

OnRounds

The University of Alabama
College of Community Health Sciences

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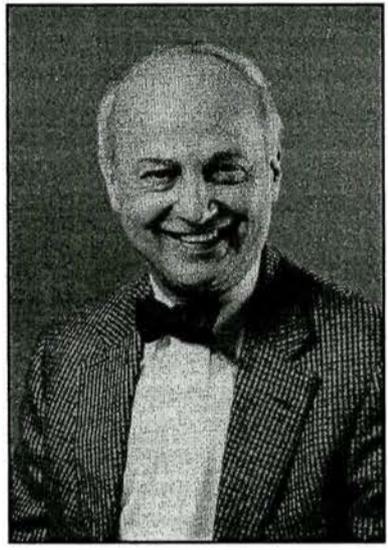
Fall, 1997

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. William Deal

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, chairs 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.

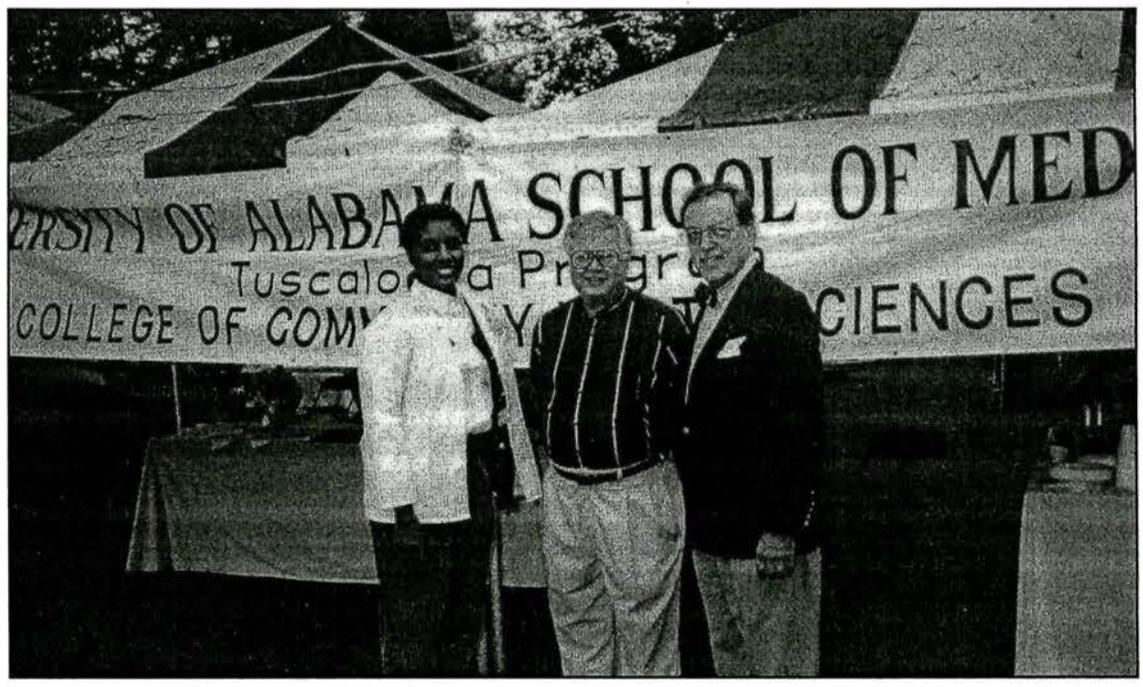
The home page offers a menu of topics including About the Library; Library Staff; Medline Access; Other Free NLM Databases; Grants Publication; Medical Resources; Consumer Health Resources; and Online Tutorials.

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

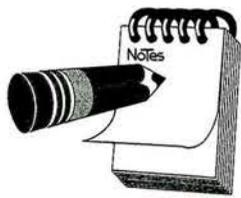
(continued on p.3)

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 30 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. 6
- Faculty Notes 2
- Capstat Clinic 3
- CME Committee Plans Spring Grand Rounds 3
- Rural Medical Scholars Get Field Experiences 4
- Rural Health Scholars Fifth Session Held 4
- Dr. Wheat Compares Australia and Alabama 5
- Dr. Taylor's Experience Helps Protect Children 5
- Notes from Alums 7
- Lister Hill Board Supports Medical Education 8



It was a rainy Homecoming, but medical student Tara Haynes (left) from Lamar County greeted Crimson Tide fans at the CCHS tent on the Quad before the game. UA President Andrew Sorensen (right), a Behavioral and Community Medicine faculty member, and retired CCHS Dean Roland Ficken stopped by to visit. Fans could get information on medical education and enjoy refreshments.



Faculty Notes

Send faculty news items to
Linda Jackson, Editor
Box 870326, Tuscaloosa, AL 35487.
Room 372 Nott Hall 348-1302
Fax 348-9417 (Dean's office)

Dr. Ireland Gets Grant to Upgrade Computers for Rural Preceptors

Robert B. Ireland, Jr., M.D., CCHS Assistant Professor of Family Medicine, has received a grant from the National Library of Medicine to provide Internet access and training to selected rural preceptors in the Family Practice Residency program. This one-year grant of \$9,250 will allow the Department of Family Medicine to upgrade computers at preceptors' offices so they can access the College of Community Health Sciences network and to provide training to physicians on using the computer for networking and research. The upgrade will also give medical students and residents on rural rotations a way to send and receive e-mail through the CCHS computer network, allowing them to maintain contact with faculty in Tuscaloosa.

-Pat Norton

Elizabeth Philp Writes on "Chronic Cough" for American Family Physician

Elizabeth Philp, M.D., CH.B., Associate Professor of Family Medicine, was author "Chronic Cough," which appeared in the October 1 issue of *American Family Physician*. Dr. Philp discussed the definition and prevalence of the condition, included information on causes, and provided a checklist for use with patients. She also explained a stepwise approach to managing the patient with chronic cough.

-Barbara Wright

Research Grant Awarded to Nancy Rubin for Pain Study

Elizabeth Rand, M.D., chair of the CCHS Research Committee, recently announced a grant to Dr. **Nancy Rubin**, Assistant Professor in the Department of Psychiatry and Neurology. Her research project, "The Role of Pain in Memory: Does it Divide Attention and Compete for Scarce Attentional Resources?" will be conducted in collaboration with Dr. Beverly Thorn and Ms. Melissa Kuhajda from the UA Psychology Department. The project has IRB and Capstone Research Committee approval.

All CCHS tenure track faculty are eligible to apply for research grants of up to \$2500 offered by the CCHS Research Committee. (See checklist, right, for information.)

Research Committee Workshop Shows How to Find Grants and Funding Sources on Internet

The Research Committee wants to facilitate funding from outside sources. To help interested faculty find funding sources, the CCHS Research Committee sponsored a workshop, "Accessing Research and Grant Information through the Internet" on October 28, 1997 at the Capstone College of Nursing. Sheryl Woods of the UA Office of Sponsored Programs (OSP) conducted the workshop, and participants learned how to register their research interests online so relevant grant information is e-mailed to them.

Find grant information at OSP web site at <http://www.ua.edu/sponsored.html>. Also, the Health Sciences Library home page <http://www.bama.ua.edu/~hslib> provides links to grant information.

Dr. Rand's Article on Depression in Journal of Family Practice

Dr. Elizabeth Rand, Chair of Psychiatry and Neurology, is an author of "A Typology of Primary Care Physicians' Approaches to the Recognition and Management of Depression," being published by *The Journal of Family Practice*. Other authors of the article, now in press, are P.A. Carney, L.A. Rhodes, M.S. Eliason, L.W. Badger, C. Neiswender, M. Owen, and D. Allen.

Armstrong's Interests Reflected in Variety of Publications and Presentations This Year

Dr. **Marc Armstrong**, Director of the Family Practice Residency Program, has wide-ranging interests related to medicine and medical education. He was co-author with Angela Powell, M.D., of "Peripheral Edema," in *American Family Practice*. He also wrote "The Future of Medical School Training" for *The Scope*, the Journal of the Alabama Academy of Family Physicians (Winter 1996). He also moderated the AAFP Scientific Assembly at the AAFP Annual Meeting at Orange Beach in June. Earlier in the year, he was guest lecturer for Philosophy 204: Medical Ethics in the UA Dept. of Philosophy. He was invited speaker at the annual meeting of the Medical Auxiliary of the Medical Association of the State of Alabama (MASA). In March, he attended "Management Essentials for Physicians" at Harvard School of Public Health.

John Wheat Speaks of Snipes, Directs Seminar, and Announces Five-Year Grant from NIEHS

Dr. **John Wheat** officially returned from his 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 Donham 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 their 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' naivete 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 needs and how to address EOM concerns," said Dr. Wheat in his project summary. Part of the grant is developing an EOM medical school curriculum.

Public concern about environmental illness is high, and the Institute of Medicine has determined that physicians in general are inadequately prepared to address EOM issues. The \$625,000 award funds a five-year project.

Dr. Gresham Advises Premedical Honor Society

Dr. **Cathy Gresham**, Assistant Professor of Internal Medicine and also Director of Medical Student Affairs at CCHS, has been appointed faculty advisor for Alpha Epsilon Delta, the honor society for premedical students at The University of Alabama. She is serving for the 1997-98 academic year.

Research Committee Holds Monthly Conferences

Noon hour Research Conferences, held the fourth Monday in each month continue to spotlight current research projects of CCHS. Dr. Roger Lacey, Associate Professor of Psychiatry and Neurology, spoke in November about Patient Satisfaction Surveys.

In September, 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. Call 348-1325 for information on future conferences.

-Helvi McCall



Checklist for Faculty Research

Does project involve risk to human subjects?

- If yes, approval is required from the UA IRB Committee. (Deborah McCallum, Chair)
- If no, review required from UA IRB representatives at CCHS (Dr. R. Pieroni or Dr. Leeper)

Does project require using Capstone Medical Center facilities?

- If yes, approval required from Capstone Research Committee (ad hoc committee chaired by the CCHS Research Committee Chair)
- If no, request approval of project site's IRB Committee.

Does the project require funding?

Contact CCHS Research Committee, chaired by Dr. Elizabeth Rand, for guidelines to request funding up to \$2500. (348-1325)

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 Attention-Deficit Hyperactivity Disorder," an article published by *American Family Physician* (see 2/15/97 issue, pp. 887-901). His article includes a list of diagnostic criteria; discussion of rating 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.

HSL Now On Line (from p. 1)

help users find electronic databases offered in the Health Sciences Library.

At one time, Medline, the world's premier biomedical database, was one of the unique services of the Health Sciences Library. Now, Medline is offered free on the Web by the NLM (National Library of Medicine).

The library home page can be a valuable tool to assist you in locating Medline web sites. For example, from the home page, select "Medline Access" to go to one of various alternative search modes offered by NLM. Grateful Med is available and PubMed provides free Medline searching with links to full text articles in a few medical journals, such as *NEJM* and *Pediatrics*. Members of CCHS may link to OVID Medline, a very user-friendly search interface, as offered in the Library. "Other Free NLM Databases" (on the home page) provides links to NLM specialized catalogs for books, audiovisuals, serials and directories, as well as to MeSH (Medical Subject Headings) and such databases Aidslines, HealthStar, Histline, GenBank, biomolecular databases from NCBI, and images from the History of Medicine.

"Medical Resources" on the home page menu lists web health resources selected for their authority, currency, and relevancy to the program of CCHS.

The library homepage provides a choice of medical sites and specialized medical search engines that are the recommended tools for locating reliable health information on the web. These sites have been developed in response to the recognized need to apply some qualitative standards to health information on the web and therefore incorporate a peer review and rating system as a means to apply some qualitative filters to web information.

"Medical Resources" also includes links to electronic journals, medical texts, associations, Alabama web sites, and rural medicine sites. To assist members of CCHS in research and publication projects, useful web resources, such as "Instructions to Authors" gives information required to prepare a manuscript for submission to a professional publication.

Plans are already underway to add sites for health statistics. The Consumer Health Resources is a selective list arranged by topic. Most of the sites include patient or consumer information available for printing. Online Tutorial link is planned for the future to address the specific computer literacy needs of the students, faculty, staff, and residents of CCHS.

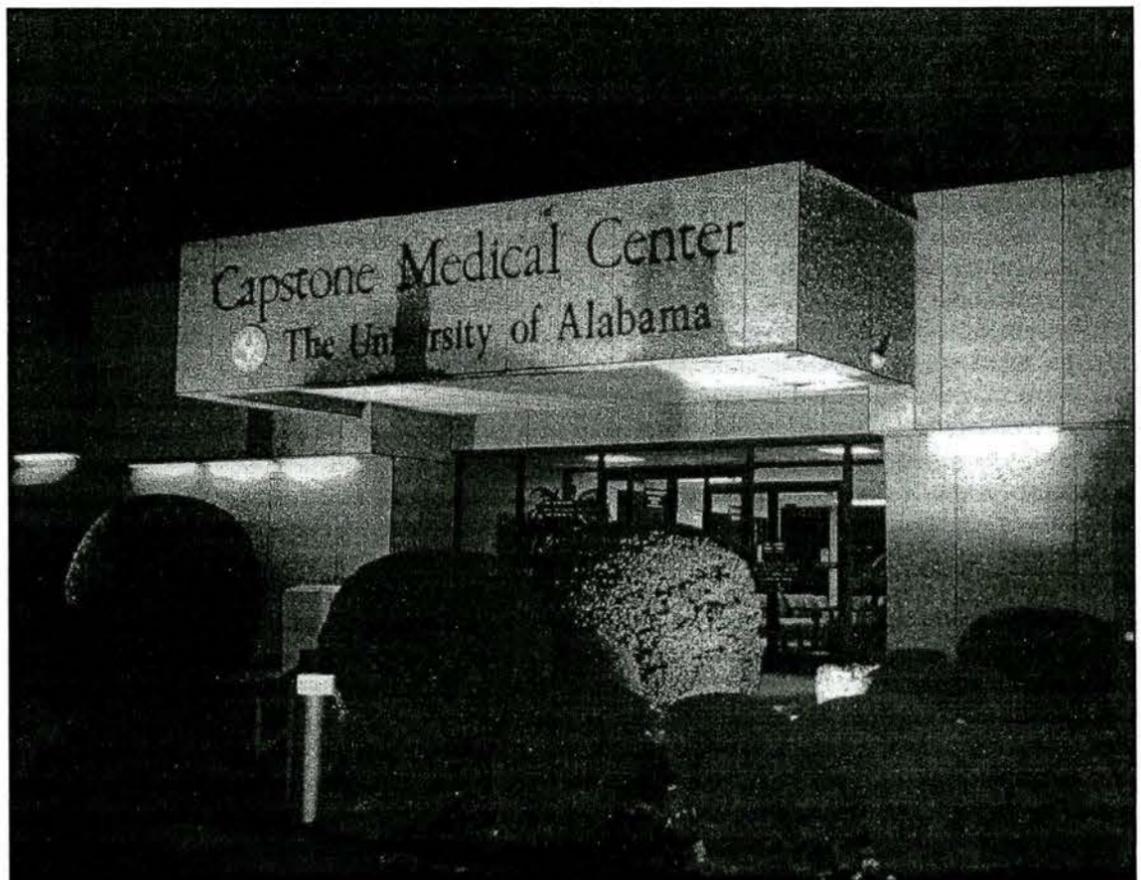
Welcome to the new home page of the Health Sciences Library! Please send comments and suggestions to Helvi McCall via e-mail hmccall@capstone.cch.ua.edu or telephone (205) 348-1364.

-Helvi McCall

Helvi McCall is the Medical Information Services Librarian at the CCHS Health Sciences Library.

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

CCHS 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 5:30-9:30 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 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."



Capstone nurse Voncile Bailey greets a patient signing in at night clinic, which is held in Blue Suite Monday-Friday nights.

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 20, 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 Arts and Letters series are Dr. Culpepper Clark on February 6 ("Civil Rights: Desegregation and the Continuing Legacy") and Diane Roberts, Associate Professor of English and NPR commentator, on March 6.

Members of the CME Committee are Bobbi Adcock, M.D., Family Medicine; Ashley Evans, M.D., Pediatrics; Roger Lacy, M.D., and Eugene Marsh, M.D., Psychiatry and Neurology; Thomas McHattie, M.D., OB/GYN; Michael Robards, M.D., Internal Medicine; John Wheat, M.D., Behavioral & Community Medicine; Timothy Winkler, M.D., Surgery; James Philp, M.D., Associate Dean for Academic Affairs (ex officio), and Vicki Johnson, CME Coordinator (ex officio). To receive a complete schedule, ask a committee member or contact Vicki Johnson in the Dean's office at 348-0093.



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."

He advised Dr. McKinnon to involve a broad and diverse rural constituency in partnership to sustain political commitment to medical education for primary care physicians in rural areas. He also suggested that JCU discover children in mining towns, sugar cane towns, and aboriginal communities who have the ability and desire to become general practitioners and then support and promote their academic success.

If established, the new medical school would be the first in northern Australia, which has relied on telemedicine and air ambulance to serve rural areas. Since Dr. Wheat's departure, a prominent dean of medical education in Australia and former Rhodes Scholar has been appointed planning dean and future head of the developing medical school.

Dr. Wheat spent a month at JCU to formulate and defend his dissertation research before an international audience of rural research experts and a dissertation committee at the JCU Rural Education Research and Development Centre. The Centre's program was designed to propagate rural scholarship worldwide, and Dr. Wheat and a colleague from British Columbia are the first international candidates in the PhD program.

Dr. John Shelton, Director of the UA Office of Rural Services and Research and a member of the Centre's international faculty, is Dr. Wheat's local supervisor for his dissertation on "Effectiveness of Early Focused Academic Experience to Help Rural Students Develop Attitudes and Take Actions Towards Becoming Health Professionals." The purpose of Dr. Wheat's research is to understand and explore how involving rural students in early pre-health science studies and experiences may increase their intentions to become physicians, enhance their ability to complete health professional education, and boost the number of rural residents entering health professions.

He will gather data on students in the Rural Health Scholar program through questionnaires, interviews, and tracking of their future education and career choices. He predicts that to increase the number of rural physicians, medical education must increase the number of medical students who have both rural backgrounds and the desire to be primary care doctors. These students must then have prolonged exposure to rural physicians and rural communities, be part of student associations which nurture and sustain their rural identities, and receive academic and financial incentives through rural training experiences in their medical school training and scholarships to stay "on track" toward their goal of rural primary care practices.

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 on the clinical faculty of the Department of Pediatrics at the University of North Carolina for seven years.

He was "recruited" by Dave Ingram at White County Hospital in Raleigh, N.C., to do child abuse exams, then served as 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 Exam Protocol. Since moving to Alabama in 1991, he has served as Medical Director of the West Alabama Child Medical Program, a clinic for medical-legal evaluations of potentially abused children, and as a member of the Tuscaloosa County Multidisciplinary Review Team (which reviews child abuse cases). He is founder, executive committee member, and past president of the Alabama Professional Society on the Abuse of Children. He is also a member of the Child Abuse Subcommittee of the American Academy of Pediatrics.

"Child abuse is not something you choose to specialize in," he says. "Most pediatricians are in this field for the positive aspects of working with children. Usually the 'new kid' gets this type of duty. And burn-out rate is high so there is always a need." When he began, child abuse information was not incorporated regularly into the training curricula. Child abuse is a sub-specialty not even recognized until the mid 70's, he said. Now there are some fellowships available on child abuse.

Dr. Taylor does some court work in North Carolina, which has a well-defined system for dealing with child abuse. 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.

He is currently working to get a standardized form for getting basic information in emergency settings, something the state of Alabama lacks. He is engaged in on-going research to evaluate how much the state spends on child abuse cases and follow-up by region and what the outcomes of the cases are. CCHS Research Specialist **Julia Hartman** is assisting with this study. Approximately 40,000 children per year are reportedly abused; 15-19% of these are sexual abuse, he said.

The information here and on the next page is based on workshops Dr. Taylor conducts for physicians and other health professionals across the state. For a more complete checklist for exams, child abuse statistics, or information, contact him at the Dept. of Pediatrics, Box 870378, Tuscaloosa, AL 35487. (205) 348-1304.

Types of Child Abuse

Physical abuse: Beatings, stabbings, poisoning, shakings, burns, drownings, electrocutions, etc.

Physical neglect: The child does not receive proper care, supervision, or discipline from the guardian, or who has been abandoned, or not provided necessary medical care recognized under state Law.

Psychological abuse: A concerted attack on the development of self and social competence, an attack on the psyche. Includes:

1. **Rejecting:** Refusing to acknowledge the child's worth and the legitimacy of the child's needs, therefore giving the message, "You don't belong, I don't want you, you are no good."
2. **Isolating:** cutting the child off from normal social experiences, preventing the child from forming friendships and from participating in typical social relationships, thus depriving the child of opportunities to master the skills of friendship formation and maintenance, making the child believe he or she is alone in the world.
3. **Terrorizing:** verbally assaulting the child, creating a climate of fear, bullying and frightening the child, playing upon the child's worst fears and making the child believe that the world is a capricious and hostile place.
4. **Ignoring:** being psychologically unavailable to the child and thus depriving the child of essential stimulation and responsiveness.
5. **Corrupting:** stimulating the child to engage in destructive and antisocial behavior, and reinforcing deviance, making the child unfit for normal social experience and thus setting the child up for rejection by peers and adults.

Sexual abuse: The involvement of dependent, developmentally immature children in sexual activities that they do not understand, to which they are unable to give informed consent, or that violate the social taboos of family roles. These include intercourse or attempted intercourse (oral, vaginal, or anal); exhibitionism; fondling; or allowing exposure to explicit sexual acts or use in creating pornography.

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 State Law

Common Presentations

Consider & document these in 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
(Forced immersion 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 burns 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 jejunum; 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 negativism
- Be angry or destructive
- Display abusive behavior
- 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
- Vaginal discharge/pruitus
- Thickening and/or hyperpigmentation of labial skin
- Bruises or bleeding of the genitalia, perineum, or perianal area
- Sexually transmitted diseases-gonorrhea, chlamydia, syphilis, condylomata
- Trichomonas, *Lymphogranuloma venereum*
- PREGNANCY
- Sperm or acid phosphatase on body or clothes
- Sperm in the urine of a female child
- Lax rectal tone
- Torn, stained, or bloody underclothing
- Recurrent urinary tract infections

Behavioral Signs

- Runaways
- Sexually promiscuous
- Excessive masturbation
- Poor self-esteem
- Pseudomature personality development
- Prostitution
- Engage in highly sexualized play
- Enuresis or encopresis
- Attempted or successful suicide

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 ER's (emergency rooms) are due to child abuse. 90% of perpetrators are parents or relatives. The former chief of US Children's Bureau states that "undoubtedly 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 nonjudgemental, put aside preconceived ideas, biases, etc.
(*easier said than done*)

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 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 feel blame 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

When Interviewing the parents or guardians:

DO

- Attempt to be objective
- Tell the parents the reason for the interview
- Reassure the parents of your continued support
- Explain all of your actions, and further actions that may be required
- Answer questions honestly

DO NOT

- Attempt to prove abuse or neglect
- Display anger, horror, or disapproval of the parents or situation
- Pry into unrelated family matters
- PLACE BLAME OR MAKE JUDGMENTS

Legal Concerns

Reporting laws: Alabama State Law (Alabama Code Title 26)

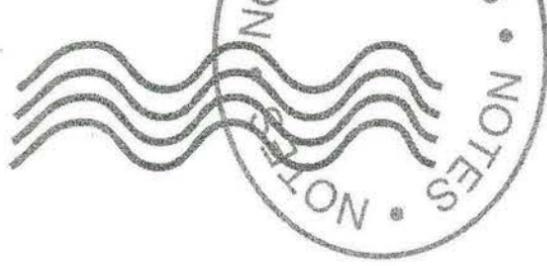
1. **Who should report: everyone**
2. **Who is required to report by law:** "All hospitals, clinics, sanitariums, doctors, physicians, surgeons, medical examiners, coroners, dentists, osteopaths, optometrists, chiropractors, podiatrists, nurses, school teachers and officials, peace officers, law enforcement 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 Resources 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 caretaker; and 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**

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) which is how I happen to have gotten a chance to see how she is doing. It is such a pleasure to meet and learn about our alums and share the information with you in OnRounds. I hope you will be in touch with me for upcoming issues. We may not all have trips to Russia to share, 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.*

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.

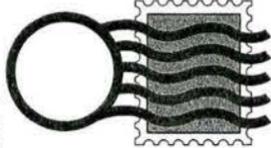
Another 30 percent of her practice is the Medicare population with a lot of blood pressure problems and diabetes, and probably 30 percent are uninsured. She and Dr. Rentrop have one of the few practices in town that will take uninsured patients, she said. But they have a reasonable collection rate, and 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 her office shares with a self-serve car wash and when he gets some money, he comes in and gives her part of it. She makes allowances for her patients' hard times by charging low end office rates for full-service visits or 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 McKnight**, 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.

Clip and return!

Notes from Alums

Please send alumni news to **OnRounds** to share with former classmates, other alums, and faculty. Be sure to include the date of your CCHS graduation and your current address and phone numbers. We are interested in where you are practicing and other personal or professional updates since you left the college (articles published, community service, local newspaper clippings about you, presentations or courses taught, honors, elected positions, career changes, hobbies, etc.) Send pictures if available.



Name: _____
(first) (last) (maiden or name used at graduation)

Graduate of 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 _____

Please enclose other info (including photos).

Return to: Vicki Johnson, CCHS • (205) 348-0093
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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.



Dr. William Winternitz (right) with one of his more recent classes of CCHS medical students. He has mentored many students and residents at CCHS. He is still working for medical education through his membership in the Lister Hill Society. You can join him in that effort. Many already have.

Lister Hill Society Board of Directors

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LISTER HILL SOCIETY Membership*

I pledge \$_____ annually in support of the Lister Hill Society at the College of Community Health Sciences. I understand that I can terminate this agreement at any time.

My check is enclosed.

signature

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*Membership Categories:

Corporate \$10,000	Life \$5,000
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OnRounds
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OnRounds is published with the assistance of the Lister Hill Society. The Lister Hill Society, named in honor of the late U.S. Senator from Alabama who worked for better health care for all citizens, is the voluntary support group for the College of Community Health Sciences. The focus of this branch of the University of Alabama School of Medicine is community medicine and primary care, especially in the preparation of family physicians to care for patients in rural areas.

Contributions from alumni and friends to the Lister Hill Society fund cash awards to recognize outstanding medical students and residents, special projects to enhance medical education curriculum or facilities, student travel to professional meetings, alumni publications, research expenses, and library information.

Wil Coggins, M.D., Chairman

Linda Jackson, Editor

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