Dr. William Deal Named Dean of UASOM

Dr. William Deal has been appointed Dean of the University of Alabama School of Medicine. The announcement, made October 30, was well-received at CCHS.

"This is wonderful news for our college," said William A. Curry, M.D., Associate Dean for Clinical Affairs at the College of Community Health Sciences (CCHS). "Dr. Deal is a friend of CCHS and has shown consistent support for our mission over his entire tenure with the School of Medicine. He values the role of primary care, education and training, and the rural mission of the school," said Dr. Curry in a letter to CCHS faculty, staff, residents, and medical students.

Dr. Roland Ficken, Dean Emeritus of CCHS, joined Dr. Curry in praise of Dr. Deal's appointment. "From the very beginning, he took a proactive interest in our college and residency program. He also helped strengthen Capstone Health Services Foundation which contributes support for faculty salaries and the work of Capstone Medical Center," said Dr. Ficken.

"He spent a lot of time on our campus getting to know our faculty, and as Dean I knew he would always take time to listen and address concerns here."

Dr. Deal, who is chairing the search committee for CCHS Dean, has served as interim dean of UASOM since April when Dr. Harold Fallon stepped down as Dean. Dr. Fallon, now professor of Medicine and associate dean for graduate medical education, chair the Board of Regents of the American College of Physicians.

Prior to joining the administrative staff of the School of Medicine in 1991, Dr. Deal was president of the Maine Medical Center Foundation and the Maine Medical Center in Portland. Previously, he served two terms as dean of the University of Florida College of Medicine, spanning 11 years, and also had appointments with the American Medical Association and Northwestern University.

Dr. Deal earned his undergraduate degree in chemistry and his medical degree from the University of North Carolina. Following postgraduate training at the University of Florida, he joined the UF faculty in 1970 and was named associate dean in 1973.

Active in local, state, and national professional organizations, Dr. Deal chairs the AMA Task Force on Undergraduate and Postgraduate Education Under Health Care Reform. He is also a member of the National Committee on Foreign Medical Education and Accreditation and the Rural Health Policy Board of the National Rural Health Association.

His professional interests include medical education, academic health center governance, alternative health care delivery systems and rural medicine.

HSL Offers Web Site on Internet to Help Doctors, Students Find Medical Information

Health Sciences Library Home Page Is Gateway to Health Facts

The Health Sciences Library of the College of Community Health Sciences has a new website on the world wide web: http://www.bama.ua.edu/~hslib. The home page provides information about the library and most importantly, direct access to library services and health information. The website is designed as a gateway to reliable health resources on the web. The information is selected and presented primarily to support the education and research program of the College of Community Health Sciences and, secondarily, to provide the wider community access to health information.

The home page offers a menu of topics including About the Library, Library Staff, Medline Access, Another Free NLM Databases, Grant Publication, Medical Resources, Consumer Health Resources, and Online Tutorials.

Location information provides a map and directions to free parking areas. "Library Services" describes policies on circulation, the reserve collection, fines, interlibrary loans, photocopying, library orientation, instruction programs and computer search services. The "Staff Directory" provides direct e-mail access to staff members. "The Collection" will

In This Issue...

- Child abuse is more of a threat to children than disease. It is 7 times more common than meningitis, more frequent than leukemia, and 20 times more common than AIDS. It is the only leading cause of death to increase in the past 20 years. Leading causes of death in child abuse situations are intracranial hemorrhage and abdominal injury, but there are warning signs. Sometimes doctors may be the first to realize that a child is in danger.
- Faculty Notes
- Capsact Clinic
- CME Committee Plans Spring Grand Rounds
- Rural Medical Scholars Get Field Experiences
- Rural Health Scholars Fifth Session Held
- Dr. Wheat Compares Australia and Alabama
- Dr. Taylor's Experience Helps Protect Children
- Notes from Alums
- Lister Hill Board Supports Medical Education

(continued on p.3)
John Wheat speaks of Snipes, Direct Seminar, and AddressesFive-Year Grant from NIHS
Dr. John Wheat officially returned fromhis sabbatical in November, but in October he di­rected a seminar in Nashville at the national meeting of the American College of Occupa­tional and Environmental Medicine. The topic was "Preventing Agricultural-Related Illness and Injury: Partners to Extend Occupational and Environmental Medicine (OEM)," and seminar faculty were Dr. Kelly Donhan of the Uni­versity of Iowa and Dr. Bill Simpson of the Uni­versity of South Carolina Medical School.

He also entertained and instructed the Mississippi Rural Health Association members at the annual meeting in Jackson with a pre­sentation entitled "Snipe Hunting, Visions, Dreams and Health Care in a Rural State." In it, he correlated a scheme of rural farm boys in the 1960's to take advantage of city cousins' naiveté with some of the plans to provide medi­cal care to rural areas.

Dr. Wheat has also received a grant from the National Institute of Environmental Health Sciences to study occupational and envi­ronmental health concerns of rural Alabam­ians. "The primary objective is to produce primary graduates who understand major environ­mental/occupational medicine issues and who can address EOM concerns," said Dr. Wheat in his project summary. Part of the grant is de­veloping an EOM medical school curriculum. "Since childhood asthma is at an all-time high, we have determined that physicians in general are inade­quately prepared to address EOM issues. The $625,000 award funds a five-year project.

Research Committee HoldsMonthly Conferences
Hour noon Research Conferences, held the fourth Monday in each month continue to spotlight current research projects of the CCHS. Dr. Roger Lacey, Associate Professor of Psychiatry and Neurology, spoke in November about Patient Satisfaction Surveys. In December, Dr. Elizabeth Rand (Psychiatry Department) and Dr. Badger (Social Work Department) made a joint presentation on using the Prime-MD (for psychiatric assessment) in a University Health Center. The October conference featured Dr. Jerry McKnight speaking on Prostate Cancer Screening.

There is no conference in December, but plans are underway to feature campus wide research next semester, beginning with topics from nursing and psychology. 548-1325 for information on future conferences.

-Heidi McCall

Dr. Taylor Gives Guidance for Family Physicians in Article on ADHD
Dr. Michael Taylor, Assistant Professor of Pediatrics, has pursued his interest in attention-deficit hyperactivity disorder (ADHD) since his neurological study at Children's Hospital. He is one of few physicians trained to assess this condition. He says there can be much frustration for the family and the child if the disorder is not recognized and managed. Earlier this year he summar­ized key information about ADHD for family physicians in "Evaluation and Management of At­tion-Deficit Hyperactivity Disorder," an article published by American Family Physician (see 2/1997 issue, page 189). His article includes a list of diagnostic criterions scoring scales, management techniques, and drug therapy; detailed information on contraindications, precau­tions, drug interactions, and effectiveness of stimulant medications; summary tables on dosage, cost, and side effects; reading lists for physicians, and resources and patient education sheets to give to parents.
FDA Discovers Dangerous Medical Sales on Web

The Food and Drug Administration has warned against making online purchases of unapproved medical products. FDA issued the alert after discovering two potentially dangerous products offered for sale in cyberspace: a home-abortion kit; and a female self-sterilization kit. The abortion device can cause fatal hemorrhages as well as birth defects if the abortion isn't successful. The sterilization kit can damage internal organs. FDA is asking doctors and hospitals treating women who have been injured by either product to call (800)FDA-4010.

CapStat Clinic at Capstone Medical Center Open at Night

CHCS started an evening clinic this fall to help meet the needs of patients who need after hours care. Capstone's new acute care clinic is open Monday-Friday 5:30-10 p.m. Many of the patients are enrolled in the Medicaid managed care program called "Patients First," but the clinic is open to anyone needing to see a physician. And the new service has been well utilized, according to the nurses who help staff the clinic and the physician on duty the night of my visit, Eddie Dennard, M.D.

"There is obviously a need for it," said Dr. Dennard. "We are usually swamped." He thinks that when parents get home from work and realize that it may be a long night with a sick child, they are finding it very helpful and convenient to come to see a doctor right then.

If patients are very sick, badly injured, or in need of lab work right away, the clinic sends them across the street to the DCH emergency department. Likewise, DCH sends the non-emergency patients over to the CapStat Clinic, said Dr. Dennard. "We can do a rapid strep test here if that is indicated, but we can manage most of the patients who come to this clinic without lab work during the hours we're open.

Dr. Dennard, a Louisiana native who plans to practice in a semi-rural area in his home state after he finishes his training here, is pleased with the experience he's getting at the night clinic. "Every patient I see helps me prepare for my future practice," he said.

"The night clinic serves a triple purpose," said Marc Armstrong, M.D., who is Medical Director of the Capstone Medical Center. "The clinic serves the needs of our patients, reduces more expensive emergency room use, and gives practice experience to our physicians in family practice residency training."

A young mother and her new baby were leaving CMC as I arrived to learn more about Capstone's newest clinic. Dr. Dennard couldn't talk for long. He had three patients in exam rooms waiting for him. On nights when there are more patients than one physician can see, an on-call doctor comes in.

"This is one response to changing needs in medical care and the managed care environment," said William Curry, M.D., Associate Dean for Clinical Affairs. "HMO's are not marching down the highway into Alabama. Managed care is entering this state incrementally. We are seeing it come gradually through government-financed programs like Medicaid and soon Medicare."

CME Committee Planning Next Year's Grand Rounds

The CCHS Continuing Medical Education Committee, chaired by the Director of the Health Sciences Library, Lisa Russell, plans weekly continuing medical education lectures on topics in every discipline. Each CCHS department selects speakers and coordinates the Grand Rounds conferences in its own specialty area.

Speakers scheduled for January include UAB Professor of Medicine/Epidemiology Edward Watson Hook, III, M.D., and Robert Kimberly, M.D., Professor of Medicine and Director of UAB's Division of Clinical Immunology and Rheumatology. Dr. Hook's topic on January 9 is "Sexually Transmitted Diseases," and on January 16, Dr. Kimberly will discuss "Fc Receptors: Insights into Nephritis and Vasculitis."

On February 10, Richard Powers, M.D., will speak on "Alzheimers, and William A. Spickhard, M.D., from Vanderbilt will address alcoholism on April 10. "First Friday" speakers in the 5-10 series are in need of lab work right away, the clinic sends them across the street to the DCH emergency department. Likewise, DCH sends the non-emergency patients over to the CapStat Clinic, said Dr. Dennard. "We can do a rapid strep test here if that is indicated, but we can manage most of the patients who come to this clinic without lab work during the hours we're open."

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Rural Medical Scholars Get Health Experiences through Field Trips and Community Service

In addition to class work to help them prepare for medical school, 1997 Rural Medical Scholars have been busy with community service health projects and lectures in their future field. One class project included completing a community health assessment on the rural community of their choice. The scholars went to their chosen towns and talked to doctors, nurses, social workers, health departments, elected officials, and residents about health issues.

Volunteer projects for the scholars included helping with vision screening at an elementary school health fair in Coker, health screening at Centreville Elementary, and Wellness Day at Delphi-Harrison, Inc. They are also conducting a Community Health and

Safety Awareness Day at Coker Baptists Church with help from Black Warrior Council Cub Scout Pack 24.

“These activities are all helpful in orienting the medical scholars to future aspects of a rural medical or health career,” said John Wheat, M.D., who coordinated the founding of the program in 1996. The first ten scholars attended lectures given by professors and physicians and researched the medical aspects of rural occupations like earth farming. The 1996-97 scholars were paired with physician preceptors whom they shadowed and interviewed throughout the year. In the summer after their year in the rural medical scholar program and prior to entry into medical school, some scholars got more related experience.

“We are building a “pipeline” to help capable and interested rural students see the need for and benefits of a family practice in a rural setting,” said Dr. Wheat. Perhaps the most enjoyable activities were the unstructured campus living experiences and formation of friendships. This year’s class achieved well in English and Chemistry. Nineteen earned at least one “A” and six received two A’s. Ten achieved an A and a B.

The Rural Health Scholars Program is conducted at The University of Alabama as a joint effort of the College of Arts and Sciences and the College of Community Health Sciences. Funding for the program is provided largely by the Alabama Family Practice Rural Health Board, with supplements from small hospitals, the Medical Association of the State of Alabama, the Alabama Chapter-American Academy of Family Physicians, and The University of Alabama. Women Involved in Farm Economics (WIFE), the Rural Alabama Health Alliance (RAHA), and Russell S. Lee Floor and Tile in Tuscaloosa generously sponsor portions of the program.

Since 1995, 143 Rural Health Scholars have attended the program. The racial and gender characteristics include 30 (21%) African-Americans and 94 (66%) females. These scholars represent 45 of Alabama’s rural counties, as shown on the map. Current data on the first class of 25 scholars who attended in 1993 show that three already have acceptances to medical school, two others are completing interviews, and another is applying to dental school. Of 21 responding to a tracking survey, 12 are pursuing health-related fields; six are in professional studies for law, engineering, or education; two are undecided; and one is in the military.

—John Wheat, M.D.

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Dr. John Wheat, in Australia during his sabbatical, studied parallels between physician shortages in the sparsely populated agricultural areas of Queensland and the Outback and rural Alabama and found similarities in the effects of distance and isolation on health care.

On Sabbatical in Australia, Dr. Wheat Finds Physician Shortage in Outback Similar to Alabama's Rural Areas

Dr. John Wheat, Associate Professor of Behavioral and Community Medicine, returned from a four-month sabbatical on November 15. He spent part of his time away in Australia, based at the Rural Education Research and Development Centre of James Cook University in Queensland. His purposes in going were to study medical education for rural physicians in Australia and to develop a research plan for evaluating the Rural Health Scholars Program at CCHS as a strategy for increasing the number of students from rural areas who earn M.D. degrees and return to underserved areas to practice primary care.

While he was at James Cook University (JCU), he also consulted with the Vice Chancellor on converting the two-year clinical branch campus there into a four-year medical school with a mission to train rural physicians. He observed in a follow-up letter to JCU Vice Chancellor Ken McKinnon that "it is a universal phenomenon that small rural communities want their own personal physicians and that technology supports, but is no substitute for physicians in small towns." He told the Vice Chancellor that he saw "little difference between the U.S. and Australian professional cultures except for the highly civilized custom of tea at mid-morning and mid-afternoon."

Dr. Wheat is currently working to get a standardized form for getting medical-legal evaluations of potentially abused children. He dislikes the plea-bargain component of the legal process, but he says it does spare the child from testifying and gets the perpetrator out of the home.

Types of Child Abuse

- Physical abuse: Beatings, stabbings, poisoning, shakings, burns, drownings, electrocutions, etc.
- Sexual abuse: Oral, vaginal, or anal; exhibitionism; fondling; or allowing exposure to explicit materials.
- Physical neglect: Child's needs not provided necessary medical care recognized under state law.
- Psychological abuse: Refusing to acknowledge the child's worth and legitimacy of the child's needs, thus depriving the child of essential stimulation and responsiveness.
- Sexual abuse: Treating children as sexual objects.
- Abandonment: Failing to provide a stable environment or shelter, or failing to assist with care.
- Sexual abuse: Sexual activity with a child.
- Physical neglect: Neglecting to provide the necessities of life.
- Physical neglect: Physical neglect

Children are not professionals, and they do not have a choice in the environments into which they are placed. Children, however, have a right to be free from abuse. The United Nations Convention on the Rights of the Child is an international instrument that provides a framework for the protection of children's rights. The Convention has been ratified by almost all countries, and it establishes principles for the protection of children, including the right to be free from abuse.

Dr. Taylor's Experience Helps Others Recognize Child Abuse/Protect Children

Michael A. Taylor, M.D., FAAP, is assistant professor of pediatrics at CCHS. He earned his M.D. at the University of Louisville School of Medicine in Kentucky and completed his residency at The Children's Hospital, University of Alabama Medical Center. He has been in private practice of pediatrics in Paducah, Kentucky and Raleigh, N.C. and served as the Medical Examiner for Wake County in North Carolina, doing child sexual abuse and physical abuse evaluations for the state of North Carolina. He later served as Child Medical Examiner for the Kentucky Attorney General's Sexual Assault Medical Protocol.

Dr. Taylor's Experience Helps Others Recognize Child Abuse/Protect Children

He was "recruited" by Dave Ingram at White County Hospital in Raleigh, N.C., to see child abuse cases, then served as a Child Medical Examiner for Wake County in North Carolina, doing child sexual abuse and physical abuse evaluations for the state of North Carolina. He later served as Child Medical Examiner for the Kentucky Attorney General's Sexual Assault Medical Protocol.

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If the history does not fit the injury...consider child abuse!

(Medical exam info and signs of abuse on next page)
Child Abuse: A Review of Medical and Legal Fundamentals

by Michael A. Taylor, M.D.

Children have certain fundamental rights which must be protected and preserved, including but not limited to, the rights to adequate food, clothing, and shelter; the right to be free from physical, sexual or emotional 'injury or exploitation; the right to develop physically, mentally, and emotionally to their potential; and the right to educational instruction and the right to a secure, stable family.

-Kentucky Law

Common Presentations

Consider & document these examinations:

- Bruises: location, shape, pattern, color, & size -- especially unusual locations like buttocks, lower back, upper thighs, face; unusual patterns indicating bite marks, strap marks, hand prints, etc.
- Lab work up - CBC, PT, PTT, & bleeding time
- Burns: the type, degree, size, & location (Precordial and mammary burns give doughnut shape burns with spared areas, ie, buttocks or back. Shape - iron, heating grates, cigarettes?)
- Fractures: history doesn't match the injury; multiple sites (84% of accidental fractures involve only a single fracture); multiple stages of healing; epiphyseal-metaphyseal fractures; age of the child (consider all fractures under 2 years of age); location of fracture (unexplained rib fractures and skull fractures (in child under 2)
- Work-up: skeletal survey if under 2 years of age; CAT scan of head if child is under 2 yrs and has other injuries.
- Lacerations or Abrasions: rope bums on wrists, ankles, neck, or torso; palate, mouth, gums, lips, eyes, or ears; external genitalia
- Abdominal Injuries: bruises of the abdominal wall; intramural hematoma of duodenum or proximal jejenum; intestinal perforation; ruptured liver or spleen; ruptured blood vessels; kidney or bladder injury; pancreatic injury
- Central Nervous System Injuries: subdural hematoma; retinal hemorrhage; subarachnoid hemorrhage; any unexplained loss of consciousness

Unexplained Deaths: sudden infant death syndrome

Whiplash Shaken Infant Syndrome (Infant is held facing assailant and shaken to & fro causing the head to rotate, the thorax to be compressed, and the limbs to whiplash); retinal hemorrhage (nearly all have), subdural hematomas. Average age 6 months; rare after 12 mo.

Behavioral Signs of Abuse or Neglect

The abused child is likely to have behavioral problems. The following signs may be seen as either provoking or resulting from abuse. The child may:
- Be less compliant than average
- Seem unhappy and/or isolated
- Have difficulty developing relationships
- Display either excessive or complete absence of anxiety about separation from parents
- Constantly be in search of attention, favors, food, etc.
- Exhibit signs of实实在在ness
- Be angry or destructive
- Display inappropriate care-taking behavior toward parents
- Evidence a variety of developmental delays

Signs of Physical Neglect

Physical Signs: malnutrition; repeated episodes of pica; constant fatigue or listlessness; poor hygiene (unwashed, severe diaper rash); inadequate clothing for circumstances.

Behavioral Signs: lack of appropriate adult supervision; repeated ingestions of harmful substances; poor school attendance; "role reversal," when the child is the caretaker; drug or alcohol use.

Signs of Medical Neglect

Lack of appropriate medical care for chronic illness
- Unusual delay seeking medical care for obviously serious illness/injury
- Absence of necessary immunizations and medications
- Lack of dental care, necessary prosthetics (eyeglasses, hearing aids)

Signs of Sexual Abuse

Physical Signs
- Difficulty walking or sitting
- Tor, stained, or bloody underclothing
- Vaginal discharge/pruitus
- Recurrent urinary tract infections
- Thickening and/or hyperpigmentation of labial skin
- Bruises or bleeding of the genitalia, perineum, or perianal area
- Sexually transmitted diseases; gonorrhea, chlamydia, syphilis, condylomata
- Trichomoniasis, Lymphogranuloma venereum
- PREGNANCY
- Sperm or acid phosphate on body or clothes
- Sperm in the urine of a female child
- Lax rectal tone

Behavioral Signs
- Runaways
- Sexually promiscuous
- Excessive masturbation
- Poor self-esteem
- Attempted or successful suicide
- Pronouement personality development

According to statistics, 1% of all children are subjected to child abuse each year. Ten percent of all injuries to children under age 5 seen in E.R.'s (emergency rooms) are due to child abuse. 60% of perpetrators are parents or relatives. The former chief of US Children's Bureau states that "undeniably the single most important determinant of child abuse is the willingness of adults to inflict corporal punishment upon children in the name of discipline."

The Interview

- Interview all parties (ie, parents, guardians, patient, etc.) separately
- Conduct the interviews in a private setting
- Attempt to establish an empathic, trusting relationship
- Be nonjudgmental, put aside preconceived ideas, biases, etc.

When Interviewing the child:

DO
- Have the child interviewed by the most experienced professional(s) available in cases of severe sexual and physical abuse
- Sit near the child, not across a desk or table
- Sit at the child's eye level
- Explain the reason for the interview to the child
- Talk with the child using his/her own language
- Ask the child to explain words or terms that are unclear to the interviewer
- Use the child's own words and terms in discussing the situation whenever possible

- Acknowledge that the situation must have been a difficult one for the child and that the child was not at fault
- Always ask the child if he/she has any questions, and answer them honestly

- If removal from the home or hospitalization is imminent, explain the reason for the removal carefully to the child

DO NOT
- Suggest answers to the child
- Press the child for answers that he/she is unwilling to give
- Criticize the child's choice of language
- Suggest that the child blame himself or guilt for the situation
- Leave the child unattended or with an unknown person

- Above all, do not show signs of anger or disgust when talking with the child, either by action, body language, or words

Legal Concerns

1. Who should report: everyone
2. Who is required to report by law: "All hospitals, clinics, sanitariums, doctors, physicians, surgeons, medical examiners, coroners, dentists, osteopaths, optometrists, chiropractors, podiatrists, nurses, school teachers and officials, peace officers, law enforcement officials, pharmacists, social workers, day care workers or employees, mental health professionals or any other person called upon to render aid or medical assistance to any child, when such child is known or suspected to be a victim of child abuse or neglect..."
3. What to do: "shall be required to report, or cause a report to be made of the same, orally, either by telephone or direct communication immediately, followed by a written report..."
4. To whom do you report: to a duly constituted authority-(Department of Human Services personnel, chief of police, or sheriff)
5. Penalty for failure to report: "Any person who shall knowingly fail to make the report...shall be guilty of a misdemeanor and shall be punished by a sentence of not more than 6 months' imprisonment, or a fine of not more than $500..."

The verbal report should include: 1. child's name; 2. his/her whereabouts (address); 3. names & addresses of his parents, guardians, or caretakers; 4. character & extent of his/her injuries.

The written report should include the verbal report information plus: 1. any evidence of previous injuries; 2. identities of person(s) responsible for the injuries; 3. the cause of the injuries.

If you conclude that an injury to a child was inflicted, the diagnosis is CHILD ABUSE. You have a moral, professional, and legal obligation to report your suspicions.

-Michael A. Taylor, MD, FAAP

On ROUNDS • Fall 1997
Notes from Alums

Editor’s Note: The College of Community Health Sciences had been in touch with Dr. Geater to thank her for a generous contribution to the Lister Hill Society (to help with medical education for those coming after her). She is happy to learn about our news, and share the information with you in OnRounds. I hope you will be in touch with me for upcoming issues. We may not have all the information about you, but your news is important. Please take a moment to send your own information with picture(s) if available and your phone number so I can follow up.

Dr. Geater Finds Satisfaction in Private Practice

Barbara Geater (pronounced jeeter) has returned to her Memphis, Tennessee, roots and joined the family practice of Dr. Walter Rentrop. They serve a low-income neighborhood of working people and their families. She is doing what she set out to do when she went to medical school, she says.

During the 1980’s—while she was in school—she worked as an assistant to Dr. Rentrop in his practice. She said he constantly encouraged her to go to medical school. She finally agreed, aiming for a practice in a low income area that would really need a doctor. She said that the need was there in the practice she had worked in before, and it was like coming home. In addition, her family is close by and she is able to renew friendships from her high school years in Memphis.

About a third of the patients she and Dr. Rentrop see are industrial medicine. She learned a lot from Dr. John Wheat in occupational medicine at CCHS, she said, and that was really useful now. Dr. Geater said she also makes use of a lot of the sports medicine she learned in her two rotations with Dr. Jimmy Robinson in Tuscaloosa since so much of it also applies to work-related injuries. She reminisced that she really enjoyed working with Robinson and that he had helped her get her first medical supplies duffel bag organized for doing first aid at bicycle races. She started bike-racing herself and providing first aid at races when she was in Tuscaloosa. She now competes in races all over the mid-South and, weather permitting, sometimes bikes to work. When she is not racing, she often provides first aid—primarily “road rash,” she says, with some broken collar bones or wrists.

Another 30 percent of her practice is the Medicare population with a lot of blood pressure problems and diabetes, and probably 30 percent are uninsured. She and Dr. Rentrop have one of the few practices in town that will take uninsured patients, she said. But they have a reasonable collection rate, and their own bookkeeper does it. She said most people do pay if they get a bill. For example, one of her patients is a homeless man. He washes cars in the parking lot of her office and gives her part of it. She makes allowances for her patients’ hard times by charging low end office rates for full-service visits and not charging for follow-up visits.

David Pepperman, M.D. (Chief Resident 92-93) is in practice a few blocks away from her office. And she gets to see Chair of Family Medicine Jerry Mc Knight, M.D., once or twice a year when he comes to Memphis to recruit. She had just attended a dinner he hosted last week for interested medical students, she said, and it had been “very productive.” She said she missed Paul Sain, M.D., a recent residency graduate who usually came with him, but he is busy establishing his new practice, she guessed.

Notes from Alums

Name: ____________________
Graduate program? (MS_ or Resident___)
Graduation date:____________________
Present Position/Organization/Address:____________________________________________________
Office phone:__________ Home phone:__________________________________________________________
Home Address:____________________________________________________________

Most memorable person, event, or training experience for me at CCHS:_____________________________________________________

News for OnRounds

More news/information attached____ Picture enclosed____

Please send Lister Hill Society membership info

Return to: Vicki Johnson, CCHS • (205) 348-0993
PO. Box 870326 • Tuscaloosa, AL 35487-0326

Dr. Harry Moore and his son Owen in Russia last year. Looks colder than Atmore!

Dr. Harry Moore and Family Volunteer in Russia

Residency grad Harry Moore, M.D., '82 of Atmore, Alabama, and his son Owen spent two weeks in Russia in October continuing volunteer work they have been involved in previously. Last year, Dr. Moore along with his wife Joanne and six children spent the month of December in Moscow, Russia, working at an orphanage/school. Harry had volunteered his medical services there on two previous trips and this time the family went along to help, pitching in wherever they were needed—everything from sewing, ironing, cooking, cleaning, sacking buckwheat, sorting apples, etc.

“We also got to hand out Bibles in a Russian school as well as be part of an evangelistic outreach to retired former Communist teachers,” said Joanne in her note. At home in Atmore, Harry is in practice with Jon Yoder (Residency grad '86) and Ben Maxwell. Since the Moores home school their children, Harry “teaches” on his day off from his medical office.

Joanne and Harry Moore, M.D., with their children Alison, Lauren, Sarah, Owen, Melissa, and Emily.
Lister Hill Society Seeks Support for Medical Education

The Lister Hill Society Board of Directors met on November 13, 1997, at Nott Hall to review the level of contributions for the past fiscal year and to make plans for the 1997-98 year. The guest speaker at the meeting was Emily Dolbare, a pre-med student, who gave a presentation on the Rural Health Scholars Program which has been functioning for five years under the leadership of Dr. John Wheat in the Department of Behavioral & Community Medicine.

Board member Tommy Hester will sponsor a luncheon to discuss plans for the upcoming year. A new brochure for the Lister Hill Society was presented to the Board. The LHS membership and total gifts increased substantially over the past year.

The Lister Hill Society was established to provide private support and community involvement to accomplish the highest level of excellence in medical education, research, and outreach at the College of Community Health Sciences. The mission of CCHS - the University of Alabama School of Medicine, Tuscaloosa Program - is to equip physicians to provide primary care to families, with particular emphasis on the needs of rural and underserved areas. CCHS, founded in 1972, has had significant success in supplying primary care physicians to Alabama families. More than 200 physicians have completed their family practice residencies here, making this program one of the largest family medicine training programs in the Southeast.

CCHS also provides clinical training to third and fourth year medical students completing the University of Alabama School of Medicine. Our students consistently score above the national average on board examinations and win admission to prestigious residencies.

The standards and achievements of CCHS are high — but not without cost. The support of alumni and friends of the college is vital, especially as funding for education continues to erode. We need the help of those who have a stake in making sure that quality medical education and primary care training continue. Please join us in this critical effort to ensure that physicians of the future get the best possible training today.

-Wil Coggins, M.D.