than 50 percent of patients diagnosed with major depression remit with a single anti-depressant. STAR*D found that if at 12 weeks the depression was not in remission, clinicians should go to the next level of care and either switch medications or augment treatment.

Psychotropic Medications: Current Issues

John M. Diamond, M.D.
Division of Child and Adolescent Psychiatry
Brody School of Medicine at East Carolina University
Greenville, South Carolina

Treatment of depression and other mental health conditions in children and adolescents should include a combination of medication and cognitive behavioral therapy, Diamond says. “We are medicating rather than looking at other options,” he says, particularly for children diagnosed as bipolar. “That’s because it is easy and less expensive. Therapy is expensive. Family involvement is expensive. We tend to use the easy out, and that is medication.”

Still, medication is an important part of treatment because it can help restore functionality, improve school or work performance, improve interpersonal relationships and provide symptom relief, Diamond says. Medication should not be used to control behavior or to tranquilize children, he says.

And, Diamond says, medications should not be used “out of class.” He says anti-depressants are sometimes used to treat Attention Deficit Hyperactivity Disorder (ADHD).

While anti-depressants can be used as an alternative if children cannot tolerate stimulants such as Ritalin or Adderall, which are typically used to treat ADHD, Diamond says they should not be used as first-line medications for ADHD.

Winternitz Conferences

The William W. Winternitz Conferences feature prominent speakers who address such topics as ethics, communication, professionalism and quality improvement. The conferences are named in honor of William W. Winternitz, M.D., a longtime and distinguished member of the College’s faculty. Winternitz, now retired, joined the College in 1977 and chaired the Department of Internal Medicine.

Confessions of a Retired Pharmaceutical Representative

Robert Montgomery
Tuscaloosa, Alabama

Why confess? “I have nothing to be guilty about. And that’s the message I want to leave,” Montgomery says.

Montgomery, now retired, worked as a pharmaceutical representative for 25 years, mostly for Mead Johnson Nutritional, a Bristol-Myers Squibb Company. He sold infant and adult nutritional products and his clients included hospitals, nurseries, nursing homes and retail pharmacy stores.

He says competition in the pharmaceutical industry is fierce and pharmaceutical representatives are under enormous pressure to sell. Pharmaceutical companies often spend hundreds of millions of dollars and more than a decade to bring just one product approved by the Food and Drug Administration to market, Montgomery says. He says the industry spent $34 billion in 2003 on drug development and promotion.

But physicians are busy, and time spent with a pharmaceutical representative is time spent away from patients — and billing and reimbursement hours. “We become an invasion in your office,” Montgomery says.

He says there can be an amicable relationship between physicians and pharmaceutical representatives. “Reps are usually well trained on their drug. If more information is needed, a drug rep can often be of help.”
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John M. Diamond, M.D.

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Legal and Moral Questions Involved in the End of Life Decision Making Process

J. Sydney Cook, III, Esq.
Rosen Harwood, P.A. and
Norvin Richards, Ph.D.
Department of Philosophy
The University of Alabama

A living will includes specific directives about the course of treatment to be taken by caregivers should a patient be unable to give informed consent. Alabama law allows for living wills and a health care proxy – someone appointed by an individual to make health care decisions should the individual be unable to do so.

One question to consider when using a proxy, Cook says, is “how far do you want their authority to go?” Should the proxy strictly follow the request of the patient, or should the proxy be given full power because the patient might not know what the circumstances will be?

In addition to the legal issues surrounding end-of-life decisions, “there are the emotions and ethics of letting a loved one die,” Richards says. Among the situations he has encountered as a member of the Medical Ethics Committee at DCH Health System in Tuscaloosa, Alabama: families confident about what the patient wants but it is still hard to let go; families that are not clear about what the patient wants and are bewildered about the right choice; family members who disagree about what the patient would have wanted.

“Family members are greatly affected by what is chosen and how it is chosen,” Richards says. “Letting someone die is an emotionally demanding thing to do. The most important consideration is what the patient wants.”

Richards recalls a case where a family member said: “You are not making the decision for him to die; rather, you are making it possible for him to allow himself to die.”

Other College Lectures

The David and Natica Bahar Memorial Lecture

Smoking and Exercise: Implications for Cardiopulmonary Rehabilitation
Rafael Perez, M.D.
Associate Professor of Medicine
Pulmonary, Allergy and Critical Care Division
Emory University School of Medicine
Atlanta, Georgia

Smoking leads to decreased muscle strength during exercise and increased recovery time from workouts, Perez says. There is even some evidence that nicotine appears to decrease the rate of muscle force generation, he says.

“Non-smokers have more endurance muscle fibers. Smokers do not,” Perez says. “For smokers, there is a decrease in the enzymes that provide endurance. Muscle strength is lower in smokers. Smokers tend to fatigue faster than non-smokers and take longer to recover.”

What causes this muscle fatigue in smokers? “Carbon dioxide makes it difficult to load up on oxygen and difficult to off load oxygen into the muscles, so they (smokers) become fatigued and often have to stop exercising,” Perez says.

In regard to nicotine, he says there is not a lot of evidence about the effects of nicotine on muscles, “but we know that nicotine increases the heart rate and vasoconstriction (narrowing of blood vessels).”

Perez says smokers will benefit from pulmonary rehabilitation. “Smokers who complete smoking cessation in cardiopulmonary rehab programs improve as much as non-smokers.”

The Alice McLean Stewart Endowed Lecture on Addiction Education

The History of Alcoholics Anonymous and its Impact on the Practice of Medicine
James H. Alford, M.D.
Assistant Medical Director
The Alabama Physician Health Program
Montgomery, Alabama

It was Benjamin Rush, a signer of the Declaration of Independence, who was among the first to call alcoholism a disease, Alford says. Back then, in the 1770s, “alcoholics were imprisoned or sent to inebriated houses,” he says. Methods used to try and cure them of the disease included temperance charts, pledges signed with religious groups and medicines advertised in magazines and sold in drug stores.

There were also Oxford Groups, which alcoholics attended and where they talked about such principles as love, selflessness and faith, Alford says. Bill Wilson, a New York City stock broker and alcoholic, attended Oxford Group meetings before going on to form a group with Bob Smith, an Akron, Ohio, physician and alcoholic, to help other alcoholics. In 1939, Wilson and Smith expanded the program by writing a book, Alcoholics Anonymous, which the group also adopted as its name.

The book, which described a 12-step program for staying sober, sold only 10 copies when it was first published. But in 1941, when the Saturday Evening Post carried an article about Alcoholics Anonymous, the book quickly sold several thousand copies.

Later editions of the book are still used today, and millions of people have been involved in Alcoholics Anonymous.

Alford says Alcoholics Anonymous works because of the use of external supervision, or sponsors. That, he says, likely stems from the belief held by Wilson and Smith that they could stay sober by helping other alcoholics.
The Importance of Culturally Competent Care

As the United States has evolved into a more diverse society, the opportunities for misunderstandings in the clinical setting between physicians and patients have increased. In addition, evidence has shown that a lack of culturally competent care can lead to disparities among populations in the receipt of medical care and in health outcomes. Denice Cora-Bramble, M.D., M.B.A., executive director of the Diana L. and Stephen A. Goldberg Center for Community Pediatric Care at Children’s National Medical Center in Washington, D.C., provided several lectures at the College earlier this year on the topic of culturally competent care. After her lectures, Cora-Bramble talked further about culturally competent care, which she defines as “adapting one’s practice so that it is responsive to a patient’s culture.”

Q. What are the big issues in developing a practice that emphasizes culturally competent care?

The biggest issue is communication and the personal relationship between the physician and the patient. Patients from other cultures come to us with often times a different understanding of the treatment than what we are used to and it just requires clinicians to adapt the clinical process so it is respectful of the culture of that patient.

Q. What are some examples of this?

The biggest example in dealing with different cultures is the language barrier. I think it is the clinician’s responsibility to learn and to acquire the critical skills to work with an interpreter. The system’s responsibility is to provide an interpreter, but it is the clinician’s responsibility to learn how to work with an interpreter so that basic communication is not lost. In areas throughout the country there is a transformation demographically. You are seeing more and more minority patients, and specifically more and more Hispanic patients. The use of interpretive services is a critical component; it is almost part of a toolkit that medical centers need to acquire.

Q. What are the skills needed to work with an interpreter?

For one, you have to learn how to talk so the interpreter has time to interpret for you. It cannot be a nonstop monologue. You have to be able to do it in a way that you can pause and let the interpreter speak. There are other simple things like maintaining eye contact with the patient as opposed to focusing your attention to the interpreter, because then the patient gets left out; then the discourse and interface is between the interpreter and the doctor instead of the doctor and the patient. Those are the sort of simple things that clinicians can do.

Q. What are some examples of how cultural differences can affect care?

One example has to do with treatment, for instance, of asthma. There is a lot of work that has been done in that area, looking at what the scientists and researchers call the social determinants of health. You look at the factors that influence health, not necessarily the traditional bio-medical model. What are patients’ beliefs and practices? Those sorts of things are important. With asthma some parents do not believe the child is sick unless he is wheezing; they do not see it as a long-term chronic disease that needs to be managed whether there are symptoms or not. In asthma or in any disease, sometimes the parents will substitute or add their own traditional practices to what we are prescribing. If we give them two medicines, they may choose to just use one and then use whatever they want to use. Or they may use their own traditional healer first.

Q. Are those methods always bad, or do some have no ill effects?

Some of them are actually effective. With asthma, there are some traditional practices that can make the patient better. I think more research is being done in that area, that some of the treatments that historically were considered sort of marginal are seen as, well, there is some value to them. But there can be all sorts of different practices that can be harmful to patients. It is our job as clinicians to be knowledgeable – not about knowing everything about every community, or about just learning enough to stereotype, not that way – but just in familiarizing yourself with a different way of seeing things, a different way of describing health and wellness, a different way of treating patients.

Q. Many of Alabama’s doctors work in small towns or rural settings. How can they be more culturally competent given the size of their practices and facilities?

For those doctors, specifically, it is very important that they feel comfortable working across cultural lines because they do not necessarily have the safety net of other colleagues to help buffer that sense of discomfort that they may feel. So they have to go there fully equipped. The other thing that becomes a barrier or a challenge has to do with how to provide services to patients when you do not speak the language, and that becomes an issue when you are in an isolated community, a rural
community, because you may not have the resources to be able to provide (an interpreter). It is always better to have a trained interpreter on site, but that may not be possible. The second best thing would be a telephonic interpreter, but there is a cost associated with that. There are no easy answers, but there is a greater cost when you do not use an interpreter and you end up making a mistake because you simply did not understand the language. One of the things I suggest to students is that some community organizations will train interpreters and will provide some of those services at a much lower cost than the telephonic interpretive services.

Q. How should medical students and residents prepare to provide culturally competent care?

I would encourage students to acquire another language skill. They should become proficient or at least conversationally proficient in the language. That is always helpful, because a few words in a patient’s native tongue go a very long way. That being said, patients are more interested in how much a physician cares for them and how far they are willing to go for the patient. That is a bit of a universal language. In other words, some of that caring, the compassion, the interpersonal skills are as important as the language. So I feel that we cannot necessarily disentangle the linguistic skills from the interpersonal skills. The interpersonal skills come through whether you know the language or not. There are some nonverbal things you can do.

Q. What are some of those things?

The Hispanic culture, in terms of the way they express themselves, they go further than the language. For example, they are an affectionate people. It is not unheard of to greet a patient with a hug. It is not unheard of for physicians to be seen as part of their family, not just that they are going to the doctor but that they are going to hear about the niece who has just been baptized. It is a social event. The physician is valued and seen in that light. So it is establishing an interpersonal relationship with a patient — something you should really do with everybody, not just someone from another culture, but it is particularly relevant for people from another culture.

Q. Are there any other issues that you have been asked about during your visit here?

Speaking to the dean and the chairs of the departments, it is very clear to me that there is an overwhelming commitment to providing culturally competent care. The other thing is that I feel that it is always helpful to have students work in communities because that helps to point out the areas that they need to develop in the delivery of culturally competent care. It is not just attending a lecture on this topic; it is also going and immersing themselves in the experience.
The 32nd Annual Medical Student Honors Convocation was held May 16 at Indian Hills Country Club in Tuscaloosa. College Dean E. Eugene Marsh, M.D., and Cathy Gresham, M.D., assistant to the dean and director of the Office of Medical Student Affairs, welcomed and introduced the graduating class.

The convocation speaker was Daniel Avery, M.D., associate professor in the College’s Department of Obstetrics and Gynecology.

Graduates, their families and College faculty paid tribute to the graduates' efforts, achievements and contributions. Graduates also gave their own awards to faculty.

Cathy Gresham, M.D., assistant to the dean and director of Medical Student Affairs, right, with Lacy Smith, recipient of The Merck Manual Award, which is given to an outstanding student in medical education.

Ashley Wright, left, presents the Faculty Recognition/Junior Year Award to Daniel Avery, M.D., Department of Obstetrics and Gynecology, for outstanding contributions to the students.

LeeAnn McAlley, left, presents the Resident Recognition Award to Lee Carter, M.D., for outstanding contributions to undergraduate medical education.

Benji Miller, right, presents the James H. Akers Memorial Award to Lacy Smith for excellence in the practice of art and science in medicine.

James Geyer, M.D., Department of Neurology, center, presents the Neurology Award to J.T. O’Neil, left, and John Crew, right, for outstanding performance during the Neurology Clerkship.

Scott Arnold, M.D., Department of Internal Medicine, left, presents the William W. Winternitz Award in Internal Medicine to Sarah Fulghum for excellent performance in Internal Medicine.

Heather Taylor, M.D., Department of Pediatrics, right, presents the Pediatric Recognition Award to Chrystal Rutledge for excellent performance in Pediatrics.
Joseph Wallace, M.D., Department of Surgery, left, presents the William R. Shamblin Surgery Award to Sarah Fulghum for excellent performance in Surgery.

Joseph Wallace, M.D., Department of Surgery, left, presents the William R. Shamblin Surgery Award to J.T. O'Neil for excellent performance in Surgery.

Thad Ulzen, M.D., Department of Psychiatry and Behavioral Medicine, center, presents the Peter Bryce Award in Psychiatry to Lacy Smith, left, and Sarah Fulghum, right, for excellence in Psychiatry.

Julia Boothe, M.D., Department of Family Medicine, right, presents the Family Medicine Award to Eric Law for excellence in Family Medicine.

James Leeper, Ph.D., Department of Community and Rural Medicine, right, presents the Robert F. Gloor Award in Community Medicine to LeeAnn McAliley for excellence in Community and Rural Medicine.

John C. Higginbotham, Ph.D., M.P.H., the College's associate dean for Research and Health Policy, right, presents the Research Award to David Weeks.

E. Eugene Marsh, M.D., dean of the College, right, presents the William R. Willard Award (Dean's Award) to Eric Law, recognizing the senior who has made outstanding contributions to the goals and mission of the College.

E. Eugene Marsh, M.D., dean of the College, right, presents the Scholastic Achievement Award to John Crew. The award goes to the senior with the highest academic achievement during the clinical years.

John Crew, right, presents the Patrick McCue Award/Senior Year to A. Robert Sheppard, M.D., Department of Internal Medicine, for outstanding contributions to the students.
The 2008 graduates of the College's Tuscaloosa Family Medicine Residency were honored during the 33rd Annual Graduation Ceremony on June 21.

The event was held at the Bryant Conference Center on The University of Alabama Campus.

The commencement speaker was Steve Furr, M.D., a family physician from Jackson, Alabama.
Family Medicine Residency Graduation Honors

William Owings, M.D., Department of Family Medicine, right, presents the William R. Willard Award to E. Ray Stewart, Jr., M.D.

Cathy Gresham, M.D., Department of Internal Medicine, left, presents the Internal Medicine Award-Intern to E. Ray Stewart, Jr., M.D.

Ross Vaughn, M.D., right, presents the Internal Medicine Award-Best Resident to Ty Blackwell, M.D.

Karen Burgess, M.D., Department of Pediatrics, left, presents the Pediatrics Award to Jon Roden, M.D.

Nancy Rubin, PsyD, Department of Psychiatry and Behavioral Medicine, right, presents the Psychiatry Award to Emily Williams, M.D.

Robert Ireland, Jr., M.D., Department of Family Medicine, left, presents the William F. deShazo III Award to Ty Blackwell, M.D.

Julia Boothe, M.D., Department of Family Medicine, right, presents the Family Medicine/Rural Preceptor Award to Drake Lavender, M.D.

John Waits, M.D., director of the Tuscaloosa Family Medicine Residency, right, presents the Society of Teachers in Family Medicine Resident Teaching Award to Ty Blackwell, M.D.

College Dean E. Eugene Marsh, M.D., far right, makes the Presentation of Chief Residents Award to, from left, Ty Blackwell, M.D., Katherine Bivona, M.D., and Mandi Allen-Bell, M.D.
Convocation Honors Rural Medical Scholars

Members of the 2007-2008 Rural Medical Scholars class were honored during the 12th Annual Rural Medical Scholars Convocation held April 11.

The Rural Medical Scholars Program is operated by the College’s Department of Community and Rural Medicine.

Family, friends and guests of the Rural Medical Scholars were welcomed by E. Eugene Marsh, M.D., dean of the College.

The convocation keynote speaker was state Sen. Henry “Hank” Sanders, a Selma attorney who has represented District 23 in the Alabama Senate since 1983.

“Senator Sanders is a valued and longtime supporter of programs for rural students in the University’s Rural Health Leaders Pipeline,” says John Brandon, M.D., a Gordo family physician who serves as medical director of the Rural Medical Scholars Program.

The Rural Medical Scholars Program is one of three programs for rural students interested in health and medical careers. These programs comprise the Rural Health Leaders Pipeline, which was created to address the shortage of rural primary care physicians and other health care providers in rural Alabama.

The Rural Medical Scholars Program is a five-year medical education program leading to a medical degree. Selection for the program is based on a competitive application process exclusively for students from rural Alabama who wish to become rural primary care physicians.

Members of the 2007-2008 Rural Medical Scholars began their first year of medical school this summer at The University of Alabama School of Medicine. Meanwhile, at the Convocation, scholarships were presented by the Rural Alabama Health Association to the following Rural Medical Scholars: Remona Peterson of Thomaston; Kyle Adam Reaves of Arab; and John McDaniel of Florence.

Winternitz Receives Rural Health Care Award

William W. Winternitz, M.D., was awarded the Distinguished Service Award, presented annually at the Rural Medical Scholars Program Convocation to recognize outstanding commitment to health care in rural Alabama.

Winternitz was one of the first faculty members recruited to the College by founding Dean William R. Willard, M.D. Winternitz served as professor and chair of the Department of Internal Medicine. A native of Connecticut, Winternitz was the son of two physicians. He received his medical degree from The Johns Hopkins University, where he also completed a residency. Opting for a career in academic medicine, Winternitz returned to New England, where he spent nine years at Yale University as a research fellow and then as an assistant professor of Internal Medicine.

After completing a fellowship at the University College Hospital Medical School in London, Winternitz joined the faculty at the University of Kentucky as chief of the Endocrinology Division. It was there that he worked closely with Willard. After Willard came to Tuscaloosa to establish the College of Community Health Sciences, he invited Winternitz to join him in creating a medical education program that emphasized primary care and rural medicine.

Winternitz received the Outstanding Commitment to Teaching Award from The University of Alabama National Alumni Association in 1989. He was twice named Outstanding Teacher by graduating medical students, and he received the Gold Stethoscope Award from residents. In 1992, he received the prestigious Laureate Award from the American College of Physicians for lifetime achievement. — Linda Jackson
College Hosts Meeting for Rural Medical Educators

The College’s Rural Medical Scholars Program and James Leeper, Ph.D., a professor in the College’s Department of Community and Rural Medicine, hosted the National Rural Health Association Rural Medical Educators Annual Conclave earlier this year.

Medical educators from leading rural medical education programs in 10 states attended presentations and discussions held at University Medical Center, which is operated by the College.

Leeper, who serves on the board of the National Rural Health Association’s Rural Medical Educators Group, invited members to meet at the College because of the interest in the College’s Rural Scholars Pipeline approach to producing more rural physicians. With the critical shortage of doctors in rural areas across the country, rural medical educators have been sharing strategies and examining the methods of successful programs like the Rural Scholars Pipeline, a sequence of programs at the College that helps rural students enter health professions and prepare for rural service. The pipeline provides enrichment programs during high school and college and emphasizes rural health during premed and medical school training. Statistics show that rural students are more likely to live and practice in rural areas.

Leeper says that over the past three years, the NRHA’s Rural Medical Educators Group has been jointly developing a methodology for implementing a successful rural medical education program. The discussions held as part of the conclave at the College were conducted in a focus group format planned by John Wheat, M.D., M.P.H., director of the College’s Rural Health Programs, and moderated by Laura Hall, Dr.P.H., a member of the University of Southern Mississippi faculty.

Leeper expects that the work of the group will lead to the publication of a document that will be useful to groups planning to start similar programs in rural medical education.

Medical educators from the following universities and organizations attended the conclave: East Tennessee State University, University of Missouri School of Medicine, University of Oklahoma’s Rural Family Practice Residency Program, Utah Medical Education Council, University of Minnesota Medical School-Duluth, Oregon Health & Science University, the University of Illinois, University of California-Davis, North Texas Health Science Center-Texas College of Osteopathic Medicine and the University of Kansas School of Medicine.

Rural Medical Scholars Visit Congress

Members of the College’s Rural Medical Scholars Program attended the 31st Annual Government Affairs Conference in Washington, D.C., earlier this year.

The conference gave the scholars the opportunity to engage in discussions with Alabama’s congressional delegation, as well as Alabama physicians and members of the Medical Association of the State of Alabama, about health care legislation and related policy that affects medical services and patient care.

The conference is sponsored by the Medical Association of the State of Alabama and is held annually in Washington, D.C. The Rural Medical Scholars were accompanied by John Brandon, M.D., medical director of the Rural Medical Scholars Program. “This trip is made annually in order for our rural students to be aware of how important rural practicing physicians are to the political and deliberative process in America,” Brandon says.

“And it allows them to see for themselves the impact that Alabama physicians and physicians-to-be actually have on the understanding of the problems faced back home by folks in Alabama as they seek quality and accessible health care.”

The Rural Medical Scholars Program is part of the College’s Rural Health Leaders Pipeline, a sequence of programs that helps rural students enter health professions and prepare for rural medical service.

— Linda Jackson
Family Medicine Resident and Third-Year Medical Student Win Awards from National Rural Health Association

A resident in the College's Tuscaloosa Family Medicine Residency and a third-year medical student in the College's Rural Medical Scholars Program have won 2008 Rural Health Awards from the National Rural Health Association.

Deanah Maxwell, M.D., a Family Medicine resident, received the Student Leadership Award. The award recognizes extraordinary leadership activities demonstrated by a student in the field of rural health.

Maxwell, a native of Tuskegee, Alabama, participated as an 11th grader in the Rural Health Scholars Program, a College initiative that brings high school students to The University of Alabama to explore rural-health careers.

After graduating from the University of Alabama at Birmingham, she came to The University of Alabama as a Rural Medical Scholar and a medical student at the College.

She served as senior class president for the College's medical students last year, and she has mentored other rural students during her career.

Josh Bell, a third-year medical student in the Rural Medical Scholars Program, received the 2008 Student Achievement Award from the association. The award recognizes extraordinary student initiated and performed activity within the field of rural health.

Bell, of Rainsville, Alabama, was nominated for his efforts to help solve problems related to health care in rural Alabama and to create a specific curriculum need for rural medical education. Bell participated in the 2000 Rural Health Scholars Program as an 11th grader.

As an undergraduate student at The University of Alabama, Bell was the first student to receive special honors for completing an honors thesis in philosophy.

The Rural Medical Scholars and 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 capable students from rural areas who are interested in becoming physicians and practicing in their hometowns or similar rural areas.

The pipeline includes programs for high school, minority, premed and medical students. The pipeline also incorporates summer field work and rural research options for students at all levels, including rural rotations for medical students and for physicians in the College's Family Medicine Residency.

Rural Medical Scholars Reach Out to Hale County

The College's Rural Medical Scholars participated in health screening and prescription assistance services offered earlier this year in Hale County. The initiative was spearheaded by the Demopolis-based West Alabama Mental Health Center.

The center is a primary partner in the Bristol Myers-Squibb Foundation's "Coalition for a Healthier Black Belt" project.

As part of efforts to improve health in Alabama's Black Belt region, the center will provide a mobile unit that will offer services throughout West Alabama, much as the center did in Hale County in February.

Kelley Parris-Barnes, executive director of the center, says the mobile unit will provide health screenings, therapeutic services and prescription assistance to individuals who are uninsured or underinsured.

"We are very excited about this project and have a host of partners that are making a real difference in West Alabama," Parris-Barnes says. She says partnerships with entities such as the Rural Medical Scholars will greatly expand the coalition's capacity to serve the region.

— Linda Jackson
Rural Health Institute Research Presented at International AIDS Conference in Mexico

Results of HIV/AIDS research conducted by the College’s Rural Health Institute for Clinical and Translational Science were presented at the XVII International AIDS Conference in Mexico City August 3-8.

The study, “Stigma in Older HIV-Positive African Americans in the Rural South,” was funded by a grant awarded by The University of Alabama Center for Mental Health and Aging. Pamela Foster, M.D., M.P.H., deputy director of the Rural Health Institute, and Susan Gaskins, DSN, ACRN, a professor in the University’s Capstone College of Nursing, are the study’s co-investigators. As part of the project, Foster and Gaskins conducted focus groups in the Alabama cities of Selma, Montgomery, Anniston and Tuscaloosa. Statistics show that the number of HIV cases in the rural South is increasing.

In addition to her appointment with the Rural Health Institute, Foster, a preventive medicine and public health physician, also is an assistant professor in the College’s Department of Community and Rural Medicine. Her research interests include HIV/AIDS and health disparities issues, particularly those that impact Alabama’s Black Belt region.

Gaskins’s research focuses on HIV/AIDS and she is an AIDS Certified Registered Nurse. She was the primary investigator on a study, “Rural African American Men Living with HIV Disease,” funded by the National Institutes of Health’s National Center on Minority Health and Health Disparities. The Rural Health Institute for Clinical and Translational Science conducts research that seeks to improve health and reduce health disparities in rural Alabama.

HIV/AIDS Prevention Study Will Work with Alabama Churches

Pamela Foster, M.D., M.P.H., deputy director of the College’s Rural Health Institute for Clinical and Translational Science and an assistant professor in the College’s Department of Community and Rural Medicine, was awarded a $4,500 grant from The University of Alabama’s Research Grants Committee for her proposal titled “Increasing HIV/AIDS Prevention Strategies in African American Churches in Alabama.”

Her proposal seeks to address a growing epidemic of HIV/AIDS cases in Alabama through the use of a faith-based approach to develop education and skill-building interventions aimed at African American pastors and church leaders in order to increase the number of HIV/AIDS education and testing opportunities within their congregations.

Foster’s research interests include health disparities issues, particularly those that impact Alabama’s Black Belt region.

Prior to joining the College, Foster, a preventative medicine and public health physician, was a faculty member in Tuskegee University’s School of Veterinary Medicine, Nursing and Allied Health and was affiliated with the Tuskegee University National Center for Bioethics in Research and Health Care.

Grant Will Compare EMS Response Times in Cities, Rural Areas

Lea Yerby, Ph.D., CHES, a faculty member in the College’s Rural Health Institute for Clinical and Translational Science, was awarded a $2,500 grant from The University of Alabama’s Research Grants Committee for her study, “Alabama Ambulance Response Times: A Comparison of Rural and Urban Providers.”

Yerby says her study will compute ambulance response times in Alabama to determine whether there are significant differences in emergency medical services response times and distances traveled for patient care. She says the goal of the research is to better understand and address the state’s trauma care needs.

Yerby’s research interests include supporting health care infrastructure in rural communities, health policy, infectious disease prevention, HIV/AIDS and health disparities in rural populations. Yerby is also an assistant professor in the College’s Department of Community and Rural Medicine.

Higginbotham Appointed to Council

John C. Higginbotham, Ph.D., M.P.H., the College’s associate dean for Research and Health Policy, was appointed by Gov. Bob Riley to the Health Advisory Council of the Alabama Rural Action Commission.

The commission is charged with taking existing research about rural Alabama and creating new partnerships to implement initiatives that will improve the lives of rural citizens.

“I am confident that with your leadership and your knowledge of the problems and resources in your region, we will be successful in our efforts to build collaborative teams to address key issues at the grassroots and policy level,” Gov. Riley said in a letter to Higginbotham.

Higginbotham also chairs the College’s Department of Community and Rural Medicine and is director of the College’s Rural Health Institute for Clinical and Translational Science.
College Opens Sports Medicine Center

By Leslie Zganjar

University Medical Center recently opened a Sports Medicine facility where patients suffering from sports or exercise-related injuries can be treated by the same physicians who provide care for University of Alabama athletes.

The Dr. Bill deShazo Sports Medicine Center opened in the spring and is located within the Family Medicine Suite at University Medical Center. The medical center is operated by the College.

Two physicians who currently provide care for University of Alabama athletes practice at the center: James Robinson, M.D., and Craig Buettner, M.D., both of West Alabama Family Practice & Sports Medicine in Tuscaloosa

Open to the Public

The Sports Medicine Center is open to the public, as well as to University athletes. The center, which is accepting new patients, is open Friday afternoons and will soon include Tuesday afternoons. With the growing need for Sports Medicine services, the program is expected to quickly expand.

“At the Sports Medicine Center, we will diagnose and treat injuries, such as muscular and skeletal injuries, and focus on prevention,” Robinson says. “If patients require braces, splints or X-rays, this can all be done at the Sports Medicine Center.”

He says the center will also provide youth sports physicals and will offer some services related to diet and nutrition.

Robinson says more sports-related injuries are cropping up in children and teenagers. “With kids, we are seeing things we haven’t seen much of before. With the fact that most youth sports are year round, we are seeing more overuse injuries,” he says.

Robinson and Buettner are both graduates of the Tuscaloosa Family Medicine Residency, which is administered by the College. The two also completed Primary Care Sports Medicine Fellowships, which provided them with additional specialized training in Sports Medicine.

The Dr. Bill deShazo Sports Medicine Center is a key component of a new Sports Medicine Fellowship Program that the College is creating in partnership with The University of Alabama Athletic Department. The fellowship program will educate, train and certify medical fellows to provide state-of-the-art care in Sports Medicine around the state.

Under the guidelines of the program, fellows will be required to spend one day a week seeing patients at the Sports Medicine Center.

Fellows will also be required to devote 10 to 15 hours per week to the Athletic Department, as well as provide weekly participation at a University of Alabama sporting event.

Robinson says the fellowship program will likely draw medical residents from across the country.

He says some residents in the College have already expressed interest in becoming fellows.

Two Full-Time Faculty

The Sports Medicine Fellowship Program will have two full-time Sports Medicine faculty members. Plans call for one faculty member to hold an Endowed Chair for Sports Medicine Research and lead the efforts of The University of Alabama School of Medicine, Tuscaloosa Campus in Sports Medicine training and research.

Both the Sports Medicine Program fellows and faculty will work closely with University of Alabama coaches, athletic trainers and athletes.

The Dr. Bill deShazo Sports Medicine Center is named in honor of Bill deShazo, M.D., a long-time faculty member of the College who chaired its Department of Family Medicine.
and who directed the College's Family Medicine Residency. deShazo also was the team physician for The University of Alabama Athletic Department from 1972 to 1985, serving as a personal physician to Coach Paul “Bear” Bryant, as well as a team physician for the football, basketball and baseball teams. deShazo retired from the University in 1988 and passed away in 2006.

**Introduced Sports Medicine Rotation**

deShazo introduced the Sports Medicine rotation into the College's curriculum and “always talked about having a Sports Medicine Program at The University of Alabama,” says E. Eugene Marsh, M.D., dean of the College and associate dean of The University of Alabama School of Medicine.

Marsh says the Sports Medicine Center and fellowship program will benefit The University of Alabama and its athletes and provide additional training for future physicians “that will be felt in community sports programs throughout the state as fellows graduate from the program and establish their practices throughout Alabama and the Southeast region.”
Next Step for Sports Medicine Center Needs Your Help

On April 12, the College of Community Health Sciences/School of Medicine, Tuscaloosa Campus held a dedication and grand opening of the Dr. Bill deShazo Sports Medicine Center. It was a lovely event celebrating the first step toward reaching the late Dr. D's dream of having a Sports Medicine Fellowship in Tuscaloosa. His wife, Martha deShazo, family, friends, faculty and others attended the dedication and toured the new Sports Medicine Center, located in University Medical Center. There were tears of joy and pride and a high level of excitement as College Dean E. Eugene Marsh, M.D., talked about the future of the School of Medicine.

Dr. deShazo's dream for a Sports Medicine Fellowship began decades ago, but this current effort started in 2006. I have learned so much in the past two years about the critical role that family physicians play in the health of athletes. For example, 45 percent of family physicians serve as team physicians in one or more sports, and musculoskeletal injuries represent up to 15 percent of all visits to family physician offices, research shows. A Sports Medicine Fellowship in Tuscaloosa is needed and will enhance the skills of our fellows, Family Medicine residents, medical students and faculty, resulting in better care for their patients throughout Alabama and the region.

The next step in our fundraising process is critical. Our Sports Medicine Fellowship has been accredited pending the hiring of an additional full-time faculty member. Our 2008 goal is to raise enough funds for an endowed chair and to begin a national search. This will allow the fellowship to become accredited and we can welcome our first fellow in summer 2009.

We need your help! If you share our passion for medicine and athletics and you wish to leave a legacy at The University of Alabama, please contact me at (205) 348-5701 or at aleitner@chs.ua.edu. Thank you for your support.

Allison Leitner
Director of Advancement
College of Community Health Sciences

SAVE THE DATES

College of Community Health Sciences/School of Medicine, Tuscaloosa Campus

FALL 2008 EVENTS

Ninth Annual Rural Health Conference
The Future of Health Care
September 4-5 • 8 a.m.
Bryant Conference Center
The University of Alabama
Tuscaloosa, Alabama

Special Emphasis Week – Cardiology
September 15-19 • 12:15 p.m.
Willard Auditorium, DCH Health System
Tuscaloosa, Alabama

Homecoming Post-Game Cookout for Alumni
The University of Alabama vs. Arkansas State
Saturday, November 1
University Medical Center Grounds
YOU DREAMED OF ALL THE GOOD YOU WOULD DO ONE DAY.

Our university continues to build upon its tradition of excellence through generous, long-range gifts from private donors. Please remember the College of Community Health Sciences in your will, trust, or other estate plans.

For more information about giving opportunities without obligation, contact our professional staff at (888) 875-4438, (205) 348-4767, or visit giving.ua.edu.
We would like to thank our alumni and friends for their generous support of The University of Alabama College of Community Health Sciences/School of Medicine, Tuscaloosa Campus. The following are newly endowed scholarships and programs.

The Dr. Joe W. and Virginia Hursey O’Neal Endowed Lecture Series

The Dr. Joe W. and Virginia Hursey O’Neal Endowed Lecture Series was created by Dr. Joe W. O’Neal to honor the memory of his wife, Virginia, who passed away from breast cancer in 2001. The primary purpose of the lecture series is to educate medical students, residents and practicing physicians about breast cancer; the secondary purpose is to educate them about cancer prevention and early detection in general. Virginia was a nurse anesthetist and worked closely with Dr. O’Neal’s surgical practice in Tuscaloosa. Dr. O’Neal is an accomplished surgeon who retired from the Tuscaloosa Veterans Administration Medical Center. He played a role in the early years of the College of Community Health Sciences/School of Medicine, Tuscaloosa Campus assisting with surgery education efforts. Joe and Virginia raised five children.

Dr. James and Cynthia Thomas Discretionary Gift

Dr. James and Cynthia Thomas have made a generous pledge to the College of Community Health Sciences/School of Medicine, Tuscaloosa Campus and have chosen for their gift to be used at the discretion of the dean. Dr. Thomas spent his first two years of medical school in Tuscaloosa and completed his training at Harvard University. He later returned to Tuscaloosa where he established a practice in pediatrics. Both James and Cynthia have routinely volunteered at the College. They served on the College’s 1993 Campaign Steering Committee, which was part of The University of Alabama’s Capital Campaign. Cynthia also served on the Betty Shirley Clinic Steering Committee, which raised funds to establish the Betty Shirley Clinic for Psychiatry and Behavioral Medicine in University Medical Center. Following the death of her first husband, Frank, Cynthia established a scholarship in his honor that to date has provided support to more than 40 medical students.
The Robert E. Pieroni, M.D., and Family Endowed Scholarship

Dr. Robert and Dorothy Pieroni have established the Robert E. Pieroni, M.D., and Family Endowed Scholarship to promote the education of medical students at the College of Community Health Sciences/School of Medicine, Tuscaloosa Campus. The Pieronis say they remember the struggle of paying off debt from medical school tuition and hope to alleviate some of the burden for future students. Dr. Pieroni is a former faculty member in the College's Department of Internal Medicine. He retired from the College in 2005 following 31 years of service. During that time, he served on more than 100 College, University of Alabama, community, state, regional and international committees, including committees with DCH Health System in Tuscaloosa, the Tuscaloosa Veterans Administration Medical Center, the American Society of Internal Medicine, the National Institutes of Health and the Food and Drug Administration. Dr. Pieroni also received The University of Alabama Outstanding Commitment to Teaching Award in 2002.

The Lisa Rains Russell Endowed Support Fund

The Lisa Rains Russell Endowed Support Fund was created by Lisa Rains Russell to support the College of Community Health Sciences/School of Medicine, Tuscaloosa Campus Health Sciences Library. Lisa began working with the College as a graduate assistant in the Health Sciences Library while completing her master of library science degree. After graduation, she worked as a research assistant in the graduate program in Hospital and Health Administration at the University of Alabama at Birmingham and subsequently as director of the medical library at Southeast Medical Center in Dothan, Alabama. Lisa returned to the College, where she served as associate professor and chief medical librarian of the Health Sciences Library. She also served as president of the Library School Association and co-directed a project funded by the National Library of Medicine to introduce Alabama family physicians to online searching and information retrieval. Lisa retired from the College in 1999 after 16 years of service. She remains involved with the College through her membership on the Lister Hill Society Board of Directors.
The first annual John Burnum, M.D., Memorial Tennis Tournament was held May 16 at Indian Hills Country Club in Tuscaloosa. The tournament was a new addition to the Lister Hill Society Event that benefits medical education at the College. Many of the College’s friends, supporters, faculty and staff participated in the tournament. Dr. Burnum was a devoted faculty member at the College, and a tennis enthusiast. He dedicated 45 years of his life to the practice of Internal Medicine. He was loved by his family, students and patients and had the respect of physicians from all disciplines. We thank his wife, Celeste Burnum, for allowing us to host this tournament in John’s name.
Monfores Host Cocktail Party and Fundraiser

Anne and Bob Monfore hosted the College's spring Lister Hill cocktail party and fundraiser at their home in Tuscaloosa on May 15. The event honored the life of John Burnum, M.D., a devoted faculty member who passed away in 2006. His wife, Celeste, attended the party. Funds raised at the event are used to support the education of the College's medical students and residents.
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Our Mission Statement

The School of Medicine will provide the physicians and expertise needed for accessible, high quality, and compassionate health care for the citizens of Alabama through education, research, and service associated with the training of medical students and primary care physicians with a special emphasis on rural areas.
It's Homecoming. It's November 1. It's Fun. It's Family. It's the Alumni...

2nd Annual Homecoming Post-Game Cookout!

Walk, drive (limited parking available) or take the bus to the University Medical Center grounds to catch your friends and family for an afternoon of fun, food and excitement for all ages.

Roll Tide!