

ROUNDS

The University of Alabama College of Community Health Sciences
School of Medicine, Tuscaloosa Campus



We Are
Changing
the **Colors** of
the Map

The College of Community Health Sciences is making a difference and is positioned to do even more.

THE UNIVERSITY OF
ALABAMA
HEALTH SCIENCES

SPRING/SUMMER 2009



E. Eugene Marsh, MD

Dean, College of Community Health Sciences

WHERE DO WE GO FROM HERE?

In this issue of *OnRounds*, Leslie Zganjar skillfully describes the challenges that lie before us: to change Alabama's health care maps and help move our state and region from the bottom to the top of the health care rankings. This is what our College was formed to do. And we are now positioned in a way like never before to fulfill this vision of our founding Dean Dr. William Willard and former University of Alabama President Dr. David Mathews, who strongly supported the creation of our College.

Internally, our College is in the healthiest financial state in its history. Due to the hard work and dedication of our clinical faculty and staff, we have gone from posting deficits to the point that we have been able to completely replenish our financial reserves. Our clinical practice is now recognized as a model for high-quality, patient-centered health care, and the number of patients seen at University Medical Center has doubled in the last five years. The College's faculty has continued its excellent tradition of teaching medical students and family medicine resident physicians, while also developing fellowships in several areas to enhance the training environment for all of our students and residents. Research continues to grow, both in terms of participation in clinical trials and through a continued effort to partner with others and work together to find solutions to the complex issues affecting health care in rural Alabama. More of our faculty members are involved in state and national organizations and more people throughout the country are recognizing the College as a leader in primary care and rural health care. Our Student Health Center is being recognized regionally and nationally for its commitment to providing high-quality health care and health education to a growing population of young people, while at the

same time teaching them to become health advocates in their communities and good partners in their future health care.

Externally, change is the operative word when it comes to health care. Many of the reasons for this change are explained in Ms. Zganjar's article. Those who look objectively at our current health care system would have to agree that we are not getting a good return on the investment of our country's health care dollar, so change is inevitable. The critical questions are what will this change look like, and who will make it happen? Most agree that change will include an emphasis on primary care, including wellness, disease prevention and chronic disease management. A popular model that incorporates this change is a patient-centered medical home or, more accurately, a *patient-centered health-care home*. Perhaps the more significant question is who will determine the nature of this change? Will it be those involved in health care, or others who may not truly understand the opportunities and barriers that exist for health care professionals and their patients? And how will this change occur? Will it be through thoughtful deliberation and a courageous, patient-centered focus? Or will change occur by default, in response to what many of us see as our next financial crisis?

Clearly, change is coming. The principles upon which our College was founded are now the principles that are being seen nationally as critical to getting our health care system back on track. The fact that our College is now healthy internally allows us to not only participate in this process but to be a leader in finding the right solutions. Change is never easy, but with respect to health care it is needed to change the health care maps and to avert the next national crisis. **OR**



ON THE COVER

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ON ROUNDS

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THE UNIVERSITY OF
ALABAMA
HEALTH SCIENCES



Kelley Parris-Barnes, executive director of the West Alabama Mental Health Center, confers via an Internet telemedicine system with Thaddeus Ulzen, MD, professor and chair of the College's Department of Psychiatry and Behavioral Medicine.

EXTENDING HEALTH CARE'S REACH

The College is reaching out with telemedicine to rural Alabama counties to help mental-health professionals treat patients.

The program, run through the West Alabama Mental Health Center in Demopolis, will use Internet technology and T1 (telephone) lines directly linked to mental-health centers to bring patients real-time contact with University of Alabama psychiatrists.

"We can offer consultations to other professionals who need a quick, efficient connection with other specialists," says Thaddeus Ulzen, MD, professor and chair of the College's Department of Psychiatry and

Behavioral Medicine. "They don't have to drive here, and we don't have to drive there."

The big advantage of a high-definition video link is that psychiatrists can "read" body language and establish a strong connection with patients, particularly those living in rural settings, Ulzen says.

In the future, the College hopes to expand telemedicine offerings to help train medical students in the technology and to use the technology to train health professionals in the field, says Joe Higginbotham, the College's assistant director of information technology. **OF**

W I N T E R N I T Z
C O N F E R E N C E
S E R I E S

The William W. Winternitz Conference Series features prominent speakers who address such topics as ethics, communication, professionalism and quality improvement. The conferences are named in honor of William W. Winternitz, MD, 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.



Barry D. Weiss, MD
Department of Family and Community Medicine
University of Arizona College of Medicine
Pfizer Visiting Professor in Health Literacy and Clear Health Communications

Low health literacy is a serious problem in the United States resulting in poor health status for many Americans, more hospitalizations and higher health care costs. While those at risk include school dropouts, low-income individuals, minorities, recent immigrants, non-English speakers and the elderly, many other patients are overlooked because they do not fit the stereotype: white Americans with full-time jobs who have finished high school, Weiss says.

"Low literacy is often overlooked because many patients don't tell, and clinicians don't ask," he says.

Weiss, a Pfizer Visiting Professor in Health Literacy and Clear Health Communications, spoke on "Poor Health Literacy: The Hidden Risk Factor." The Pfizer

Visiting Professorship was awarded to the College on a competitive basis through the Pfizer Medical and Academic Partnerships Program. Weiss also conducted workshops for University of Alabama faculty and community members on writing health and patient-education materials.

Weiss, author of the American Medical Association's "Health Literacy Manual for Physicians" and editor of *Family Medicine*, says health literacy is the ability to obtain, process and understand basic health information needed to make appropriate health decisions.

"LOW LITERACY IS OFTEN OVERLOOKED
BECAUSE MANY PATIENTS DON'T TELL, AND
CLINICIANS DON'T ASK."

—BARRY D. WEISS, MD

According to the U.S. Department of Education, one-third of the U.S. population is at the "below basic" and "basic" literacy levels. Basic literacy means an individual can perform simple, everyday tasks; below basic means an individual can perform only the most simple and concrete tasks. According to a 2003 report by the National Assessment of Adult Literacy, below basic tasks for health literacy include circling the date of a medical appointment on a hospital appointment slip; basic tasks for health literacy include reading a pamphlet and finding information, such as why it is difficult for people to know if they have high blood pressure.

Weiss says estimates show that the cost of poor health literacy in the United States in 2007 approached \$100 billion, mostly the result of medication errors and non-compliance.

Weiss says there are clues to alert health providers when patients might struggle with literacy: remarks like "I forgot my glasses" or "I'll bring this home so I can discuss it with my family," as well chronic missed appointments and chronic noncompliance.

Weiss says there are better ways for physicians and other health providers to communicate with patients. "What patients want is clear and simple information and to find out what they need to do. What health providers often provide are medical words and complicated explanations."

He says steps to improving communication include

the following: talk more slowly; explain things in plain language (cancer for malignant, birth control for contraception, heart doctor for cardiologist); focus on key messages and repeat; encourage questions; and use patient-friendly education materials to enhance literacy.

“This is what communication experts recommend. This is not dumbing down information, and it won’t insult patients,” Weiss says. “Explain it like you would to your grandmother.”



Jeffrey S. Novick, RD, LD, LN
Director of Health Education
National Health Association
Nutritionist/Dietitian, McDougall Program
Santa Rosa, California

The first dietary guidelines were issued nearly 30 years ago and since then Americans have been watching their fat and carbohydrate intake, but obesity has been increasing at an alarming rate and threatens to wipe out many of the health gains made in recent years. What happened?

“Calorie consumption has significantly increased since 1980,” Novick says. “We’re so busy watching fat and carbs that there’s been a 25 percent increase in calories.”

Novick, director of health education for the National Health Association, spoke on “Diet Fads, Fantasies and Facts: What Really Works and Why.” The National Health Association works to educate individuals about the benefits of healthy living and a plant-based diet and exercise.

According to the Centers for Disease Control and Prevention, obesity has been increasing in the United States since the 1990s. In 2002, Alabama joined the ranks of states in which 25 percent of their populations were considered obese. By 2007, 31 percent of Alabama’s population was considered obese. There are increased health risks associated with obesity – heart disease, high

blood pressure, diabetes and cancer.

“If we continue on this trend, obesity will soon become the most preventable leading cause of death,” Novick says.

The link between diet and health gained national attention in the late 1970s as results from the Framingham Heart Study were being revealed, and congressional hearings resulted in the first dietary guidelines and the familiar food pyramid. The Framingham Heart Study was a cardiovascular study begun in 1948 that has provided much of the now-common knowledge about heart disease and the effects of diet and exercise.

But since that time, while Americans have been eating less fat and fewer carbohydrates, their intake of calories has dramatically increased, Novick says. One problem is high fructose corn syrup found in processed foods and soft drinks. Novick points out that a 12-ounce soft drink has 10 to 15 teaspoons of corn syrup, and a large soft drink at movie theaters (64 ounces) has more than 60 teaspoons of corn syrup.

Misleading food labels are also a culprit, Novick says. He notes that Pam cooking spray claims to be fat-free, “but it’s 100 percent fat. How do they get away with it?” Novick says if food manufacturers can state that each serving size is less than one-half of one gram, they can put a zero next to calories, fat, sodium, cholesterol and other categories. The nutrition and facts label on a can of Pam shows more than 500 servings, each at less than one-half of one gram.

The good news, Novick says, is that little changes can make a big difference. Eating more fruits and vegetables every day can add three to five years to your life, and regular exercise can add another three years.

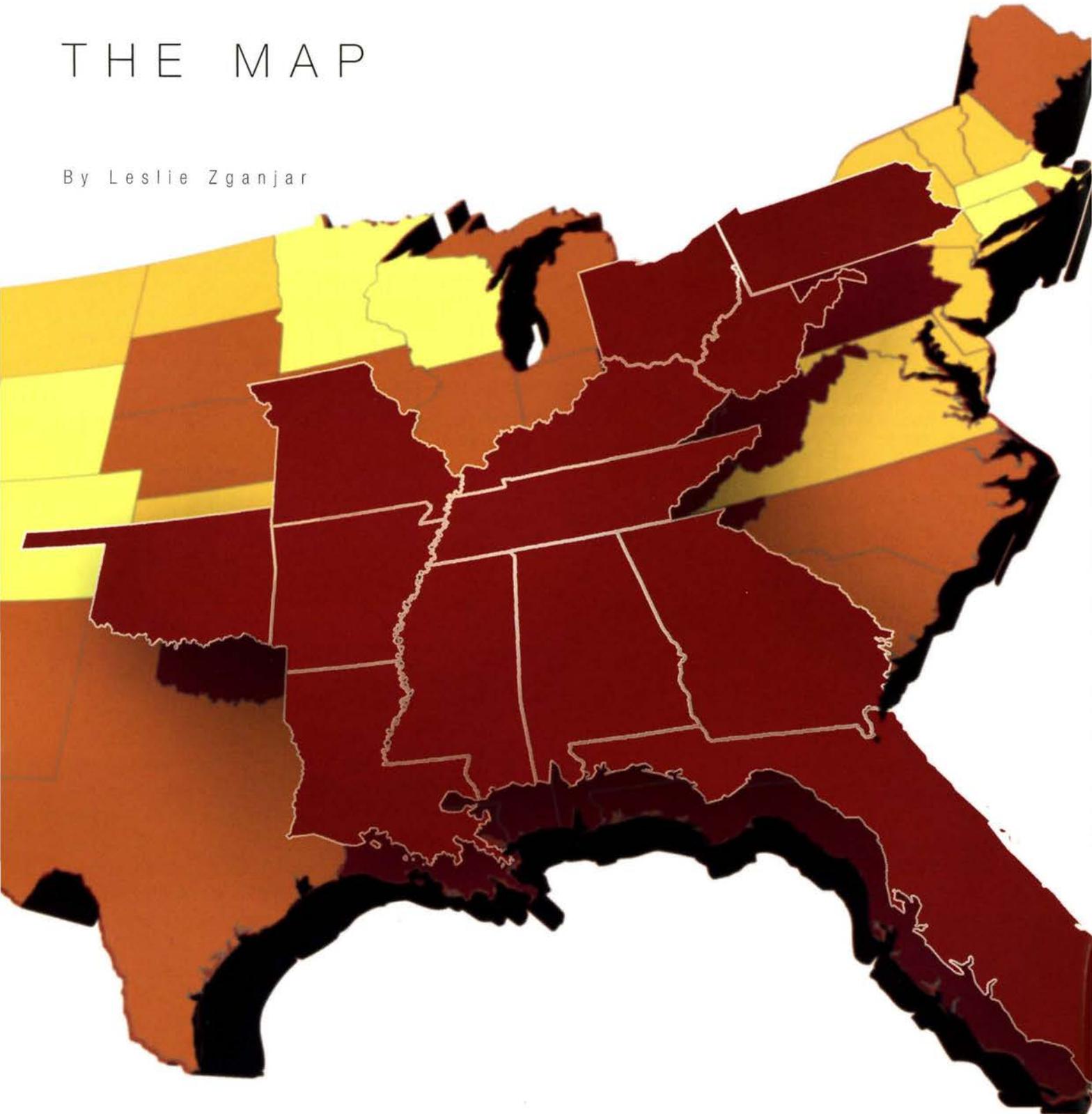
“It’s more than just about losing weight. It’s an improved quality of life.” 

“CALORIE CONSUMPTION HAS
SIGNIFICANTLY INCREASED SINCE 1980.
WE’RE SO BUSY WATCHING FAT AND
CARBS THAT THERE’S BEEN A 25 PERCENT
INCREASE IN CALORIES.”

—JEFFREY S. NOVICK, RD, LD, LN

CHANGING THE
COLORS OF
THE MAP

By Leslie Zganjar



Look at most health care maps and Alabama does not have a lot to be proud of: a high percentage of the state's population suffers from heart disease, stroke and cancer, and risk factors such as high blood pressure, obesity and diabetes are disproportionately represented. Worse yet, many of these chronic diseases are preventable or at least controllable.

The maps keep E. Eugene Marsh, MD, awake at night.

"If you look at any health care map where the darker colors signify poor health and health outcomes, Alabama is always a dark color," says Marsh, dean of the College of Community Health Sciences at The University of Alabama. "We are always the wrong color on the map."

The College is insistently focused on changing Alabama's colors on those maps. Marsh leads the College, which is also the Tuscaloosa Campus of The University of Alabama School of Medicine, in those efforts.

The College provides undergraduate medical training, a robust family medicine residency, pipeline programs that recruit future medical students from rural areas to the University, the multispecialty University Medical Center, a Student Health Center and the Rural Health Institute for Clinical and Translational Science, which conducts research to improve health in rural Alabama.

The College's primary mission is to produce needed primary-care physicians for the state, particularly for rural Alabama, where the shortage of medical personnel is especially acute. The College's efforts are proving successful. Today, roughly half of the physicians trained at the College remain in Alabama to practice, with a large number choosing to practice in the state's rural communities.

But more are needed.

Alabama suffers from a shortage of approximately 200 primary-care physicians, according to the U.S. Department of Health and Human Services's listing of medically underserved areas. Coupled with this shortage is a growing demand for the kind of care that primary-care physicians do best – preventing illness and managing chronic diseases. Research shows that good primary care contributes to longer life expectancy and fewer deaths from heart disease, stroke and diabetes.

"Intervention and prevention can make a difference," Marsh says. "Primary care can change Alabama's colors on the map."

THE COLORS OF THE MAP

Primary care includes family medicine, as well as general pediatrics, general internal medicine and obstetrics and gynecology. Experts say the care that primary-care physicians provide is critically needed as more people are suffering from chronic diseases and the population is aging.

Chronic conditions such as heart disease, stroke, cancer and diabetes are among the most prevalent, costly and preventable of all health problems, according to the U.S. Centers for Disease Control and Prevention. Seven of 10 Americans that die each year die of a chronic disease, the CDC says.

In a recent analysis of 19 industrialized nations by The Commonwealth Group, the United States ranked last in death rates from treatable conditions, despite spending the most per capita on health care.

Heart disease is the leading cause of death in Alabama, accounting for 13,207 deaths or 29 percent of the state's deaths in 2001, the most recent year for which data are available, according to the CDC. Stroke is the third leading cause of death, accounting for 2,998 deaths or 7 percent of the state's deaths in 2001. The CDC says 24,270 new cases of cancer were diagnosed in Alabama in 2004.

"Alabama has unacceptably high levels of excess heart disease and stroke, along with the known risk factors for these conditions – high blood pressure, diabetes and obesity," says John C. Higginbotham, PhD, MPH, the College's associate dean for research and health policy who also directs the Rural Health Institute for Clinical and Translational Science.

Alabama is also among the top seven most obese states in the nation. Data from the 2003 CDC Behavioral Risk Factor Surveillance System indicate that approximately 28.4 percent of adults in Alabama are obese, and an additional 34.8 percent of adults are overweight. Adjust for age, and the death-rate rankings for obesity-related diseases in Alabama are among the highest in the nation – 6th for heart disease, 9th for stroke and 10th for diabetes.

Add up all these statistics and the bottom line shows that more than 22,000 Alabamians die each year from preventable heart disease, stroke and cancer at a cost of nearly \$560 million last year to the state Medicaid program alone.

"INTERVENTION AND PREVENTION CAN MAKE A DIFFERENCE. PRIMARY CARE CAN CHANGE ALABAMA'S COLORS ON THE MAP."

—E. EUGENE MARSH, MD

There is encouraging news. Marsh says many of these premature deaths and their associated costs “could be prevented simply by finding better ways to apply what we already know.”

To a large degree, chronic diseases are an extension of what people do, or do not do, as they go about the business of daily living. Health-damaging behaviors, in particular tobacco use, lack of physical activity and poor nutrition, are major contributors to heart disease and cancer.

A key strategy for addressing risk factors, the CDC says, is prevention – avoiding tobacco use, increasing physical activity and maintaining a healthy weight, as well as screening to detect cancer, heart disease and other chronic conditions early and when they can most effectively be treated. CDC statistics show that Alabama’s Medicaid program would realize an annual cost savings of \$80 million simply by applying known prevention efforts to 10 percent of its population.

But the current emphasis in medicine is on the treatment and management of end-organ diseases, such as heart disease, stroke and kidney failure, Marsh says. “Where we are failing is in capitalizing on the benefits that can be gained from screening, prevention and chronic-disease management. Studies estimate that 80 percent of strokes, 80 percent of heart attacks and 60 percent of cancers can be prevented simply by applying the knowledge and prevention treatments that we currently have at our disposal.”

Marsh says this “prevention-deficit disorder,” a term coined by the president of the American Medical Association, is even more prevalent in rural Alabama, particularly in the state’s impoverished Black Belt region, where residents die at higher rates than other Alabamians from diabetes, heart disease and cancer. There are just 15 physicians per 10,000 residents in the Black Belt, compared to more than 40 physicians per 10,000 residents in the rest of the state, according to the University’s Center for Business and Economic Research.

“There are numerous reasons for this health disparity, including some things over which we have no control. But there are many contributing factors that we can identify and for which there are interventions and treatments, including prevention and treatment of high blood pressure, diabetes, high cholesterol and obesity,” Marsh says.

HELP WANTED: PRIMARY-CARE PHYSICIANS

But at the very moment that the demand for primary care is on the rise, the march into more lucrative specialties is crimping the ranks of much-needed primary-care physicians. The American Medical Association estimates there will be a shortage of nearly 40,000 primary-care physicians in the United States by 2025.

Fewer medical students are choosing primary care, and nearly half of the respondents in a 2008 survey of U.S. primary-care physicians commissioned by the Physicians’ Foundation said they would seriously consider getting out of medicine within the next three years if they had an alternative.

Burdensome paperwork, complex health insurance rules, reimbursement policies that pay more for procedures performed than for counseling patients and coordinating care among specialists, long work hours and comparatively low incomes are the main reasons primary-care doctors want out. A family-practice physician or an internist might start off making \$100,000 to \$150,000 per year, but other specialists can make twice as much on average, according to the American College of Physicians. Adding to this problem is the fact that a typical medical student graduates with \$140,000 in debt.

A study by the American Academy of Family Physicians found that between 1997 and 2005, the number of medical school graduates who entered the primary-care field decreased by more than half as more graduates entered specialties with higher pay and more control over work hours.

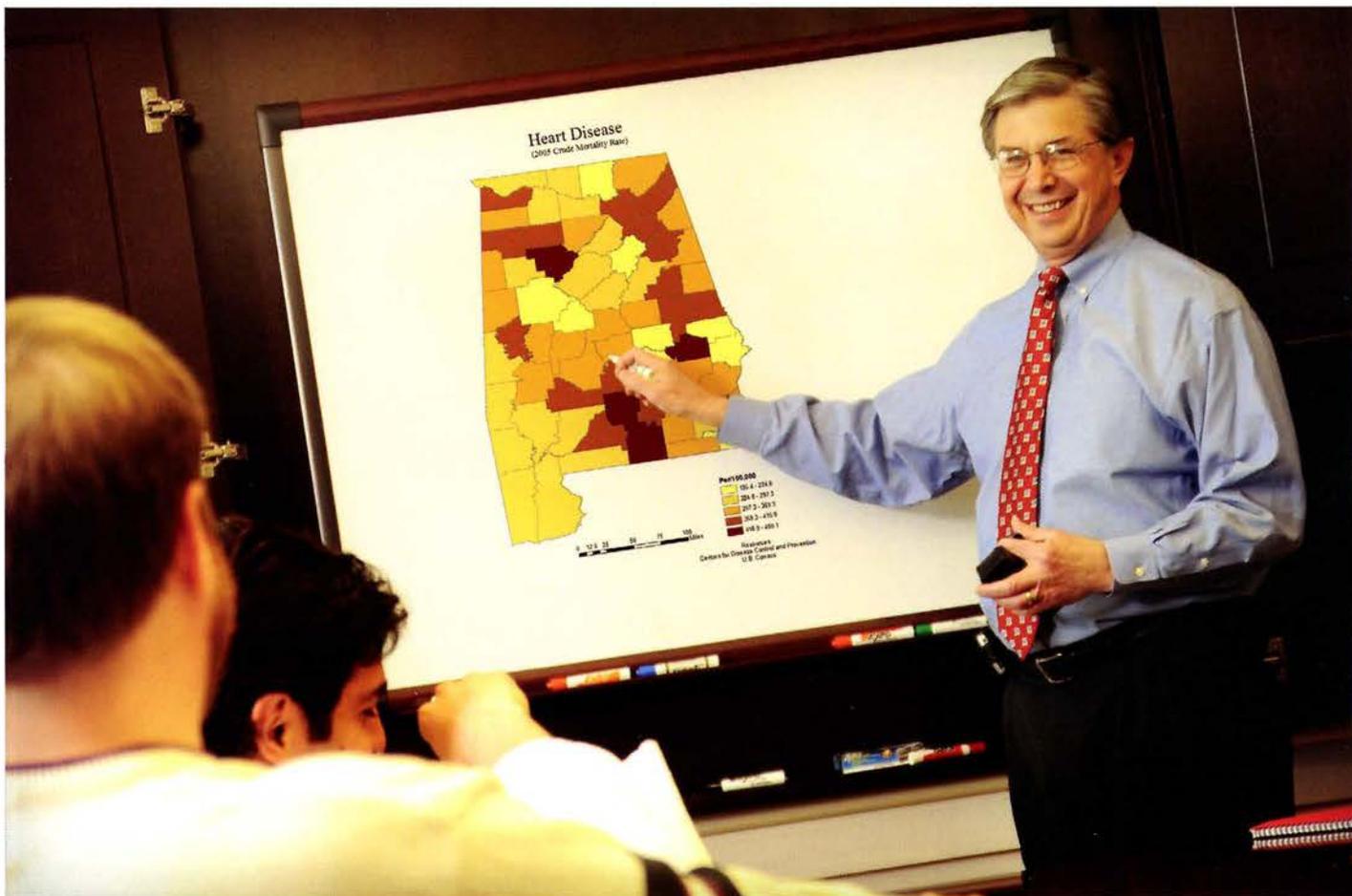
For patients, fewer primary-care physicians can mean waiting longer to get in to see the doctor or difficulty even finding a doctor who will see them at all. Rural areas are particularly hard hit.

“In the Black Belt, people sometimes have to drive 70 miles to get to a doctor to care for them,” says John Wheat, MD, MPH, a professor in the College’s Department of Community and Rural Medicine.

The Alabama Rural Health Association classifies 55 of Alabama’s 67 counties as rural.

John Waits, MD, an assistant professor in the College’s Department of Family Medicine, says Alabama desperately needs more primary-care physicians, which he says are more likely to practice in rural areas, where the state is woefully short of doctors.

“Alabama has a statewide primary-care shortage, which is most profound in the 50-plus rural counties that we have,” Waits says. “You can’t meet the rural need without family docs.”



Dean E. Eugene Marsh, MD, leads the College's efforts to produce more primary-care physicians and to improve Alabama's health.

RESIDENT AND MEDICAL STUDENT PIPELINES

For the past 34 years, the College's Tuscaloosa Family Medicine Residency has led the way in meeting this need in Alabama, providing 360 family-practice physicians to the state and region, says Waits, the residency's director.

"In fact, 1 out of every 8 family physicians currently practicing in Alabama trained at the Tuscaloosa Family Medicine Residency, well over 50 percent of our graduates have remained in Alabama and 67 percent of our total graduates are practicing in health professional shortage areas, the majority of those being rural locations," Waits says.

The Tuscaloosa Family Medicine Residency started in 1975 and is one of the oldest and most productive in the Southeast. Twelve residents graduate from the program each year.

Residents spend most of their time at University Medical Center and the 658-bed DCH Regional Medical Center in Tuscaloosa but also have the chance to spend

a month with a preceptor at a rural practice. Last year, the residency added a rural-training track that allows residents to complete a 24-month, clinical-training component in family practice in a rural clinic. The residency is the first family medicine residency in the state to provide accredited rural training, Waits says.

"We hope to show that being a rural doctor is a satisfying profession," he says.

Nicholas Knight, MD, was among the first graduates of the Tuscaloosa Family Medicine Residency, completing the program in 1978 and moving to Selma, Alabama, where he has practiced as a family physician for the past three decades. He says his work is immensely rewarding.

"I don't want to retire. I still love doing what I do," he says.

The residency's current chief resident, Lee Carter, MD, will head back home to Autaugaville in rural Autauga County this summer to begin a family practice there. Carter's interest in medicine, particularly rural medicine, began as a high school junior when he participated in the College's Rural Health Scholars Program.



Theo Barley, MD, a third-year resident in the Tuscaloosa Family Medicine Residency, examines patient Colt Christensen.

The program is part of a sequence of programs the College created about 15 years ago to help rural students enter health professions and prepare for rural service. The pipeline includes the Rural Health Scholars and Rural Medical Scholars programs and the Minority Rural Health Pipeline.

“Studies have shown that students from rural backgrounds are more likely to live and work in rural areas than those who are not from a rural background,” says Wheat, founder and director of the programs.

The three-part pipeline begins with the Rural Health Scholars Program, which introduces 25 high school juniors to The University of Alabama each year during a five-week summer session that includes college courses for academic credit, visits to rural health facilities and meetings with medical school admissions staff.

The Minority Rural Health Pipeline Program brings 15 high school seniors from under-represented communities to the University for summer classes to augment their undergraduate courses and prepare them for the MCAT, the medical school entrance exam.

The Rural Medical Scholars Program includes 10 students selected from rural Alabama counties who

are part of the class of 35 students who arrive on the Tuscaloosa Campus each year for their third and fourth years of medical school. The Rural Medical Scholars begin their program with a premedical year of studies at the College that includes coursework and field experiences in epidemiology, biostatistics, behavioral medicine, community clinical processes, and rural environmental and occupational health.

Since its inception, the Rural Medical Scholars Program has had 137 participants, producing 68 medical school graduates and 42 current medical students. Nearly half of the graduates have chosen primary-care residencies, including 33 who have chosen family medicine residencies. More than half of those who have finished residencies are practicing in rural Alabama, with the vast majority of those – nearly 70 percent – in primary care.

The College recently implemented a program that provides increased exposure of medical students to the practice of medicine in rural Alabama. The Tuscaloosa Experience in Rural Medicine, or TERM, is designed to introduce third-year medical students on the Tuscaloosa Campus to rural health care from the perspective of

practicing physicians and to provide students with hands-on clinical experience at rural, primary-care practices.

TERM students begin their clinical training in Tuscaloosa and then head to one of two rural sites – Carrollton Primary Care in Pickens County and Primary Care Center of Monroeville in Monroe County – for the remainder of their third year and the beginning of their fourth year of medical school. The students complete six-week rotations in Tuscaloosa in various specialty areas – pediatrics, obstetrics and gynecology, internal medicine and surgery (they complete eight-week rotations in psychiatry and neurology) – and then spend 17 weeks, the equivalent of one semester, at the rural sites, where they also complete their family medicine rotation. The typical third-year medical student completes eight-week rotations in the specialty areas.

A MEDICAL HOME

Still, changing Alabama’s colors on the map will require more than just producing additional doctors; it will entail educating physicians and health professionals to practice in new and collaborative ways, Marsh says.

To that end, the College is looking to develop an interprofessional, patient-centered, medical-home model-of-care that employs the knowledge of primary-care physicians, nurses, nutritionists, social workers, mental-health workers and health educators in patient care while emphasizing wellness, prevention and chronic disease management.

“Health care has developed in silos. We have physicians here, nurses there and social workers over there,” Marsh says. “We need to bring them together so that they can work together.”

National health care experts have strongly endorsed the development of such medical homes.

Marsh says he envisions a medical home model in which, for example, patients with diabetes or high blood pressure would be cared for and managed by a team of health care professionals that would not only evaluate and prescribe medication but ensure that patients and their families are educated about the condition and its complications, as well as the range of available interventions. He also wants the College to be a partner in developing community-based initiatives – such as walking trails and ensuring that healthy food options are available – to further support a model of wellness and prevention.

“Our College was formed for this exact purpose. This College is about primary care. This College is about prevention. Our mission is very much aligned with what is being sought nationally,” Marsh says.

“The long-range outcomes are to achieve measurable changes in health care in Alabama that will eventually help move the state into the top tier of health indicators,” he continues. “The goal is to change the colors of the map.” 

HEART DISEASE AND STROKE

- Heart disease is the leading cause of death in Alabama, accounting for approximately 29 percent of the state’s deaths in 2001 (the most recent year for which data are available). Stroke is the third leading cause of death, accounting for approximately 7 percent of the state’s deaths.
- Risk factors for heart disease and stroke are high blood pressure, high blood cholesterol, diabetes, tobacco use, physical inactivity, poor nutrition and being overweight or obese.
- A key strategy for addressing these risk factors is to educate the public and health care practitioners about the importance of prevention.

CANCER

- In 2004, there were approximately 10,000 cancer deaths in Alabama. Approximately 24,270 new cases of cancer were diagnosed in the state that year.
- The number of new cancer cases can be reduced and many cancer deaths prevented by adopting healthier lifestyles – avoiding tobacco use, increasing physical activity, achieving a healthy weight, improving nutrition and avoiding sun overexposure.
- Making cancer screening information and services available is essential for reducing high rates of cancer and cancer deaths. Screening tests for breast, cervical and colorectal cancers can reduce the number of deaths by detecting them early.

OBESITY AND OVERWEIGHT

- Alabama is among the top seven most obese states in the nation. Approximately 28.4 percent of adults are obese, and an additional 34.8 percent of adults are overweight.
- After adjusting for age, the death-rate rankings for obesity-related diseases in Alabama are among the highest in the nation. Alabama ranks 6th for heart disease, 9th for stroke and 10th for diabetes.
- Risk factors associated with obesity and overweight: food and nutrition consumption patterns, a lack of physical activity and socioeconomic factors.

(Source: Centers for Disease Control and Prevention)

NEW PROGRAM INCREASES STUDENT EXPOSURE TO PRACTICE OF RURAL MEDICINE

Students who want increased exposure to the practice of medicine in rural Alabama now have a new option: the Tuscaloosa Experience in Rural Medicine (TERM).

TERM is an innovative curriculum designed to introduce third-year medical students at the College to rural health care from the perspective of practicing physicians, and to provide students with hands-on clinical experiences at rural, primary-care practices.

Students in the program begin their clinical training in Tuscaloosa, then head to one of two rural sites – Carrollton Primary Care in Pickens County and Primary Care Center of Monroeville in Monroe County – for the rest of their third year of medical school and the beginning of their fourth year.

The goal of the TERM program, in keeping with the mission of the College, is to increase the likelihood that medical school graduates will choose primary-care residencies and eventually practice in rural Alabama communities. There is an urgent need for primary-care physicians in rural Alabama, where many communities meet the federally defined medical manpower shortage-area designation.

“At the core of our College’s mission is the commitment to train primary-care physicians with a special emphasis on the unique health needs of rural Alabama,” says E. Eugene Marsh, MD, dean of the College. “It represents a significant addition to the many programs already in existence in our College that are focused on Alabama’s rural health needs.”

Adds Pat Murphy, coordinator of the TERM program, “We’re hoping that some of our TERM students will go back and practice in rural Alabama.”

Under the TERM program, students complete six-week rotations in Tuscaloosa in various medical specialty areas – family medicine, pediatrics, obstetrics and gynecology, internal medicine and surgery (they complete eight-week rotations in psychiatry and neurology). The students then spend 17 weeks, the equivalent of one semester, at a rural site working closely with rural physicians there. The typical third-year medical student completes eight-week rotations in the various specialty areas.

Ashley Evans, MD, the College’s assistant dean for undergraduate medical education, says the TERM program gives students an opportunity to follow patient cases over an extended period of time – more than twice the length of a standard rotation. For example, they can care for an expectant mother over a long period of



Julia Boothe, MD, left, a rural physician and assistant professor in the College’s Department of Family Medicine, and TERM student Raymond Reiser examine a patient at University Medical Center. (Photograph by Holloway Photography)

pregnancy and through delivery.

“This concept is called continuity of care,” says Evans, who oversees the TERM program. “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.”

TERM students receive support from the College’s medical faculty, who visit the rural sites and link students to the Tuscaloosa campus through videoconferencing, teleconferencing, podcasting and other technological means. 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 and personal laptop computers.

Murphy says the TERM program accepted its first students in the fall of 2006: Sara Beth Bush of Clay, Alabama, who worked at Primary Care Center of Monroeville; and Charlton Dennison of Coosada, Alabama, who worked at Carrollton Primary Care. Both have completed their TERM rotations.

Currently, medical student Raymond Reiser is participating in the program and began working at Carrollton Primary Care in the spring. Three students have been accepted to participate in the program beginning in the fall. **OR**

THE RURAL MEDICAL SCHOLARS PROGRAM IS ALLEVIATING THE STATE'S SHORTAGE OF RURAL PHYSICIANS

A primary goal of the College is to educate and train primary-care physicians for where they are needed most: rural Alabama.

Alabama currently suffers from a shortage of approximately 200 primary-care physicians, according to the U.S. Department of Health and Human Services's listing of medically underserved areas, which also notes that only 10 of the state's 67 counties have adequate medical care.

The situation is most dire in Alabama's rural communities, where there is only one primary-care physician for every 2,200 individuals, according to a 2004 survey. That compares to one primary-care physician for every 900 individuals in urban areas.

Correlate those statistics with others showing rates of diabetes, hypertension, cancer and stroke in Alabama and the link is unmistakable: areas of the state with the most need have the fewest number of physicians.

"One missing piece of the puzzle is finding a way to put providers in rural areas, and that's something the College is hoping to alleviate," says Dean E. Eugene Marsh, MD.

The College has already had success in helping to address the shortage of physicians in rural Alabama through its Rural Medical Scholars Program.

Each year, 10 students from rural Alabama counties are selected to participate in the Rural Medical Scholars Program. They are part of the class of 35 students who arrive in Tuscaloosa each year for their third and fourth years of medical school. The Rural Medical Scholars begin their program with a pre-medical year of study at the College that includes coursework and field experiences in rural environmental and occupational health, epidemiology, behavioral medicine, biostatistics and community clinical processes.

For many Rural Medical Scholars, it is a return trip to the campus as they participated in other pipeline programs offered by the College. One of those programs, the Rural Health Scholars Program, brings 25 high school juniors to The University of Alabama and introduces them to the practice of medicine in a five-week summer session that includes courses for academic credit, visits to rural health facilities and meetings with medical school admissions staff. Another program, the Minority Rural Health Pipeline, brings 15 high school seniors from under-represented communities for summer classes to augment their undergraduate courses and prepare them

for the MCAT.

This sequence of programs, known as the Rural Scholars Pipeline, has received regional and national recognition and has been cited as a model to effectively recruit and train rural health and medical professionals.

John Wheat, MD, MPH, a professor in the College's Department of Community and Rural Medicine who founded the programs in 1996, believes recruiting students from rural communities is critical to alleviating the physician shortage in rural Alabama. "Studies have shown that students from rural backgrounds are more likely to live and work in rural areas than those who are not from a rural background," he says.

Wheat and Marsh say the programs offer more than just a glimpse into the practice of medicine; they provide students with an in-depth look into the health of rural communities. Students see the patients a doctor is treating during their stay, but they also meet with local leaders, such as the mayor and health department officials.

"They learn how to take care of the types of medical problems that a family physician normally faces, but they also learn some of the barriers that are out there and the problems of rural patients," Marsh says. "Why is it that patients can't get to the doctor? What are the barriers to health care? These all go far beyond the doctor's office."

Since its inception in 1996, the Rural Medical Scholars Program has had 137 participants, producing 68 medical school graduates and 42 current medical students. Nearly half of the graduates have chosen primary-care residencies, including 33 who have chosen family medicine residencies. More than 50 percent who have finished residencies are practicing in rural Alabama, with the vast majority of those – nearly 70 percent – in primary care.

Last December, 24 rural Alabama physicians – all members of the first five classes of the Rural Medical Scholars Program – were honored by Gov. Bob Riley for becoming primary-care physicians and choosing to practice in rural Alabama. **OR**



RURAL ALABAMA PHYSICIANS AND RURAL MEDICAL SCHOLAR GRADUATES HONORED BY GOVERNOR

From left to right: Ty Blackwell, MD, (Jasper); Clifton Garris, MD, (Sylacauga); Julia Boothe, MD, (Carrollton); Lee Armistead, MD, (Gilbertown); Frannie Koe, MD, (Collinsville); Chad McElroy, MD, (Moulton); Beverly Jordan, MD, (Enterprise); Matthew Freeman, MD, (Prattville); Gov. Bob Riley; John Wheat, MD, director of the Rural Medical Scholars Program; Drake Lavender, MD, (Gordo); Mike McBrearty, MD, (Fairhope); Daniel Whitaker, MD, (Enterprise); Randall Quinn, MD, (Cullman); Candice Terry Hagler, MD, (Jasper); and Emily Barnes Williams, MD, (Monroeville) *Not pictured:* Mandi Allen-Bell, MD, (Scottsboro); Kara Carpenter, MD, (Winfield); Angela Clifton, MD, (Boaz); Anne Davis, MD (Talladega); Brad Ginevan, MD, (Tuscumbia); Tom Holt, MD, (Jasper); Rick Jotani, MD, (Pell City); Stephanie Morgan, MD, (Gadsden); Zynia Pua-Vines, MD, (Jacksonville); Jon Roden, MD, (Albertville); and Andy White, MD, (Scottsboro)

Gov. Bob Riley recently honored the first 25 graduates of the College's Rural Medical Scholars Program for becoming primary-care physicians and choosing to practice in rural Alabama.

During a ceremony at the state Capitol in Montgomery in December, Gov. Riley praised the program, which recruits medical students from rural communities and encourages them to return to their hometowns to practice. He thanked the physicians for their contribution to the health of Alabamians.

The Rural Medical Scholars Program was started in

1996 to address the growing need for health professionals in rural areas of the state and is part of a pipeline of programs operated by the College for high school, minority, premed and medical students.

John Wheat, MD, MPH, director of the Rural Medical Scholars Program and a professor in the College's Department of Community and Rural Medicine, says there is a critical shortage of primary-care doctors – family physicians, internists and pediatricians – in rural Alabama. **OR**

RURAL MEDICAL SCHOLARS PROGRAM ADDS AGRICULTURAL SAFETY AND HEALTH COMPONENTS

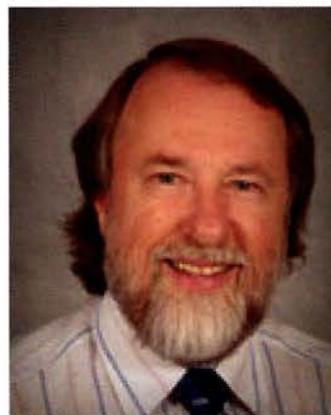
The College's Rural Medical Scholars Program is working with The University of Alabama at Birmingham's Deep South Center for Occupational Safety and Health to add an agricultural safety and health component to the master's degree curriculum of the program.

The training program, with an emphasis on agricultural safety and health, combines the expertise and resources of the Deep South Center with the Rural Medical Scholars Program and integrates The University of Alabama's existing agro-medicine program with other Deep South Center core programs.

Agro-medicine uses the expertise of medical sciences and the agricultural sciences through cooperative extension in an interdisciplinary approach to agricultural health and safety. The Rural Medical Scholars Program produces primary-care physicians for rural Alabama.

Funding from the National Institute of Occupational Safety and Health, a division of the Centers for Disease Control and Prevention, will be used to develop the new training program. A grant from the institute will enable the College to add the agricultural health and safety courses to the Rural Medical Scholars Program's rural medical education curriculum. A strong emphasis on occupational safety, ergonomics and industrial hygiene will be provided through additions to the one-year master's study. The program, which provides tuition and stipends for a number of those admitted, is open to Rural Medical Scholars and other students interested in rural health-related careers.

The new training program will be under the direction of John Wheat, MD, MPH, and James Leeper, PhD, professors in the College's Department of Community and Rural Medicine. Wheat, who is also director of the Rural Medical Scholars Program, says the addition of agricultural safety and health courses to the Rural Medical Scholars Program curriculum represents "a major advancement in our efforts to prepare health professionals to address health concerns characteristic of rural Alabamians."



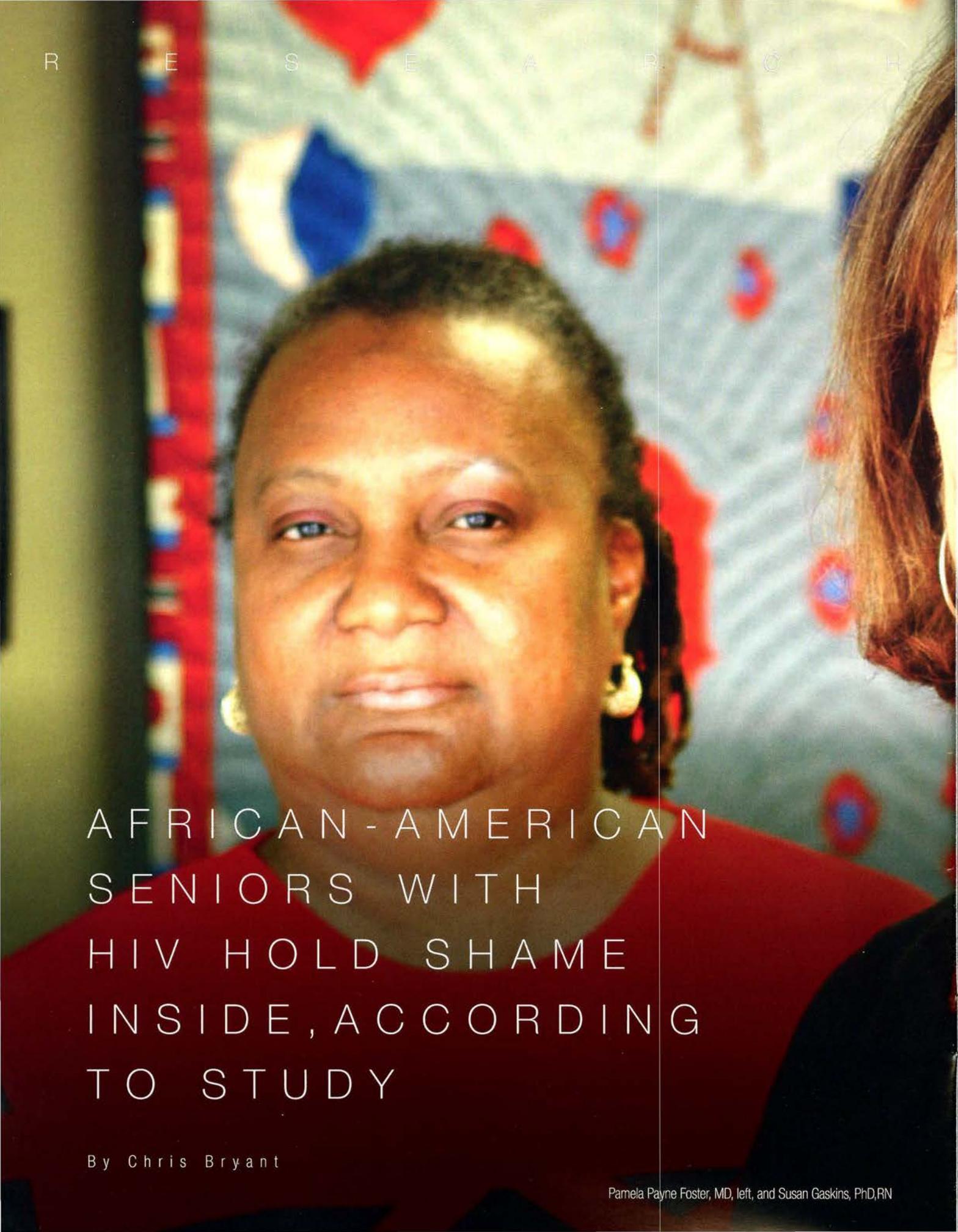
James Leeper, PhD



John Wheat, MD

Individuals who already have a medical degree or another health professional degree (nursing, dentistry, pharmacology, health education, public health or social work) may also be admitted. Non-health professional students with well-articulated plans for rural community and agricultural health practices are also eligible for admission.

"Since agro-medicine has been a focus of the Rural Medical Scholars Program since it began in 1996, the expansion of course offerings will strengthen that component of the curriculum and provide interaction with health professional students in other disciplines who seek to incorporate agricultural health and safety into their training," Leeper says. **OR**



AFRICAN-AMERICAN
SENIORS WITH
HIV HOLD SHAME
INSIDE, ACCORDING
TO STUDY

By Chris Bryant

Pamela Payne Foster, MD, left, and Susan Gaskins, PhD, RN



To Pamela Payne Foster, MD, a former New Yorker, the most striking thing about the red brick building on the street corner of the Alabama town was the complete absence of signage indicating its purpose. It was home to an AIDS Service Organization.

Although the non-profit organization's primary purpose was AIDS advocacy and education, the stigma of HIV/AIDS was so great its leadership opted not to give any hint to passersby as to the possible reason why a person might be entering its doors. Another Alabama agency had signage but removed it at the request of its clients.

"That's so striking to me," Foster says. "They don't want to be identified."

Foster, a preventive medicine physician who serves as deputy director of the College's Rural Health Institute for Clinical and Translational Science, trained in Long Island, New York, in the early 1990s. "That was earlier, when AIDS was associated with a death sentence," Foster says. "We saw a lot of AIDS cases in Long Island because a lot of the infected persons in New York City were coming home to die."

"NON-DISCLOSURE IS A WAY THAT PEOPLE
MANAGE THE STIGMA THEY EXPERIENCE.
IT'S HOW THEY PROTECT THEMSELVES."

—SUSAN GASKINS, PHD, RN

During her residency, Foster worked closely with health departments, seeing first hand, for example, how Nassau County, New York, set up its HIV/AIDS bureau, one of the country's first, and launched education and prevention groups. "There was a lot of fear and controversy," Foster recalls.

Today, more than 15 years later, some of the fear has abated. The medical establishment better understands the disease, and simple precautions, such as using a condom correctly during sex, have proven effective in preventing the spread of the disease. More is known about how the disease is transmitted and how it is not; accurate testing for the virus has been developed; and treatments, while not curing the disease, are enabling those with the disease to live longer, more productive, lives.

Globally, the number of newly reported HIV infections declined slightly between 2001 and 2007 (from 3 million to 2.7 million), as did the number of HIV-related deaths. The number of people living with HIV infection remains stable globally and has actually increased in the United States because of treatments, primarily antiretroviral therapy.

As for the stigma level, it seems ever present.

Foster says she has been surprised since moving to the South from the North about five years ago by the differences she has witnessed in disclosure rates between the two regions.

“There are not as many openly HIV-positive persons in the south, so the community doesn’t have as much of a concept that it’s an issue,” Foster says. “They think they don’t know anybody who has HIV/AIDS.”

A July 2008 report from the Southern AIDS Coalition indicated more than 39,000 Southerners died from AIDS-related illnesses between 2001 and 2005. During the same period, AIDS-related deaths decreased in all regions of the United States, except the South.

Better understanding of the stigma associated with the disease has implications for designing new prevention programs, encouraging earlier HIV testing, and improving social support for older people with the disease, according to Foster and her fellow researcher,

Susan Gaskins, PhD, RN, a professor of nursing in The University of Alabama Capstone College of Nursing.

The pair, with funding from the University’s Center for Mental Health and Aging, recently conducted a study on the stigma of AIDS in older African-Americans. It is one of the first to look at the stigma of AIDS in older, rural African-Americans in the South.

Initially, the researchers were most interested in learning how older African-Americans coped with the stigma associated with HIV/AIDS, but they were struck by how rarely those participating in their focus groups said they disclosed their disease.

Seventy-five percent of those in The University of Alabama study indicated they did not feel they could be open with others about their illness.

“Non-disclosure is a way that people manage the stigma they experience,” Gaskins says. “It’s how they protect themselves.”

Study participants who did disclose their disease most often told their mothers and/or their sisters, the researchers found.

“They felt like they had a closer relationship with their mothers, and also they felt like they could trust them not to tell other people and to be supportive,” said Gaskins, who presented the research at the International AIDS Conference in Mexico City in August 2008.

Since disclosure was so limited, participants reported experiencing little to no direct stigma from others,

but they experienced the most stigma related to their internalized shame, the researchers say.

And while many reported their spirituality, including prayer, helped them cope with the disease, they rarely disclosed it to friends inside or outside the church, according to the researchers. “When they went to church, they didn’t tell anybody because they weren’t hopeful of getting support,” Gaskins says.

The degree of stigma surrounding the disease is, unfortunately, likely only rivaled by leprosy in biblical times, Foster says. This stigma stems from the means whereby HIV infections are spread. Sex with an infected partner and the sharing of contaminated needles are, by far, the two most common means of transmission.

Infected women, according to the researchers, seem most stigmatized by the fear that people will think they are promiscuous, a drug user or both. While men are concerned about the links to drug use, it is the incorrect stereotypical belief that HIV only affects homosexual

men that is most stigmatizing to them, the research indicates.

Thirty-one percent of new HIV infections in the United States in 2006 occurred via heterosexual contact, according to the Centers for

Disease Control and Prevention. Of new infections, 53 percent were related to male-to-male sexual contact and 12 percent to drug injections. The remaining 4 percent was a combination of male-to-male sexual contact and drug injections.

“It’s not who you are,” Gaskins says. “It’s what you do.”

Most of the older African-Americans studied by the researchers were not tested for HIV until the virus had significantly advanced. Most of them never considered themselves at risk for AIDS, Foster says.

“They saw it as a young person’s disease. They think they are immune ... being over 50.” As pregnancy is less of a concern among older adults, they are often less likely to practice safe sex, putting themselves at greater risk, the researchers said.

In 2005, older adults represented 24 percent of people living with HIV/AIDS, and rates of the disease in older adults are 12 times higher for African-Americans than whites, according to the CDC.

“This is a preventable disease,” Gaskins says. “People must take responsibility for their behavior and their health. And, related to that is the education. They have to know.” 

“THEY SAW IT AS A YOUNG PERSON’S DISEASE. THEY THINK THEY ARE IMMUNE ... BEING OVER 50.”

—PAMELA PAYNE FOSTER, MD, MPH

COLLEGE PARTICIPATES IN FIVE-IN-ONE VACCINE STUDY

The College's Division of Clinical Investigations participated in a nationwide clinical trial that tested the effectiveness of Pentacel, the first vaccine to immunize babies against five diseases at once – diphtheria, tetanus, pertussis, polio and Haemophilus influenza type B.

Time magazine has called the five-in-one vaccine one of the top 10 medical breakthroughs of 2008.

There were 12 participants in the College's portion of the study, which was conducted from June 2006 to November 2008. Elizabeth Cockrum, MD, FAAP, the College's associate dean for clinical affairs and a professor in the Department of Pediatrics, was the principal investigator for the College's study site.

The multicenter clinical study involved more than 5,000 children nationwide who received at least one dose of the Pentacel vaccine. The immune response and the safety of the Pentacel vaccine were compared to separately administered vaccines, as well as to other single-entity vaccine formulations.

Pentacel is a product of Sanofi Pasteur, the vaccines division of the sanofi-aventis Group. Sanofi Pasteur clinical program manager, Jennifer Kinsley, says all study sites "played a significant role in obtaining this 'medical breakthrough.'"

Pentacel still has to be administered in four separate doses, three times between the ages of 2 and 6 months and then again between 15 and 18 months. But it cuts down by 30 percent on the number of injections toddlers under 18 months typically receive, Sanofi Pasteur officials said in a news release. According to the current recommended childhood immunization schedule of the Centers for Disease Control and Prevention, up to 23 injections are needed by the time a child reaches 18 months of age with single-entity vaccines.



**DIPHtheria
TETANUS
PERTUSSIS
POLIO
HAEMOPHILUS INFLUENZA TYPE B**

"The Pentacel vaccine will help simplify the immunization schedule by reducing the number of injections infants and young children will receive in their first two years of life," says Wayne Pisano, Sanofi Pasteur president and chief executive officer.

Pentacel was licensed by the U.S. Food and Drug Administration in June 2008 for use in infants and children 6 weeks through 4 years of age. **OR**

COLLEGE'S
HEALTH SCIENCES
LIBRARY
OFFERS LATEST
RESOURCES

The College's Health Sciences Library recently acquired licensing rights to several top-line point-of-care resources that will expand its collection of the most up-to-date biomedical literature available to faculty, medical students and residents.

"Through our relationship with both The University of Alabama and The University of Alabama at Birmingham, we are able to offer thousands of electronic journals and e-books, which allow the Health Sciences Library the budgetary flexibility to license electronic resources selected for our specific community's needs," says Nelle Williams, MSLS, director of the library.

She says the library now licenses such point-of-care resources as DynaMed, FirstConsult and Up-to-Date as well as textbook resources like AccessMedicine and Stat!Ref.

"We have also worked very hard to make our resources more accessible to our users by aggregating our various cooperative electronic resources into one place for searching by using the A-to-Z tool," Williams says. "We have also worked with the National Library of Medicine's PubMed to link our resources from PubMed citations."

The library recently acquired licensing rights to the following:

AccessMedicine includes such titles as "Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology," "Adams and Victor's Principles of Neurology," "Harrison's Online," "Schwartz's Principles of Surgery" and "Williams Obstetrics." There are 54 full-text e-books in this collection. In addition, the Health Sciences Library's license gives the College access to images,

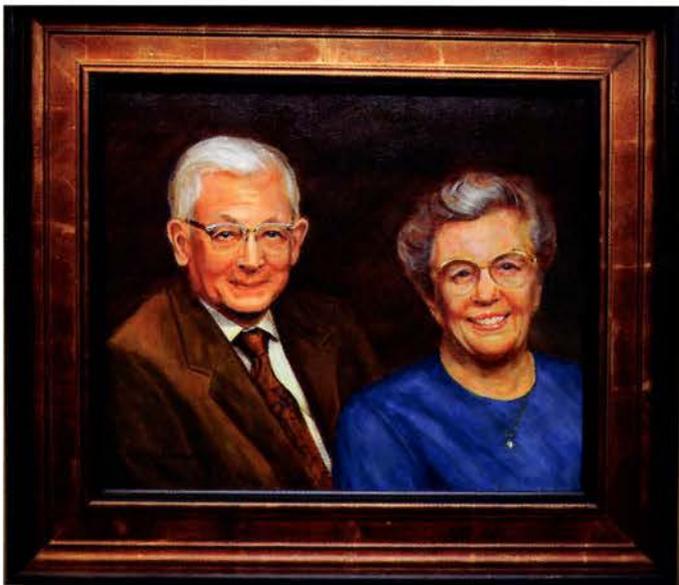
videos and audio files, a guide for common laboratory tests, a quick answers section, self-assessment using USMLE-format questions for Step 1 and Step 3, patient education materials and case files.

Lexi-Comp can be used to search for drug names, adverse reactions, contraindications, drug interactions, Canadian and international brand names, and warnings and precautions. Lexi-Tox, a new aspect of this resource, includes other toxins such as chemicals, pharmaceuticals, nuclear, biological and terrorism agents, as well as nontoxic agents with antidotes, decontaminants, household products, and toxicology-specific calculators. Lexi-Comp's indexes cover pediatric and adult drugs, geriatric medications, natural products, pharmacogenomics, infectious diseases, nuclear, biological and chemical agent exposures, and lab tests and diagnostic procedures.

DynaMed is a point-of-care, evidence-based resource created by physicians for physicians and other health care professionals. Covering approximately 3,000 topics, DynaMed presents data in clinically organized summaries. The Health Sciences Library's licensing agreement also allows users to install DynaMed to a PDA.

A-to-Z assists the Health Sciences Library in bringing together the many e-resources available to the College, either through The University of Alabama library system, UAB's Lister Hill Library in Birmingham or the Health Sciences Library's subscribed resources. Some of these resources include the ScienceDirect journal packages, Wiley journals, Up-to-Date, MD, and First-Consult, as well as *JAMA*, *New England Journal of Medicine* and the Archive journals.

All of the Health Sciences Library's e-resources can be found at <http://cchs.ua.edu/library/electronic-resources>. 



A portrait of Belle M. Chenault and John M. Chenault Sr., MD, hangs in the Medical Student Lounge. The lounge was originally dedicated in honor of the Chenaults in 2004.

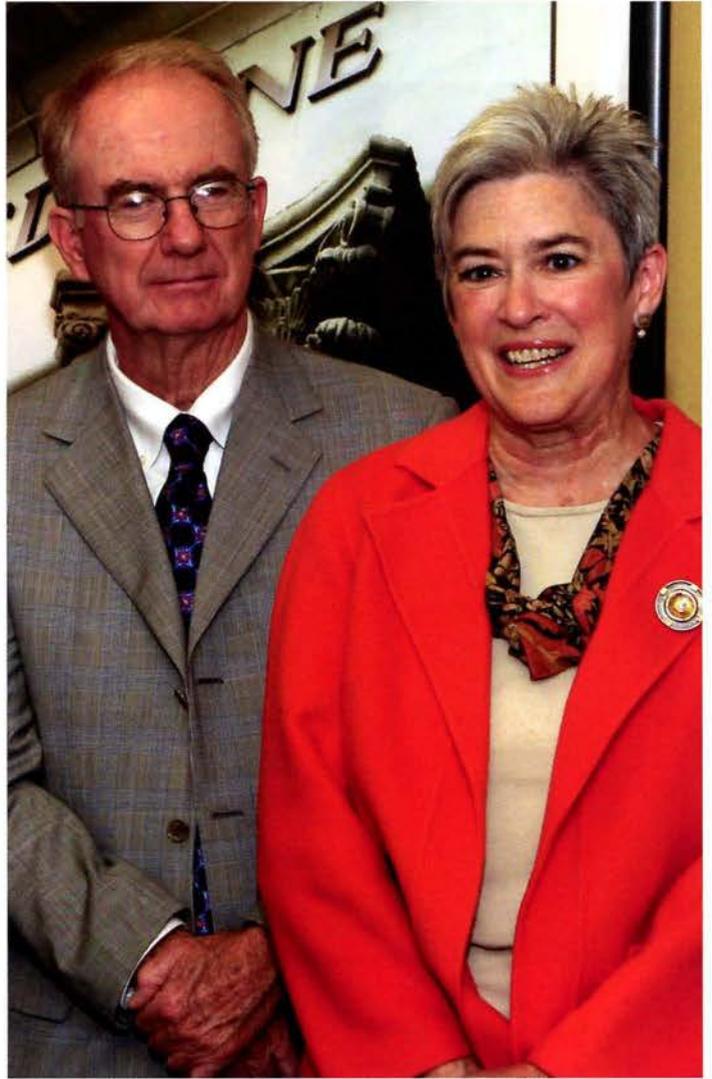
The College celebrated the dedication last November of the renovated Belle M. Chenault and John M. Chenault, Sr., MD, Medical Student Lounge.

The renovation was made possible by a generous gift from the Chenault's daughter, Alice Chenault, MD, and her husband, Milton Harris, PhD. Alice Chenault, is a retired psychiatrist living in Huntsville, Alabama.

A portrait of Belle and John Chenault was hung in the lounge during the dedication. "Thank you for honoring the memory of my parents in this way," Alice Chenault said during the ceremony.

The Medical Student Lounge was originally dedicated in honor of Belle and John Chenault in 2004 and was renovated last year. The renovated and expanded lounge is fully furnished with tables, chairs, couches, computers, a coffee station, a flat-screen television and a Wii.

"The Medical Student Lounge provides us with a place to take a break from our daily activities, relax,



Milton Harris, PhD, and his wife, Alice Chenault, MD. The Medical Student Lounge renovation last year was made possible with a generous gift from the couple. Chenault is the daughter of Belle and John Chenault.

watch some television or play the Wii,” says Jonathan Wright, a medical student.

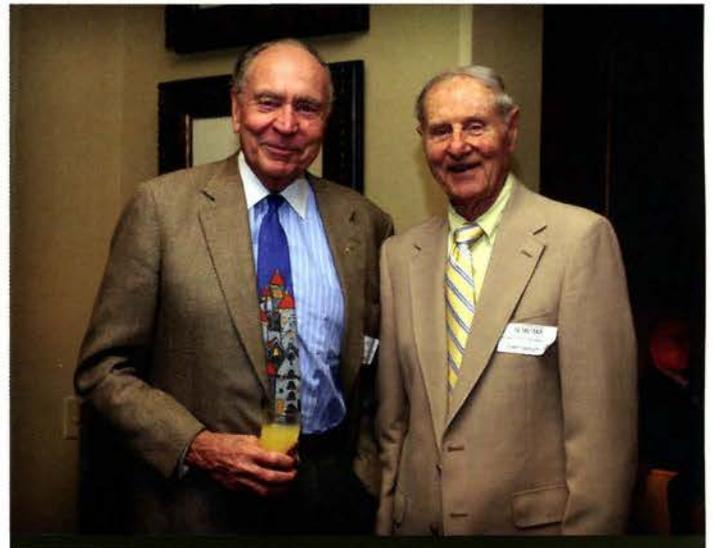
Adds fellow student Terrence Pugh, “The Medical Student Lounge is the perfect place for medical students to eat lunch, hang out with classmates or spend time between clinic and lectures. The Wii is a favorite among the students because it gives us a chance to unwind and forget about our daily responsibilities. The competition is intense, so if you come to play, bring your A game.” 



Rollins Tindell, MD, and Anne Laura Tindell

BRILBECK HOSTS COLLEGE COCKTAIL PARTY

Jane Brillbeck opened her lovely home on October 3, 2008, to host the College of Community Health Sciences's annual cocktail party. The event provides the College with an opportunity to thank donors, volunteers, adjunct faculty and friends for their generous support and service.



From left, Jack Warner and John Slaughter



From left, Joab and Marly Thomas, John Slaughter, Peggy and James Harrison, and Fran Slaughter



From left, Valerie Minges, Dianna Flemming, Jane Brilbeck and Heidi Eddings



From left, Jim and Lib Thomson, and Shila Bowron



From left, Sandee Kirby Witt, University of Alabama President Robert Witt, and Jean and Riley Lumpkin, MD, former dean of the College



From left, Camille Cook, Rebecca Montgomery, Martha Cook and Mary Anne Meredith



From left, Homer Smith, and Elon and William Mackey

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2008

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** Supporters who have since passed away





Theta Xi alumnus Jim Flemming, center, presents scholarships to TERM students Charlton Dennison, left, and Sara Beth Bush, right.

TERM STUDENTS RECEIVE SCHOLARSHIPS

The Alpha Lambda Chapter of Theta Xi Endowed Scholarship was awarded for the first time in August 2008 to the College's first TERM students, Charlton Dennison and Sara Beth Bush.

The scholarship was established in 2006 by Theta Xi alumni to support graduate and undergraduate students enrolled in rural health care programs offered through the College. The endowed scholarship fund will first provide scholarship money for TERM students upon the successful completion of their third year of medical school. Additional funds will support other College students in rural programs on an annual basis.

The Tuscaloosa Experience in Rural Medicine, or TERM, provides enhanced training in rural medical

practice. The program, which runs for 17 weeks (more than twice the length of a standard rotation), introduces students to rural health issues from the perspective of practicing physicians and provides students with clinical experiences at rural primary-care practices. Bush spent her rotation last year working at Primary Care Center of Monroeville in Monroe County; Dennison completed his rotation at Carrollton Primary Care in Pickens County.

By establishing a priority for students enrolled in rural health care programs at the College, the Alpha Lambda Chapter of Theta Xi hopes to contribute to the health and well-being of the citizens of Alabama, says Jim Flemming, a Theta Xi alumnus. **OR**

2009 SAVE THE DATES

SOUTHERN COLLEGE HEALTH ASSOCIATION SUMMER NURSES CONFERENCE

"Nursing ... It's a Work of Heart"

June 17-19

The University of Alabama Student Health Center

Contact: Judy Davis at 205-348-3877 or at jdavis@cchs.ua.edu

2009 CONTINUING EDUCATION

Emergency Medicine Series

Every Tuesday, Thursday and Friday in July and August

12:15 p.m.

The University of Alabama School of Medicine, Tuscaloosa Campus

Building

Classrooms 1-3

Contact: Dawn Hodo at 205-348-0093 or at dawn@cchs.ua.edu

MEDICAL SPANISH CONTINUING EDUCATION CONFERENCE

August 7-9

The University of Alabama School of Medicine, Tuscaloosa Campus

Building

Classrooms 1-3

Contact: Nelle Williams at 205-348-1364 or at nwilliam@cchs.ua.edu

10TH ANNUAL RURAL HEALTH CONFERENCE

September 17-18

Hotel Capstone and Bryant Conference Center

The University of Alabama

Contact: Marquetta Marshall at 205-348-0025 or at mmarshall@cchs.ua.edu

RESIDENT RECEIVES SANDRAL HULLETT SCHOLARSHIP



Deanah Maxwell, MD

Deanah Maxwell, MD, a resident in the Tuscaloosa Family Medicine Residency, is the recipient of the College's Sandral Hullett Scholarship.

The scholarship is named in honor of Sandral Hullett, MD, the first female and one of the first African-Americans to graduate from the residency. Hullett went on to have a successful career as a rural practitioner and is considered a national expert on rural health.

The scholarship is awarded to a minority graduate student.

Maxwell, a native of Tuskegee, Alabama, says her interest in medicine came when, as an 11th grader, she participated in the College's Rural Health Scholars Program, a College initiative that brings high school students to The University of Alabama to explore rural-

health careers.

She earned a bachelor's degree in medical technology at The University of Alabama at Birmingham where she was a Minority Presidential Scholar, Toyota Community Scholar and class president. She earned the Medical Technology Scholastic Award for having the highest grade point average in the scholastic program and was named to the president's list, dean's list and the national dean's list. She was admitted to Alpha Lambda Delta, Gold Key and Alpha Eta honor societies and was a member of the UAB marching band. Maxwell volunteered at AIDS Outreach, Children's Hospital and Whatley Elementary School.

After graduating from UAB, Maxwell became a medical student and Rural Medical Scholar at the College.

"DR. MAXWELL HAS MADE THE SERVICE OF RURAL AREAS HER PRIORITY. HER DEDICATION TO IMPROVING RURAL HEALTH IN ALABAMA SHINES THROUGH IN HER DECISIONS ABOUT HER EDUCATION AND FUTURE AS A FAMILY PHYSICIAN IN UNDERSERVED MACON COUNTY (ALABAMA)." — ALAN MORGAN, CHIEF EXECUTIVE OF THE NATIONAL RURAL HEALTH ASSOCIATION

The Rural Medical Scholars and the Rural Health Scholars programs, as well as the Minority Rural Pipeline Program, are part of the College's Rural Health Leaders Pipeline, a series of programs created at The University of Alabama to find and nurture students from rural areas who are interested in becoming physicians and practicing in their hometowns or similar rural areas. The pipeline includes programs for high school, minority, premed and medical students and incorporates summer fieldwork and rural research options for students at all levels.

Cynthia Moore, director of the Minority Rural Pipeline Program, says Maxwell has mentored other rural students since she has been at the College.

"When Deanah served as a counselor for the Minority Rural Pipeline program, she was focused and determined that students have the best experience possible. She created a weekly seminar in which the students researched the different medical fields, the undergraduate institutions they would be attending and the academic requirements for the medical schools they planned to attend. Deanah was a great mentor and inspiration for the students, having achieved the goal they had set for themselves," Moore says.

Maxwell was recognized by her peers and teachers at her medical school graduation in 2007. She received the William R. Willard Dean's Award (chosen by the medical faculty) and was selected by her peers as class president and for admission into the Gold Humanism Honor Society, which recognizes those who excel in clinical care, leadership, professionalism, compassion, patient care and dedication to service.

She was also the recipient of the 2008 National Rural Health Association Student Leadership Award, which recognizes extraordinary leadership activities demonstrated by a student in the field of rural health.

"Dr. Maxwell has made the service of rural areas

her priority," says Alan Morgan, chief executive of the National Rural Health Association. "Her dedication to improving rural health in Alabama shines through in her decisions about her education and future as a family physician in underserved Macon County (Alabama)."

The Sandra Hullett Scholarship was created with proceeds from the 1991 Fiesta Bowl. Roger Sayers, president of The University of Alabama at that time, divided the proceeds among all the colleges on campus, challenging them to match the gift amount and create an endowed scholarship for minority graduate students. The College of Community Health Sciences contributed \$10,000 and chose to honor Hullett with the name of the scholarship.

Hullett, an Alabama native, was recruited into the Tuscaloosa Family Medicine Residency in 1976 after graduating from the Medical College of Pennsylvania. She graduated from the residency in 1979. She served as the medical director of West Alabama Health Services for many years and garnered a national reputation for her expertise in rural health.

She has served on the Alabama Family Practice Rural Health Board and has received numerous honors, including induction into the Alabama Academy of Honor and the National Institute of Medicine, a unit of the National Academy of Sciences. She was named Rural Doctor of the Year by the National Rural Health Association in 1988. She served on The Board of Trustees of The University of Alabama from 1982 to 2001.

Hullett has also served as a preceptor in Eutaw, Alabama, for a large number of the College's medical students and residents. **OF**

CREATING A MEDICAL HOME

I returned from the holidays refreshed and happy but unclear in how to proceed with my job. The economy was slow, the stock market was down and there was more news of layoffs. However, something exciting happened my first week back to refocus my efforts and energize me. Dean Marsh shared a new dream for the College and The University of Alabama – the idea of creating a “medical home.”

The Association of American Medical Colleges March 2008 Position Statement describes the medical home as a “model of care delivery that includes an ongoing relationship between a provider and patient, around-the-clock access to medical consultation, respect for the patient and family’s cultural and religious beliefs, and a comprehensive approach to care and coordination of care through providers and community services.” Our College is perfectly positioned to explore the new trend of creating medical homes. Within our College and outpatient clinic, University Medical Center, we have family practitioners, internists, pediatricians, obstetricians and gynecologists, psychiatrists, psychologists, neurologists, sports medicine physicians, nurse practitioners, registered dietitians and social workers. Under one roof, we have the expertise and passion necessary to create this model of interdisciplinary health care. What a wonderful learning environment for our medical students and residents! In addition, all the colleges within The University of Alabama have the power and desire to join forces in this effort and impact an entire community. Imagine if we could create the medical home model in Alabama to address our state’s biggest risk factors of hypertension, diabetes and obesity.

What I love about my position at the College is the opportunity to meet with our friends and alumni and share our dreams and accomplishments. In every visit, I learn College history and hear about ideas to improve our efforts. It would be my pleasure to meet with you or schedule a time for you to meet with Dean Marsh. Please call me at 205-348-5701 or send an e-mail to aleitner@cchs.ua.edu. 



Allison Leitner
Director of Advancement
College of Community Health Sciences

“IMAGINE IF WE COULD CREATE THE MEDICAL HOME MODEL IN ALABAMA TO ADDRESS OUR STATE’S BIGGEST RISK FACTORS OF HYPERTENSION, DIABETES AND OBESITY.” —ALLISON LEITNER



ULZEN NAMED ASSOCIATE DEAN

O F A C A D E M I C A F F A I R S

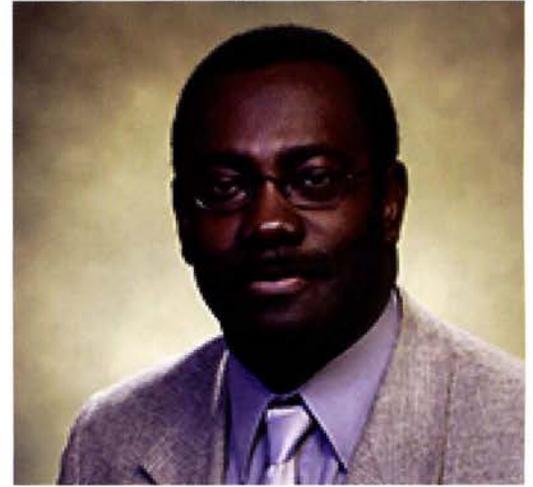
Thaddeus Ulzen, MD, professor and chair of the College's Department of Psychiatry and Behavioral Medicine, has been named the College's associate dean for academic affairs. Ulzen has served in the position on an interim basis since 2007.

"Dr. Ulzen has demonstrated excellent vision and leadership. We are fortunate to have someone with his experience and qualifications for this critical position," says E. Eugene Marsh, MD, dean of the College.

Prior to joining the College in 2004, Ulzen was an associate professor and vice chair of the Department of Psychiatric Medicine at the Brody School of Medicine at East Carolina University. He later served as interim chair of the department and as director of the school's University Psychiatry Center. Before that, Ulzen was a faculty member at the University of Toronto, where he was also appointed psychiatrist-in-chief of the George Hull Centre for Children and Families.

Ulzen graduated with distinction from the University of Ghana Medical School and joined the University of Toronto Psychiatry Residency Program. He obtained the specialist certificate in psychiatry from the Royal College of Physicians and Surgeons of Canada and a postgraduate diploma in child psychiatry from the University of Toronto. He completed additional training in Clinical Psychopharmacology at the Clarke Institute of Psychiatry in Toronto.

Ulzen is a Fellow of the Royal College of Physicians of Canada and a foundation Fellow of the Ghana College of Physicians and Surgeons. In 2002, he was awarded the Nancy C.A. Roeske Certificate of Excellence in Medical Education by the American Psychiatric Association. **OR**



Thaddeus Ulzen, MD

SCHOOL OF MEDICINE

C L A S S M A T E S O P E N F A M I L Y P R A C T I C E

Ty Blackwell, MD, and Candice Terry, MD, former classmates at the College and 2008 graduates of the Tuscaloosa Family Medicine Residency, have opened a practice together in Jasper, Alabama.

The practice, Prestige Family Medicine, opened in the fall of 2008 at Walker Baptist Medical Center's Medical Arts Tower. Blackwell and Terry say they saw that there was a need for more family physicians in the Jasper area. Blackwell is from Jasper; Terry is originally from Moulton, Alabama.

Both say they have looked forward to becoming physicians since they were middle school students. Terry says she made her decision to go into family medicine after shadowing doctors working in different specialties during medical school. Blackwell says his own family physician inspired him to choose family medicine.

The Tuscaloosa Family Medicine Residency, one of the oldest and most productive in the Southeast, is operated by the College. **OR**



Candice Terry, MD, left, and Ty Blackwell, MD, right, at their practice in Jasper, Alabama.

NUTRITION
SERVICES
OFFERED BY
STUDENT HEALTH
CENTER

In an effort to help students eat healthier, the Student Health Center offers nutrition services. The center, which is operated by the College, has a full-time dietician who provides individual nutrition counseling and medical nutrition therapy, presentations about healthy eating to student groups, nutrition classes for groups, and measurement of metabolism and body fat.

“My overall goal is to help students eat better and engage in physical activities that lead to an overall healthier life,” says Lori Greene, RD, LD, the Student Health Center’s coordinator of nutrition education and health services.

Greene says students can schedule appointments with her for counseling sessions. She provides counseling on a wide range of nutrition-related concerns, including medical conditions such as diabetes, high blood pressure and high cholesterol; eating disorders; weight management; sports and performance nutrition; and general nutrition concerns.

She says each nutrition counseling session lasts about 30 minutes, during which Greene helps students with diet and exercise-related issues and weight-loss goals. She says students also have their body fat percentage measured and discuss healthy eating options, portion sizes, nutrition labels and a weight-loss plan.

“Nutrition and exercise go hand in hand. They are both very important when you are talking about general health, weight management and cardiovascular disease,” Greene says.

Greene is also available to students at the Ferguson Center as part of the Student Health Center’s Dietitian-on-the-Go program, and students can ask Greene nutrition questions online via the Ask the Dietitian



Lori Greene, RD, LD

Program at nutrition@ua.edu. Greene says her office is also partnering with Bama Dining to help students identify healthy food choices in on-campus dining halls.

Greene says she can make presentations for groups on the following topics: Healthy Eating on Campus; Nutrition Basics; the Healthy Way to Lose Weight and Maintain It; Facts on Fad Diets; Dining Out Tips; Fast Foods Can Fit into a Healthful Eating Plan; Smart Snack Options; Quick and Healthy Meal Planning; Healthy Body Image; Healthy Eating for Athletic Performance; Hydration Goals and Beverage Choices; Vitamins, Minerals and Dietary Supplements; and Eating Your Way Through the Holidays. **OR**



Student Health Center waiting room

TREATING COLLEGE STUDENTS WITH ADHD POSES CHALLENGES

Diagnosing and treating college students with ADHD – attention deficit hyperactivity disorder – pose challenges, says Mark Thomas, MD, a physician at the Student Health Center.

Thomas says doctors prescribing medication to control ADHD in college students need to make sure the medication controls students' ADHD throughout the day; the medication needs to cover students' active lifestyles, he says.

"A college student's day is typically much longer than most persons, and ADHD affects so much more than classes and studying," says Thomas, who in addition to his work at the Student Health Center has begun an adolescent medicine practice within the Department of Pediatrics at University Medical Center.

The Student Health Center and University Medical Center are both operated by the College.

Thomas says doctors can use several methods to extend ADHD medication coverage throughout the day. Students can take multiple doses of the same medication, or combine long- and short-acting medication. There are limitations, however, Thomas says. First, ADHD medication tends to be short-acting unless delivered via a specialized, controlled-release product. Also, too much medication at night might keep students awake.

Thomas says students might think staying awake is a symptom of the medication and avoid taking it; however, staying awake can also be a symptom of ADHD itself. Students need to keep taking their ADHD medications every day, including weekends and holidays, he says.

"Students not taking medication are more forgetful, not as effective with everyday tasks, and even drive less safely," Thomas says.

He also notes that skipping medication as prescribed by a physician can make side effects from the medication



Mark Thomas, MD

stronger than they would be if a student's body was accustomed to taking the drug. He says he hears of students worrying about becoming addicted to the medication, yet the prescribed levels are safe and are nonaddictive.

Thomas and Charles Caley, MD, of the University of Connecticut presented a paper titled "Optimizing ADHD Medical Therapy in College Health" at the annual meeting of the American College Health Association in May in San Francisco. Thomas provided insight on selecting ADHD medications and providing effective coverage for college students. Caley, a neuropharmacologist, provided information on the basic pharmacology and usage of medications that treat ADHD, a disorder characterized by inattention, hyperactivity or impulsivity.

Many college students come to the Student Health Center for testing if they believe they have ADHD. Thomas provides these screenings and then sends those students suspected of having the condition to psychologists for testing to confirm the diagnosis.

Students with ADHD also face challenges beyond regulating medication. Negotiating the campus environment and managing their time wisely can be daunting. Thomas is part of a new campuswide consortium focusing on helping students with ADHD. Aided by faculty from nine departments across campus and groups of interested students, the consortium is seeking to create a compilation of campus resources and a series of podcasts to assist students with ADHD. **OR**

NICHOLAS A. KNIGHT, MD

By Leslie Zganjar

Nicholas Knight, MD, recalls that his acceptance into the brand-new Tuscaloosa Family Medicine Residency in 1975 coincided with a renewed interest nationally in the practice of family medicine.

But in the three decades since he graduated from the residency and began a successful career as a family physician, he has seen the interest in family medicine diminish. His commitment to the discipline and his belief that it is vitally needed, however, have never wavered.

“Family practice was becoming more popular when I went through the residency,” says Knight, who has practiced with Selma Medical Associates in Selma, Alabama, since 1978. “The Tuscaloosa program was just getting started, and family practice was becoming a popular specialty. But I have seen it decline. The pendulum needs to swing the other way.”

Knight says he has found family medicine to be immensely rewarding. He says he chose the discipline so that he could treat patients throughout their lives. “I chose family practice because I like variety,” he says. “I almost went into pediatrics, but I like adult medicine, too, and I thought family medicine would be a great way to do both.”

Knight was born and raised in McDonough, Georgia, located about 30 miles south of Atlanta and home to a Snapper lawnmower manufacturing facility. “Our claim to fame,” he says.

A job at a grocery store while in high school convinced Knight that he wanted a professional career in which he could serve people. “It probably sounds corny, but I enjoyed stocking shelves and helping people carry their groceries to their cars. I enjoyed helping people, and I knew then that I wanted to do some service-type job,” he says.



Nicholas A. Knight, MD

He thought about becoming a journalist, but during his freshman year at the University of Georgia he realized that journalism was not what he had imagined it to be and switched to pre-medicine.

“I’m glad I chose medicine,” he says. “I’ve never looked back.”

After earning a bachelor’s degree from the University of Georgia, Knight entered medical school at The University of Alabama School of Medicine in Birmingham. He says the school was offering a new, accelerated program that enabled students to graduate in three years instead of the traditional four, as well as a new curriculum that taught medicine by organ systems. Knight was a member of the first class to graduate from the program, which has since been abandoned. He says it was tough completing medical school in three years.

After graduation, Knight traveled 60 miles down the road and entered the Tuscaloosa Family Medicine Residency. The residency was brand-new, and he remembers treating patients in trailers – “they were called modules” – set up behind the old Capstone Medical Center. “Nothing worked, but I loved them; it was like you had a suite to yourself,” he says. Today, residents receive their education and training in the College’s University Medical Center, a \$13.5 million,

77,000-square-foot multispecialty clinic that opened in May 2004.

Knight is quick to answer when asked why he chose the Tuscaloosa Family Medicine Residency – “Dr. deShazo.”

“He could sell anything,” Knight says. “He could sell you swamp land and have you begging for more.”

The late William deShazo III, MD, was one of the College’s first faculty members, recruited by the College’s founding dean, William R. Willard, MD, in 1975.

KNIGHT SAYS HE HAS FOUND FAMILY
MEDICINE TO BE IMMENSELY REWARDING.
HE SAYS HE CHOSE THE DISCIPLINE
SO THAT HE COULD TREAT PATIENTS
THROUGHOUT THEIR LIVES.

deShazo chaired the College’s Department of Family Medicine and was the director of the Tuscaloosa Family Medicine Residency. He also served as a personal physician to former University of Alabama head football coach Paul “Bear” Bryant and was a team physician for the University’s football, basketball and baseball teams. deShazo also introduced a Sports Medicine rotation into the College’s curriculum.

Knight says other College faculty, particularly Riley Lumpkin, MD, and Richard Rutland, MD, also strengthened the residency.

“These were three great role models – the kind of doctors you want to be,” he says.

Knight says another benefit of the Tuscaloosa Family Medicine Residency was that it was the College’s only one. “You weren’t competing with other residencies. We got the first assist in surgery. We delivered a lot of babies. You didn’t have to stand in line behind residents in an OB/GYN residency or a pediatrics residency,” Knight says.

He says the program also had outstanding attending physicians, and the College was in close proximity to Druid City Hospital, now DCH Health System.

“The people made the program,” Knight says. “These were top-notch, good people who were eager to teach. The quality of the attending physicians was fantastic. Most of the ones who were there when I started the residency had been in private practice for 25 years. They

had been in the trenches. They knew what was needed to start practicing.”

Knight has maintained his interest in the Tuscaloosa Family Medicine Residency and the College in the years since he graduated from the residency and says he is pleased with the advances that have been made – the renovation and expansion of the old Capstone Medical Center into the state-of-the-art University Medical Center, the incorporation of the Student Health Center, and the development of a sports medicine fellowship.

But perhaps more importantly, he points out that nearly half of those who complete the Tuscaloosa Family Medicine Residency choose to remain in Alabama to practice. “The residency is the biggest supplier of family medicine physicians in the state of Alabama. The residency teaches them how to be the best family physicians and then keeps them close to home. That’s pretty darn good if you keep half of the people you train in your home state,” he says.

Knight says the practice of family medicine is not easy. Family physicians must have a broader base of knowledge, and they work longer hours, he says. The Tuscaloosa Family Medicine Residency, he says, continues to produce well-trained residents “who can go out and practice medicine and serve communities. The College needs to keep doing what it’s doing. It’s had the right idea from the get-go.” **OR**

KNIGHT SAYS COLLEGE FACULTY,
PARTICULARLY THE LATE WILLIAM DESHAZO
III, MD, RILEY LUMPKIN, MD, AND RICHARD
RUTLAND, MD, STRENGTHENED THE
RESIDENCY. “THESE WERE THREE GREAT
ROLE MODELS — THE KIND OF DOCTORS
YOU WANT TO BE.”

PAUL DAVID
MOZLEY, MD

By Daniel M. Avery, MD

Paul David Mozley, MD, FACOG, FACS, FAPA, founded one of the first obstetrics fellowships in the United States in 1986 at The University of Alabama School of Medicine, Tuscaloosa Campus. The program is now the oldest obstetrics fellowship training program in the country and has been a model for similar programs in the United States and internationally.

While family physicians had delivered babies and provided maternity and newborn care for decades, the declining interest in obstetrics and gynecology and lack of rural maternity care, not only in Alabama but in the rest of the country, gave Mozley the idea of extending training for graduates of the Tuscaloosa Family Medicine Residency for another year through an obstetrics fellowship. The year would consist of high-risk, operative obstetrics with exposure to as many deliveries and office gynecologic procedures as possible.

This idea caught on, serving as a template for other programs both nationally and internationally. There are currently 25 such programs at major medical centers in the United States recognized by the American Academy of Family Physicians and another 25 unofficial programs training fellows in this country. Programs vary in length from six months to two years, with the average being 12 months.

Mozley was born in Decatur, Alabama, in 1928. He completed a bachelor's degree at The University of Alabama in 1950 and also attended graduate school that year at the University, where he studied parasitology. In 1951, he attended graduate school at the University of Georgia where he studied abnormal psychology. Also in 1951, Mozley served as a research serology laboratory technician and communicable disease investigator for the U.S. Department of Public Health in Georgia.

Mozley earned a medical degree from the Medical College of Alabama in Birmingham in 1955 during which time he worked as a research assistant in the Department of Cellular Physiology conducting research on heteroauxins. After completing a rotating surgery



Paul David Mozley, MD

internship at the National Naval Medical Center in Bethesda, Maryland, in 1956, Mozley completed an OB/GYN residency at the Naval Hospitals in Corona and San Diego, California, in 1959. He completed a psychiatry residency at the National Naval Medical Center in Bethesda and the U.S. Naval Hospital in Philadelphia in 1970.

Mozley's academic appointments are many including associate professor of psychiatry and behavioral sciences and of obstetrics and gynecology at Eastern Virginia Medical School in Norfolk, Virginia, as well as interim chair of psychiatry and behavioral sciences there from 1976 to 1977. He was promoted to professor of psychiatry and behavioral sciences with tenure at Eastern Virginia in 1977. Mozley served as professor and director of undergraduate education at East Carolina University School of Medicine, now Brody School of Medicine, from 1979 to 1984.

Mozley came to The University of Alabama School of Medicine in 1984 as a professor and chair of the Department of Obstetrics and Gynecology on the Tuscaloosa campus and associate chair on the Birmingham campus, positions he held until he retired from the Tuscaloosa Campus in 1999. He is one of the few physicians to chair more than one academic department of a medical school. He was also a professor of psychiatry. Mozley was awarded the rank of professor emeritus in 2000 by the president of The University of Alabama.

In 1969, the American College of Obstetricians and Gynecologists awarded Mozley the Chairman's Award for Clinical Research for outstanding contributions to the knowledge of OB/GYN. He was awarded the President of the United States Meritorious Service Award for excellence both in 1973 and 1975. In 1975, he received the Surgeon General's Merit Award for Outstanding Service to the Medical Department in recognition of a distinguished career in service to his country. In 1999, Mozley received the Award of Excellence and appointment of chairman emeritus from DCH Health System in Tuscaloosa.

Mozley has been active in both the American College of Obstetricians and Gynecologists and as a founding member of the American Society of Psychosomatic Medicine. He is a Life Fellow of the American College of Obstetricians and Gynecologists, a Life Member of the American College of Surgeons and a Life Fellow of the American Psychiatric Association.

Mozley's publications are extensive and his national presentations many. In 2005, he became one of the founding members of the Task Force on Certification of Family Medicine Physicians Practicing Obstetrics, and a founding member, question writer and written and oral examiner of the American Board of Family Medicine Obstetrics in Tampa, Florida.

Since retirement from The University of Alabama, Mozley has continued to practice surgical gynecology in Sylacauga, Fairhope and Point Clear, Alabama. He also supervises obstetrical care for Hispanic patients at Baldwin Clinic in Foley, Alabama.

A gentleman, a scholar, an inventor, a visionary, a mentor, a colleague and a friend, it is a pleasure for me to work with and to know Dr. Mozley. Truly my mentor for all time, he has probably forgotten more than I ever learned. The fields of obstetrics and gynecology, psychiatry and family medicine obstetrics will be forever indebted to this man, his work and his devotion to others, especially the women and children of the state of Alabama. 

Daniel M. Avery, MD, FACOG, FACS, is an associate professor and chair of the Department of Obstetrics and Gynecology at The University of Alabama School of Medicine, Tuscaloosa Campus. He also serves as chair of the American Board of Family Medicine Obstetrics.

IN HIS WORDS —

Paul David Mozley, MD

"I came to The University of Alabama School of Medicine, Tuscaloosa Campus, as a professor and chair of the Department of Obstetrics and Gynecology in 1984. At that time, there were 27 counties in Alabama where no one would deliver a baby. DCH (Health System), being a referral hospital, received very complicated type obstetrical patients. Most family practice graduates were convinced of their inability to care for them.

"We started an extra three months rotation in obstetrics, making six-month elective training available. The family medicine faculty and the OB/GYN faculty were responsible for their (residents) training.

"When the first Gulf War was beginning, the reserve medical officers on my faculty were mobilized, leaving a great need for faculty since the University took all the Medicaid patients at that time. One of the (family medicine) residents was willing to help. She was very knowledgeable and an excellent student and teacher. I taught her anatomy in the operating room while she assisted me on C-sections. My faculty members returned from military duty and were astonished at her level of competence. After working together for two years, I offered her a place on my OB/GYN faculty, which she accepted.

"I decided to personally train a family medicine resident for one year as a personal fellowship. The University supplied a stipend on the condition the fellow would remain in Alabama upon completion of the fellowship. Thus began the obstetrics fellowship at The University of Alabama School of Medicine, Tuscaloosa Campus. I took one fellow each year as a personal student. The fellow attended everything I did, night and day — delivery room, operating room and clinics. Some fellows wanted more experience and worked nights and weekends with other faculty when I was not on call.

"I retired at the end of 1999 and I am exceptionally pleased that the fellowship program is not only continuing but increasing to two fellows each year. May the good work continue."



Sandra Daly, MD

Sandra Daly, MD, has joined the College as an assistant professor in the Department of Internal Medicine. She is also a staff physician at the Student Health Center. Daly received a bachelor's degree with honors from the University of Florida in 1982 and a medical degree in 1988 from the University of South Florida College

of Medicine in Tampa. She completed a residency in internal medicine in 1990 at Danbury Hospital in Danbury, Connecticut, a Yale University affiliate, and completed a second residency in internal medicine in 1991 at Mt. Sinai Medical Center in Cleveland, Ohio. She practiced in Lyndhurst, Ohio, and South Russell, Ohio, until 2004, when she began serving the College as an affiliate clinical assistant professor in the Department of Internal Medicine. She is board certified in internal medicine.



Amy Sherwood, BSN

Amy Sherwood, BSN, has joined the College as director of nursing and quality improvement. Sherwood worked for the last 20 years for DCH Health System in Tuscaloosa as a registered nurse, nurse manager and most recently as a case manager. She was also involved with the education and training of nursing and medical staff in

the Meditech and Electronic Medication Administration Record systems and was a neonatal advance life-support instructor from 1999 to 2006. Sherwood earned a bachelor's degree in nursing from The University of Alabama Capstone College of Nursing in 1987.



Natasha Harder, MD

Natasha Harder, MD, has joined the College as an assistant professor in the Department of Family Medicine. She previously worked in private practice in Oglethorpe, Georgia. Harder earned a bachelor's degree in biology from the University of North Alabama in Florence and graduated from the University of Tennessee

School of Medicine in

Memphis in 1998. She completed the College's Tuscaloosa Family Medicine Residency in 2001 and then moved back to her hometown of Waynesboro, Tennessee, to practice. She remained there and in neighboring Clifton, Tennessee, for four years before relocating to Georgia in 2005.



Grier Stewart, MD

Grier Stewart, MD, has joined the College as an assistant professor in the Department of Internal Medicine. Prior to joining the College, Stewart was in private practice in Tuscaloosa for more than a decade. He also served the College as a clinical affiliate faculty member and was involved with the teaching of medical

students and residents in the

hospital. Stewart received a bachelor's degree in biology in 1988 from Davidson College in Davidson, North Carolina. He graduated from The University of Alabama School of Medicine in 1992 and completed an internship and residency in internal medicine at the Carolinas Medical Center in Charlotte, North Carolina, in 1995. He is board certified in internal medicine.



Daniel C. Potts, MD, a neurologist and assistant clinical professor in the College, has been named Advocate of the Year by the American Academy of Neurology for promoting new approaches to caregiving for people with Alzheimer's disease. Potts is also a graduate of the 2008 Donald M. Palatucci Advocacy Leadership Forum.

Potts drew his inspiration from his father, Lester, an Alzheimer's patient who participated in an art therapy program at the Caring Days dementia day care center in Tuscaloosa. Daniel Potts published a book of poetry, "The Broken Jar," which uses watercolors by his father, who died in 2007. Daniel Potts promotes a model of caregiving that fosters new or hidden talents in Alzheimer's patients in settings that provide a respite for caregivers. He credits the Palatucci Forum for helping him learn how to advocate for better community care.

"Before my selection to the Palatucci Forum, all I had was a story about my father and the desire to make things better for Alzheimer's patients and their caregivers," Potts says. "The forum provided the means by which to make the story known and the tools and support to create and implement an action plan to accomplish my goals."

The board of Caring Days has adopted Potts's plan to provide dementia day care in rural West Alabama and is preparing a capital campaign for a new facility and expanded services. Potts has worked with the Area



Daniel C. Potts, MD

Agency on Aging to advocate for the West Alabama region to host a pilot program for the concept of mobile dementia day care through a grant from the U.S. Department of Senior Services. Potts has spoken throughout Alabama, Tennessee, North Carolina and Mississippi about his advocacy plan in addition to giving a poster presentation at the Alzheimer's Association's Dementia Care Conference in California.

Potts will bring his experience and insights to the 2009 Palatucci Forum, where he will advise the new class of advocacy trainees.

AWARDED

John Waits, MD,

director of the Tuscaloosa Family Medicine Residency, graduated from the National Institute for Program Director Development I program. The fellowship program is designed for family medicine physicians who want to enhance and develop leadership skills to become more effective directors of residency programs.

John Wheat, MD, MPH,

a professor in the College's Department of Community and Rural Medicine, was elected to the Alabama Rural Health Association board of directors. He was also elected to the advisory committee to the American Board of Family Medicine Obstetrics.

APPOINTED

Chelley Alexander, MD,

assistant dean for graduate medical education and chair of the College's Department of Family Medicine, was elected to the advisory committee to the American Board of Family Medicine Obstetrics.

Nelle Williams, MSLS,

director of the College's Health Sciences Library, was named president of the Alabama Health Libraries Association. The association works to promote the sharing of health science information resources and services to strengthen the professional skills of Alabama health information personnel by providing opportunities for continuing education.

Dan Avery, MD, FACOG, FACS,

chair of the College's Department of Obstetrics and Gynecology, was named chair of the American Board of Family Medicine Obstetrics.

Pamela Payne Foster, MD, MPH,

deputy director of the College's Rural Health Institute for Clinical and Translational Science, was named to the board of West Alabama AIDS Outreach and the West Alabama Sickle Cell Anemia Association. Foster has also been selected as vice president of The University of Alabama Black Faculty and Staff Association.

Michelle Harcrow, MS,

coordinator of health promotion in the Student Health Center's Department of Health Promotion and Wellness, was elected state coordinator for the Bacchus Network, a national peer education group association.

Jason Parton, MS, MA,

an epidemiologist/project director in the College's Rural Health Institute for Clinical and Translational Science, was appointed to the Alabama Department of Public Health's Office of EMS and Trauma Quality Assurance/Quality Improvement Committee.

PRESENTED

E. Eugene Marsh, MD

dean of the College, was the featured speaker for the seventh annual Susan and Gaylon McCollough Medical Scholars Forum held January 30–31 at The University of Alabama. The forum is designed to provide students with an understanding of the importance of the scientific and humanistic aspects of health care. Marsh, a neurologist, is the author of numerous publications and presentations, most dealing with cerebrovascular disease. He has been recognized for excellence in teaching and was awarded the Leonard Tow Humanism in Medicine Award in 2003. The Susan and Gaylon McCollough Medical Scholars Forum was established by University of Alabama alumni Gaylon McCollough, MD, and his wife, Susan. Gaylon McCollough practices in Gulf Shores, Alabama, and is also president of the McCollough Plastic Surgery Clinic and founder of the McCollough Institute for Appearance and Health.

Mark Thomas, MD

a staff physician at the Student Health Center and University Medical Center, which are both operated by the College, presented a paper on “Optimizing ADHD Medication Therapy in College Health” at the annual meeting of the American College Health Association in May in San Francisco. Thomas spoke about selecting ADHD medications and providing effective coverage for college students.

Members of the College’s TERM subcommittee

presented at the 35th Annual Predoctoral Education Conference in Savannah, Georgia, in January. Ashley Evans, MD, Julia Boothe, MD, John Waits, MD, Lea Yerby, PhD, Pam Foster, MD, Scott Arnold, MD, and Pat Murphy were part of the presentation titled “TERM Experience in Family Medicine: An Expanded Rural Site Core Clerkship Curriculum for Medical Students.” The Tuscaloosa Experience in Rural Medicine, or TERM, is an innovative curriculum designed to introduce third-year medical students on the Tuscaloosa campus to rural health care from the perspective of practicing physicians and to provide students with hands-on clinical experiences at rural, primary-care practices. In addition, Waits and Jim Leeper, PhD, a professor in the College’s Department of Community and Rural Medicine, presented “Family Medicine and Rural/Community Medicine as an Integrated Two-Month Experience.”

PUBLISHED

Dan Avery, MD, FACOG, FACS,

Department of Obstetrics and Gynecology, co-authored with D. Hooper, M. Reed, J. McDonald and J. Higginbotham “Ovasure Study to Predict Early Diagnosis of Ovarian Cancer,” accepted for publication in *Obstetrical and Gynecological Survey*; and co-authored with M. Reed and W. Lenhan “Heterotopic Pregnancy: An Increasing Incidence: A Review of the Literature and Case Reports,” accepted for publication in *OBG Management*.

Pamela Payne Foster, MD, MPH,

deputy director of the College’s Rural Health Institute for Clinical and Translational Science, co-authored with E. Frazier “Rural Health Issues in HIV/AIDS: A View from Two Different Windows: Personal Experiences from Two Rural Physicians,” published in 2008 as a guest column in the *Journal of Health Care for the Poor and Underserved*; and co-authored with S. Gaskins “Older African Americans’ Management of HIV/AIDS Stigma,” published in 2008 in *AIDS Care*.

James Leeper, PhD,

Department of Community and Rural Medicine, co-authored with A. Ozier, O. Kendrick, L. Knol, M. Perko and J. Burnham “Overweight and Obesity are Associated with Emotion or Stress Related Eating and Appraisal of Ability and Resources to Cope,” published in 2008 in the *Journal of the American Dietetic Association*; co-authored with J. Wheat, J. Brandon, J. Jackson and D. Boulware “Rural Health Leaders Pipeline, 1990–2005: Case Study of a Second-Generation Rural Medical Education Program,” published in 2008 in the *Journal of Agromedicine*; co-authored with L. Talbot, R. Martin, S. Usdan, R. Umstattd, J. Cremeens and B. Geiger “Drinking Likelihood, Alcohol Problems and Peer Influence Among First-year College Students,” published in 2008 in the *American Journal of Drug and Alcohol Abuse*; and co-authored with M. Adams, T. Carter, C. Lammon, A. Judd and J. Wheat “Obesity and Blood Pressure Trends in Rural Adolescents Over a Decade,” published in 2008 in *Pediatric Nursing*.

COMING IN THE FALL ISSUE OF ONROUNDS:

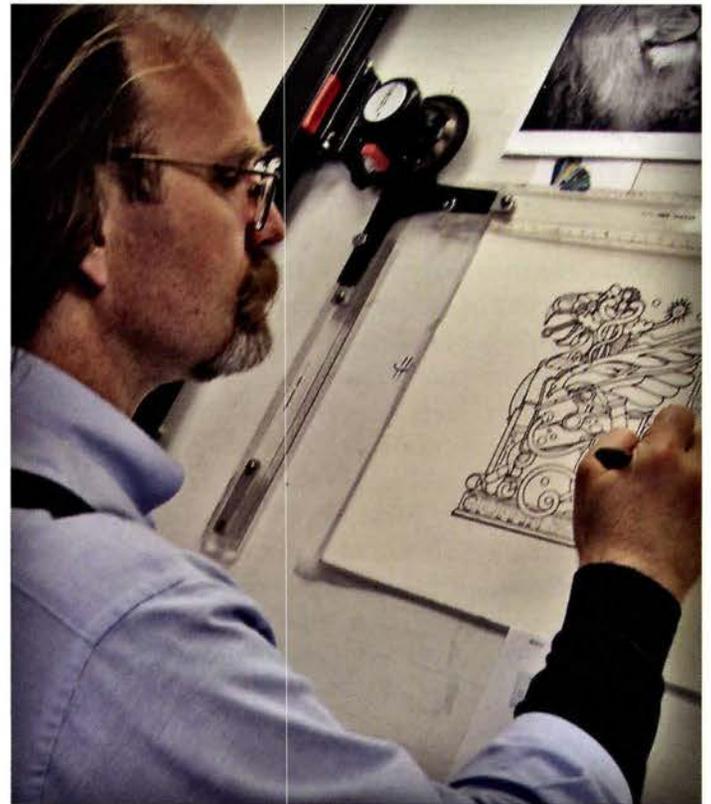
JEFFERSON HOSPITAL
— A VISUAL HISTORY:
CELEBRATING THE
SESQUICENTENNIAL OF
MEDICAL EDUCATION
IN ALABAMA FROM
1859 TO 2009

More than 300 images come together to shape the ballpoint drawing of the historic Jefferson Hospital, the center of medical training in Birmingham since 1940. The images, from a Creek Indian medicine stick at the base of the hospital to the pinnacle DNA molecule, also tell the story of three centuries of medical education in Alabama, from its frontier beginnings at the Port of Mobile to its present location in Birmingham.

“It’s drawn in chronological order,” says its creator, Don Stewart, MD. “Jefferson Hospital is a wonderful building with a wonderful history.”

Near the Creek Indian medicine stick is a rifle representing the 17th Century when Europeans settled America, bringing diseases such as smallpox, diphtheria and measles, Stewart explains. The drawing illustrates the founding in 1859 of the state’s first medical school, the Medical College of Mobile, the college’s move to Tuscaloosa in 1920 and later, in 1944, the Alabama Legislature’s decision to headquarter medical education in Birmingham.

Read more about the Jefferson Hospital drawing and the history of medical education – with a particular focus on Tuscaloosa – in the fall issue of OnRounds. **OR**



Don Stewart, MD



Jefferson Hospital

PRESIDENT OF ASSOCIATION OF AMERICAN MEDICAL COLLEGES VISITS

Darrell G. Kirch, MD, president and CEO of the Association of American Medical Colleges, visited the College of Community Health Sciences on May 7 and 8.

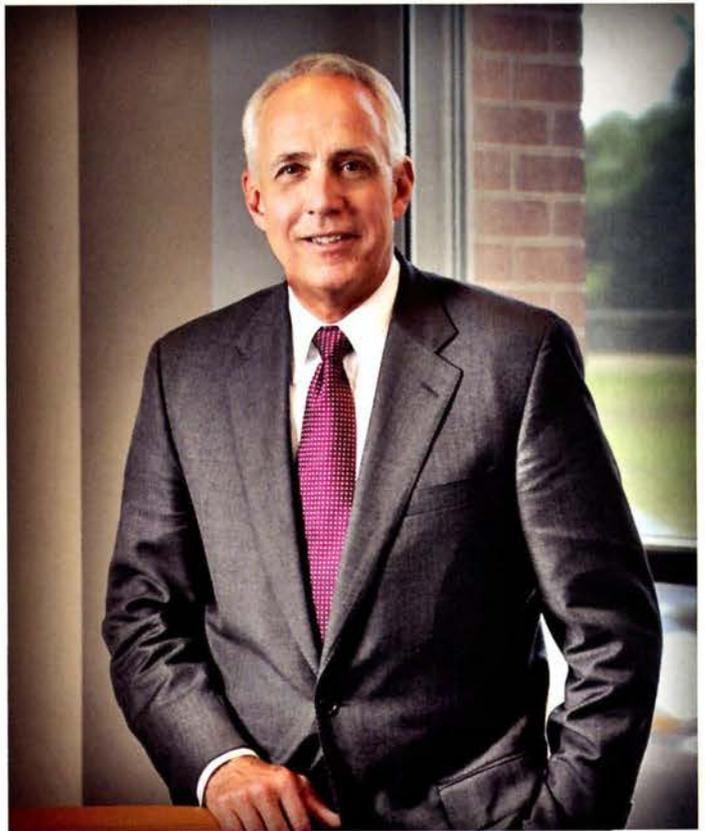
The AAMC, which represents the nation's medical schools, teaching hospitals and academic societies, works to improve the nation's health through medical education, research and high-quality patient care.

In a recent statement, Kirch said that the primary care crisis "is one of the most complex issues we face" and that the current health care financing structure rewards fragmented, specialized care "while we continue to hope for coordinated, patient-centered care."

The College of Community Health Sciences focuses on educating and training medical students and resident physicians in primary care.

Kirch says one approach to changing health care delivery is the medical home. "A medical home ensures around-the-clock access to medical consultation, respect for a patient's cultural and religious beliefs and the comprehensive coordination of a patient's care among providers and community services." He adds that while shifting to a new model of care will not be easy, "it aligns with our ongoing culture change in academic medicine from an individualistic, expert-centered environment to the new one characterized by greater teamwork and interprofessional collaboration."

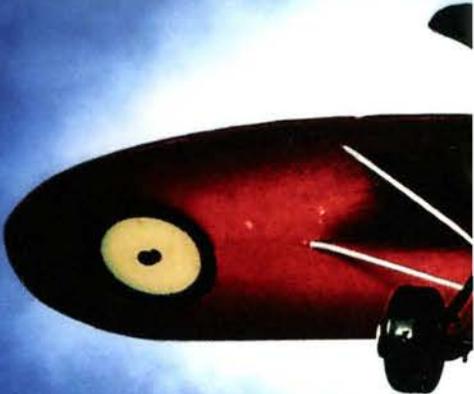
Prior to becoming AAMC president in 2006, Kirch served for six years as senior vice president for health affairs, dean of the College of Medicine and CEO of the Milton S. Hershey Medical Center at the Pennsylvania



Darrell G. Kirch, MD

State University. Before joining Penn State, Kirch served as dean and senior vice president for clinical activities at the Medical College of Georgia from 1994 to 2000. In addition to these leadership roles, he also co-chaired the Liaison Committee on Medical Education, the accrediting body for U.S. medical schools, and he now serves as a member-at-large of the National Board of Medical Examiners.

A psychiatrist and clinical neuroscientist by training, Kirch began his career at the National Institute of Mental Health in Bethesda, Maryland, becoming the acting scientific director of the institute in 1993 and receiving the Outstanding Service Medal of the United States Public Health Service. **OR**

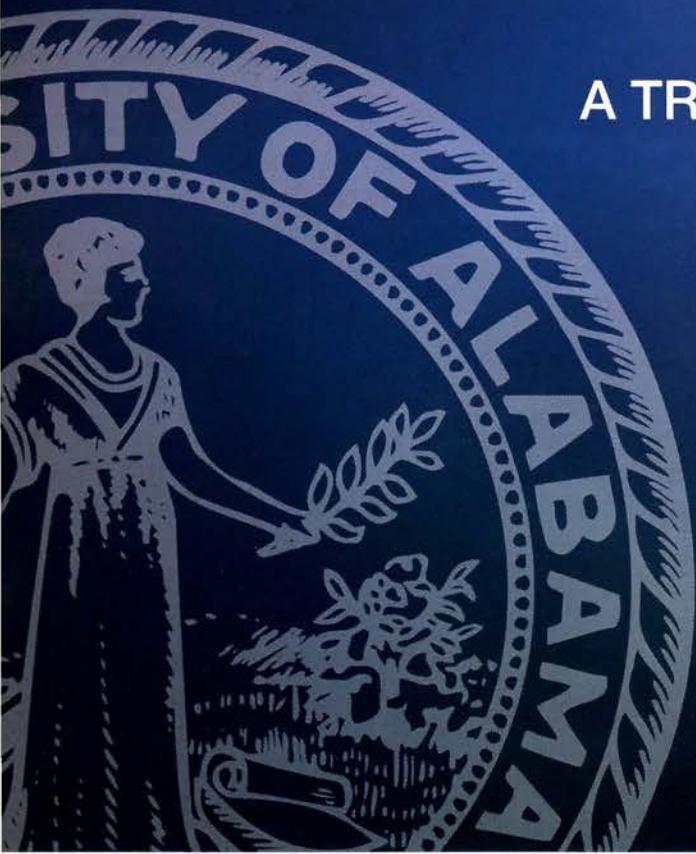


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COLLEGE TO HOST MEDICAL SPANISH CONFERENCE

The College of Community Health Sciences will offer a three-day Medical Spanish Continuing Education Conference to students, residents, faculty, nurses, staff and area physicians. The conference will be held August 7 – 9 at The University of Alabama School of Medicine, Tuscaloosa Campus building.

The goal of the conference is to teach health care professionals how to interview patients in Spanish, take a simple medical history, conduct a physical exam, give prescriptions and follow-up instructions and intervene in medical emergencies.

The conference will be conducted by the Tucson, Arizona-based Rios Associates, which has presented such courses for continuing medical education throughout the United States since 1983. The College hosted a similar conference presented by Rios Associates in 2007.

According to the American Hospital Association, up to 23 million U.S. residents have limited English proficiency, and a recent association survey found that 48 percent of hospitals encounter patients with limited English skills daily.

For more information about the Medical Spanish Conference, contact Nelle Williams at (205) 348-1364 or at nwilliam@cchs.ua.edu.



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