A MESSAGE FROM THE DEAN

HAROLD P. JONES, PH.D.

Back in the technological “Stone Age” when I attended college, cutting-edge technology in the classroom consisted of a slide projector and an eight-millimeter film projector. We used chalk and a blackboard, not overheads and markers or PowerPoint presentations. Handouts were mimeographed, or at best copied, and couldn’t be downloaded to your own printer. Distance education was about how far you had to move from home to attend school.

Things were much simpler then, but that simplicity came with a cost. College-level education was largely limited to those students who could afford to leave home and go to a university as full-time students for several years. For many potential students, this created both economic and family obstacles that were too great to overcome. Individuals supporting families often could not leave their jobs, incomes, and communities to further their education. Furthermore, many health professionals hoping to upgrade their credentials could not be spared from their jobs at local hospitals and clinics for the extended periods that would be required to get additional degrees or certifications.

The cost of providing access to educational opportunities for individuals spread across the state and region—especially those in rural areas—was also prohibitive. The education system could not afford to put expensive professional programs with faculty, laboratories, and classrooms everywhere. Yet the need for access continued to grow as more “adult” learners surfaced and we recognized the need for more health-care professionals in underserved areas.

It was not surprising, then, that as technology developed (did you realize that the first versions of Netscape and Internet Explorer were not introduced until 1994 and 1995?), adaptations of those technologies were seen as new ways of addressing educational access in a cost-effective manner. The explosion of the Internet resulted in the expansion of Web-based tools, and digital communications advances offered us the ability to produce real-time, high-quality interactive experiences around the world. Harnessing these and many other technological advancements allowed us to look for creative ways to increase educational access in a cost-effective manner. As the public began to pay its bills, transact business, plan travel, and get endless volumes of information over the Internet, it was not surprising that the people came to expect educational access in the same manner. On-demand, anywhere, anytime access to education became the answer to the needs of many students.

The challenge for us as a school is to embrace this technology in a successful way that improves student access without compromising the quality of the learning experience. In this issue of Spectrum, we share with you some of our success stories in “distance education,” along with new initiatives that we believe are vital to improving health-care and health-professions education access. In each, I hope you will see how, through technology, access is being extended and quality is being nurtured. It’s a new world, and as national leaders, we must pioneer these new approaches to learning while maintaining an uncompromised commitment to excellence in all that we do.
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Three Friends of SHRP Named “Health Care Heroes” by BBJ

In 2002, the Birmingham Business Journal spotlighted Birmingham’s most prominent health professionals in their special “Who’s Who in Health Care” issue. This past fall, BBJ put together an even more exclusive list of 32 “Health Care Heroes”—professionals whose contributions have made a significant impact on the health of people in Birmingham and beyond.

“Those of us living and working in the Birmingham metropolitan area are blessed to have access to some of the finest health practitioners in the world,” writes BBJ editor Barr Nobles in the section’s introduction. “This Health Care Heroes special section is designed to introduce some of those remarkable members of our community.”

Three finalists were named in each of 10 health-care-related categories, with special recognition given to the city of Birmingham for the comprehensive health care it provides to its employees, and to former UAB faculty members (and longtime supporters) Wayne and Sara Crews Finley, who received the Lifetime Achievement award. In addition, three individuals with ties to SHRP were named as finalists—Robert Chapman, David Fine, and Laura Vogtle.

Robert Chapman
President and CEO, Eastern Health System
Alumnus and adjunct professor, SHRP
Department of Health Services Administration

Chapman’s successful health-care career began even before he earned his M.S. in Hospital and Health Administration from SHRP in 1972—he started as an administrative intern at East End Memorial Hospital (now Medical Center East) in 1970, and steadily worked his way up through the ranks to become president and CEO of Eastern Health System (EHS) in 1986. Eastern now employs more than 2,000 people and includes three hospitals, a nursing home, an assisted/independent-living facility, a regional network of primary-care centers, and numerous other stations around the Birmingham area.

Chapman also has made considerable contributions to SHRP, where he’s served as an adjunct professor in the Master of Science in Health Administration (MSHA) Program for more than 26 years. He has given numerous MSHA students head-starts in their careers by offering them administrative residencies and internships at EHS, and has helped still more by mentoring them and assisting them with mock residency interviews. In 2002, he donated $50,000 to UAB to create the Robert C. Chapman Endowed Scholarship in the MSHA Program.

But Chapman’s contributions extend beyond the UAB campus, including service on the boards of United Cerebral Palsy (UCP) and the American Red Cross and on campaigns by the March of Dimes. Chapman is a past board president of UCP and has been heavily involved in its recent fund-raising campaigns.

“I’m honored, and I appreciate it,” Chapman said of his recognition as a finalist in the BBJ’s executive category. “To me, it’s just part of my responsibility as a chief executive.”

“Tone Your Bones” Brings Home the Gold

Less than a year after its inception, SHRP’s “Tone Your Bones” Web site already has won a gold World Wide Web Health Award from the Health Information Resource Center [http://www.healthawards.com/index.htm]. Tone Your Bones was formed by the Department of Nutrition Sciences as a series of informational programs designed to educate the public about osteoporosis before it becomes a major threat in old age; the Web site won its award in the Hospital/Health Care System category. Tone Your Bones is funded by a grant from the UAB Health Services Foundation and is offered through the UAB Osteoporosis Prevention and Treatment Clinic.
David Fine
CEO, UAB Health System
Professor, SHRP Department of Health Services Administration

Fine’s five years as CEO of the UAB Health System have included a monumental level of responsibility—he oversees not just UAB Hospital but also the Callahan Eye Foundation Hospital, UAB’s network of health clinics, and Viva Health Inc. But that responsibility hasn’t daunted Fine, who has nearly doubled the system’s net patient revenue (to $1.7 billion) since he started as CEO.

Nor has that responsibility kept him from imparting his knowledge to future CEOs and health-care managers. Fine told BBJ he is most happy teaching graduate students at SHRP, where he is a professor in the health services administration department.

Fine, a fellow of the American College of Healthcare Executives (ACHE), showed signs of success early in his health-care career—in 1985, he received ACHE’s Robert S. Hudgens Memorial Award for Young Healthcare Executive of the Year. Since then, he has amassed a great deal of experience to bring to the academic setting, including stints as the chair of the Department of Health Systems Management at Tulane University, president of the University of Cincinnati Medical Associates, and director of the University of Cincinnati Hospital. He also was the founding president and CEO of the New Orleans Division of Columbia HCA Healthcare Corporation, which now operates six hospitals in the New Orleans area.

Laura Vogtle
Interim chair, SHRP Department of Occupational Therapy

“I knew I wanted to work with people,” Vogtle told BBJ of her decision to enter the health-care field. She came to UAB eight years ago as an associate professor of occupational therapy, and took over as interim chair of the OT department in the fall of 2002. But her dedication to working with patients and directly affecting their lives never waned.

That’s why, even with her increased responsibilities as OT chair at SHRP, Vogtle has dedicated countless hours to United Cerebral Palsy of Greater Birmingham, developing programs designed to help children and adults with disabilities adapt more easily to the demands of everyday life. In some instances, she’s taken a direct role in their welfare, assisting them on shopping trips and other daily errands.

Vogtle’s efforts have helped individuals with disabilities in areas that many people take for granted; for example, she modifies common household objects such as kitchen appliances to make them more useful (and safer). Her research efforts through SHRP, too, are dedicated to improving the lives of people with disabilities—one of her recent projects was a quality-of-life study on epilepsy patients who lack daily transportation.

“I was kind of shocked about the recognition. I had no idea it was coming,” Vogtle said of being named to the BBJ list. “I’ve worked professionally with people with cerebral palsy for many, many years, and it’s a group that’s very important to me.”

Vogtle stresses that an important part of her cerebral-palsy work was to introduce her students to it and get them interested in providing care for an underserved population. “Some of the volunteer work that I’ve been doing also has been an avenue for my students to get to know this population and to develop some clinical skills,” she says. “The cerebral-palsy community is truly a community of people with health needs that are not very well recognized or well served.”

No Strings (or Wires) Attached:
SHRP Studies Wireless Technology and Emergency Medical Care

With every second being critical in emergency medicine, a team of UAB researchers is mounting an investigation into how state-of-the-art wireless technology can improve the speed and efficiency of 911 systems and Emergency Medical Services (EMS) teams’ response to a wide range of medical crises.

This past fall, the National Library of Medicine, a branch of the National Institutes of Health, gave the UAB team a $3.2 million contract to initiate the study, called Advanced Network Infrastructure for Health and Disaster Management. Helmuth Orthner, Ph.D., SHRP professor of health informatics and director of the study, says he’s excited about the prospects for wireless technology to fundamentally change the way emergency medicine is delivered.

“Our ability to handle medical emergencies is at a revolutionary threshold with the emergence of technologies such as secure, high-speed wireless communications and powerful handheld computing and communications devices,” Orthner says. “This study will allow us to test how to integrate these technologies within the EMS community in an important new way.”

In one of the study’s tests, Orthner’s team will retrofit aging, out-of-service ambulances with GPS systems, giving 911 dispatchers real-time knowledge of each vehicle’s location. Another test will gauge how information delivery can be enhanced between dispatchers, EMS responders, and hospital staff using cellular telephones, wireless personal digital assistants (PDAs), and Internet-based networks.

Along with co-principal investigators Gary Grimes, Ph.D., professor of engineering, and Thomas Terndrup, M.D., chair of the Department of Emergency Medicine, Orthner hopes to improve EMS response times and effectiveness in emergencies ranging from a heart attack to a large-scale disaster like a weather event or terrorist attack.

“This initiative takes advantage of a critical time in society when the need for disaster preparedness cannot be overstated,” says David Fine, CEO of UAB Health System, “and the potential for IT solutions in health care has never been greater.”
Beth Keyser has to meet with fellow UAB class members to discuss a project. She’s on a plane bound for the West Coast, but she’ll make the meeting tonight on time—and online.

Candra Taylor recently earned her master’s degree from UAB in occupational therapy. She’ll also complete her certificate in low-vision rehab, no matter where she’s working.

Bill Jeffries is responsible for setting up a classroom for 70 students. And it’s a big classroom—it stretches from Huntsville to Mobile.

Like hundreds of other students, faculty members, and employees at the School of Health Related Professions, these four are involved in distance education. Distance education, the delivery of courses to students and sites away from main campuses, is not a brand-new concept. What is new is the variety of courses available, the level of degrees being offered, and the increasingly efficient and effective technology used to send them hundreds, if not thousands, of miles away.

Virtual Methods, Real Results

By Sandra Bearden

Betty Denton, M.A., associate professor of physical therapy, coordinates a course with three colleagues—one of whom is located 250 miles from the UAB campus.
Transferring the Classroom to Cyberspace

Betty Denton helps coordinate the coursework in SHRP’s post-professional Doctor of Science in Physical Therapy (D.Sc.P.T.) program. Four students currently are enrolled.

“One student is in Birmingham, one in Mississippi, one in Georgia, and the fourth in Mobile,” Denton says. “The program, which began last summer, was developed by a number of faculty members under the guidance of Dr. Sharon Shaw, chair of the Department of Physical Therapy. The students come to the campus for two intensive weekends of planning and preparation each term, and the rest of the work is done online. They use computers to receive or submit assignments, hold group discussions, and analyze case studies.”

Students aren’t the only participants in the doctoral program handling assignments online. Denton shares responsibility for essentials in medical-screening courses with Program Director Cecilia Graham, Ph.D., Associate Professor Claire Peel, Ph.D., and Dennis Fell, M.D., P.T., of the University of South Alabama. “In preparing our classes, we do fine-tuning via e-mail,” Denton explains.

A key member of the PT distance-education team is J. Keith Fowlkes, the department’s information-systems specialist. Fowlkes assists faculty in developing online courses in appropriate formats, provides assistance to students and faculty, and is the chief troubleshooter for system problems.

“We use WebCT, which is delivered on the Internet as opposed to a local-access-only server,” Fowlkes says. “So anywhere a student has access to the Internet, he or she has access to the course.”

The password-protected program, open only to registered students, allows users to access curriculum information, articles in professional publications, case studies, and their own personal grade records. They can complete review questions, take teacher-administered tests or quizzes, and analyze cases. Cases unfold as students ask and receive answers to questions, allowing them to build on prior information.

Students communicate with each other and faculty members through e-mail, discussion boards, and chat sessions. Fowlkes schedules the latter at specific times for students’ group projects or for faculty “office hours.”

“WebCT is a wonderful tool, but it’s distance learning, not a classroom course,” says Fowlkes, who maintains about 25 Web-based or Web-enhanced courses a semester with the help of two office assistants. “No one is sitting there monitoring the students’ work like they would in a classroom. Instead, the instructors rely on tracking the students’ progress online, and the students learn vital skills in time and resource management.”

Jill Hansen, a doctoral student in physical therapy, works with special-education children in Cobb County, Georgia, just northwest of Atlanta. “With the distance-learning program, you have the advantages of staying in your own hometown with family and friends, without disrupting your job,” she says. “My professors have been flexible, knowledgeable, and energetic. They’ve brought in speakers from Spain Rehabilitation, Children’s Hospital, and the University of South Alabama through videoconferencing. It’s been a great experience.”

One for the Road: Advanced Education for Busy Executives

Another SHRP program, the Executive Master of Science in Health Administration, is a major draw for busy medical executives. One of them is Beth Keyser, vice president of client services for Gordian Health Solutions in Nashville. Keyser’s company works with large, self-insured companies and organizations to reduce health-care costs through preventive measures. Her job is to keep customers satisfied, which means she spends a great deal of time traveling.

“I have a degree in health-administration education from the University of Southern Mississippi, but I wanted more background in marketing and health management,” Keyser says. “I couldn’t go to school at night or get into a weekend program, because I travel a lot and often work weekends. With the UAB program, I was able to block off...
three weeks a year for on-campus work and complete other assignments online. This way, I can handle the coursework from home or from a hotel room. I was promoted during the time I was working on the MSHA degree, but I was able to handle new job responsibilities and complete my education.”

Keyser was especially impressed with the “world-class” quality of instruction in the program, which includes speakers from Tulane, the University of Michigan, and other schools in addition to UAB. “It’s a great option for people who don’t want to jump off their career track but still want to enhance their education,” she says.

The Executive MSHA Program, one of only 10 in the U.S. accredited by the Accrediting Commission on Education for Health Services Administration, draws students from all over the country. “We’ve stretched the boundaries of participation and learning far beyond the south side of Birmingham,” says Harry Nurkin, Ph.D., professor and director of the program since January 2003.

Nurkin says UAB is looking for candidates who already make major contributions to the profession. “For instance, we have an oncologist who is using his spare time to make sure he understands the business aspects of health care better and can explain them to patients,” Nurkin says.

A former CEO of Carolinas Healthcare System, based in Charlotte, North Carolina, Nurkin is familiar with the demands and special rigors of medical management, practice, and research. He says students can complete many requirements online using a WebCT-based curriculum. “Students get maximum use of our wonderful Internet system without losing time from the valuable jobs they’re doing,” he says.

But not all executive MSHA classes are online. Participants also benefit from 60-hour, eight-day sessions on the UAB campus and from preceptorships—visits to locations outside the Southeast where they learn new approaches to medical management. Last summer, the group visited Intermountain Health Care in Salt Lake City, Utah.

One manager who’s sold on the UAB program is Rodger Brown, vice president of human resources for North Mississippi Medical Center in Tupelo. “We have nine graduates and eight people in the program now,” he says. “This particular program has really strengthened our organization and helped us achieve our mission.”

A Vision of the Future

In occupational therapy (OT), Assistant Professor Mary Warren, M.S., is using a three-year, $98,000 grant from the Eyesight Foundation of Alabama to develop and launch a low-vision certificate program for occupational therapists. The certificate program is for those in OT master’s programs or practicing clinicians with bachelor’s degrees in OT.

“With Medicare recipients now eligible for low-vision rehab services, and with the aging population, this is among the top 10 emerging practice areas for occupational therapists,” Warren says. “As of the end of 2003, UAB is the only university in the United States offering a graduate certificate in this field.”

Warren says that OTs assist patients who can see, but not see well, with magnifiers or other devices to read such essential items as medication directions, checkbooks, stove dials, or food labels. “Our goal is to help older adults age in their homes so they won’t have to go into assisted living or nursing homes because of their low vision.”

Designing Web-based courses to support the curriculum is a challenge. “Traditionally, students watch the instructor work, then they do hands-on training,” Warren explains. “With a Web-based course, we have to use a large number of slides, videotapes, and narratives. But with the EyeSight Foundation grant, we’ve bought a good digital camera, and we can pay for Web-site design and camera work.”

Candra Taylor, who recently earned her master’s degree in OT, took one low-vision certificate course while working as a residence director at Samford University. Because she was constantly on call in that job, it was convenient for her to do her course work via the Internet. Now that she’s job-hunting, she’ll be able to earn her certificate even if she finds work out of town.

Jan Rowe, M.P.H., associate professor of occupational therapy, also teaches developmental pediatrics courses via WebCT. She says she finds the discussion boards particularly useful. Discussion boards enable several participants to “thread” questions, answers, and comments together as they would in a conversation.

“These are students working toward master’s degrees in OT, and they’re taking between 20 and 23 hours of classes a semester. They have very crammed schedules, and some have long commutes, while others work. Trying to schedule face-to-face discussions would be difficult, so the Internet discussions work out better,” she says.
All the World’s a Classroom

While many SHRP distance-education courses make use of WebCT, the Department of Critical Care employs teleconferencing for classes in its nurse-anesthetist program.

“The students in our program are full-time students who already have critical-care experience as registered nurses,” explains Associate Professor Joe Williams, M.S. “They attend classes on campus for two semesters, and then receive assignments at hospitals and clinics in Birmingham, Montgomery, Mobile, Dothan, Tuscaloosa, Huntsville, and Jackson, Mississippi. While they’re getting clinical experience, we teach five courses via distance education.”

Previously, students located close to Birmingham would drive to attend weekly classes on campus, while those farther away only could view videotaped lectures. Now all attend classes simultaneously via a live, real-time hookup.

Students based in Birmingham also can attend classes in UAB’s learning resource center. Bill Jeffries, the department’s information specialist, says he did “a lot of handshaking and politicking” to set up conferencing sites in the out-of-town locations. Those range from a community college in Dothan to the state Department of Finance in Montgomery.

“Each facilitator or professor has learned to use the equipment that controls PowerPoint, video, or overhead visuals,” Jeffries says. “Everyone can also see the lecturers or people asking questions. The professor here can see all the remote locations at one time. Teleconferencing is safer for students, since they don’t have to be on the road for hours, and it’s more convenient for everyone.”

Williams cites another benefit. “Teleconferencing allows us to operate on an economy of scale,” he says. “With one program based in Birmingham, we can train nurse-anesthetists throughout the state.” (In Mississippi, which has no nurse-anesthetist program, students use conferencing facilities in Jackson.)

Adapting to the Virtual Campus

Distance education offers many obvious benefits to students—savings in travel time and money, the ability to schedule work more flexibly, and the advantages of staying on the job. Although there are benefits for faculty members, there’s also a learning curve.

“Teaching via WebCT can be time-consuming,” says Sharon Shaw, Dr.P.H. “The teacher is really responding to students on a one-to-one basis, so there’s often a lot of individual tutoring involved. As a course develops, the workload decreases.”

Many faculty members are not only on the bandwagon, they’re also leading the parade. Associate Professor Jan Rowe is working toward a doctorate in occupational therapy from Nova Southeastern University in Fort Lauderdale, Florida, so she experiences distance education from two perspectives. Harry Nurkin often telecommutes between his home in Charlotte, his base in Birmingham, and cities where SHRP students are serving residencies.

“I still have teen-age children in Charlotte, so I haven’t fully moved yet,” Nurkin says. “But Jerry Glandon, my department chair, reassured me. He said the proof of whether we’re going to have a great online teaching program is whether we can make it work no matter where we are. So far, it’s worked very effectively.”
latest efforts at treating eating disorders began with a phone call—actually, quite a few of them.

Several callers to the nutrition hotline asked about services for adults with eating disorders. Although SHRP has operated an eating-disorders clinic at Children’s Hospital for more than a decade, there were no programs in town that were specifically designed for helping adults overcome anorexia nervosa, bulimia nervosa, and other eating disorders, says Dana Kiker, M.A., M.S., R.D., UAB’s EatRight Outreach Coordinator. Kiker calls the Children’s Hospital clinic a “wonderful service,” but notes that eating disorders seem to be a growing problem in the adult population as well.

DISORDERS THAT GO WAY BACK
Since April 2003, Kiker has been responding to that problem, but she’s not going it alone. The UAB dietitian requires that all her patients also see a physician and a therapist, and after every visit, Kiker consults with both. “We work as a team,” she says.

Kiker says that many of the adults she sees “are just now realizing they have a problem, or something has happened that makes them realize they have a problem”—in many cases an intervention by family or friends. Sometimes, she adds, the realization that a patient has an eating disorder comes out in therapy.

Although Kiker sees only adults, she suspects that most of her patients’ eating problems have their roots in childhood. Many of her patients do not fit all of the criteria for an eating disorder, she says, but “it’s obvious that they have issues with food and their bodies.” Even though her patients are all adults, Kiker says, “I can pretty much guarantee you that if you looked back through their histories, you would find body-image issues all the way back to childhood and adolescence.”

Bonnie A. Spear, Ph.D., R.D., who has coordinated the eating-disorders clinic at Children’s Hospital for the past 15 years, agrees: “Eighty percent of eating disorders have their onset in adolescence. They may not be diagnosed until later, but they can be traced back.”

SOLVING THE PROBLEM BEFORE IT’S TOO LATE
Early intervention and aggressive treatment are important for many reasons, Spear says, not the least of which is the effect eating disorders can have on bone growth during the teen years. About 50 percent of bone mass is formed in adolescence, and the longer an eating disorder remains untreated, the more severe the long-lasting damage to bone can be, she says.

Like Kiker, Spear favors a team approach to treating eating disorders. “We strongly, strongly recommend that our patients go to counseling,” Spear says. “They really don’t get better without it.” As a dietitian, Spear works with a physician to treat the medical consequences of an eating disorder, but counseling is essential, she says, since an eating disorder is a psychiatric diagnosis.

The parents of children with eating disorders are involved in their children’s treatment, but Spear encourages parents to take a somewhat hands-off approach. “We spend a lot of time with the parents up front,” Spear says, so that the adults know what to expect. “But we really want the adolescents to make the changes—that’s the only way that they’ll get better.” If the parent tries to correct the problem too much, “the child never learns,” she says.

All but one of the patients Kiker has seen have been women, and Spear estimates that 98 percent of her patients are female. But Spear has noticed a trend in the children and adolescents she treats: While eating disorders traditionally have been more common in children from affluent families, Spear is seeing patients from all socioeconomic levels.

In both children and adults, there is no one-size-fits-all approach for treating eating disorders, and that makes it “really challenging work,” says Kiker. “One of my patients described it as being like quitting cigarette smoking—it’s always there, it never goes away, you always want it, but every day it gets a little easier.”

Now when people call the nutrition hotline and ask about treatment for adults with eating disorders, they will be referred to Kiker. “We just hope that we’re filling that need in the community, and we want people to know that we’re here for them,” she says.
SHRP’s Department of Nutrition Sciences has always been a leader in research on nutrition and metabolism. Thanks to the continuing generosity of the Susan Mott Webb Charitable Trust and members of the Webb family, the department and its research will have a more direct impact on the health of the general public than ever before.

The recent donations have funded an extensive round of renovations at the University Boulevard building that bears their name. On the second floor, the newly completed Webb Clinical Research Facility enhances the research capabilities of departmental faculty, as well as their ability to study and treat patients with nutritional disorders.

“It’s an outpatient facility that has a waiting room, a reception window, some free parking in the back for patients, a nurses’ station, a procedures room for phlebotomy and specimen collections, and storage room for medicines and medical records,” says Timothy Garvey, M.D., chair of the department.

“And there are four patient-examination rooms that the nurses labeled—the ocean room, the desert room, the mountain room, and the safari room. There are paintings with those themes in each of the rooms.”

The safari room will be used specifically as a counseling area for patients, says Penny Wallace, R.N., M.S.N., the clinical research facility’s nursing director. “It’s a conference room with a little round table and an old-fashioned bookcase—we have some counselors who will be talking with the patients in there, so it’s a comfortable environment,” she says.

It’s all part of an effort to better serve the department’s patients, Wallace adds. “Another improvement we’ve made, since it’s obesity we’re dealing with, is providing scales that accommodate people who are very overweight,” she says. “We have chairs and examination tables that they can feel comfortable sitting on and not feel embarrassed.”

A NEW BASE FOR KNOWLEDGE

The renovations also include the addition of facilities and equipment, such as two dexascanners, a lab for specimen processing, ultra-cold freezers for specimen storage, a demonstration kitchen, and a classroom.

“This gives us an apparatus for translational research, so that we can take findings from the basic-research lab and develop them into new therapies and test them in patients using this facility,” Garvey says. “But we do a wide range of research, so it’s a multi-use facility, stretching from NIH research to industry-initiated clinical trials.”

That research capability will be enhanced further with the second phase of the renovation, which began in February and should be completed by the end of this summer. This phase will constitute the facility’s biggest increase in lab space since the building was opened in 1982—and SHRP is recruiting a new director for the Division of Biochemistry and Molecular Biology, as well as several new basic researchers, to use the space.

“These investigators will be focusing on obesity, cancer, diabetes, osteoporosis, and the genetics of these processes, as well as metabolism—it’s basic research, but it helps us understand these disease processes and their pathogeneses better,” Garvey explains. “It’ll have a big impact—right now we have several active genetics investigations, and this will give us more lab capacity for addressing those issues.”

As a whole, the renovations fill a need Garvey identified when he was first recruited to be the new nutrition department chair in mid-2003. “I think it also demonstrates how supportive the school has been in recognizing that this is important and making it happen,” he says. “Alabama is number one in the U.S. in the prevalence of type-2 diabetes and number seven in the prevalence of obesity, so these are problems that are very important to Alabama and our citizens.”

Thanks to the new renovations, SHRP will be able to renew its focus on finding solutions and effective disease-prevention strategies for Alabama and beyond.

“We want the Department of Nutrition Sciences to have a strong program over the entire research continuum,” Garvey says. “It begins with molecular research, identifying new molecules that we think are involved in disease and developing those observations, looking for new treatment paradigms based on these discoveries; then it moves into community-based research, looking at how these molecules affect entire populations. These renovations help us strengthen some of those links in the chain.”
For more than 35 years, physician assistants have been enhancing patient care and helping doctors make more effective use of their time. Now they are helping hospitals meet the challenge of delivering quality care while adapting to mandatory cutbacks in the number of hours residents are permitted to work.

Across the U.S., and in other countries including Canada and England, physician assistants (PAs) work in hospitals, clinics, and private practices under the supervision of physicians. PAs are trained to provide diagnostic, therapeutic, and preventive health-care services. Continuity of care is another important plus: In a hospital setting, a PA familiar with a given case can help prevent complications from miscommunication during medical-student rotations or a change of residents.

**PINCH-HITTING FOR TIME-STRAPPED DOCTORS**

Certified PAs are prepared to work in a broad range of specialties, offering hospitals greater flexibility in caring for their patients. “Physician assistants are trained to do a number of medical procedures and relieve physicians of extra duties,” says Doris A. Rapp, Pharm-D., PA-C, director of UAB’s Surgical Physician Assistant Program. “They can spend more time with patients who are less ill, allowing the physician to focus more time on caring for patients who are seriously ill.”

UAB offers one of only three entry-level surgical physician-assistant programs in the country. It was founded in 1967 by John Kirklin, M.D., after he saw the value of primary-care PA training at Duke University and realized the potential of a similar program for surgical PAs. Although the emphasis at UAB is on training surgical PAs, graduates are qualified to assist physicians in virtually any medical field.

In addition to teaching and coordinating clinical rotations, Paul M. Harrelson, MPAS, PA-C, assistant program director, works as a surgical physician assistant two days a week.

“We meet with patients in the office one day, and I assist in surgery the other,” Harrelson says. “I was attracted to the field by the challenge of doing more to help patients. My work allows surgeons to use their time where they can do the most good, and I can take time with patients to answer questions and help them learn what they need to do to get better.”

**A BIGGER ROLE ON THE HORIZON?**

Of the more than 50,000 physician assistants caring for patients in the United States, only 300 or so work in Alabama. This low number could be due in part to issues related to lack of reimbursement for PA services in the state. However, a lower-court judgment in favor of PAs is being reviewed for final appeal, and changes may soon result. Medicare, Medicaid, and many insurers cover PA reimbursement when the same services are covered if provided by a physician.

In the future, more Alabama hospitals may be relying on PAs to take up the slack now that the Accreditation Council for Graduate Medical Education has cut back on the number of hours residents are allowed to work each week. That will mean an increasing demand for training for those positions. Even now, UAB’s Surgical Physician Assistant Program is attracting many out-of-state students.

“We have an excellent student/faculty ratio and fantastic support from the university,” Rapp says. “We look for students who are motivated and care about people. There are usually more applicants than slots, but we hope to increase our class size as we move to an entry-level master’s program planned for the fall of 2005.

“The program is top-notch—a high percentage of our students pass their certification exam and do very well,” she adds. “I’m excited to be part of it, and I look forward to seeing it grow in the future.”
ith so many people in America hunting for promising career opportunities, how can there still be a large and growing nationwide shortage in allied health professionals? Perhaps a lack of awareness is a big part of the problem.

“High-school students know what doctors do and what nurses do, but they may not know what a medical technologist does,” says Vic Skrinska, Ph.D., chair of the Department of Diagnostic and Therapeutic Sciences. “How can they choose to go into a field if they aren’t aware of it?”

With this in mind, he and other teachers, administrators, and support personnel in the School of Health Related Professions are combining their efforts to spread the word about the wide range of opportunities in health care.

“We’re reaching out to students, advisors, and others who might be interested and letting them know about the great prospects for these professions and what they can expect from a career in health care,” says Claire Peel, Ph.D., associate dean of academic and student affairs. “Our workshops for advisors tell them about UAB programs that are available, and we encourage high-school and community college students to visit our open houses. We also invite students from four-year colleges to tour our graduate-level programs.”

A major force in organizing those events is marketing specialist April Rollins-Kyle. She was also part of the team that recently developed a CD-ROM offering a “virtual tour” of the school and its programs.

“The CD includes a video that shows health professionals in action, along with links to our Web site and faculty contacts,” says Rollins-Kyle. “It goes to high schools, community colleges, and libraries. The CD was truly a school-wide project—the team working to develop it included Debra Laken from respiratory therapy, and Michael Thompson and Norman Bolus from nuclear medicine.”

Recruitment is an ongoing project,” Rollins-Kyle adds. “We now have our highest enrollment in several years. We’re seeing results, and we will see more as high-school students graduate and come into the programs.”

The High-School Scholars Program is Skrinska’s primary medium for getting the message out. During the past two summers, he has helped organize two-week seminars for 20 top students selected from high schools in Jefferson and Shelby counties.

“All departments in the school participate,” Skrinska says. “Faculty members present lectures and labs to give students a realistic view of what the professions are like, so they can make good decisions about what they’re interested in pursuing.

They get excited about the professions and what their future can be.”

Funded by the UAB Education Foundation in partnership with the Center for Occupational Research and Development (CORD), the seminars are free to students. Participants also receive stipends to make up for the income they could be making at summer jobs, so a family’s economic situation isn’t an obstacle to students who are interested in participating. Skrinska hopes to organize more seminars for the future; with funding secured for this summer’s seminars, the main obstacle is already out of the way.

For UAB alumni who would like to help solve the shortage of allied health professionals, Peel has this advice: “When you see someone in your hometown who has potential, tell them about opportunities in the field, and put them in touch with programs at UAB.”

Skrinska adds, “If you’re employed in health care, offer students shadowing opportunities so they can get clinical observations. Let them see if it’s something they might like to do.”
Dave Nathan (B.S. allied health ’85) has stayed close to home—he’s serving as assistant fire chief at the Birmingham Fire and Rescue Service, responsible for the emergency medical services division and training division. Nathan currently resides in Hoover.

Susan (Williams) Thren (A.S. medical assistant program ’90) also works in Birmingham, serving in the surgery department at the Norwood Clinic under Philip Fischer, M.D., who specializes in laparoscopic gastric-bypass surgery. “It has been a rewarding experience to see such positive changes in people’s lives,” she says. Thren, who lives in Mount Olive, previously worked for 12 years as a certified medical assistant in occupational medicine.

Maj. Jessie L. Tucker III (Ph.D. administration/health services ’98) recently was elected to a three-year term as the American College of Healthcare Executives Regent for the Army (Eastern Division); Tucker already was an ACHE fellow. He also received the Army Medical Department’s “A” Proficiency Designator in health-services administration from the Army surgeon general; the “A” designator is awarded to officers who have made significant contributions in their fields through publications and active membership in national professional organizations. Tucker presently serves as the commander of the Army Health Clinic in Kaiserslautern, Germany.

Cara Adams, P.T., Betty Denton, M.A., Matthew Ford, P.T., Cheryl Knowles, P.T., David Morris, P.T., and Sharon Shaw, P.T., Dr.P.H., presented posters at the Combined Sections meeting of the American Physical Therapy Association, held in Nashville, Tennessee, February 4-8.

Mark A. Kossick, DNSc, CRNA, associate program director and director of academic education in SHRP’s Nurse Anesthetist Program, has been hard at work raising SHRP’s profile at meetings and lectures around the country. He lectured on “Basic and Advanced EKG Interpretation” last August at the 70th Annual Meeting of the American Association of Nurse Anesthetists in Boston; lectured here in Birmingham on “Utilization of the Derived 12-Lead EKG” at the Alabama Association of Nurse Anesthetists’ fall meeting in October; and gave talks on four different topics at the School of Nursing at East Carolina University in Greenville, N.C., in January. Kossick reached another personal milestone by receiving his Doctor of Nursing Science degree from the University of Tennessee Health Science Center-Memphis in December.

Michael A. Thompson, NMT, professor of medical physics in the Nuclear Medicine Technology Program, has completed three new computer-animation CD-ROMs on radiation-physics topics: photon interactions in matter, radioactive decay processes, and operation of the X-ray tube. He also assembled an X-ray physics review CD containing more than 500 PowerPoint screens. Combined with two existing CDs Thompson had produced on radiation protection, he now has six CDs on sale in the United States, as well as in South Africa and South Korea; Thompson says a Web site is under development to market these products.
Fritsma appointed section editor for laboratory-science journal

George Fritsma, M.S., MT, SHRP professor of clinical laboratory sciences, has been appointed the FOCUS editor for the journal *Clinical Laboratory Science*, and will serve a term that runs through the end of 2007.

“IT’s a good journal, and I’m flattered to be offered the opportunity to work on it,” Fritsma says. “It’s nice to be asked to contribute to what is one of the most respected publications in its field. I hope to be able to keep the level of information and expertise up where it’s been, and even enhance it a little.”

Fritsma’s responsibility is the FOCUS Section, which serves as the journal’s continuing-education effort. He already has served as a guest editor for the journal in the area of hemostasis and hematology; as FOCUS editor, he says he’ll be emphasizing the “hot topics” in clinical lab technology and science, assembling an in-depth series on a new topic for each quarterly issue.

“The issue that came out in April had to do with anticoagulant therapy and laboratory monitoring, and we had three articles,” he explains. “One focused on Heparin, one focused on Coumadin, and the third one focused on new anti-coagulant drugs. We’ll have a series of that sort each quarter on one of the technical or clinical topics within clinical laboratory sciences.”

Fritsma will be juggling the editorial position with his duties as professor and coordinator of the UAB Coagulation Service, and says he’ll be leaning on fellow SHRP faculty to provide occasional articles during his term as editor—“I’ve got [diagnostic and therapeutic sciences chair] Vic Skrinska lined up for an article on lipids and cholesterol, and his will be coming out next January,” he says. “I’ve been on the lookout for authors and topics for a while now. We’re looking nationally and internationally—not just for clinical laboratory scientists but for anyone who has a topic that fits within our area of knowledge.”

NMT Program to Evaluate Online Radiation-Safety Course

The Nuclear Medicine Technology Program soon will begin a research project to evaluate its radiation-safety course and how it can be improved. SHRP faculty members Michael A. Thompson, NMT (see “Looking SHaRP”), Norman Bolus, NMT, and Steven Dowd, Ed.D., designed the current one-day, online course to replace an older four-day course; they will collaborate with staff from the UAB Radiation Safety Office to compile an article on their findings and send it to a national journal such as Health Physics. “We already have some ideas how the online course can be improved,” Thompson says, “and perhaps become a model for the nation, since this type of training is required in order to maintain a radioactive-materials license for an institution like UAB.”

New Faculty

Cecilia Graham, M.M.Sc., Ph.D., joins the Department of Physical Therapy faculty after a five-year stint as director of the Doctor of Physical Therapy Program at the University of Indianapolis—and says she’s “happy to be back in the warmer climate of the South!” Graham will be the director of SHRP’s Doctor of Science in Physical Therapy Program, an advanced program for practicing PTs. She received her bachelor’s degree in physical therapy from the University of Texas Medical Branch at Galveston in 1978, her master of medical science in PT from Emory University in 1984, and her Ph.D. in adult education from Texas A&M in 1994; she has held PT faculty positions in both Galveston and San Antonio with the University of Texas system.

Susan Miller, M.S., R.D., L.D., joined the Department of Clinical Nutrition and Dietetics in October, and she now serves as the assistant director of both the UAB Dietetic Internship and the Graduate Program in Clinical Nutrition. Previously, she worked in UAB Hospital’s Food and Nutrition Services Department, and she says she’s looking forward to translating that work experience to students, faculty, and staff in an academic setting.
Patricia and Landon Curry, NMTs

By Doug Gillett

Patricia and Landon Curry got more than an education out of their time in SHRP’s Nuclear Medicine Technology Program—they got each other. After transferring from Samford to UAB, and changing her major from pharmacy to nuclear medicine, Patricia was assigned to a clinical rotation at Princeton Hospital. Landon, who was a year ahead of her, was designated as her preceptor. About five years later, they were married.

Though Landon has moved to the field of hospital information systems, he says their common career background has enhanced their marriage. “It’s been great with our relationship,” he says. “I’m able to understand what she goes through on a daily basis, and I still get to attend meetings with her in nuclear medicine and keep abreast of what’s going on.”

Patricia, who works for HeartSouth Cardiovascular Group, agrees. “Landon understands my job because he was a chief technologist at one time, too. Being a lead technologist, I have a lot of responsibilities that he had, so he has a lot of experience in what I’m doing,” she says. “And we’re able to travel and do different things together. That helps a lot.”

One of their shared activities has been giving a helping hand to the school that gave one to them—by assisting SHRP with its recruiting efforts. Patricia and Landon have made numerous visits to high schools and junior colleges in the Birmingham area, talking about SHRP’s nuclear-medicine program and simply spreading the word about their profession.

“It’s not a well-known field,” Landon admits. “A lot of people ask, ‘What is nuclear medicine?’ and they don’t know that it is a four-year degree with a certification involved. I think the more the word gets out, the more kids will try it.”

Even in her own office, speaking to the patients she sees on a day-to-day basis, Patricia has been an advocate for nuclear medicine as a career choice. “I find that there are a lot of students out there who just go to college, they don’t really know what they want to do,” she says. “They want to be in the health field, but they don’t necessarily want to go to medical school. I think they might find nuclear-medicine technology very rewarding.”

And lucrative—Landon had a job lined up before he’d even finished his final semester, while Patricia received three offers before she graduated. “The wages in nuclear medicine are very competitive,” Landon reports, “and right now, there’s a tremendous shortage nationwide.”

“It’s not a field you’d get bored in, because it gives you opportunities to do so many things,” Patricia agrees. “I don’t have any regrets about changing my major.”

Mary Jane Wells, P.T.

By Laura Freeman

Mary Jane Wells, P.T.

Helping others has been the inspiration for many who choose careers in health care. For Mary Jane Wells, P.T., that calling came with a Spanish accent.

“Many Hispanic people in our area don’t speak enough English to describe their symptoms when they are sick,” she says. “They need someone who can understand them and help them understand how to get better.”

In addition to working as a physical therapist three days a week at University Hospital and in SHRP’s Department of Physical Therapy, Wells volunteers as an interpreter two days a week at the Jefferson County Health Department.

“Around 70 percent of our maternity and pediatric patients are Hispanic,” she says. “I serve as a conduit for getting information on their medical histories to their doctor, nurse, or other health-care provider so that the provider can gather the information needed to assess their conditions. Then I help the doctors and nurses follow up with them by explaining the doctors’ instructions and how to take medications.”

On a mission trip to Ecuador, Mary Jane took her language skills into the field as a pharmacy interpreter. While she was there, she met a young boy with what appeared to be severe rheumatoid arthritis.
Health information coders, like so many other personnel in the health-related professions, are in very short supply these days. So Janice Dansby Harden, RHIA, CCS, came up with a plan to make more of them.

The director of health information management at Liberty Regional Medical Center in Hinesville, Georgia, Harden noted a striking lack of skilled individuals qualified to translate diagnoses and surgical procedures into numerical codes for insurance reimbursement purposes. So she decided to teach coding out of her own home. “Two nights a week, for two hours each night, I have students come to my house and I teach them how to code,” Harden says. “Of course you can’t teach them every single thing, but by the end of nine weeks, they definitely have the fundamentals.”

Coding is critical, Harden explains, because it’s the only method insurance companies use to reimburse hospitals and clinics. “Basically, we are painting a picture for the insurance companies about what procedures have been performed or what diagnosis was assigned by the physician—so when an insurance company sees 401.9, for instance, they know it was hypertension,” she says. “If you code it incorrectly, you won’t receive the proper reimbursement—so it’s a big responsibility, and a very skilled task.” In addition, coders now are held legally responsible for their mistakes.

In rural Georgia, Harden says, “it just wasn’t a skill we were seeing on a regular basis”—but thanks to her, they’re seeing more skilled coders. Eight students have taken her course so far, and seven of them have passed an extremely difficult national certification exam—a rate far higher than the national average. (The last student has yet to take the certification exam.) Two have stayed in the Hinesville area, and one of them even joined Harden’s department.

When originally choosing a career path, Harden got plenty of inspiration from her mother, Helen Dansby, who was a coder herself for 17 years. Harden graduated from SHRP in 1995 with a degree in health information management, and says she’s “done just about everything you can imagine in the field of medical records” since then.

She’s also seen the field change dramatically, particularly in the area of patient privacy. “That’s not really a new concept, but I think the new HIPAA rules have driven home how important our role is,” she says. “Just because you’re a nurse in a facility doesn’t give you the right to review medical records if you’re not directly involved in the patient’s care, so we do a lot of monitoring to make sure that the nurses who are accessing the patients’ records are the nurses who are actually involved in their care. Same with physicians.”

Some things, on the other hand, haven’t changed that much: As vital as computers have become to health information, the field still hasn’t moved completely away from paper. Harden says that’s true in terms of learning the field as well as actually working in it. “I always tell my students the computers are just ‘icing on the cake’—I still teach coding with books,” she says. “We can see the light at the end of the tunnel, but not everyone is there yet.”

“His limbs and joints were so contracted that his brothers and sisters had to carry him on a stretcher,” she recalls. “We had Prednisone, but I knew he also needed soft splints to help keep the contractions from getting worse. There was no money to buy splints, but I thought we might be able to make them if we could find materials that wouldn’t be damaged by the humid environment.

“When we came home, I located a breathable fabric that could withstand the humidity and took an example of the splint to a friend who sews. We made some splints and sent them back to the village with a missionary, and I sent along a design for building a chair that would allow him to sit up so he could go to school.”

Wells plans to return to Ecuador in a few months and hopes to visit the boy to see how he’s doing. Meanwhile, when she isn’t working, interpreting, or studying Spanish, she and her husband are building their own home near Springville.

“I recommend learning a second language to everyone,” she says. “We see patients who speak everything from Mayan to Swahili. Travel also changes you for the better; it has made me a different person—a citizen of the world.”
A letter from the Dean

The faculty and the administration have a vision for the UAB School of Health Related Professions to be recognized as the leading school of health professions in the United States. Our mission is clear: to shape the future of health care through teaching and research and the assimilation of discoveries into the daily practice of health care in partnership with the UAB community.

Caring partners are critical to our success, and we are fortunate to have many alumni, corporate, and clinical partners who provide invaluable assistance with student recruitment, clinical education, and job placement for graduates. These partnerships and your financial support are fundamental to achieving our vision and maintaining our standard of excellence. Without your private support, we would be unable to implement many new initiatives that enhance and expand our teaching, research, and service.

We are excited to announce the creation of the Dean’s Partners giving society. Dean’s Partners are loyal alumni, friends, faculty, and staff who share our vision of being the recognized leader among schools of health professions and make significant annual investments in the School of Health Related Professions or one of its departments or programs.

As a Dean’s Partner you will receive reports from me as your gifts are put to work. You will be recognized in Spectrum and will also be invited to special events and receive mailings about campus activities. You can become a Dean’s Partner with an unrestricted gift of $1,000 or more annually. Your unrestricted gift may be directed to the school or to one of its six academic departments or programs. Anyone who makes a contribution of $1,000 or more during 2004 will be recognized as a charter member of the Dean’s Partners.

You may use the enclosed business reply/pledge envelope to make a Dean’s Partners gift, or you may contact our development director, Cathleen Erwin, at (205) 934-4159 or by e-mail at cerwin@uab.edu.

I hope you will see the far-reaching impact your investment will have. Join our team of Dean’s Partners and together we will continue to build a school of health professions that is second to none.

Sincerely,

Harold P. Jones, Ph.D.
Dean
Alabama HIMSS Creates Endowment for MSHI Program

The Alabama chapter of the Healthcare and Information Management Systems Society (HIMSS) has made a generous gift to the UAB Master of Science in Health Informatics Program (MSHI) for the purpose of creating a permanent endowment for a student award fund. Income from the endowment will be used for the Alabama HIMSS President's Endowed Award in Health Informatics to provide assistance for educational expenses for deserving students who are admitted to or enrolled in the MSHI Program in the School of Health Related Professions at UAB. The award will be made annually, and the recipient will be chosen on a competitive basis by a committee comprising MSHI faculty members and the current and immediate past presidents of the Alabama HIMSS chapter.

“We are extremely grateful to Alabama HIMSS for their support of our program and our students over the years, and are truly honored by the establishment of this award, which will be an important tool for attracting outstanding students to our program,” said Helmuth Orthner, Ph.D., MSHI program director.

The UAB Health Informatics Program offers a curriculum that integrates the domains of information science, information resources management, and health-care organization and management. The purpose of the program is to train broadly educated individuals who are concerned with the introduction and enhancement of information technology in health-care organizations. Graduates are prepared to assume positions in the strategic planning, management, design, integration, implementation, and evaluation of clinical and administrative information systems in health-care enterprises. Employment opportunities exist with health-care provider systems, hospitals, clinics, managed-care organizations, vendors of health-information systems, consulting groups, governmental agencies, and other health-related enterprises. The MSHI degree can be completed in 21 months for full-time students. Options for part-time study are also available.

As the only dedicated global health-care information and management systems association, HIMSS serves more than 14,000 individual members in the United States and internationally, 42 state and regional chapters, and more than 150 corporate members representing top supplier and consultant companies. Alabama HIMSS is one of 42 local HIMSS chapters that serve a valuable role in bringing health-care systems professionals together in a local forum.

Roland L. Weinsier Endowed Support Fund for Nutrition Research Established

“The best use of life is to spend it for something that outlasts life.” That is the legend inscribed on a plaque awarded to Roland L. Weinsier, M.D., Dr.P.H., at a symposium in his honor on November 22, 2002.

Weinsier died five days later at the age of 60 following a battle with cancer. In a memoriam article published in the American Journal of Clinical Nutrition, his colleagues remembered him as “a humble yet superb leader among nutrition scientists . . . a mentor and role model to all.” Although he is dearly missed, the influence of his life endures through the impact of his publications, through the lives of the patients he helped, the research that will be carried on by the many outstanding scientists he trained and inspired, and by the nationally recognized educational programs he established at the University of Alabama at Birmingham and elsewhere.

To honor his memory and his life’s work, contributions from family, friends, and colleagues are being used to establish the Roland L. Weinsier Endowed Support Fund for Nutrition Research. The endowed support fund will serve as a lasting tribute to Weinsier and will be used for research-program enhancements in the Department of Nutrition Sciences, including research support for pre- and post-doctoral trainees, a cause that was very dear to Weinsier.

If you would like to make a contribution to the Weinsier endowment fund and support the development of the next generation of nutrition-scientists who will follow in his footsteps, you may make a gift by check or credit card using the business reply envelope inserted in this publication. Please indicate on your check or on the envelope that your gift is for the Weinsier endowment. You may also use the enclosed envelope to make a pledge to the endowment fund payable over a one- to five-year period. UAB will send you a pledge reminder on a quarterly, semi-annual, or annual basis at your direction.

If you would like more information about the endowment or ways in which you may make a gift, please contact Cathleen Erwin, SHRP development director, at (205) 934-4159 or by e-mail at cerwin@uab.edu.
CONTRIBUTIONS

The School of Health Related Professions is grateful for the support provided by alumni and friends during the past year. Private support has a tremendous impact on the School and its programs, enabling us to provide scholarship support to attract and retain talented students, purchase new technology for the classroom, and provide programs for both student and faculty development.

We would like to publicly recognize and thank the following individuals, corporations and foundations for their gracious financial support during the period of January 1 through December 31, 2003. For information on how to contribute, please contact Cathleen Erwin, SHRP Development Director, at (205) 934-4159.

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