IN PURSUIT OF THE BEST HEALTH CARE

What Does Quality Mean?
The start of a new school year is already upon us, and it leads us to wonder what the outcome of this year’s efforts will be. Last year was another incredible year for the School of Health Related Professions—enrollments continued to climb, with interest in our professional programs at an all-time high. Research growth continued, with annual funding of nearly $8 million, and for the second year in a row the school was ranked number one among its peers in NIH funding. Faculty and students continued to achieve national recognition for their efforts, and we saw innovation in the classroom. And for the third straight year, the school won the university’s Homecoming Spirit Award.

So what about this year? We already know that this fall’s enrollment for the school will set new records. The year will also see the launch of a new honors program and the university’s first school-based teaching development program for new faculty. Our Surgical Physician Assistant Program will admit its first M.S. class, and the Department of Physical Therapy will see its first doctoral graduates. But this is just the beginning. With great students, a great faculty and staff, and the support of great friends like you, an incredible year of accomplishments lies ahead.

We look forward to sharing the ride with you!
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UAB Health Related Professions is published twice each year by the School of Health Related Professions at UAB. It is produced by the UAB Publications and Periodicals Group, Office of Public Relations and Marketing.
In Dylan's song, “A Hard Rain's A-Gonna Fall,” the singer is asked, "Where have you been, what did you see, what did you hear, who did you meet, and what'll you do now, my blue-eyed son" . . . and he answers with a collage of images of his experience. In this crisis the images were moving so fast that I think it'll take a while to put them all together, but here's an attempt to do so.

God’s Natural World has an awesome power. From the small observation windows on our tallest floors, we observed awnings being blown off, a blinding rain, and a general sense that if God’s ever angry we’re going to lose big. Our first inspections revealed little damage. Overconfident, we even stated we had absorbed the best punch that nature could throw and we seemed intact.

At 1:30 am on Tuesday morning began the biggest crisis and challenge of my life and in the life of Tulane and no doubt New Orleans. I was awakened by my COO who told me the water in the boiler room had been rising a foot an hour since midnight and if it continued at that rate at best we had only another two to three hours before we would lose all power. We had 7 ventilator patients whose lives would be in jeopardy, and we had to move fast to get them out. We had no boat and no helicopter pad. I called Acadian Ambulance and asked their immediate help. We have a parking deck connected to the hospital that was sturdy enough to support helicopter flight, but it had four light poles in the middle. What happened in the next four hours was a miracle. Our maintenance group got the light poles down; Acadian agreed to pick our patients up; and we made arrangements with our other HCA hospitals to take them. Our staff and physicians got their patients ready, and the water rise began to slow to an inch [per hour]. A little after the sun came up copters were on the roof and patients began to be transported.

Early on Tuesday morning we met with our key managers who were at the hospital. We had no idea why the water was rising, but we had to assume that it would keep rising and we would lose all power. Thus, no light, no AC, suction, oxygen, elevators, phones, i.e. none of the things that are precious to good care. We had to get out and HCA was working frantically to coordinate a transportation effort to pick up patients and eventually, our staff. How many people? At least 1,200, including a total of 160 patients, employees and physicians and their families and 76 dogs and cats that I didn’t know about at the time.

TUESDAY: The looting began. We witnessed people, dozens of them, wading in front of the hospital with bag after bag of stuff from different stores in the vicinity. That night our people on the roof evacuating patients heard gunshots but they continued their work. The lawlessness and insurrection certainly were distractions but our Tulane Police were great. Late in the day we ran out of fuel so our generators shut down and the building began to get hot.

WEDNESDAY: Daybreak, and patients were being moved into a queue to move. I saw our staff, residents, and faculty move sick patients with a grace and dignity that was most impressive.
The city sewer system was obviously backing up and spilling out and creating an acrid smell that over the next few days made it almost impossible to breathe. With no water pressure you can’t bathe. But here’s a general observation: if everyone smells the same you really don’t notice it, you just feel unclean.

The Big Birds began to fly. Instead of one or two patients they could move up to four with some additional staff. By the end of the day we had moved all but about 20 patients. The coordination from the patient’s room to the staging area to the helipad into the helicopter was a work of art composed by many painters. It truly was a thing of beauty and it touched everyone who was there.

**THURSDAY.** We basically were living on Strawberry Pop-Tarts, honey oat bars and for dinner a little protein, tuna fish. Anyway, the line was formed and I personally counted: 700 people. Moving through the line people were calm, with a few exceptions but overall they managed their plight well. Then a situation developed. A frantic Medical Director of Critical Care showed up by boat from Charity. Major problem. Charity was in a meltdown. He had 21 critical care patients, many being hand-ventilated for two days, and he couldn’t get any help from the state. Can you help me? he asked. This was a tough question but it had only one answer. We would give them access to the small aircraft, which wasn’t going to help us move our staff anyway. So that process began, much to the chagrin of our non-professional staff and family. They just didn’t understand it. Our nurses and doctors did but it increased the crowd’s intensity. Midday and it was moving slow. It didn’t look good. Then from 3 to 5 things happened.

A Chinook helicopter is big. Two rotors and it carries about 50-60 people. It moves with a slow deliberate confidence that is hard to describe. When one showed up, we wondered if it could land so we asked “the man,” John, and he said yes but nothing else could be on the pad when it did due to the turbulence.

So for a few hours we made progress and then it stopped. No more big birds, big problem. What happened? I called my daughter Megan where Donna was staying and she seemed elated. “You’re back,” “What?” I asked. She told me Gov. Blanco had just announced that Tulane Hospital had been totally evacuated. According to my account she was about 400 people short in her analysis. We now had a new problem. They think we’re not here. Better let someone know. I called the Louisiana National Guard. The person who answered [had been at the hospital] earlier and gotten a ride back with some of the Wildlife boys and was now flying sorties into New Orleans. He quickly got a hold of the Office of Emergency Preparedness and let them know we still needed help. So maybe Friday we’d get out.

**FRIDAY.** The ending is pretty anti-climactic. At 8 o’clock unexpected Chinooks began showing up taking 60 people at a time. In a matter of two and a half hours everyone was gone but our police and the last remnants of management. So after attempts to coordinate with Charity to use the helipad, we left for home sweet home.

Obviously, this is only phase one of a complicated recovery for New Orleans. Each of you no doubt is praying for this recovery. So many people have lost so much and it reaches far beyond New Orleans.

I talked to the chairman of the board of HCA yesterday upon returning and told him it was the worst and most difficult challenge I have ever personally experienced but at the same time I don’t think I’ve ever felt as great a sense of accomplishment from anything I’ve done before. Our staff performed like clockwork and it was a beautiful thing to observe. Our success in this week is simply measured by the fact that we didn’t lose a patient during this trying time.

Jim

PS. This event is just below a nuclear catastrophe in its degree of magnitude, and it’s clear we’re not ready and if we don’t do better the next time a really hard rain’s a-gonna fall.

If you have your own stories about your experiences related to hurricanes Katrina or Rita—weathering the storm, providing care or relief for the affected areas, or helping to regroup and rebuild afterward—we’d like to hear about them. Send your stories to Doug Gillett, managing editor, at [dougg@uab.edu] or fax to (205) 975-4416. Be sure to include as much detail as possible, particularly an e-mail address or phone number we can contact if we need additional information.
Americans are more concerned with good health and longevity than ever before, and they have an unprecedented array of tools and methods at their disposal. In today’s health-care jargon, the tools they use in these efforts are often called “interventions.”

Interventions can take the form of lifestyle changes that people impose on themselves, such as programs of weight control, exercise, or consumption of vitamins. They can also take the form of health-related diagnostic procedures or medical treatments.

As the smorgasbord of health-related interventions has grown dramatically in recent decades, so has the need to evaluate the effectiveness of these interventions. Such evaluations mean taking a close scientific look at the outcomes that the interventions produce, whether they are brought about by specific diagnostic and treatment procedures or significant, long-term lifestyle changes.

The study of these outcomes is a growing field that has come to be called “outcomes and effectiveness research and education.” The School of Health Related Professions (SHRP) is deeply involved in this field—in fact, Norman W. Weissman, a UAB professor who holds joint appointments at SHRP and the School of Medicine, is one of two co-directors of UAB’s Center for Outcomes and Effectiveness Research and Education (COERE). Weissman came to UAB with years of experience working at the federal level in Washington, D.C.; in addition to co-directing COERE, he is the co-director of the Deep South Center on Effectiveness at the Birmingham VA Medical Center and he has been named to the L.R. Jordan Endowed Chair in Health Services Administration within SHRP.

What Does Quality Mean?

By Anita Smith

Gerald Glandon (left) and Norman Weissman have helped ensure that SHRP and UAB are on the cutting edge of research into outcomes and effectiveness in health care.
**What Does Quality Mean?**

In pursuit of the care, interrelated factors are important to outcomes and effectiveness research and education. If health-care professionals can’t cross boundaries to communicate about issues, he explains, they cannot address tough questions about the effectiveness of certain interventions. Weissman credits the depth and sincerity of UAB’s collaborative spirit with opening doors for him and his fellow COERE co-director, Catarina I. Kiefe, Ph.D., M.D., from the School of Medicine. “This university truly does not set up barriers,” says Weissman. “I have never seen a university-based collaborative environment as good as the one at UAB. In my experience, it is unique.”

COERE’s team is using funds from a variety of sources. Examples of key funding sources include various units of the federally supported National Institutes of Health (NIH) and Centers for Disease Control (CDC). A national agency leading the way in interacting with COERE is the Agency for Healthcare Research and Quality (AHRQ), the federal government’s key agency involved in outcomes and effectiveness research and education. At the state level, COERE also interacts with the Alabama Quality Assurance Foundation.

The questions being posed by COERE investigators concerning interventions and outcomes include: Are physicians following consistent guidelines in managing patients after they suffer myocardial infarctions? What kinds of outcomes are patients experiencing after undergoing certain cancer treatments? Are physicians rendering health care that is “evidence-based”—that is, based on evidence that shows the care is associated with good outcomes?

**The Need to Ask these Questions**

SHRP dean Harold Jones, Ph.D., is a firm believer in outcomes and effectiveness research and education.

“In my opinion, outcomes and effectiveness research and education is probably more vital today than it has been at any time in history,” Jones says. “We have access to more and different technologies, treatments, and pharmaceuticals; in addition, we have nontraditional interventions that are being suggested to respond to particular disease states or conditions. Yet in many cases we really don’t have the information to make good decisions about what a patient should do—about what will be in the best interest of a patient.”

Jones says it is important for SHRP’s students to be on the cutting edge of learning about outcomes and effectiveness. Noting that SHRP already is number one nationally among schools of its type in NIH funding, Jones says the school’s strategic plan has established a goal for SHRP to be the leading school of its type nationally according to a wide array of standards by 2010. “If we as a school are really taking on leadership roles, we must make sure this includes leading in the area of outcomes and effectiveness,” says Jones. “We must be preparing our students not only to deliver the best quality of care but also to deliver care in a cost-effective manner that makes the most out of available resources.”

**What Is Quality Health Care?**

Inherent in the wide array of questions posed in outcomes and effectiveness is the question, “What is quality health care?” SHRP leaders have their own ideas about the criteria by which that question should be answered.

“I believe we have to look at quality of health care as being a multidimensional concept that includes aspects of clinical quality, creature comforts, and communication,” says Gerald L. Glandon, chair of SHRP’s Department of Health Services Administration. As for clinical quality, Glandon means that it is important that good judgments be made about steps to take in a patient’s care and that appropriately selected treatments be rendered by competent professionals. In terms of creature comforts, he says factors such as good food, pleasant surroundings, and courteous caregivers come into play. Communication with patients and family members, he says, is also vital—to keep them informed and make sure they understand the information provided.

Weissman says that one should think about quality health care in terms of structural measures, processes of care, and good outcomes: “In addressing structural measurements, we look at factors such as the facility where a patient is treated and the staff providing the treatment—including the education and numbers of staff, the equipment, and the ambience of the health-care facility. The processes of care relate to interventions provided for the patient and whether these interventions are the most effective, whether they are proven, whether they are evidence-based, whether they are administered correctly and sensitively. When it comes to the third factor—good outcomes—neither structural measures
nor processes of care can be valued highly unless they produce an outcome that is good for the patient and good in the patient’s interpretation.”

Dean Jones says the quality of health care is “the impact that health care has on the quality of life. The quality of health care is really the provision of whatever services we are rendering, whether these services are preventative, rehabilitative, treating a disease state—whatever they might be.”

**Looking at Long-Term Impacts**

Jones believes it is much easier for an impatient society such as ours to study short-term impacts on health than it is to study long-term impacts. But if outcomes and effectiveness initiatives are going to be truly relevant, researchers must also look at long-term impacts, he says. “I believe there are two effectiveness-and-outcomes areas that we really have failed to measure sufficiently—the impact of preventative health care and the impact of maintenance care for chronic disease conditions.

“We can all bring a tiny level of effectiveness research into whatever we do,” he continues. “We can do this by simply taking the time to reflect upon what has worked and what has not.”

Weissman says that if society really expects to evaluate effectiveness and make changes that positively impact outcomes, there must be a collaboration among all areas of the health-related network. “This includes clinicians such as physicians and nurses and various therapists. It also includes the business side of health care,” he says.

It is imperative that health-care managers be leaders in the areas of effectiveness and outcomes, notes Glandon. “The next generation of health care is going to be different in that society is going to demand a lot more out of the health-care delivery system. The future managers we are training will have to understand what is being demanded,” he says. “That is why we have a health informatics program in our department. One of the backbones of outcomes and quality relevant to the future of health-services management is information systems. We must be able to collect, integrate, synthesize, and monitor the data that is important—the clinical and financial data, and also the health-care outcomes data—to improve our care.”

Dean Jones says if changes are to be made relevant to interventions and outcomes, a “culture” has to exist in which people ask and address the tough questions. “For instance, hospital administrators must demand evidence that treatments are relevant. In a lot of cases, we are not practicing evidence-based management. We must educate future practitioners and managers to ask the right questions if we are going to make the right changes.”

**Effectiveness versus Cost**

Within the COERE organization is an economic evaluation and modeling unit headed by Maria Pisu, Ph.D., a specialist in economics who is an assistant professor in SHRP’s Department of Health Services Administration. She and her colleagues employ various data to project or “model” the long-term outcomes of given interventions. One goal of such modeling is to understand how effective certain interventions can be for a patient’s health. Another goal is an economic evaluation to look at the cost-effectiveness of interventions. Pisu said she and her colleagues sometimes look at “competing strategies” to see which is a better selection for both effectiveness and wise investment of scarce resources.

“Very often, we find that a lot of the interventions are effective but not cost-saving,” says Pisu. She says this weighing and balancing will present more choices and decisions for individual patients, practitioners, and insurers, as well as for society as a whole. “In our society it then falls to us to decide when it is worth that extra money,” she says.

When all is said and done, Dean Jones says there is no way to proceed with new health-care innovations unless society has an organized system for evaluating these innovations. He says these all-important evaluations come through outcomes and effectiveness research. “We want to push forward with new innovations,” Jones says. “At the same time, without valid effectiveness and outcomes research, how can we know that the new technology is any better than what we’ve already been using? How can you deliver quality health care if you don’t know what quality health care is? Those questions are some of the most relevant questions we can be asking in health care today.”

“We can all bring a tiny level of effectiveness research into whatever we do . . . simply by taking the time to go back and reflect upon what has worked and what has not.”
“Quality of care” is an abstract concept that isn’t any easier to pin down when considering the many dimensions of “quality.” But SHRP researchers and faculty already are working to address specific aspects of quality such as clinical competency, proper communication, and innovative methods—ensuring that students leave the school with an understanding of “quality care” and an appreciation for how every action they take as health-care workers can have an effect on patient outcomes.

High-quality care starts with high-quality training, and SHRP students are fortunate to have skills labs that are among the largest and best-equipped in the country. At these labs, students can practice intubations, IV insertions, lumbar punctures, or simply listen to the heart, lungs, or stomach.

As coordinator of the skills labs, Linda Hooper, M.S.N., ensures that each lab is stocked with up-to-date equipment so that students can get the practice time they need and graduate as skilled, competent clinicians. “We’ve had people come from different universities to see our labs,” says Hooper, who adds that she attends a seminar each year to learn about the latest lab equipment and techniques. “We have a very high-level, high-quality lab compared to what a lot of other universities have. There’s never been a hesitation while I’ve been here to buy any of the resources we need.”

Sometimes, though, quality is affected by factors even more complex—and subjective—than pure clinical skills. So SHRP professors are working to make sure their students’ interactions with patients are as comprehensive as possible, leaving “no stone unturned” in the search for proper diagnosis and treatments, and that students build better lines of communication with their patients.

For example, Patricia Jennings, Dr.P.H., PA-C, began investigating ways for physician assistants to take more accurate sexual histories from people at risk for HIV and AIDS all the way back in 1996. Now, as an associate professor in SHRP’s PA program, she ensures that none of her students will fail to ask critical questions that could mean the difference between life and death.

“In observing people at baseline taking sexual histories, I often chuckle because most of them will say, ‘You’re not having sex, are you?’” Jennings explains. “It’s uncomfortable to talk about sex with strangers; it’s not a natural thing. But we give our students the right verbiage—’Do you have sex with men, women, or both? How many partners have you had in the last five years?’ By saying ‘partners,’ you’re not putting a label on whether it’s male or female . . . it’s an open-ended question, and it gives the patient permission to answer openly and honestly.

“We all need to be treated with respect,” she adds, “and when patients are asked those questions, in order for them to answer honestly they have to feel that the provider is going to be comfortable with their answer.” Another aspect of the program Jennings has developed is a comprehensive AIDS-education unit that aims to break down prospective PAs’ popular misconceptions about the disease.

Cultural issues, too, can play unexpected roles in the proper treatment of patients facing health problems. Jamy Ard, M.D., an assistant professor and researcher in the Department of Nutrition Sciences, has been pioneering the concept of “culturally sensitive” interventions for overweight or obese patients.

“I see it as using the individual’s cultural framework as the framework for presenting ideas or information; it’s especially pertinent for diet and how people view health and their bodies,” he says. “Sometimes there comes a point when engaging in a certain behavior, even if you believe that it’s going to actually improve your health, may begin to conflict with who you think you are or how you identify yourself culturally, and there’ll be a discomfort there that will make you less likely to maintain that behavior.” With any activity as socially oriented as eating, family and friends have to play major roles in the intervention for it to be successful, a concept Ard always tries to drive home to his students.
Eat less, exercise more: This simple advice can go a long way in battling obesity. However, recent studies indicate some of us may have an easier fight than others—not only due to environment, but also due to genes and race.

“I think people would be more comfortable if I were to say, ‘Differences in obesity are a consequence of socioeconomic factors,’ ” says Jose R. Fernandez, Ph.D., assistant professor of nutrition sciences. “But if you bring in genetics, it becomes more complicated, because we cannot change our genes.”

Race is not a simple black-and-white issue, either—most Americans identify themselves with one particular ethnic group, but in fact we are highly mixed. This can be studied through genetic information by a technique called “genetic admixture” and the quantification of genetic admixture serves as the backbone of Fernandez’s research.

The first step of the genetic admixture estimation is to identify as reference points several markers that differ among European, African, and Amerindian populations, representing the three major groups that interacted during the period of colonization of the New World. Using this information, Fernandez and his team were able to calculate the estimated genetic admixture for a given subject—for example, 80 percent European, 15 percent African American, and 5 percent Native American.

The genetic admixture was then placed in a statistical model to declassify race, adjusting for environmental factors such as socioeconomic status and education level, which essentially declassified race. When cross-referenced with measurements such as body fat, fat-free mass, and bone density, the results supported certain trends already established by the Centers for Disease Control (CDC). For instance, a higher African-American admixture corresponds to higher levels in all three of these categories—in other words, the more African genetic admixture one has, the greater the likelihood of having more fat, lean, and bone mass. This may result in greater prevalence of obesity, holding all other environmental and behavioral factors constant.

“We knew there were differences among races in terms of obesity,” Fernandez says, referring to the CDC data. “The question was why.” The next question is: How can this information be used to solve our growing obesity problem? After all, even the most groundbreaking scientific research is meaningless without effective dissemination and implementation in the real world, and Fernandez is acutely aware of this fact.

“One of the components that we need to improve in the research community is the translational aspect,” he says. “Bringing the data to the public and teaching them how to use it is a vital component in everything we do.”

This explains his recent focus on the genetics of obesity and diabetes in children. The AMERICO Study (Admixture Mapping for Ethnic and Racial Insulin Complex Outcomes) measures insulin responses to glucose across racial categories. It also relies upon information about diet and exercise collected from various questionnaires.

The short-term goal is to identify at-risk admixtures, while the long-term goal is to not only translate the data but also develop specific early-intervention strategies. That’s why the focus on children is so important—they can develop healthy lifestyle choices and, hopefully, carry those into adulthood.

Of course, the ultimate success or failure of these initiatives will be decided at the individual level—and it’s important to understand that having a certain ethnic background doesn’t necessarily mean one will develop certain conditions.

“There's no such thing as genetic determinism in complex diseases,” Fernandez notes, “only genetic predisposition. I really believe we’re developing a consciousness about these issues, which is a very positive development.”
Education on the Honors System:
UAB Prepares to Expand Honors Program

By Doug Gillett

Ever since she became president of UAB in 2002, Carol Z. Garrison, Ph.D., has made the expansion of UAB’s Honors Program a top priority. With a series of honors classes starting this fall, the School of Health Related Professions is joining that vision with the goal of not only attracting “cream of the crop” students to SHRP but also setting them up to take leading roles in the health-care industry.

“We want to immerse these honors students a lot more deeply into the areas they’ve chosen,” says Bradley Newcomer, Ph.D., an associate professor in the Department of Diagnostic and Therapeutic Sciences charged with mapping out and implementing SHRP’s undergraduate honors program. “Our vision is that these students, five or 10 years from now, are going to be the leaders in their fields.”

Preparing them for that achievement, however, means more than just harder classwork. The honors curriculum includes a back-to-back sequence (fall and spring semesters) of honors seminars earning one credit hour each, but “the neat component of the seminar series is we’re going to break them into small, scholarly groups, and they’re going to work on multidisciplinary case studies,” Newcomer explains. By addressing issues ranging from bioethics to health-care finance and reimbursement, the students will learn not just how to function in their own fields or specialties but also how they fit into the health-care system as a whole. “We want to take these ‘cream of the crop’ students and get them ready to work in multidisciplinary team environments,” he says.

The seminar series is paired with honors projects in which students work one-on-one with faculty mentors to “identify an area of interest, generate a focused research question, and write a proposal to answer the question,” Newcomer says. Not only will these projects be prepared for presentation at a professional meeting or SHRP Research Day, but the students also will be tasked with submitting publication-quality manuscripts to their respective mentors, who will then help their students submit the manuscripts to journals.

One of the biggest challenges in implementing the program, Newcomer says, has been adapting it to the diverse array of programs offered at SHRP. Those programs, he says, can be “vastly different with respect to how many terms they are in length, how much of a distance-learning component there is—we haven’t attacked the distance-education part yet.”

However, he adds, the honors curriculum will also be a “dynamically evolving program,” particularly for the first couple of years. “Once we start integrating more undergraduates into the program, and even integrating more faculty in mentor roles, we’re going to gauge how things are working and make changes,” he says.

Newcomer’s hope is that there will not only be annual evaluations with faculty members but also continuing contacts with students three to five years down the road to see how much of a boon the honors courses have been to them—“essentially the same things we do for our normal undergraduate program evaluations,” he says.

Based on the strong early support for, and interest in, the honors program, SHRP administrators are positive about the prospects for growth. “I am extremely enthusiastic about our new school-based honors program,” says SHRP dean Harold Jones, Ph.D. “It will enable us to provide special experiences in interdisciplinary education, leadership, and research for these outstanding students. We’re starting with a small group of students, but in time we hope to expand these offerings to serve even greater numbers.”
Howard Houser, Ph.D., has been with the Master of Science in Health Administration (MSHA) Program since the beginning. When the program was first started there were about 160 hospitals in Alabama and only 22 people in the state with master's degrees in health administration. “Eleven of those people—and I was one of them—were at UAB,” he says. “So that meant there were 11 others scattered over 160 hospitals in the state. We were sort of in a vacuum.”

For 40 years the program has done an exemplary job of not just filling that vacuum but also supplying the entire country with smart, effective health-care leaders. In addition to celebrating its 40th anniversary this year, the program also marks the 25th anniversary of its National Symposium for Health Care Executives, held annually in Florida.

**MANY ADVANTAGES FOR ASPIRING EXECUTIVES**

The brainchild of former UAB president Joseph Volker and former University Hospital director Matthew F. McNulty, the School of Health Services Administration (SHSA), founded in 1965, actually predates the School of Health Related Professions. The original SHSA plan included a technical institute for allied-health education, Houser explains, which was started in the late ’60s and was converted into SHRP.

Since then, the MSHA Program has turned out some of the most powerful and well-respected executives in the country, and its excellence has been recognized with consistent appearances in the *U.S. News & World Report* top 10 ranking of MSHA programs over the last decade.

Many factors have contributed to the program’s success, but one of the biggest is simply its proximity to what has become a major regional health-care powerhouse, says Gerald Glandon, Ph.D., chair of the Department of Health Services Administration. “We have always had a pretty strong relationship with UAB Hospital,” he says. “Especially in the early days, when it was more of a hospital-administration program, that tie benefited us greatly. Our students have great access to the hospital’s senior executives, and they are very giving of their time and energy.”

That generosity is a trait that extends across the program’s alumni base, says program director Stephen J. O’Connor, Ph.D. “It’s a circular type of thing where once people get into those leadership positions in health care, they may be likely to mentor our students and take them as residents. It provides us and our students with some nice opportunities,” he says. Another advantage, he adds, is that each year’s class of students start work in the fall and continue through the spring, creating a consistent “cohort” of students who learn together, work together, and usually form productive networks even after they’ve begun their respective careers.

**THE NATIONAL SYMPOSIUM: MORE THAN JUST A DAY AT THE BEACH**

The program’s reputation has been further cemented by the National Symposium for Health Care Executives, begun in 1981 as a continuing-education opportunity for alumni. “It became institutionalized fairly quickly,” Houser remembers. “After the first two or three years we started getting high-profile speakers and topics, and then broadened our base beyond just our own alumni to the whole region, and then to marketing to specific groups of practitioners. . . . It became a national enterprise after a few years.”

The symposium now brings executives and practitioners from all over the country to Sandestin, Florida, every summer for five days of education and networking. A few years ago the American College of Healthcare Executives (ACHE) began partnering with the symposium to provide ACHE-sponsored continuing-education programs.

Despite the rapid growth of both the MSHA program and UAB, and despite massive changes in the health-care industry, Houser says both the program and the symposium have only continued to improve. And that’s no accident.

“I think we’ve been able to maintain our commitment to being the best we can possibly be, to being a world-class institution,” he says. “We’re committed to that in this program and this school.”
Unconditional love. It’s a term that’s developed a clichéd connotation over the years, yet one that so aptly describes the relationship between pet owners and their animals.

Take the average dog, for example. It doesn’t make any difference to him how rich you are or whether you’re going bald or have less-than-ultra-white teeth. As long as you feed him and walk him and scratch him behind the ears a little bit he’ll make you feel like the most important person in the world.

Without question, pets can be very therapeutic for their owners—and many are now sharing these benefits with less fortunate members of the community through Hand-in-Paw, a nonprofit organization based in Birmingham.

One of these pets is Moses, a cocker spaniel owned by Claire Peel, Ph.D., associate dean at the UAB School of Health Related Professions. Peel and Moses completed the training necessary to become “UAB Canine Ambassadors,” and they currently participate in several of Hand-in-Paw’s local programs.

“We strive to bring smiles and laughter to the people we visit,” Peel says. “Recently we visited a man who couldn’t talk or move very well. His face lit up when he saw Moses . . . with his eyes, he told me how much he loves animals.”

Founded in 1996, Hand-in-Paw focuses primarily on children and young adults, but volunteers such as Peel and Moses have a number of visitation options, including hospitals and retirement communities.

One of the most successful endeavors has been the Pawsitive Living program for high-risk teens. Many of the teens have never had significant exposure to animals before, while some have had negative experiences, so it presents volunteers with a distinct challenge. It doesn’t happen overnight, but the affection teens receive from the animals can create an environment of trust and compassion, which they carry over to their relationships with others.

Another fruitful partnership exists between Hand-in-Paw and United Cerebral Palsy, which recently opened a new, state-of-the-art “Hand-in-Hand” therapy center in Homewood. Here children participate in one-on-one therapy sessions to increase motor skills and improve speech.

Children with more common learning disabilities are also benefiting from their Hand-in-Paw encounters, such as those who participate in the Sit, Stay, Read! Program hosted by Avondale Public Library. In this case, what seems rather absurd at first glance—that is, a child reading to a dog—has been a tremendous help in helping increase the self-confidence and reading grades of previously hesitant young readers.

At UAB’s Comprehensive Cancer Center, patients both young and old are finding their treatments less intimidating with Hand-in-Paw animal volunteers at their side. “So many times there are children in tears because of what they have to do, but Ellie calms them down,” says volunteer Nena Moon, who routinely visits the center with her dog. “One 5-year-old girl had to be fitted with an extremely tight face mask and she lay there crying, with one hand holding her mother’s hand and with the other holding on to Ellie.”

All this therapy business isn’t just for the dogs, either—many are surprised to learn that cats make effective therapists, too. People who are afraid of dogs may find solace in having a cat fall asleep on their lap. And because cats are notorious for being more finicky about where they place their affection, it makes people feel even better to receive some unconditional feline love.

If you’re interested in becoming a Hand-in-Paw volunteer, call (205) 322-5144 or e-mail [handinpawinc@aol.com], or visit [www.handinpaw.org].
Looking SHaRP

James E. Flege, Ph.D., will be retiring from his position as professor and faculty researcher in the Speech and Hearing Sciences Program next year; upon his retirement, he will be honored with a special conference that will include a festschrift sponsored by the Acoustical Society of America and Simon Fraser University in Vancouver, British Columbia.

Desiree Fox, a student in the Nuclear Medicine Program, received a $500 Founders Scholarship from the Alabama Society of Nuclear Medicine (ASNM) at their annual meeting, held April 30 in Mobile.

Douglas C. Heimburger, M.D., a professor of nutrition sciences, received awards for Best Course and Best Course Director from the second-year medical students at the School of Medicine. The awards were presented at the 2005 Argus Society awards banquet held at the Alys Stephens Center on April 28.

Linda Jeff received the President’s Excellence in Teaching Award. Jeff is an associate professor in the Clinical Lab Sciences Division.

Patricia Jennings, Dr.P.H., PA-C, successfully defended her doctoral dissertation in public health at the University of Kentucky in Lexington. Jennings, an associate professor in the Surgical Physician Assistant Program, came to UAB from Kentucky in 2003.

Ingrid Oakley, CRNA, D.V.M., an assistant professor in the Nurse Anesthesia Program, competed in—and completed—the 2005 Boston Marathon on April 18. She finished with a time of four hours, three minutes, and thirty seconds, putting her in the 57th percentile of the more than 20,000 runners who entered the race.

Marie-Pierre St.-Onge, Ph.D., an assistant professor in the Department of Nutrition Sciences, has obtained a grant from the Frito-Lay corporation for nutrition research.

Joe R. Williams, Ph.D., CRNA, associate professor and director of the Nurse Anesthesia Program, had an article titled “Anesthesia Information Management Systems” published in the June 2005 issue of the AANA Journal, the official publication of the American Association of Nurse Anesthetists.

E. Laura Wright, MNA, CRNA, also had an article published in the AANA Journal; her article, “Haloperidol: An Alternative Butyrophenone for Nausea and Vomiting Prophylaxis in Anesthesia,” appeared in the journal’s August 2005 issue. Wright is an assistant professor in the Nurse Anesthesia Program.

UAB COAGULATION SERVICE GROWING BY LEAPS & BOUNDS

The UAB Coagulation Service has achieved some major milestones since its founding in 2001. The center has increased its overall outreach, outpatient, and inpatient service by 37.6 percent in the last four years, including a more than twofold increase in its special coagulation outreach service. Through three clinical-pathology interventions designed to conserve coagulation-factor resources, the service has saved UAB more than $1 million since 2001, and has earned more than $130,000 for SHRP.

However, the achievements go beyond just seeing patients. Currently the service has two research pilots in progress, and faculty members have more than 20 refereed publications and 36 regional and national presentations to their credit; they have also held three public-awareness seminars.

In addition, the service is currently preparing the fifth annual Birmingham Hemostasis Symposium to discuss the latest advancements in coagulation medicine.
Occupational therapists assist clients and patients with a variety of independent-living skills, but one of the most basic skills is dressing well. That’s what SHRP’s Department of Occupational Therapy focused on with their “Just Fun” fashion show on May 21, in which girls with disabilities were given the chance to model outfits from local businesses.

The “Just Fun” group, sponsored by the OT department, is for girls ages 12-20 with disabilities. The girls meet with SHRP students and faculty on Saturdays during spring and fall semesters to learn social skills such as manners and grooming and also to take part in activities such as eating out, bowling, and shopping; this is their first fashion show.

“They were total hams. They really got into posing,” says Jan Rowe, O.T., associate professor of occupational therapy and the group’s director. “We probably had 45 to 48 people in the audience, and in front of those folks, they were doing twirls and posing, they sort of looked like Madonna in ‘Vogue.’ It was really fun. They had a great time.”

Each member of the group got to model two different outfits, which they were allowed to keep. The clothes were provided by Wal-Mart stores in Pell City, Trussville, and Hoover; Sears in Fairfield; and Fashion Bug and Factory Connection in Trussville.

The “Just Fun” group began four years ago as the portfolio project of an OT student who wanted to develop a social-skills group for adolescent girls with disabilities such as cerebral palsy, Downs syndrome, and mental retardation. Even after the student graduated, the group kept going under Rowe’s supervision, and OT students continue to volunteer with her on a regular basis.

The fashion show also included an awards presentation for the girls who had been with the group during spring semester. “The girls enjoyed it so much, and their families got so much out of it,” Rowe says. “Those families don’t get to see their girls doing a lot of typical activities like this. So the families really enjoyed getting to see them participate in an event like this one.”

ALUMNI NEWS

John D. Brock (M.S. health administration ’87) was appointed the administrator of NorthStar Surgical Center in Lubbock, Texas, in August. A member of the American College of Healthcare Executives, Brock was previously the CEO of Crosbyton Clinic Hospital and served as CEO of Lubbock’s Highland Medical Center from 1998 to 2003. NorthStar provides ambulatory surgical services in a wide range of specialties including orthopedics, gynecology, ophthalmology, and general surgery.

Kurt Geber (B.S. nuclear medicine technology ’87) now works for NASA in radiation safety and says he can still remember a physics class taught by professor Michael A. Thompson in the summer of 1985 using a propane torch and an insulating tile borrowed from NASA.

RADIOGRAPHY STUDENTS GO BOWLING

The UAB Radiography Student Bowl team placed third in student competition at the Alabama Society of Radiologic Technologists Annual Meeting, held April 19-23 in Prattville. The team consisted of senior students Lisa Davies, Lesley Wells, and Jill Woods and junior Suzette Presley; their coach was Steven Dowd, Ed.D., associate professor of medical imaging and therapy. Woods and Davies won second and third place, respectively, in the student exhibit competition.

Correction

In the spring 2005 issue of Spectrum, it was written that new SHRP assistant professor Jennifer Braswell, Ph.D., came to UAB at the same time as her husband; however, Braswell is not currently married. UAB Health Related Professions apologizes for the error and any confusion that it may have caused.
In a nation of highways, where driving is often the only simple way to get from here to there, car keys can be the keys to freedom. But now that more Americans are “outliving” their ability to drive, Susan Pierce has made it her mission to help drivers adapt to the effects of time, injuries, and illness.

“Occupational therapists are particularly well-suited to this task, because we see the whole person,” Pierce says. “We look at their medical background, their family situation, and what role driving plays in their lives. Sometimes it isn’t a question of physical ability, but memory problems that make it difficult for them to find their way.”

Pierce, who founded Adaptive Mobility Service in Orlando in 1990, came to occupational therapy and her unique specialty by way of a detour that turned into a passion. “When the physical therapy program at the University of Tennessee was full, I went into their OT program. It closed after the first year, but by then I was in love with OT, and that brought me to UAB,” she recalls.

“I also teach a class in nutrition, so of course I’m aware of the high incidence of hypertension, obesity, diabetes, and renal disease,” Dallam says. “I’ve had three students with mothers who were under 50 years old and died of one of those diseases.”

Dallam promotes the culinary arts as a versatile career, particularly now that some culinary schools are exploring joint programs in culinary arts and nutrition. “You can become a dietician and a chef at the same time—that, I think, is very cutting-edge,” she says. “And for people who really want to cook and know about food, I recommend that as an option.”

It can also be a lot of fun. Last year Dallam won a teacher-development award that included a week in Dallas working at the headquarters of the T.G.I. Friday’s restaurant chain. “We spent a whole day in their test kitchen with their chefs, and we had to come up with some potential items for menu development,” she says. “We had all their resources at our disposal. We had a great time.”

Dallam, who earned her master’s degree in nutrition and dietetics from SHRP in 1977, says she has a number of goals for her culinary program beyond just teaching teenagers how to cook. “I try to encourage them to go to chef school or into the restaurant business, and the cream of the crop I’ve encouraged to become dieticians,” she says.

Another vital aspect of the program, though, is simply teaching her students to appreciate fresh, nutritious meals rather than to just grab the nearest bag of junk food. “Some of these children are inner-city children with fast-food restaurants literally on every corner, and they may eat two fast-food meals every day. So I try to install the use of fresh fruits and vegetables, and no frying—I don’t even have a deep-fat fryer in my kitchen.”

By Doug Gillett

SHARON PIERCE, OTR/L, CDRS

By Laura Freeman
Ask Sonya Griffin which of her UAB professors made the biggest impression on her, and the answer comes easily. “Mrs. Gunvanti Shah was the program director of cytotechnology, and it wasn’t until I graduated that I realized just how good she was,” Griffin remembers. “She was very strict—we had to do reading every day, and you couldn’t miss class, you couldn’t be late for class. . . . But now I look back and I can see why she handled her program the way she did, why she had rules that had to be followed. . . . When I started on this journey, I always said, ‘I want to be like Mrs. Shah.’ ”

Griffin ended up being more like Mrs. Shah than she could’ve imagined: Her “journey” has taken her to Auburn University-Montgomery (AUM), where she was hired in June 2003 to build a cytotechnology program from scratch and serve as program director.

“Basically I had to create the program in my mind and put on paper how I was going to teach,” Griffin says. “I was responsible for developing courses, the number of hours associated with the courses, course descriptions, the student handbook; I had to do a sample lecture and an exam to cover that lecture. It took about four months to do all that.”

Griffin admits there were times when she wasn’t sure she’d be able to pull it off, but by November she had received approval from the American Society of Cytopathology (ASC) to begin recruiting students, and after a site visit from ASC a year later, her program was awarded the maximum amount of time for initial accreditation. “So this year I can breathe a little easier, but not too easy,” she says with a laugh.

Griffin says she always knew she wanted to do something science-related, and after trying out several different work-study opportunities at UAB she decided she “wanted to help from behind the scenes.” Cytotechnology seemed like a good fit, and Griffin remembers that Mrs. Shah never failed to impress upon her students the importance of their work. “In cytology, you’re not standing in front of a patient, but that glass slide you’re handling is somebody’s slide, so you do have somebody’s life in your hands,” Griffin says. “You need to be very cautious, and you need to give your best effort every single day.”

That’s the same message she hopes to impart to her own students at AUM—not to mention the same message she’s made her personal philosophy as a teacher. “I’m still looking at ways to make my program better every day,” Griffin says. “Mrs. Shah was my role model—she had a very good program with a very good reputation, and I want to keep following in her footsteps.”
The School of Health Related Professions (SHRP) honored scholarship donors and recipients at a luncheon on April 22 at the Alys Robinson Stephens Performing Arts Center. This was the first school-wide scholarship luncheon in many years. In addition to recognizing recipients of scholarships provided by SHRP or by individual donors, a number of student award recipients were also honored, including the first recipient of the Howerde E. Sauberlich Award for Excellence in Nutrition Research that was established in Dr. Sauberlich’s memory by gifts from his wife, Irene Sauberlich, and from other friends and family members.

The family of Scott Ryland also received special recognition at the event. Scott, who was a graduate of the dual Master of Science in Health Administration (MSHA) and Master of Business Administration Program, was working on his doctorate in the Ph.D. program in Administration/Health Services when he suffered a heart attack and passed away in May 2003 at the age of 33. Immediately after Scott’s death, a number of Scott’s friends and classmates expressed their wish to “do something” for the Department of Health Services Administration. Scott’s mother, his sister, Cindy, and his sister-in-law, Julie, along with other family members and friends, joined his classmates in raising more than $50,000 to fund an endowed scholarship for the MSHA program.

Four of Scott’s friends joined development director Cathleen Erwin in presenting his family with the resolution adopted by the University of Alabama System Board of Trustees establishing the Scott Ryland Memorial Endowed Scholarship. “This scholarship is especially meaningful because Scott’s classmates played a leadership role in establishing it,” notes Dean Harold P. Jones, Ph.D. “They recognized the value Scott placed on his educational experience at UAB.”
SHRP Adds Alumni Staff Position

SHRP has added a new position to its administrative staff to assist in its alumni relations and annual giving programs. Katie Davidson joined the staff in September 2005 as SHRP’s first alumni and annual giving specialist. Katie will be working with each of SHRP’s academic programs to connect alumni back to UAB and to the programs from which they graduated, and will be assisting SHRP’s development director, Cathleen Erwin, with special fund-raising projects. In addition to overseeing alumni activities and communication, she will also be coordinating SHRP’s annual fund campaign to raise money to support SHRP programs. Annual giving from alumni enables SHRP to provide for a number of needs, including purchasing new equipment or technology, providing financial assistance to students, and providing for special educational programs to enhance both student and faculty development, among others. Katie may be reached by phone at (205) 996-5469 or by e-mail at [katiedav@uab.edu].

Weinsier’s Big “Millionaire” Day Pays Off for SHRP

Arlene Weinsier’s $16,000 day on the syndicated game show “Who Wants To Be a Millionaire” also turned out to be a big day for SHRP’s Department of Nutrition Sciences: She plans to donate her windfall to the scholarship fund established in her late husband’s name.

Weinsier is the widow of the late Roland L. Weinsier, M.D., Dr.P.H., former department chair and director of the Clinical Nutrition Research Center. He passed away in November 2002 but left a long and distinguished legacy as one of UAB’s best-loved researchers and mentors.

On the episode that aired June 2, 2005, Arlene progressed all the way to the $25,000 question, which was, “At the 2004 Olympics, which of these countries sent female athletes for the first time?” Unsure of the answer, Arlene opted to stop with the $16,000 she had already won from answering nine previous questions correctly. (The correct answer was “Afghanistan.”)

Donations to the fund can be sent to the Roland Weinsier Memorial Fund, c/o Cathleen Erwin, UAB School of Health Related Professions, 1530 3rd Avenue South, Webb 616, Birmingham, AL 35294-3361.