As the state of Florida’s premier addiction treatment program, the Florida Recovery Center is helping patients recover from substance abuse and get their lives back. The center is particularly known for its work with health-care providers who are recovering from substance abuse. Photo by Maria Belen Farias

Four years ago, UF became the first university in the nation to hold a lighting ceremony in recognition of World Diabetes Day and Diabetes Awareness Month. Since then, the UF Diabetes Center of Excellence has held the ceremony and other events annually to raise awareness and educate the public about the impact of diabetes. On Nov. 18, Century Tower at UF glowed blue once again, surrounded by students, faculty, staff and community members. According to the American Diabetes Association, there are almost 26 million Americans who have diabetes. In adults, type 2 diabetes accounts for about 90 percent of all diagnosed cases of diabetes. “The lighting of the tower is a commitment that symbolizes the continuous role of UF toward improving lives of the people afflicted with diabetes,” said Desmond Schatz, M.D., medical director of the UF Diabetes Center of Excellence. “It symbolizes vigorous and enthusiastic hope, which will lead to preventing, reducing and curing the disease.” — Jessica Jinah Song
NEW DISH ON THE CAFETERIA

Shands at UF cafeteria diners can expect fresh flavors by December’s end, when the newly renovated retail area is scheduled for completion. Additions to the menu will be a sushi station, where orders will be rolled fresh; an Austin Grill Tex Mex station; and Umberto’s, an Italian station with a wood-burning oven. Another wall will be built around the last two cashier stations, behind which a classic cuisine and exhibition station will be constructed. Also, the Faculty Dining Area is scheduled to reopen by the end of January. Funded by Morrison Healthcare Food Services, the Shands at UF Food and Nutrition Services project to renovate the Shands at UF north campus retail food court, the 1329 cafeteria, and the Shands Vista and Shands Rehab Hospital cafeteria began in September.

WANT TO LOSE A FEW POUNDS IN 2012?

Then it may be time to put down the cookies and eggnog and hit the gym. The Shands Fitness and Wellness Center, located on Southwest 13th Street in the Shands at UF south campus parking garage building, is a great place to get in shape in 2012. It is staffed by credentialed exercise specialists. And unlike most gyms in Gainesville, it has a medical fitness program through which members can obtain supervised workouts designed specifically around any medical issues. Memberships are open to UF and Shands employees as well as the public. Plans start at $19.99 per month, and everyone is eligible for a free seven-day trial. Call 352-733-0834 for more information.

CONFERENCE WILL ADDRESS HEALTH DISPARITIES

The 2012 Dorothy M. Smith Nursing Leadership Conference at UF will examine one of the most discussed topics today — “Health Care for All: Addressing Health Disparities Locally and Globally.” The conference, which will take place Feb. 2-3, will examine how nursing and health care approaches can address health disparities across the globe and in our own communities. Speakers and panels will explore the cultural issues and challenges of providing high-quality health care and how interprofessional approaches can address these challenges, as well as how nursing can respond to community health disparities. Keynote speakers include Marilyn “Lynn” Sawyer Sommers, Ph.D., R.N., the Lillian S. Brunner professor of medical-surgical nursing at the University of Pennsylvania School of Nursing, and Sally Lundeen, Ph.D., R.N., a professor and dean at the University of Wisconsin-Milwaukee College of Nursing. For more information, visit dmsconference.nursing.ufl.edu.

MAKING A GOOD IMPRESSION

On Nov. 15, a group of D.M.D. students from the UF College of Dentistry traded their scrubs for business attire and traveled to Tallahassee to participate in State Lobby Day and, not surprisingly, they made a good impression on the hill. The students met with state legislators on behalf of the college to advocate for important dental issues. Melissa Alfonso, Class of 2013, organized the meetings between the students and the state senators and representatives. “We had an amazing experience. The day went smoothly and, although some legislators were more receptive than others, we made them well aware of how passionate we are about the issues we presented,” said Shaun R. Young, president of the Class of 2013. The attendees learned more about legislative issues that the Florida Dental Association are involved in and were invited to return for Dentist Day on the Hill on Feb. 1.
New year, new website
UF&Shands introducing new joint website, new look for old sites

Roll out the red carpet, Internet. Because UFandShands.org is about to arrive.

Last year, UF&Shands launched an initiative to rebuild its presence on the Web. The goal? A patient-focused Web presence that serves our core missions, supports the UF&Shands strategic plan and makes current pages easier to use and more consistent.

The UF&Shands Web services teams have begun to introduce new websites for our Gainesville and Jacksonville campuses. More than 80 Academic Health Center websites have transitioned to the new website theme. Examples of recently launched websites include the College of Public Health and Health Professions, phhp.ufl.edu, and the Student Health Care Center, shcc.ufl.edu.

Phase 2 of implementation is currently under way. It will include the launch of the new website, UFandShands.org. This website will represent our overall system and act as a front door for our patients, students, faculty and other audiences.

The new website will make it easier for the public to learn about health conditions, see what treatments we provide, learn who our health care providers are, find where they can receive treatment and access what research opportunities are available for them.

By the end of 2012, most major UF&Shands websites should be converted or in the process of conversion to the new integrated site.

To learn more about the new website theme and how you can begin using it, please visit webservices.ahc.ufl.edu.

Free parking (really!)

UF&Shands to offer free parking for Gainesville patients starting Jan. 9

By Allison Wilson

UF&Shands is driving forward with an exciting initiative to improve the patient experience and increase the use of services in Gainesville by offering free parking for patients and their visitors.

Beginning Jan. 9, UF&Shands will offer complimentary parking for patients and their visitors, including clergy, volunteers and Auxiliary members, on the Gainesville campuses.

Free valet parking remains available for our emergency room patients at the Shands Critical Care Center, the Shands at UF Chest Pain E.R. and Shands Hospital for Children Pediatric E.R. For non-emergency valet, patients and their visitors will pay $3 when dropping off their cars, then turn in parking vouchers when they leave.

Free patient and patient visitor parking will be available in these garages and lots:

- Garage 10 (East) — on the northeast corner of Archer Road and Newell Drive
- Garage 2 (West) Levels 3 and 4 — on the northwest corner of Archer Road and Center Drive
- Garage 3 (West) — adjacent to Wilmot Gardens on the northwest corner of Archer Road and Center Drive by Shands Medical Plaza
- Shands Cancer Hospital visitor lot off Southwest 13th Street
- UF Orthopaedics and Sports Medicine Institute visitor lot on Hull Road

Patients and their visitors must obtain a parking voucher from their provider’s office and present it to the parking attendant upon exiting the garage or lot. All others who use these visitor parking areas will be charged $10 per day, payable upon exit. This is an increase from the current $4 per day. Special guests may be given a parking voucher at the discretion of the department they are visiting.

For more information, please call UF Transportation and Parking Services at 352-392-PARK or 352-392-7275.
In October, the I Promise Physician Leadership Team held its first forum, focusing on physician-patient communication.

Frederick Southwick, M.D., a professor of medicine in the UF College of Medicine and Shands at UF project manager for new quality and safety programs, formed the team about four months ago as part of the UF&Shands I Promise initiative. In doing so, he hopes to encourage more collaboration and communication among physicians.

“It’s a problem when patients receive different descriptions of what’s going to happen,” Southwick said. “Patients want to know the staff is organized and that someone is in control.”

The first forum included more than 60 doctors, nurses, social workers, administrators, patients and a clergy member who contributed their thoughts and ideas.

Lisa Auerbach, a patient with a chronic illness, joined the team because she’s seen firsthand how communication problems can affect patients. Auerbach spoke at the forum and offered a patient’s perspective on the importance of physicians taking the time to listen to their patients.

“It was great that so many physicians showed up at the first forum,” she said. “That means it’s a priority for them and that they’re interested in talking and collaborating with other physicians in other areas.”

Richard Petrik, M.D., an assistant professor of emergency medicine in the UF College of Medicine and a member of the team, also spoke at the forum about his experiences as a patient.

“I realized some of the tiny things that forced me to think about what I would do differently if I were in the shoes of the physician,” Petrik said. “Simply bringing a patient ice chips or stepping in to say hello makes all the difference.”

Members of the group hope at least 100 people attend the I Promise Physician Leadership Team’s next forum on doctor-nurse communication in early to mid-January. The team also wants to hold a doctor-doctor communication forum.

“I think it’s infectious,” Petrik said. “Once we start doing something, we’re being examples in our department.”

THE I PROMISE INITIATIVE IS FOCUSED ON IMPROVING THE PATIENT EXPERIENCE AT UF&SHANDS. FOR MORE INFORMATION ABOUT I PROMISE, VISIT IPROMISE.HEALTH.UFL.EDU.
Although the journey has been long and painful for a rescued 2-year-old quarter horse named “Baby Girl,” the gentle buckskin filly is now on the road to recovery thanks to successful surgery at UF’s Large Animal Hospital, a committed owner and an ongoing regimen of advanced medical therapy.

“She is very alert and bright and remains upbeat and strong,” said Theresa Batchelor, president of Beauty’s Haven Farm and Equine Rescue of Morriston, Fla. “She looks good, still loves to eat and cleans up everything when she gets her meals.”

At the time of her rescue in August, Baby Girl suffered from numerous signs of neglect and injury, including trauma to the right side of her face. She weighed only 295 pounds and could barely eat.

“Baby Girl endured a lot of pain and discomfort for two months before finding her way to us,” Batchelor said. “When she arrived, she was starving to death, while fighting chronic infection. She likely wouldn’t have lasted another week.”

Beauty’s Haven immediately started Baby Girl on a special diet, and within just five weeks, she had gained more than 100 pounds. But the problems with her facial trauma and draining wound continued.

An initial surgery performed at another facility in September to remove bone fragments from the right side of the horse’s jaw resulted in improved range of motion and allowed her to eat more and gain additional weight. However, the wound on Baby Girl’s face was not healing, so she was referred to UF’s Large Animal Hospital.

A CT scan revealed that a large bone fragment between her jawbone and her skull at the level of her temporomandibular joint. The fragment was dead and a large portion of the bone of both her jaw and skull was severely infected.

Ali Morton, D.V.M., an associate professor of large animal surgery, told Batchelor the only viable approach would be to surgically remove the problematic bone fragment. But the procedure was risky due to the proximity of the skull bone.

In addition to Baby Girl’s fracture, a CT also revealed that she had severe infection of the bone of her jaw and of the thin bone of the base of her skull.

Among the many hurdles Baby Girl had to overcome were recovery from two anesthesia procedures associated with her CT scan and surgery, recuperation from her severe infection and the healing of her wound.

“With the help of KESMARC Farm, we added hyperbaric oxygen therapy to her antibiotic therapy, and Baby Girl has responded to every step amazingly,” Morton said. “She is still not completely out of the woods, but she is healing beautifully so far. She is a special little horse, tough as nails and loved by many.”

UF veterinarians hope Baby Girl will regain more normal chewing function of her right jaw, and so far this improves daily. Batchelor said the horse’s weight is now up to 450 pounds.

“Between UF and KESMARC, they saved this little girl,” Batchelor said. “I just can’t say enough good things.”

Helping an equine athlete

To read about First Cadet, another horse UF’s equine experts recently treated for lameness, one of the most common and troublesome problems horses face, visit The POST on the web at post.health.ufl.edu. For the story, click on “Battling equine lameness” or follow the link in Baby Girl’s story.
Rusty looks up at his father and pants.

To Richard Gonzmart, president and a fourth-generation member of the family that runs Tampa Bay’s century-old Columbia Restaurant, Rusty is more than a pet. He’s part of the family. When Rusty, a 5-year-old German shepherd, was diagnosed with bone cancer, it felt like one of his children was sick, Gonzmart said. He sat in waiting rooms and watched as families waited for their loved ones to come out of surgery. He saw the anxiety on their faces.

To his relief, veterinarians at the UF Small Animal Hospital discovered that Rusty didn’t have cancer after all. He had a fungal infection that looks similar to bone cancer when an X-ray is taken.

Gonzmart understood the heartache of being a parent of an animal diagnosed with cancer. To help, the restaurateur created his own blend of wine, called 2004 Rusty Red Wine, as a fundraiser. Only 600 bottles will be produced by world-class winery O. Fournier in Argentina.

About 70 percent of the proceeds will go to the UF Small Animal Hospital’s oncology unit and about 10 percent will go to several Humane Society branches in cities where Columbia’s seven restaurants are located in Florida. Gonzmart said his goal is to donate $20,000 a year to the oncology unit.

The wine sells for $48 a bottle and is available in all seven Columbia Restaurants. Gonzmart has pledged $100,000 to the oncology unit, said Nick Bacon, Vet.M.B., a surgical oncologist at UF’s Small Animal Hospital.

“I saw so many people in the waiting room with their family members, their four-legged family members. I know the pain,” Gonzmart said. “It’s just a great way to help people and give people hope.”

Rusty is doing well since he started treatment for the fungal infection but will probably need lifelong therapy to manage the disease, said Alex Gallagher, D.V.M, who is treating Rusty.

Gonzmart attributes Rusty’s health to UF Small Animal Hospital veterinarians’ high level of skill and unwavering determination to give Rusty the best quality of life possible.

“We’re blessed to have such a great animal hospital,” Gonzmart said. “If we hadn’t gone there, we would’ve had to put him down.”

When Rusty got sick, it became a family matter. Gonzmart and his wife, Melanie, often bring Rusty to the gleaming-white hospital atrium with another four-legged family member in tow. Rex, another German shepherd, sits in the waiting room with the rest of the family. At checkups, Rusty gets an X-ray, his blood is drawn and he gets a physical exam. Had he not been so lucky — had the lesions been bone cancer tumors — the process would be different.

Bacon says veterinarians can present owners with up to 10 to 12 treatment options when an animal is diagnosed with cancer. The family chooses the option that best fits their needs.

In addition, there’s a chance the discoveries the Small Animal Hospital makes in dogs can help treat people.

“It’s a fantastic model for human cancer,” Bacon said.

He said Gonzmart’s donation helps the Small Animal Hospital stay focused on its mission of helping patients. Donation money goes toward education, student research programs, internships, day-to-day needs such as microscopes, and large research projects, including those involving bone cancer, skin cancer and bladder cancer.

“It was an astonishingly generous thing to do,” Bacon said.
She spent Thanksgiving with friends in Cedar Key that year, eating dinner and watching as a few of the men put up walls in the house being built on the land. But it was the call she received as they drove home across the Cedar Key bridge that Debbie Labud will always remember.

After spending nearly four years on the lung transplant list, Labud’s time had finally come. On Nov. 22, 2001, Labud, who has a genetic condition known as alpha-1 antitrypsin deficiency, received a lung transplant and a second chance at life. On Nov. 21, with Thanksgiving just days away, the Shands at UF Lung Transplant Program celebrated Labud’s 10-year “birthday” and all the other men and women who have received new life through lung transplantation at Shands at UF.

Since the program’s inception in 1994, 532 patients have received new lungs at Shands at UF, which has survival rates that exceed the national average, said Maher Baz, M.D., Labud’s doctor and medical director of the program.

“It is a second chance at life,” says Labud, now 56 and a donor recruiter for LifeSouth Community Blood Centers. “I have two birthdays now, one in February and one in November.”

Labud’s November birthday this year is particularly significant, Baz says. “The national average, statistic-wise, is about 20 to 25 percent (of patients reach) 10-year survival,” Baz said. “So it is a major milestone, and the significance is the risk of rejection is really low at this point in time.”

The most common reason patients die after lung transplant is chronic rejection, a problem UF researchers from the colleges of Medicine and Engineering are tackling with the help of a $1 million grant from the state of Florida awarded to UF last year. Mark Brantly, M.D., the Alpha-1 Foundation professor of medicine and an expert on alpha-1 antitrypsin deficiency, is the leading researcher on that grant.

Speakers at the event included Labud; state Sen. Steve Oelrich; John Walsh, CEO of the Alpha-1 Foundation; Baz and Edward Staples, M.D., of the Shands at UF Lung Transplant Program; and College of Medicine Dean Michael L. Good, M.D.

Labud has faced only minor complications since her lung transplant. She takes medication to stay healthy and stave off rejection but otherwise leads an active life. She exercises regularly and rides her bike with Team Alpha-1, part of the Alpha-1 Foundation.

It’s a 180-degree contrast from the way she lived her life in the years leading up to her transplant, when she spent her days tethered to an 8-pound oxygen tank and didn’t have the energy to walk to the mailbox.

Ten years later, Labud has a lot to be thankful for. And at the top of her list is her organ donor, a woman whose choice to donate has given Labud 10 more years with her children, grandchildren and husband.

“I knew I was either going to wake up in God’s arms or wake up in my family’s arms,” she said. “And I woke up in my family’s arms.”

Debbie Labud (with Alpha-1 Foundation CEO John Walsh) recently celebrated her 10-year birthday after receiving a lung transplant in 2001. The Shands at UF Lung Transplant Program, led by Dr. Maher Baz and Dr. Edward Staples (shown speaking), celebrated her success and the lives of other recipients in November.
Teddy bears get boo-boos, too

Teddy Bear Hospital helps children (and bears) stay healthy

By Meredith Rutland

“Lemur” the sugar glider had a hurt head. “Put Put” the chameleon had a broken leg. “Cookie Monster” needed an eye transplant.

The patients came into the room cuddled by their waist-high parents: the elementary-school children of Gainesville Country Day School.

On Nov. 10, about 35 children between 4 and 6 brought their teddy bears, stuffed bunnies and other toys to get treated by residents and medical students from the UF College of Medicine’s Department of Pediatrics.

The event, called a Teddy Bear Hospital, is meant to help kids feel comfortable around doctors and to give them basic health tips, such as brushing their teeth and eating fruits and vegetables, said Abeer Hamdy, M.D., a pediatrics resident.

She said having the children act as parents helps make the experience of going to the doctor less scary.

Ava Watson, 5, held Lemur and explained that her toy was cross-eyed and had boo-boos.

After an examination, Lemur was given a cast on its head. Then it was off to the pharmacy for a prescription: “Lots of kisses to boo-boos and hugs,” said Heather Allewett, a third-year pediatrics resident.

Plastic stethoscopes, and the occasional real one, were used to search for heartbeats among the cotton and plastic. Residents used needleless syringes to give shots, and toys with broken bones got colorful casts.

Woodstock the bluebird needed a cast on his right wing. Then his left wing. Then his head.

Yeonjung Park, a third-year medical student, said the children seemed to make the most of the event.

“I feel that it’s more than their stuffed animal to them,” she said. “They really do treat them like their friends.”

Sensitive skin

UF resident, medical student raising awareness about epidermolysis bullosa

By Meredith Rutland

Kim Merkel and Candace Glenn looked the newborn and saw a challenge.

The baby had a form of epidermolysis bullosa, an inherited condition that causes skin to be fragile and easily blister. Merkel said it was difficult to treat or even hold the baby without causing pain, and many doctors and nurses hadn’t had a large amount of experience with EB before.

Merkel, a chief dermatology resident in the College of Medicine, and Glenn, a fourth-year medical student in the College of Medicine, decided to help by recognizing International Epidermolysis Bullosa Awareness Week. During the last week of October, they set up a table by the Sun Terrace with information about caring for those with the condition.

“I’m hoping this is just the start of EB (awareness) at UF,” Merkel said.

Dona Reynolds, 23, joined them for one day to share what it’s like to live with epidermolysis bullosa. Reynolds receives care in UF’s Division of Dermatology.

“It’s pretty important because not a lot of people know about it,” Reynolds said. “It’s similar to burns, but it doesn’t go away.”

It starts from birth. A baby is born and the doctors and parents spend a few unnerving moments trying to figure out why the little one seems to be rubbed raw. Then come the bandages. Even the slightest bit of friction will cause a patient’s skin to blister and break, so parents slather their children with Vaseline and bandage them with gauze.

Reynolds goes through five 13-ounce Vaseline jugs and 54 rolls of gauze a week, said her mother, Ann Reynolds. It takes 16 hours to change her bandages.

“A lot of doctors, nurses, health care people don’t even know about its existence, let alone how to help you with it,” Ann Reynolds said. “They have done a great job with what they’ve been doing (here). It’s a first that I’ve ever come across.”
A gift for students
Alum’s donation will help UF establish primary care education center

By Karen Dooley

A UF College of Medicine alumnus and his wife have made a significant contribution that will establish a center for primary care education and fuel the university’s plan to build a new medical education building.

H. James Free, M.D., a member of the College of Medicine’s first graduating class of 1960, and his wife, Carole, made the lead gift toward the construction of a 100,000-square-foot building to be located next to the Health Professions/Nursing/Pharmacy Complex on Newell Road.

The Frees’ gift will initiate the College of Medicine’s education building project, and they have requested that the new facility be named in honor of Dr. George T. Harrell, the college’s founding dean, who passed away in 1999.

Conditions and terms of the gift agreement require that the amount remain confidential.

Harrell, who was hired in 1954 to design and develop the college, handpicked its first group of students and faculty. During his 10 years at UF, Harrell emphasized the importance of training physicians to understand and care for the entire patient.

He advocated training students in small groups to prepare them to work effectively as part of multidisciplinary health care teams, which are key concepts proposed for the College of Medicine’s revised curriculum. The new building will be designed to accommodate this style of learning as well as provide access to advanced technology and simulation.

In addition to naming the new facility the George T. Harrell, M.D., Medical Education Building, the College of Medicine also will establish the H. James Free, M.D., Center for Primary Care Education and Innovation.

“Dr. Free has practiced medicine for more than five decades in a truly compassionate and thoughtful manner,” said Dr. Michael L. Good, dean of the College of Medicine. “He is an excellent role model for our medical students, both in his demonstration of exceptional patient care and in his extraordinary service to his community and now to his alma mater. We are honored and deeply grateful for the gift he and his wife make today.”

A new collaboration
VA, College of Medicine developing new PA pilot program

By Meredith Rutland

The Department of Veterans Affairs has approved a new Physician Assistant Residency Pilot Program in Primary Care at the North Florida/South Georgia Veterans Health System. It is one of six in the country.

The program, a collaboration between the North Florida/South Georgia Veterans Health System and the UF College of Medicine’s School of Physician Assistant Studies, was approved in November and is expected to begin July 1, 2012.

“We are pleased to continue the tradition of the VA collaborating with the University of Florida on the education of health care trainees,” said Bradley Bender, M.D., chief of staff for the North Florida/South Georgia Veterans Health System. “As health care becomes more complex, we will see even more of these programs. The Physician Assistant Residency Program joins other joint postgraduate training programs that we offer in numerous medical and surgical specialties, pharmacy, dentistry, clinical psychology and nursing.”

The program will create two residency positions, both of which will be funded by the Department of Veterans Affairs. The details of the curriculum, educational program and evaluation plan will be finished by the start of the training program.

“This PA residency program will fill an important and currently missing educational need in the training of physician assistants. The UF School of Physician Assistant Studies in the College of Medicine thanks the VA for this unique opportunity,” said Michael Good, M.D., dean of the UF College of Medicine.
What’s (APP)ENING?

'Tis the season of family, friends, food, and of course, holiday shopping. But we know the season can also be stressful. Here are some apps that will help you have a happy and stress-free holiday:

Nice List
Devices: iPhone
Cost: $1.99
Stay on top of your holiday shopping with this app. Quickly add people to your nice list from your phone’s address book, and keep track of what gifts you’ve bought, how much you’ve spent and how to budget your holiday spending. Your list is password-protected, so you don’t have to worry about wandering eyes.

Epicurious
Devices: Android, iPhone, iPad
Cost: Free
The holiday season wouldn’t be complete without the smell of cookies baking in the oven or frying latkes. Keep your kitchen smelling scrumptious with Epicurious. Search more than 30,000 recipes, create shopping lists and email your personal favorites to yourself and friends. Find the perfect holiday dinner that will keep you and your family’s stomachs satisfied.

Super Dance Christmas
Devices: iPhone
Cost: 99 cents
This app is sure to produce a few laughs and put you in the holiday spirit. Turn yourself or your friends into a dancing elf by uploading a picture from an album or by taking your own photo. Boogie to your favorite holiday tune, no dance skills required. Then, don’t forget to send your elf creation to your friends!

FlightCaster
Devices: Blackberry, iPhone
Cost: Free
Traveling this holiday season just got much easier. This app predicts whether your flight will be delayed up to six hours before takeoff on U.S. domestic flights. Notify friends and relatives when to expect your arrival without the hassle of unexpected delays.

By Allyson Fox

Doctors as teachers

By April Frawley Birdwell

U of Florida has established a new master’s degree program geared not only toward helping physicians be better teachers, but also training them to be scholars in the field.

The colleges of Education and Medicine have joined forces to offer an online joint master’s degree program, which will begin in the fall and is open to physicians across the state of Florida.

“Most faculty arrive at their position without any formal training in teaching techniques and best practices,” said Marian Limacher, M.D., senior associate dean for faculty affairs and professional development in the College of Medicine. “They have been students so long themselves they have developed their own style, but it may not be founded in best practices.”

Teaching is generally not a skill taught in medical school, as physicians-in-training are more focused on learning how to treat patients. But as physicians become teachers themselves, of medical students, residents and fellows, there is a need for more advanced knowledge in instructional strategies and research methods used to measure educational outcomes.

“Many health science professionals have been exposed to a monochromatic view of education that is lecture-based and behavioristically driven,” said Erik Black, Ph.D., an assistant professor in the College of Medicine department of pediatrics and the College of Education School of Teaching and Learning. “That is not necessarily where medical education is going. Today, there is a growing emphasis on small group learning, team-based learning and constructivist principles of instruction and learning.”

The 36-hour master’s degree program will arm physicians with strategies they can use in the clinical education setting and give them the tools to assess educational efforts, as well. Courses include subjects such as instructional design, research methods in professional and medical education, adult learning and more.

The program stems from a Department of Education-funded pilot project UF researchers have been working on for two years.

Eventually, the master’s program likely will be opened up to professionals in other health fields, Black said.

For College of Medicine faculty, the issue is particularly important. The college is revising its tenure and promotion guidelines so faculty who have pursued advanced education in teaching and who are conducting research in medical education can use this in tenure applications, Limacher said.

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Doctors as teachers

New UF master’s degree to help doctors become better teachers

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By Allyson Fox

Doctors as teachers

New UF master’s degree to help doctors become better teachers

By April Frawley Birdwell

U of Florida has established a new master’s degree program geared not only toward helping physicians be better teachers, but also training them to be scholars in the field.

The colleges of Education and Medicine have joined forces to offer an online joint master’s degree program, which will begin in the fall and is open to physicians across the state of Florida.

“Most faculty arrive at their position without any formal training in teaching techniques and best practices,” said Marian Limacher, M.D., senior associate dean for faculty affairs and professional development in the College of Medicine. “They have been students so long themselves they have developed their own style, but it may not be founded in best practices.”

Teaching is generally not a skill taught in medical school, as physicians-in-training are more focused on learning how to treat patients. But as physicians become teachers themselves, of medical students, residents and fellows, there is a need for more advanced knowledge in instructional strategies and research methods used to measure educational outcomes.

“Many health science professionals have been exposed to a monochromatic view of education that is lecture-based and behavioristically driven,” said Erik Black, Ph.D., an assistant professor in the College of Medicine department of pediatrics and the College of Education School of Teaching and Learning. “That is not necessarily where medical education is going. Today, there is a growing emphasis on small group learning, team-based learning and constructivist principles of instruction and learning.”

The 36-hour master’s degree program will arm physicians with strategies they can use in the clinical education setting and give them the tools to assess educational efforts, as well. Courses include subjects such as instructional design, research methods in professional and medical education, adult learning and more.

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Michele Markant is a healthy-looking mother of six and a registered nurse — not the kind of person most would suspect of a drug addiction.

But, as they say, looks can be deceiving.

In 2009, authorities arrested Markant at her attorney’s office for forging prescriptions, each instance a felony, to feed her addiction to painkillers.

“I had been writing and calling in my own prescriptions for opiates for about two years,” Markant says. Her addiction goes back 11 or 12 years, she says, and stems from a shoulder injury she sustained at work that led a doctor to prescribe painkillers. After a while, Markant couldn’t get enough of the pills, and she developed an addiction that escaped the notice of her friends, family and colleagues.

“I was using in my lawyer’s bathroom when the police were outside waiting to put me in handcuffs,” she says. “That’s how crazy it was.”

Markant spent a few hours in the Alachua County Jail, then went with her attorney to check into the Florida Recovery Center. The center is a UF College of Medicine treatment facility focused on substance abuse, pain management, eating disorders and obsessive-compulsive disorder. Her attorney negotiated a deal with the prosecutor’s office, allowing her to forego a trial and extended jail time in exchange for community service, probation and enrollment in treatment. She also received a $1,200 fine from the Florida Board of Nursing.

In-patient detoxification at the Florida Recovery Center lasted six days for Markant, and she lived away from home for two months. Even after her arrest and the start of treatment, Markant says she resisted help.

“It was kind of hard to come in to a place and have people tell you what to do and how to do it and when to do it — when you were going to get up, that you were going to do things a certain way,” she says. “The first month or so, I struggled with that. Finally, it was almost like an epiphany. I thought ‘OK. I’ll just try it their way.’”

Her decision to cooperate, she says, made all the difference.

“It was just another huge weight lifted off me when I realized I did not have to do this alone, and they made it...
much, much easier.”

Treatment included eight hours of classes and local Alcoholics Anonymous or Narcotics Anonymous meetings every day. After 101 total days of treatment, Markant completed the program. Today, she has been sober for more than two years.

“It was not an easy process,” she says. “The steps that you follow are very simple, but it’s not easy. But it is well, well worth it.”

NOT IMMUNE

Unfortunately, Markant’s struggle with substance abuse is an all too common one.

Nearly 9 percent of Americans age 12 and older suffer from substance abuse or dependence, according to the Substance Abuse and Mental Health Services Administration.

The 2010 National Survey on Drug Use and Health, published by the administration, reports an estimated 22 million people in this demographic had struggled with addiction to alcohol or drugs in the year before they were surveyed. Seven million had used prescription drugs illicitly in the past month.

Health-care providers are not exempt.

Ten to 15 percent of physicians will develop substance abuse problems during their careers, according to a 2003 review of literature on the topic, written by Roger S. Cicala, M.D., then an assistant medical director for the Tennessee Physicians Health Network.

Mark Gold, M.D., chair of UF’s department of psychiatry, says health professionals in general are more likely than the general population to abuse prescription medications. Rates of alcohol abuse and non-prescription opiate use among health-care providers are similar to those in the general population, he says. But Gold notes that data on the subject may not tell the whole story.

“Being a physician is a drug-free occupation, so survey data has been questioned,” he says. “Having a healthy diet, sleep and exercise is not something that’s always taught as part of medical school.”

But some providers, just like non-providers, are vulnerable because of genetics or a personal or family history of substance abuse. And anyone who uses addictive substances can become addicted, regardless of their profession. Gold says some people seem to think otherwise.

“I think sometimes physi-
cians and health-care providers think that they’re immune to the neurobiological realities of substance use and dependence.”

**GETTING HELP**

Markant says she knew she needed help before her arrest. But, as is often the case, something stopped her from asking for it. She says being a nurse made it tough to admit her problem.

“I think drug addicts have that tendency to resist,” she says. “And being a health-care professional, I think it makes it that much harder, because we think we know everything. We’re professionals. We tell other people how to get better.”

Colleagues and patients of health-care workers hooked on drugs or alcohol are often the last people to know, says Gold. He also noted that he thinks providers are more reluctant to admit substance abuse than the general population. Those factors combined mean many hit rock bottom before they get help.

“The data for impaired health professionals around the United States (shows) that physicians lose everything before they lose the respect of their colleagues and before they ever have a patient complain,” Gold says.

“They wait a very long time (to seek help). It may be easier in some workplaces to identify a problem,” Gold says.

“Physicians in a medical group practice might have more autonomy than a person who had an assembly line position, or if you were a pilot you would be drug tested. There would be a lot of ways that you could get detected earlier. Physicians worry about loss of their license.”

While some health-care providers do lose their licenses over substance abuse, there are alternatives. Organizations across the country offer help to providers caught up in substance abuse.

Though she ultimately lost the job she had when she was arrested, Markant has retained her nursing license because of her cooperation with the Intervention Project for Nurses. The project helps Florida nurses struggling with substance misuse or with mental or physical health problems. The Florida Professionals Resource Network offers the same services for other health professionals, such as physicians, dentists and even veterinarians.

Both organizations were created in accordance with state statutes and are charged first with protecting people from impaired health-care providers. They also seek to help providers maintain recovery and salvage their careers. When a provider breaks a condition of his or her contract, the supervising organization may contact the appropriate licensing board, opening the door for more serious consequences.

After completing her treatment at the Florida Recovery Center, Markant signed a five-year contract with the Intervention Project for Nurses, which detailed the steps she must take to keep her license. She must attend three Alcoholics Anonymous or Narcotics Anonymous meetings and one IPN meeting per week, submit to random drug testing and attend counseling. In addition, Markant’s employer sends evaluations of her work to IPN once a quarter and, though she hasn’t worked with patients since her arrest, she was prohibited from administering narcotics in practice during her first year after treatment.

‘LIFE’S TERMS’

So far, Markant has stayed on track with her recovery, says Scott Teitelbaum, M.D., one of the physicians who treated her. Teitelbaum is the medical director at the Florida Recovery Center and an associate professor of psychiatry in the College of Medicine. He credits Markant’s continued recovery to her persistence pursuing a healthy life.

“She’s in solid recovery,” he says. “She continues to do the things that got her well, and that’s the reason she’s doing well.”
The Florida Recovery Center, led by medical director Dr. Scott Teitelbaum (with Dr. William Greene, one of the center’s faculty members), helps people recovering from substance abuse, eating disorders and obsessive-compulsive disorder.

Since Markant finished treatment she has gone through a divorce, lived apart from her children for several months and moved in with her mother. But there have been good times, too. Since October 2009, she has worked as a research coordinator for the College of Medicine’s department of anesthesiology. Because of her past, she currently has no contact with patients, though Markant says she hopes one day to return to patient care. Her children are living with her again, and Markant purchased and moved into her own home several months ago.

Life is better than it used to be, she says, and treatment has helped her learn to live without drugs, even when things are tough.

“When I came in to FRC, I thought there would never be a day that I would wake up and my first thought would not be about obtaining drugs,” she says. “Now, I have the tools to deal with life on life’s terms. I am amazed, now, because the things that I’ve been through since I left treatment were so much more horrendous than what I was going through when I was in treatment and before treatment, when I thought I couldn’t get off the drugs.”

The Florida Recovery Center focuses on pain management and the treatment of substance abuse, eating disorders and obsessive-compulsive disorders.

Though people from all walks of life undergo treatment at FRC, the center is widely known for its physician health programs focused on substance abuse, says Mark Gold, M.D., chair of UF’s department of psychiatry.

FRC “is a national leader in returning physicians back to practice,” he says, noting that 37 states send health-care providers struggling with substance abuse to the center for treatment. The center offers residential treatment programs that can last for several months.

Faculty members from UF’s department of psychiatry, many of whom have double or triple board certifications in addiction medicine or addiction psychiatry and other areas, work at the center. Some have previously struggled with substance abuse themselves. The center also employs many specially trained nurses and counselors.

Treatment at FRC focuses on addressing the harm substance abuse creates in both body and spirit, and dealing with health or life issues that may have played a role in the person’s abuse of alcohol or drugs. An active alumni group helps patients maintain their recovery.

“A critical issue of treatment is to help patients develop coping strategies to deal with life’s pain, both physical and emotional,” says Scott Teitelbaum, M.D., the center’s medical director. “Treatment, contrary to what most people think, isn’t just about not doing drugs.”

UF also is nationally known for its two-week clerkship in addiction medicine, which is mandatory for all medical students. Gold says the clerkship is the first of its kind.

“Rather than read about drug abuse, or learn about it in a textbook, (the medical students) get to see it, just like they get to see how to deliver a baby and do it,” he says. “They are encouraged to talk to some of the recovering physicians who are in the treatment program when they’re on their clerkship, so they can kind of see (health-care providers) who are drug-addicted and in treatment for years as a result of that.”

For more information about the Florida Recovery Center, call 352-265-4FRC. — Laura Mize
A large clinical study of painful jaw problems commonly known as TMD disorders has revealed a wide range of findings, including how women apparently grow more vulnerable to the condition as they age.

Writing in the November issue of the *Journal of Pain*, a multi-institutional team of researchers, including scientists with the UF College of Dentistry, revealed the results of the Orofacial Pain Prospective Evaluation and Risk Assessment study, or OPPERA.

One of the largest clinical investigations into the causes of what are technically known as temporomandibular joint disorders, or TMD, researchers hope the discoveries may lead to new methods of diagnosing and treating facial pain conditions, and predicting who will be susceptible to them.

“A major benefit of the OPPERA study is the comprehensive evaluation of demographic, clinical, biological, sensory and psychosocial factors that may contribute to increased risk of TMD,” said Roger Fillingim, Ph.D., a professor of community dentistry and behavioral science at the UF College of Dentistry and the principal investigator for the UF OPPERA site.

Temporomandibular joint disorders, sometimes referred to as TMJ, produce pain that radiates from the jaw and surrounding muscles, restricting jaw movement and causing considerable suffering. Although the disorders vary in duration and severity, for some people the pain becomes a permanent feature of their lives. Estimates suggest more than 10 million people are affected by TMD disorders, according to the National Institute of Dental and Craniofacial Research.

Researchers followed 3,200 initially pain-free individuals for three to five years, comparing them with 185 people who had long-standing, chronic TMD.

They found chronic TMD becomes more frequent with increasing age in women but not in men. Early studies indicated women’s greatest risk occurred during early childbearing years and decreased thereafter.

In addition, a wide range of biological and psychological factors appear to contribute to the condition. People with TMD were much more sensitive to mildly painful sensations than pain-free individuals. They were more aware of body sensations and experienced greater heart rate increases during mild physical and psychological stress, too.

Researchers believe the findings provide evidence that chronic TMD is at least partially linked to a person’s perception of and ability to suppress pain, which is determined by the body’s physiological regulatory systems.

Researchers also identified new and important genetic factors that appear to be linked to chronic TMD. Several genes, including some known to influence stress response, psychological well-being and inflammation, were identified and may result in new targets for treatment.

The longitudinal study builds on earlier work by members of the multi-university research team, which designed a broad conceptual model to determine the condition’s causes.

“The OPPERA conceptual model proposes that measures of pain sensitivity and psychosocial functioning, both of which are influenced by life experiences as well as genetics, are related to future development of TMD,” Fillingim said. “While the OPPERA conceptual model was developed initially to explain risk for developing TMD, it can be more broadly applied and may help explain the reasons some people develop many different chronic pain conditions.”

The National Institute of Dental and Craniofacial Research-funded study was conducted across four study sites, including UF, UNC-Chapel Hill, UF, the University of Maryland at Baltimore, the University of Buffalo and Battelle Memorial Institute.
On the same road

Merger of Shands, UF driving rehab programs improves clinical care, expands research

By Jill Pease

Shands and UF driving rehabilitation services are moving forward together, joining forces to establish what directors say is the first program where clinical driving rehabilitation services are delivered in direct association with current research.

Shands at Magnolia Parke Driving Rehabilitation Services and UF’s Institute for Mobility, Activity and Participation, or I-MAP, announced their merger in October.

“Joining our clinical driving program here at Shands Rehab Center at Magnolia Parke together with the driving research program of the University of Florida makes us even stronger in the delivery of patient care,” said manager Patty Helsel, O.T.R./L., C.K.T.P. “Working together puts the evidenced-based research in our clinic so we are receiving cutting-edge information as it is obtained.”

“I-MAP scientists have been developing safe driving behaviors measures for older adults, as well as prediction models for driving performance in people with neurological disorders, such as mild traumatic brain injury, epilepsy and Parkinson’s disease. They are also examining the driving performance of returning combat veterans.

“Our goal is to work shoulder-to-shoulder with clinical driving rehabilitation specialists in order to ‘infuse’ evidence into practice,” said Sherrilene Classen, Ph.D., M.P.H., I-MAP director and an associate professor of occupational therapy in the UF College of Public Health and Health Professions.

“The team has received a UF&Shands Quasi Endowment Fund grant to support research on the driving needs of adolescents with ADHD and autism spectrum disorder.

“Moving forward together under the UF&Shands driving rehabilitation services merger will position us to find answers for such and many other driving and community mobility-related questions,” Classen said.

Bonnie J. Carlin, M.S.N.

By Anna Suggs

Bonnie J. Carlin, M.S.N., an adjunct clinical assistant professor in the College of Nursing, has a patent pending for inventing a low-cost urinary catheter strap to improve patient safety during wheelchair transport. The UF Research Foundation is negotiating a license with a Florida-based start-up company to commercialize her invention.

Carlin invented the strap to help minimize or eliminate patient discomfort, increase safety during wheelchair transport and decrease the risk for hospital-acquired urinary tract infections. Hospital-acquired urinary tract infection accounts for about 40 percent of institutionally acquired infections and is the most frequent health care-associated infection in the United States.

Significant causes of catheter-associated urinary tract infection include the lack of proper drainage, which leads to urine backflow, and excessive manipulation of the catheter, all of which can happen during patient transport. The simple-to-use urinary catheter strap is one strategy to reduce the risk of infection because it minimizes urine backflow into the bladder and helps support the collection tubing above the level of the drainage bag.

“The adjustable strap fastens to the center of the wheelchair’s back seat and extends to the front, where it hangs approximately two-to-eight inches from the floor. The drainage bag attaches to the end of the support strap and is properly supported along with the catheter tubing below the bladder during transport. Carlin’s support strap also prevents the tubing from entangling in the wheels or frame of a wheelchair and ensures tubing doesn’t become disconnected from the drainage bag during transport or movement.

“Commercializing this invention is another way that I can influence care delivery on a larger scale. My next step is to work with the start-up company to get the product available to hospitals and other health care settings,” Carlin said.

Visit us online @ http://post.health.ufl.edu for the latest news and HSC events.
Gene therapy for osteoarthritis

UF researchers are developing a gene therapy technique that could help both humans and horses fight osteoarthritis, a debilitating condition that causes inflammation and deterioration of the joints. The goal is to create a one-time treatment that works long term. The research team, led by Steven Ghivizzani, Ph.D., received a highly competitive one-year, $900,000 grant from the National Institutes of Health’s National Institute of Arthritis, Musculoskeletal and Skin Disease to fund the work. The new effort will expand laboratory studies into trials that better approximate osteoarthritis in humans. The work will involve the use of viruses, called adeno-associated viruses, or AAV, as vehicles to deliver genetic material to the joints of horses, where it would produce a therapeutic protein directly at the site of the disease.

— Czerne M. Reid

Partnerships to benefit India

UF has received $1.1 million from the National Institutes of Health’s Fogarty International Center to offer behavioral health training to colleagues in three Indian cities and increase research opportunities between the university and Indian partners. “Our goal is to reduce the training gap and increase research in perpetration and exposure to violence, addiction to prescribed and illicit drugs, and the most impairing mental symptoms — psychosis, suicidal thoughts and dementia,” said the grant’s lead investigator Linda B. Cottler, Ph.D., M.P.H., a professor and chair of the department of epidemiology in UF’s colleges of Public Health and Health Professions and Medicine. In addition to creating training and research opportunities, the project will shed much-needed light on the health problems in certain Indian regions. — Jill Pease

A better tomorrow for Haiti

PHHP opens public health laboratory in Haiti

By Jill Pease

The College of Public Health and Health Professions has opened a public health field laboratory in Haiti that will allow UF researchers to work with Haitian colleagues to quickly identify and contain infectious disease outbreaks. Jimmy Carter, the 39th president of the United States, and his wife Rosalynn Carter, joined UF and Haitian partners at an opening ceremony Nov. 8.

“The laboratory is one part of our comprehensive approach to improving public health in Haiti,” said Michael G. Perri, Ph.D., dean of the College of Public Health and Health Professions. “The lab also provides important opportunities for research and education collaborations with the university and Haiti’s Ministry of Public Health and Population.”

The University of Florida Public Health Laboratory is a culmination of efforts led by the College of Public Health and Health Professions along with non-governmental organizations FISH Ministries and the Christianville Foundation, and with supporters in the private sector, including Rotary International and the KORE Foundation. Edsel Redden, an associate for environmental and global health international development in the college’s department of environmental and global health, played a key role in bringing together non-governmental organizations to work with UF on the development of the laboratory, part of UF’s “A Better Tomorrow for Haiti” initiative. The U.S. Department of Defense Armed Forces Health Surveillance Center provided funding for most of the lab’s equipment.

In remarks at the opening ceremony, Carter congratulated the university and called on UF and Haitian researchers to join the Carter Center’s fight to eliminate the mosquito-borne diseases malaria and lymphatic filariasis, also known as elephantiasis, a seriously disfiguring disease that affects 120 million people worldwide.

Several UF researchers are already using the resources of the public health laboratory, which is based in Gressier. J. Glenn Morris, M.D., M.P.H., and Afsar Ali, Ph.D., study the epidemiology, evolution and transmission of choler. Bernard Okech, Ph.D., investigates anti-malaria drug resistance and breeding habitats for mosquitoes that carry malaria and dengue fever. Andrew Kane, Ph.D., studies aquatic pathology and toxicology.
More than half of children admitted to an urban Florida pediatric emergency department had elevated blood pressure, according to a study published in the journal Pediatric Emergency Care.

Elevated blood pressure is often a sign of kidney or other health problems in children. Evaluating the readings thoughtfully and ordering further tests could be a key to diagnosing a serious problem, said Phyllis Hendry, M.D., an associate professor in the department of emergency medicine at the UF College of Medicine-Jacksonville and one of the authors of the study.

Researchers looked at the charts of nearly 1,000 patients admitted to Shands Jacksonville over a 13-month period in 2007 and 2008. Researchers were only expecting to see about 100 patients with elevated triage blood pressure but found more than 500, Hendry said. More than 20 percent had severely elevated levels, said Hendry, who also serves as assistant chair of research for the emergency medicine department.

The study also found that elevated blood pressure was recognized on the medical record in only a small percentage of cases.

“In adult emergency patients, we are very focused on blood pressure and abnormal values are clearly defined,” Hendry said. “In children, it’s easy to dismiss a high value because often they are anxious, crying or in pain. There are a number of things that can affect blood pressure.”

But as hypertension among children is on the rise — now in 5 percent of American youth, up from 1 percent in the 1970s and 1980s — the emergency department can play a larger role in flagging potential problems. The standards are based on age, weight and even height — a measurement not usually taken in pediatric emergency departments.

Hendry said it is difficult to know how much weight to give the statistics because of the lengthy list of variables that go into calculating a “normal” blood pressure for a child.

“You can be transitioning from examining a premature baby that weighs 3 pounds to a 300-pound adolescent, so what is normal blood pressure supposed to be?” Hendry said.

Standards are also based on measuring the blood pressure three times and taking the mean of the three readings, which is not practical in an emergency department.

Emergency department blood pressure is also often given little credence because children are upset and scared, which could skew the numbers, Hendry said. However, the study found the pain level of the child was not associated with blood pressure elevation, nor was the race of the child, Hendry said.

If patients are in the emergency department for several hours or more, their vital signs are usually checked again or at discharge. Researchers say if a child’s blood pressure remains elevated, physicians should suggest a follow-up appointment with the child’s primary care physician within a few weeks.

As hospitals move toward electronic medical records, ways to flag high blood pressure in children would be valuable, said Arno Zaritsky, M.D., senior vice president of clinical services at Children’s Hospital of The King’s Daughters in Norfolk, Va., and a medical consultant for the American Heart Association.

“I think the take-home is maybe we should have a process as part of sending them home that we check the blood pressure later to make sure that it does come down,” Zaritsky said.
The students will be upstairs in an hour, taking turns working on a lifelike model of an ectopic pregnancy.

But right now, there’s a pig uterus, half a jar of blackberry jam, a tube of solidifying powder and a couple of syringes. Oh, and five doctors scrambling around a lab to make science happen.

The scrambler-in-chief is Brent E. Seibel, M.D., an assistant professor of obstetrics and gynecology at the UF College of Medicine-Jacksonville. Seibel orchestrates this Broadway-show-meets-biology-class madness one Wednesday a month, bringing students to the Center for Simulation Education and Safety Research.

“Most of the stuff is not made commercially,” Seibel said, “so we have to wing it.”

And wing it he does.

Seibel’s become such a master in that regard that Kelly A. Best, M.D., an associate professor of obstetrics and gynecology, calls him “Dr. MacGyver.”

“As long as we have some spray glue, a screwdriver and some scissors, we can make just about anything,” joked Best, program director of the obstetrics and gynecology residency program.

Seibel is one of the regulars at CSESaR, a state-of-the-art center spreading across two floors of the former Methodist Hospital. The training center, also referred to on campus as the SIM Center, is the second-largest of its kind in the nation.

Seibel was one of the first physicians on the Jacksonville campus to create his own models and scenarios for students to work on. Now, senior simulation technician and skilled modeler Dan Torres makes molds of skulls, fingers and other body parts to be used in the center.

A few years back, Seibel created a foam model of a female abdomen to be used for students to practice a cesarean section. As soon as Bruce Nappi, administrative director of CSESaR, saw it, he went to the meat counter at Winn-Dixie and asked for some livers and kidneys. The end result is what Nappi calls a “hybrid simulator” — a plastic mannequin with animal tissue.

This morning, Seibel is tweaking things a little — as usual. He’s using the pig uterus to simulate a fallopian tube. The jelly and solidifying powder are placed inside and Seibel wants them to be the color and consistency of a blood clot.

For the main demonstration, two students are put on the spot in a former operating room that still has all the trappings of a hospital suite. The students’ movements are visible on a large television monitor for the class to see.

Seibel says he tries to use the center for scenarios that are relatively uncommon.

“Here we can stage it and everybody can see it and even participate,” Seibel said. “It gets more exposure and, hopefully, if a situation comes up in a clinical setting they’ll at least know they’ve seen something like it before.”

During the session, Best gets it all on video, which will be edited to include a voiceover and will be available for students to refer back to.

“That really appeals to this generation of learner,” Best said. “They don’t want to open a textbook and read a 1960s-style analysis of anything.”

Best says she knows the scrambling around the lab is paying off when she talks to former students who tell her they ran across a scenario that was “just like the SIM.”

All but the blackberry jam.
A researcher’s best friend

New biostatistician gives research efforts a boost in Jacksonville

By Matt Galnor

The burgeoning research support system at the University of Florida College of Medicine-Jacksonville now includes the first doctorate-level biostatistician available full time for consulting on the Jacksonville campus.

Dale F. Kraemer, Ph.D., an associate professor at the UF Center for Health Equity and Quality Research, started in May.

Kraemer comes to UF from the Oregon Health and Science University.

Kraemer will lead a team of two other statisticians and focus on the consulting end of research projects with faculty. He will be fundamental in helping faculty design research projects, defining the questions that should be asked for a study and analyzing the data once it comes in, said David L. Wood, M.D., a professor in the department of pediatrics and medical director for CHEQR.

During his 14 years in Portland, Kraemer worked extensively with a neurologist to find ways to get more medicine directly to brain tumors. He previously worked for a pharmaceutical company in Michigan working on registration trials. His duties included designing and analyzing studies, along with meeting with the Food and Drug Administration to discuss results.

While Kraemer will be available to all researchers on the Jacksonville campus, he will be based in the CHEQR offices where research often focuses on health disparities based on economic and societal differences.

Campus leaders have put an emphasis on increasing research and Wood said Kraemer’s hiring will help faculty develop their ideas and increase their chances of attracting funding and getting published.

“My goal is to create enough research that we have to hire a couple more statisticians to keep up with it,” Kraemer said. “That means we’re producing research. That’s the goal.”

The resident boom

Graduate medical education on the rise in Jacksonville

By Matt Galnor

Graduate medical education is continuing its growth spurt at the University of Florida College of Medicine-Jacksonville, with two newly accredited programs and several others in various stages of approval.

The Accreditation Council for Graduate Medical Education signed off on a new rheumatology residency program this summer and last month approved a new transfusion medicine residency.

Decisions from the ACGME are expected in the coming months on two more programs and a third has a site visit scheduled for January.

The college also recently received a renewed four-year institutional accreditation, a key piece to maintaining and building future programs.

The college now has 30 accredited programs — the majority sanctioned by the ACGME. Eight of the new programs have been approved since 2006, said Constance K. Haan, M.D., M.S., senior associate dean for educational affairs and director of the graduate medical education programs.

“Growth is always seen, not just by the trainees but by the faculty as well, as energy in building a stronger, brighter, better future,” said Haan, also a surgery professor and program director of the Patient Safety Fellowship.

Haan became the college’s main contact with the ACGME. Since then, the college has added residency or fellowship programs in electrophysiology, endocrinology, nephrology, pulmonary disease and critical care, rheumatology, vascular neurology, ophthalmology and transfusion medicine.

Haan said the college has seen an increase in residents who stay here for a fellowship and also in those who end up being hired on as faculty. That’s important because it means the faculty are training people they want to have as partners, and it shows the residents and fellows value the institution and want to practice and teach here, Haan said.

National studies have shown there will be a physician shortage by 2015, meaning academic health centers need to be fully engaged in training future doctors, said Robert Nuss, M.D., associate vice president for health affairs and dean of the regional campus.

“It’s critical for societal and local needs that we provide a supply of quality individuals to replace the labor force,” Nuss said.
Dean selected for VA committee

UF College of Nursing Dean Kathleen Ann Long, Ph.D., R.N., has been selected as a member of a newly formed national Veterans Affairs advisory committee. The VA National Academic Affiliations Council will provide a forum for joint planning and coordination between the VA and the nation’s health professions schools and universities. The committee will advise U.S. Secretary of Veterans Affairs Eric K. Shinseki and Under Secretary for Health Robert A. Petzel on how to further enhance the largest public-private partnership in the VA’s history and a cornerstone of American health professions education. UF is a founding member of the VA Nursing Academy, a national project to enhance partnerships between the VA and the nation’s nursing schools. Long was an invited member of the Institute of Medicine’s Military Nursing Research Review Committee. She is also a past president of the American Association of Colleges of Nursing and has served on an advisory board to the U.S. Office of Rural Health Policy.

Making hearts happy

For more than a decade, Rhonda Cooper-DeHoff, Pharm.D., M.S., an associate professor in the colleges of Pharmacy and Medicine, collected data, studying blood pressure in patients with heart disease. More recently she has focused her work on cardiovascular outcomes in patients with diabetes. The resulting article, “Tight Blood Pressure Control and Cardiovascular Outcomes Among Hypertensive Patients with Diabetes and Coronary Artery Disease,” was published July 7, 2010 in The Journal of the American Medical Association. In December, Cooper-DeHoff received the 2011 Literature Award from The American Society of Health-System Pharmacists Foundation. In October, she also received the Best Paper Award from The American College of Clinical Pharmacy Cardiology Practice and Research Network.
Eugene Brandner once believed his career was firmly founded in forestry. Now, he grows buildings.

As an assistant director of UF’s Facilities, Planning and Construction division, he’d seen the Communicore and College of Dentistry buildings go up in the mid-1970s. He helped in the development of the McKnight Brain Institute. And he watched as the Sun Terrace got its new look this year.

After 40 years at UF, he’s planning on retiring. His last day will be Jan. 31.

Born and raised in Shohola, Pa., he moved to Gainesville as a forestry transfer student from Penn State. He spent the next few years as a UF undergraduate.

An adviser pointed him toward architecture, and he latched onto the idea of drawing and designing for a living. He graduated in 1971 with his Bachelor of Architecture degree, an eight-year program that included five years of classes and three years of an internship prior to getting his state board license.

From there, he was hired by UF.

When he came to Gainesville, he thought he’d be greeted by sandy beaches and palm trees. It’s Florida, right? He came to love the city and said he has an immense sense of satisfaction in his job by “just seeing the finished product.”

Brandner said he designed buildings in his early days as a UF employee. Forty years later, his job is to make sure a project stays on track and ends up the way the university pictured it. A. Miles Albertson, associate director of Facilities, Planning and Construction, said Brandner has been one of the cornerstones of the division.

“He has been basically the architect of record for the Health Science Center,” Albertson said.

Twenty-five years ago, Brandner hired Albertson and became his mentor. Without Brandner’s guidance, Albertson said he wouldn’t be where he is today.

“He has been rock solid for 25 years,” Albertson said.

Brandner is past his designing days, but he said he treats every job like it’s a new chance to learn something.

“You never stop learning,” he said. “Every day is different. Every project is different.”

With technology permeating nearly every step of his process, every project is a little more advanced, too. Digital monitors let Physical Plant staff members know when air filters need to be changed and allow them to adjust the air conditioning with the push of a button.

The HSC Library’s books have been relocated and many of them are stored online as well.

“You see the books disappearing,” he said. “You see the study areas become more important.”

Usually, about $70 million in projects go through his office a year. Project costs have dipped with the budget, but improvement is constant.

The big thing, he said, is to see the project evolve from an idea on paper to a finished product.

And given how old the current buildings are getting, he had his hands full seeing the numerous renovations to fruition.

But once they’re done, Brandner said, he feels a great sense of joy when people start using the spaces he helped create.

He’s proud of his time at UF, but his humility will ensure he’ll be the last one to brag about it, Albertson said.

“He’s just behind the scenes, always working, always there,” Albertson said. “He’s a great guy.”
Parker Stevens, 10, a Gainesville area student, raised more than $2,000 for the Pediatric Oncology Unit at Shands Hospital for Children at UF. Parker, with his father Jeff Stevens and Dr. William Slayton, division chief of pediatric hematology and oncology at Shands at UF, voluntarily had their locks clipped by Parker’s mom, Kristin Stevens. They hope to inspire others to help children with cancer.

Hannah Schwartz, 5, blew bubbles at the end of the World Diabetes Day lighting ceremony at Century Tower as a sign of hope for diabetes patients.

Dr. Abi Adewumi, Dr. Winston T. Richards, Dr. Donna M. Parker and Dr. Albert R. Robinson were featured speakers at UF’s Clinicians of Color event in November.