

First Aid



Interim senior vice president of medicine and dean Anupam Agarwal

The shortage of primary care physicians in Alabama—particularly in rural communities and among underserved populations—is no secret. The ripple effects of the growing problem, however, touch every Alabamian.

When patients don't receive adequate primary care, their health and safety are in danger. Often, they arrive in emergency rooms with worsening conditions. Specialists end up shouldering the burden of treating preventable problems. The costs of that treatment, and the hospitalization that may be required, can have a negative economic impact on communities throughout the state.

The lack of access to primary care also is a key factor in Alabama's poor standings in

many health-related indices, from obesity and diabetes to infant mortality.

Throughout its history, the School of Medicine has endeavored to produce more primary care physicians for the state. One of our most prominent initiatives is the Rural Health Pipeline, which our Tuscaloosa campus launched nearly 20 years ago to encourage rural students to train for and pursue medical careers in rural areas. A similar program began six years ago at our Huntsville regional campus.

Those initiatives are helping, but we must still do more to address the primary care shortage. In 2011, we unveiled our AMC21 strategic plan, which features a strong emphasis on primary care education, scholarships, and community outreach. Today, several of the plan's components are coming to fruition, including plans for a Montgomery regional campus and a statewide Area Health Education Center network. The most immediate result is the new Primary Care Scholars Program; the first six students accepted into the program will begin their enhanced curriculum this fall.

The goal of our primary care initiatives is to introduce students to the field as early as possible. Through coursework and clinical experience, we want them to understand primary care's challenges—and its many benefits, including close, rewarding relationships with patients. In time, that spark of inspiration will help light the way to a healthier future for all of us.

With kind regards,

Interim Senior Vice President for Medicine
Dean, School of Medicine

See the latest news on the search for the school's next dean at UAB.edu/medicine/deansearch.

Get monthly updates from Dean Agarwal at UAB.edu/medicine/dean.

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Top of the Charts

- School of Medicine programs earned high marks in *U.S. News & World Report's* latest list of America's best graduate schools. AIDS ranked #8, primary care is #10, and geriatrics earned the #12 spot.
- UAB ranks #1 for the impact of its articles in rehabilitation sciences from 2005-09, according to Thomson Reuters. During that period, UAB scientists published 92 rehabilitation science papers, and each was cited an average of 8.58 times in other publications.
- The 2012-13 edition of the Best Doctors in America database lists 325 UAB physicians in 65 specialties who are among the top 5 percent of U.S. clinicians, as voted by their peers.
- UAB ranked first among universities and eighth among all institutions in *The Scientist's* "Best Places to Work—Postdocs" web survey. The magazine cited UAB's quality of training and mentoring, career development opportunities, and networking as strengths.

Synthetic Marijuana, Authentic Danger Popular Drug Linked to Kidney Disease

A report by UAB nephrologists marks the first time in medical literature that cases of acute kidney injury have been directly linked with synthetic marijuana use. In the *Clinical Journal of the American Society of Nephrology*, the authors say that nephrotoxicity from low-cost designer drugs such as SPICE or K2, which mimic marijuana's effects and cannot be detected in routine drug tests, should be considered when a patient presents with acute kidney injury and no other cause. This is especially true for young adults with negative urine drug screens, says **Denyse Thornley-Brown, M.D.**, UAB associate professor of nephrology and the paper's senior author.



Denyse Thornley-Brown

Thornley-Brown and her colleagues outlined four different cases of previously healthy young men from the same Alabama community whose acute kidney injury was linked to ingestion of synthetic marijuana. "There is very little information regarding the ingredients in synthetic cannabinoids that are sold on the streets, although it is known that additional compounds are added to the preparations," notes coauthor Gaurav Jain, M.D., assistant professor of nephrology. "It is very likely that a possible nephrotoxin adulterated the preparation used by our patients." Acute kidney injury can lead to permanent kidney damage and dialysis if patients don't get to a physician in time, he adds.



MIND MELD

NEUROBIOLOGY PROGRAM BREAKS BARRIERS

*The School of Medicine and the UAB College of Arts and Sciences are now sharing the faculty, resources, and expertise of the Department of Neurobiology in an effort to grow its popular undergraduate neuroscience major. It's the only program of its kind in Alabama, and it provides an education akin to that of elite private universities, says **David Sweatt, Ph.D.**, neurobiology chair and the Evelyn F. McKnight Chair for Learning and Memory in Aging. Medical faculty help teach undergraduates, who also gain the experience to conduct hands-on, NIH-funded research. With the joint department, "the curriculum will become more robust, with cross instruction and team-based courses," says **Robert Palazzo, Ph.D.**, dean of the College of Arts and Sciences, who calls interdisciplinary efforts "necessary to address the challenges of disease."*

DIGESTIVE CENTER DEBUTS



UAB is developing a new Digestive Health Center that will bring together scientists, clinicians, and educators representing multiple disciplines to provide comprehensive care and improve patient outcomes. **C. Melbern Wilcox, M.D.**, director of the UAB Division of Gastroenterology and Hepatology, and **John D. Christein, M.D.**, associate professor of surgery, serve as the center's initial co-directors.

ALLIANCE FOR ALABAMA

“One-third of Alabama residents are minorities, but only 5 percent of its physicians are.”

—*Louis W. Sullivan, M.D., former U.S. Secretary of Health and Human Services and founder of the Sullivan Alliance*

The School of Medicine at UAB and nine other Alabama colleges and universities have established the Alabama Alliance to Transform Healthcare Professions, an academic partnership designed to increase minority representation in medical careers.

UAB will lead the consortium, fostered by the Sullivan Alliance, an organization founded by former U.S. Secretary of Health and Human Services Louis W. Sullivan, M.D., to provide leadership in developing a more racially and ethnically diverse workforce in health professions. Noting Alabama's health disparities, Sullivan says that “combining the tremendous resources of a powerful, important medical center like UAB with the needs around the state should really help us address those needs in a very effective way.”



Medication Revelations

PHYSICIANS SHED LIGHT ON PATIENT ATTITUDES TOWARD GENERICS

While generic medications often cost less than name-brand drugs, some patients may be reluctant to take them as prescribed, which presents a problem for patients with chronic illnesses. Now physicians across Alabama and Mississippi are helping to shape a solution through UAB's Deep South Continuing Medical Education (CME) Network.

The network provides practice-focused educational opportunities and resources to support doctors as they care for patients, along with CME credit, while at the same time allowing them to participate in vital UAB research. In this case, physicians are completing a survey on their understanding of patient attitudes and misperceptions about generic medications. Preliminary findings reveal some surprises, says **Kristin Whitely**, a third-year School of Medicine student conducting the study with **Monika Safford, M.D.**, professor in the UAB Division of Preventive Medicine. So far, only “about 43 percent of providers correctly estimated the prevalence of patient beliefs about generic medications,” Whitely says. “In particular, providers underestimated patient willingness to take generics for mild to moderate illnesses, like headaches or diabetes.”

Physicians are welcome to participate in the survey until July 30, 2015. The resulting data will help UAB “design future interventions aimed at increasing the utilization of generic medications among patients with chronic diseases, thereby alleviating cost as a barrier to medication adherence,” Whitely says. “It also will help the providers participating in the survey by helping them to address common misperceptions when discussing generic medications with their patients.”

Take the survey and join the Deep South CME Network at www.alabamacme.uab.edu/courses/Generic_Medications/ID0500.asp.



A Drug to Stop Suicide?

UAB researchers have launched two studies of ketamine, an anesthesia medication that could be a valuable tool in treating severe depression and reducing suicidal urges. **Richard Shelton, M.D.**, professor in the Department of Psychiatry and Behavioral Neurobiology and lead investigator, says that ketamine blocks a neurotransmitter called glutamate from binding to the NMDA receptor on neurons. Too much glutamate on the receptor triggers the opening of a calcium ion channel. The resulting flood of calcium affects a brain chemical, brain derived neurotrophic factor (BDNF), which increases connections between neurons that help the brain regulate emotions.

Yogesh Dwivedi, Ph.D., an international leader in the basic science underlying severe depression and suicidal thoughts, joins the UAB Department of Psychiatry this summer. Previously a psychiatry and pharmacology professor at the University of Illinois at Chicago, he will serve as a professor and director of translational neuroscience in UAB's Mood Disorders Program. With the addition of Dwivedi, who focuses on the molecular biology of mood disorders and suicide, and other leaders in the field, "we are well on our way to becoming a top-10 center in depression and mood disorders," says **James Meador-Woodruff, M.D.**, the Heman E. Drummond Endowed Chair of Psychiatry. He adds that community contributions were essential to recruiting Dwivedi. "This is an example of the importance of philanthropy for scientific discovery and helping more patients."

In one trial, ketamine is administered via infusion to suicidal patients in the UAB Hospital emergency department. "We have seen a decrease in depression scores and suicide scores, sometimes within 15 minutes after giving ketamine," says **Cheryl McCullumsmith, M.D., Ph.D.**, assistant professor and director of hospital psychiatry. "Antidepressants commonly used to treat depression and suicidal thoughts take weeks or months to begin to show positive effects. When a patient is actively suicidal, we don't have that much time." Patients receiving the ketamine in the ED are admitted to the psychiatric inpatient unit for observation.

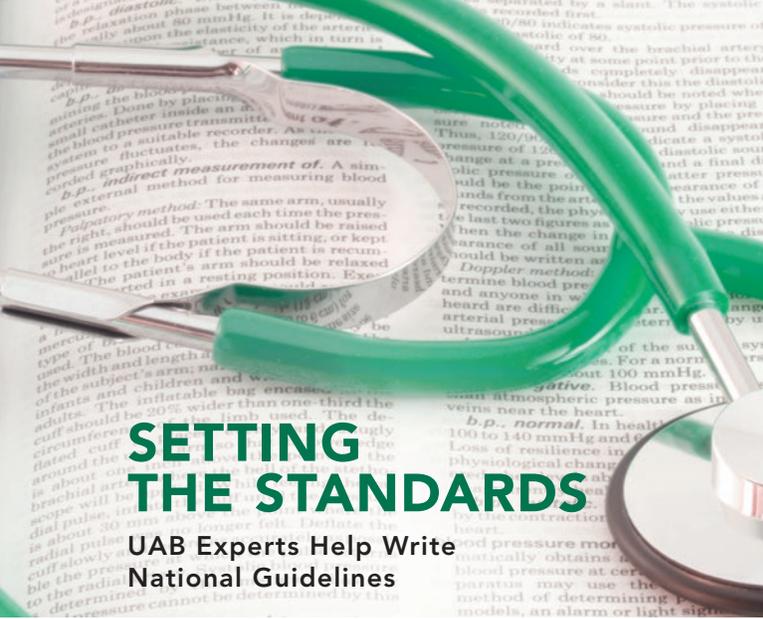
The other trial provides a series of ketamine or placebo infusions to patients with severe depression and possible suicidal thoughts in an outpatient setting. "We're interested in knowing how long each infusion will sustain the beneficial effect," says Shelton. "Ketamine does not appear to be curative, and we have a lot of work to do to see if it might be a useful drug on a long-term, regular-use basis."

SMART MOVE

Partnership Targets Innovative Ways of Improving Health

Birmingham is on the path to becoming a smarter, healthier city thanks to a new partnership between the city government and UAB. The Minority Health and Health Disparities Research Center (MHRC), which focuses on improving the health of population groups, will play a key part in the collaboration, which could encompass everything from energy efficiency and "green" city planning to additional sidewalks and bike paths. (UAB's Sustainable Smart Cities Research Center will share a leading role.) "For cities like Birmingham to improve the health of its citizens, we have to think on innovative ways," says **Mona Fouad, M.D.**, director of the MHRC and the Division of Preventive Medicine. "We have to include engineering to help us design, businesses for business development, policy makers, and health practitioners." A Sustainable Smart Cities Symposium, held in Birmingham in April, brought experts from around the world to discuss critical challenges for cities, including transportation and urban design.





SETTING THE STANDARDS

UAB Experts Help Write National Guidelines

• UAB cardiologist **Salpy Pamboukian, M.D.**, co-chaired the committee that has drafted the first guidelines for selection, surgical preparation, inpatient management, and long-term care considerations for mechanical circulatory support patients—recently published in the *Journal of Heart and Lung Transplantation*. Because the technology is only about two decades old, the guidelines offer the first comprehensive, expert-reviewed best-practices document for management of patients receiving the treatment, she says. The recommendations are general enough to apply to patients receiving different devices from various manufacturers, she adds.

• The U.S. Department of Health and Human Services included a treatment for drug addiction co-developed by **Joseph E. Schumacher, Ph.D.**, professor in the Division of Preventive Medicine, and **Jesse B. Milby, Ph.D.**, of the UAB Department of Psychology, in its National Registry of Evidence-Based Programs and Practices. The treatment targets homeless adults with co-occurring substance abuse and nonpsychotic mental disorders, and its inclusion codifies the therapy as a best practice.

• The American College of Rheumatology has issued a list of five common tests and treatments that, according to currently available research, may not provide meaningful benefits to some major categories of rheumatic-disease patients without careful consideration. **Kenneth Saag, M.D.**, professor in the UAB Division of Clinical Immunology and Rheumatology, co-authored the review and chairs the ACR committee overseeing the process, which focuses on Lyme disease testing, magnetic resonance imaging, biologic drugs, dual-energy X-ray absorptiometry scans, and anti-nuclear antibody subserologies. Saag says that the list is not a set of rules but “a strong starting point for evaluation and conversation about providing the most effective care to the more than 50 million Americans with arthritis and rheumatic diseases.”

IN BRIEF

• **C. Bruce Alexander, M.D.**, vice chair of the Department of Pathology, is president of the Alpha Omega Alpha National Honor Society. The organization, which promotes academic achievement, professionalism, and exceptional teaching in medicine, includes 120 chapters in U.S. medical schools and more than 150,000 members.

• **Dean G. Assimos, M.D.**, the Anton J. Bueschen, M.D., Endowed Chair in Urologic Surgery and Research, received the American Urological Association's Hugh Hampton Young Award, honoring outstanding contributions to the study of genitourinary tract disease. Assimos, chair of the Department of Urology, was chosen for his research career and treatment of complex renal stone disease.

• **C. Barrett Bowling, M.D.**, assistant professor in the Division of Gerontology, Geriatrics, and Palliative Care, received the Merck/American Geriatrics Society 2013 New Investigator Award. His research focuses on the progression and complications of chronic kidney disease among older adults.

• **Cynthia J. Brown, M.D.**, associate professor in the Division of Gerontology, Geriatrics, and Palliative Care, is the 2013 recipient of the American Geriatrics Society Outstanding Scientific Achievement for Clinical Investigation Award. The honor recognizes Brown's work in improving hospital care for older adults with low mobility, her work to strengthen geriatrics training for medical students and physicians, and her dedication to improving health and well-being among older people.

• **Victor Darley-Usmar, Ph.D.**, the Endowed Professor in Mitochondrial Medicine and Pathology in the Department of Pathology, received the 2012 Lifetime Achievement Award from the Society for Free Radical Biology and Medicine for his contributions to the understanding of the role played by free radicals in disease. He also directs UAB's Center for Free Radical Biology.

• **Wendy Demark-Wahnefried, Ph.D.**, associate director for cancer prevention and control in the UAB Comprehensive Cancer Center, has been elected president of the American Society of Preventive Oncology.

• **Robin Lorenz, M.D., Ph.D.**, has been appointed assistant dean for physician-scientist education in the School of Medicine. Her focus will be developing avenues for training clinicians with the scientific experience to move discoveries from the lab to patient care. Lorenz, a professor of laboratory medicine, has directed the UAB Medical Scientist Training Program.

• **Lanning B. Kline, M.D.**, a UAB ophthalmology professor, was recently named to the board of directors of the American Board of Ophthalmology.

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Pathway of Promise

Idiopathic pulmonary fibrosis is an often fatal lung disease with no cure or effective treatments. But UAB researchers have discovered a new biological pathway that contributes to fibrosis, or scarring in the lungs, and it could lead to a potential treatment.

IPF occurs when myofibroblasts—cells responsible for wound repair that are programmed to die once a wound has healed—linger on and secrete too much collagen in the air sacs of the lungs, causing surrounding tissue to scar and stiffen. The UAB scientists found that the Rho kinase protein, or ROCK, activates a mechanical signaling pathway that promotes myofibroblast survival and leads to more scar tissue formation, creating a cycle of repair.

The good news is that the new pathway offers a new therapeutic target. Fasudil, a stroke drug that is a ROCK inhibitor, offers one potential solution, but the research could lead to the development of new medications. The breakthrough might even help patients facing other diseases. “Dysfunctional apoptosis of myofibroblasts is implicated in a number of diseases, such as cancer, autoimmune diseases, and inflammatory and fibrotic diseases,” says **Victor Thannickal, M.D.**, the Ben Vaughan Branscomb Chair of Medicine in Respiratory Disease and senior author of the study. “This discovery opens up intriguing new avenues for research.”

A New Home for Discovery

Patients participating in UAB clinical trials now have a more convenient, comfortable place to do it. The UAB Center for Clinical and Translational Science (CCTS), in collaboration with the UAB Comprehensive Cancer Center, recently opened a Phase I Clinical Trials Unit, creating a total of 10 treatment rooms and 15 infusion chairs, a core laboratory for efficient processing, an on-site pharmacy for experimental therapies, reception area, nurses station, and family waiting room. Dedicated parking is available for visiting patients. In phase I trials, researchers test experimental treatments in a small group of people for the first time to assess safety, side effects, and dosage, and the new unit will enable the CCTS, the Cancer Center, and other partners to move more novel therapeutic compounds into trials to help improve patient health.



Common Interests

Health Professional Students Join Forces

Some of UAB’s community screenings involve a community of student caregivers. The DentaQuest Foundation recently awarded \$150,000 to a partnership of the UAB schools of Dentistry, Medicine, Nursing, Health Professions, and Optometry to continue a pilot program that trains health-care students to work collaboratively. The initiative takes teams of students from the different disciplines to conduct free screenings in Birmingham-area schools and childcare centers. Led by UAB faculty, the students perform a variety of examinations, which helps them learn how to work together and when to make referrals to other professionals. Leaders say the relationships and communication skills developed in the program will benefit the students’ future patients.



Health professional students team up to conduct screenings for area children.



Lost and Found

Reconnecting with HIV/AIDS Patients

UAB's 1917 Clinic and *Birmingham AIDS Outreach (BAO)* are joining forces to find HIV/AIDS patients who have fallen out of care—and to help bring them back. The first program of its kind in Alabama, *Birmingham Access to Care (BA2C)* also will investigate influences that contribute to patients dropping out of care and provide resources to reengage them. The charitable organization *AIDS United* has provided the partnership with nearly \$750,000 to fund the three-year initiative. “BA2C will allow us to characterize individuals who are not regularly attending their primary care appointments and are therefore most likely to have an unsuppressed viral load and be more infectious to others,” says **Scott Batey**, UAB Research Informatics Services Center program manager. “This project fills a tremendous gap in the HIV continuum of care” and could help 600 to 750 patients over three years, he adds. **James Raper, D.S.N.**, director of the 1917 Clinic, and BAO Executive Director *Karen Musgrove* serve as principal investigators for the project.

IN BRIEF

(continued from page 5)

- **N. Rama Krishna, Ph.D.**, professor in the UAB Department of Biochemistry and Molecular Genetics, has been named a Fellow of the American Association for the Advancement of Science for his contributions to methods that use nuclear magnetic resonance technology to understand molecular biology or to design new drugs, and his work with the structural biology of scorpion neurotoxins, which have been studied as a potential treatment for epilepsy and gliomas.

- **James Meador-Woodruff, M.D.**, the Heman E. Drummond Endowed Chair of Psychiatry, received the 2013 Research Mentorship Award from the American Psychiatric Association for his efforts to foster trainee research.

- **Klaus Mönkemüller, M.D., Ph.D., FASGE**, professor in the Division of Gastroenterology and Hepatology, received the prize for best peer reviewer of the journal *Endoscopy* during the United European Gastroenterology Week in Amsterdam.

- **Suzanne Oparil, M.D.**, professor of medicine in the Division of Cardiovascular Disease, received the Distinguished Scientist Award (Translational Domain) from the American College of Cardiology for her contributions to the field.

- **Cynthia Owsley, Ph.D.**, the Nathan E. Miles Chair of Ophthalmology, has been named one of 33 Gold Fellows by the Association for Research in Vision and Ophthalmology for her accomplishments and leadership in aging-related eye disease and vision impairment.

- **Kevin A. Roth, M.D., Ph.D.**, the Robert and Ruth Anderson Endowed Chair in Pathology, is now editor-in-chief of *The American Journal of Pathology*. In 2014, he will become president of the American Society for Investigative Pathology.

- **David Standaert, M.D., Ph.D.**, the John T. and Juanelle D. Strain Endowed Chair in Neurology, is serving as chair of the American Parkinson Disease Association's Scientific Advisory Board.

- **Carlton Young, M.D.**, has been appointed assistant dean for medical student diversity and inclusion at the School of Medicine. In his new role, Young, a professor in the Department of Surgery and director of both the pancreas transplant program and pediatric renal transplantation, will develop partnerships with undergraduate students and programs to help students be more competitive in applying to medical school.



Prime CONCERN

Solutions for Alabama's Primary Care Crisis

By Charles Buchanan • Illustrations By Tim Rocks

There's one word you won't see in most reports about the current state of primary care: joy. But it's the first word that **T. Michael Harrington, M.D.**, uses to describe his career in the field.

"This morning, I saw a patient I've been treating for almost 29 years," says Harrington, chair of the UAB Department of Family and Community Medicine and immediate past-president of the Medical Association of the State of Alabama. "You get to understand a lot about a person in that amount of time, and it's a privilege to have that opportunity."

Harrington is not alone in his joy. Many primary care providers talk about the satisfaction they receive from long-term personal relationships they develop with patients—and often their entire community.

For the School of Medicine at UAB, increasing the number of students who pursue that positive career path has become a key

component of its mission to serve the state. Alabama, like the rest of the country, cannot provide adequate primary care to its citizens because it simply doesn't have enough primary care physicians. And the shortage is predicted to grow as an aging population requires more health resources, older physicians retire, and the Affordable Care Act expands medical coverage, Harrington says.

He describes the problem as one with multiple solutions, and some of those—described in the school's AMC21 primary care strategic plan and on the following pages—offer promise. Each one is designed to give students an intimate knowledge of primary care, to reach more of Alabama's underserved patients, and to build upon UAB's leadership in the field. (UAB's primary care program ranked #10 on *U.S. News & World Report's* 2013 list of America's best graduate schools.)

Harrington looks forward to sharing "the enormous amount of satisfaction" he gets from his career with more students. "There's not a day that goes by that I regret my choice to practice primary care," he says. "I know that I have made a difference in my patients' lives."

Knowledge Base

Montgomery Campus Offers Novel Opportunities for Future Physicians

Wick Many, M.D., is in a race against time. The average age of his fellow Montgomery physicians hovers “around 57,” he says, which means the coming years will bring a series of retirements—vacancies that will add to the current shortage of physicians throughout the River Region. The problem is particularly acute in primary care and among rural communities, but soon it will become a crucial challenge for everyone in central Alabama, he says.

With that in mind, it’s easy to see why Many—and Montgomery—are counting the days until a new generation of future physicians arrives in the city to open the School of Medicine’s new regional campus. Ten third-year students will lead the way in 2014, followed by 20 more a year later. Housed at Baptist Medical Center South, the longtime home of the UAB Montgomery Internal Medicine Residency Program, the full-fledged campus will teach neurology, obstetrics, pediatrics, psychiatry, and surgery along with primary care. “We want to train students to mature into clinically competent and compassionate physicians in a setting that offers different educational challenges and opportunities,” says Many, the former internal medicine residency director who now serves as regional dean and holder of the Virginia Loeb Weil Endowed Professorship in Medical Education.

Unique Flavor

Just how will the Montgomery experience differ from those at the school’s campuses in Birmingham, Tuscaloosa, and Huntsville? “We’ll have our own flavor,” says Many, who plans to link students with opportunities unique to the capital, such as clinical research at the state Department of Public Health. “This could be the place for students interested in health-care disparities, health-care policy, public health issues, and outcomes-based research.” In clinical rotations, students will encounter a patient base Many describes as extremely diverse, both in the diseases and socioeconomic backgrounds they present.

Montgomery students also will train in a 22,500-square-foot simulation center with high-tech, interactive mannequins (pictured at right) that can simulate nearly every aspect of internal medicine, obstetrics, and pediatrics. “Students will spend their first day of surgery in the center’s fully equipped operating suite, learning about OR etiquette and teamwork,” Many says. “In pediatrics, they can use a mannequin to learn to examine a newborn, which will help them get comfortable before they care for a live baby.” He also sees the potential for courses that could train students to become simulation specialists.



Cultivating New Physicians

Naturally, a key mission of the Montgomery campus will be to address the needs of central Alabama’s medically underserved counties. Administrators anticipate that a number of students will stay in the River Region, helping to alleviate the physician shortage. “A big percentage of physicians tend to settle down and practice close to the area where they have trained,” says William A. Curry, M.D., FACP, associate dean for rural programs and primary care. “We’ve had that experience in Tuscaloosa and Huntsville.” Another goal is to increase the number of students entering the primary care field; in fact, the campus is a key component of the School of Medicine’s primary care strategic plan. “A greater preponderance of students who train at regional campuses choose primary care specialties,” Many says. “We want our students to see real-world practice and realize that they can be professionally satisfied and have a very nice lifestyle practicing in nonspecialty areas.”

For example, the Montgomery rural medicine rotation will take students into the UAB Selma Family Medicine Residency Program and possibly smaller hospitals throughout central Alabama. Many also hopes to instill in the students a social conscience and provide opportunities for outreach and service in the region. “I want them to recognize that it is a privilege to be a physician; therefore, they have an obligation to give back, not only to their patients but also to the community as a whole.”

(continued on next page)

Wick Many (near left), with State Health Officer Donald Williamson, says Montgomery’s campus will appeal to students pursuing health policy, public health, and more.



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Open Arms

Today, the Montgomery community is welcoming the new campus and the economic and intellectual boost it will bring. Many has been talking with local physicians interested in serving as student mentors—“we envision a one-on-one interaction between the physician and student in many training circumstances,” he says—and meeting with local leaders about supporting student scholarships. Baptist Health has already committed to fund a scholarship, and Many hopes that School of Medicine alumni in the area will lend their support as well. “We want them to feel connected to this campus and become advocates for us,” he says.

Many notes that the campus’s 2014 debut will mark 45 years since Tinsley R. Harrison, M.D., and J.J. “Jack” Kirschenfeld, M.D., brought the first UAB medical students to Montgomery for rounds at local hospitals. “It is the culmination of their belief that you can offer quality medical education in a community hospital setting,” he says. Curry adds that the anniversary year could launch a bright new era for health care in central Alabama. “Schools all over the country have shared the same experience,” he says. “When a regional medical school program is established, a lot of good things begin to happen.”

See a video about the Montgomery campus on *UAB Medicine’s iPad app*.



Harvest of Health

Education Network Takes Root Across Alabama

After practicing primary care in Pickens County for 15 years, **William A. Curry, M.D., FACP**, knows the perfect analogy for Alabama’s new Area Health Education Center (AHEC) network. It’s much like the system of agricultural extension offices that dot the state, he says, but instead of offering advice and resources to help farmers increase their yields, the AHEC network will help cultivate a new crop of health professionals in rural areas and other underserved communities.

Last year, the School of Medicine at UAB, working together with UAB’s schools of Nursing and Health Professions, received a five-year, \$5.25-million grant from the federal Health Resources

62
of Alabama’s
67

Alabama ranked 45th in health status among all states for 2012¹.

counties have been designated by the U.S. Department of Health and Human Services as **whole or partial health professions shortage areas (HPSAs)**, meaning they do not have enough primary care physicians to meet the needs of the population².

8 counties in Alabama have no hospital. Another 35 rural counties have no hospital providing obstetrical services. Women in almost two-thirds of Alabama counties cannot deliver their infants in the counties where they live.



and Services Administration to create the AHEC network, which will recruit, support, and retain health-care professionals in Alabama's 67 counties. "We've been engaged in these community-based education activities for 40 years, but not having a statewide AHEC put us at a disadvantage," Curry says. "Now we have the opportunity to coordinate Alabama's medical and other health programs in a common effort. We will be able to accomplish more together than we could ever do on our own."

Statewide Partnership

Curry and his colleagues emphasize that AHEC is a statewide program, ultimately consisting of five centers in Brewton, Gadsden, Greensboro, Huntsville, and Tuskegee. Each will be a "standalone, not-for-profit corporation covering a separate region, developing programs representative of the counties in its region," Curry explains.

"You've got to have local people—who know the community, environment, and resources—to make it work," says **T. Michael Harrington, M.D.**, chair of the UAB Department of Family and Community Medicine, home to the AHEC program office. "Much of the grant money goes to the centers so they can do their job."

The AHEC advisory committee reaches even further across Alabama, involving multiple universities and medical schools, state government departments, professional organizations, and other stakeholders with an interest in improving health. **Cynthia Selleck, D.S.N.**, associate dean in the UAB School of Nursing and former president of the National AHEC Organization, directs the Alabama AHEC, while **Art Clawson, Ed.S.**, a former Florida AHEC center and program director, serves as associate director.

Recruitment and Rotations

Once UAB helps the five centers to open their doors, each will work with regional partners to develop a pipeline of programs to help area students pursue health-care careers—in medicine, nursing, pharmacy, physical therapy, and related fields—and to encourage health



ALABAMA AHEC REGIONS AND CENTERS



target high school students, providing information about career options and access to supplemental education as well as college credit to help prepare them for higher education and professional school. Some programs could even reach junior high schools. "Historically, students who receive that exposure to health care are more likely to make that career choice," Curry says.

For students matriculating into medical training programs, AHEC will "bring them back into rural and underserved communities for some of their education so they can see what it's like to practice in a small hospital, for example," Curry explains. "It's really quite rewarding, but students need to see that firsthand, or they will have no idea." Each AHEC center will establish rotations pairing health professional students with rural practitioners—an effort that Curry calls "a big logistical challenge. Every health professional school in the state wants to do more of those rotations, but we haven't had the connections to do them in the past."

"If people get some training in a rural or underserved urban area, then there's a greater likelihood that they will eventually practice in those types of environments," Harrington says. "Other states with AHEC networks have done it pretty successfully."

More than
1.2 million

ALABAMIANS—32.3 PERCENT OF THE POPULATION—ARE CONSIDERED TO BE OBESE, AN INCREASE OF 50 PERCENT IN THE PAST 10 YEARS³.

ALABAMA RANKS

50th

NATIONALLY IN DIABETES. THE NUMBER OF ALABAMIANS WITH DIABETES IS DOUBLE THAT OF 10 YEARS AGO¹.



Benefits for Practicing Physicians

AHEC centers also will provide continuing medical education to practicing health professionals. “For example, there’s a focus now on using information technology in primary care to improve the health of communities and also to meet federal and insurance company mandates, and that’s often a big challenge for rural practitioners who may not have resources for knowing the best way to implement that,” Curry says. “An AHEC office would be able to discuss options for meeting those requirements.”

The Tuskegee AHEC, which predates the statewide grant, is already up and running. As other centers open within the next three to four years, Harrington invites School of Medicine alumni to make full use of AHEC resources and services—and to “share the richness of their practices and the wisdom of their years” as preceptors for students on rotations.

If some of those students put down roots in rural Alabama, practicing primary care and filling other health care gaps, AHEC will be a success, he adds. “We are confident that this educational vehicle will help us accomplish many of our goals to serve the underserved in this state.”

Priming a New Generation

Scholars Program Plans to Inform and Inspire

The growing shortage of primary care physicians in Alabama and other states has created a demand for new physicians. Now the challenge lies in building interest among medical students to enter the field.

“We are desperately short of primary care physicians right now, and we’re going to be short for years down the road,” says **William A. Curry, M.D., FACP**, associate dean for rural programs and primary care. “As a state medical school, UAB recognizes our responsibility to provide primary care physicians, just as we provide highly capable specialized physicians of all sorts.”

That effort includes the new Dean’s Primary Care Scholars Program, designed to spark interest in primary care as a career. The six students chosen to receive the initial \$10,000 scholarships will enter the program this year.

“It’s designed to help build leadership in primary care among our medical students, and to help further the mission of providing primary care physicians in underserved areas,” says **H. Hughes Evans, M.D., Ph.D.**, senior associate dean for medical education. “It’s a good way of combining interest in primary care with leadership development and service learning, and with scholarship opportunities to really cement students’ excitement.”

RATES OF DEATH *due to Disease*¹

	Alabama	U.S.
Heart Disease	254	204
Stroke	56	45
Accidents	50	41
Chronic Lower Respiratory Disease	59	42
Cancer	218	186

(per 100,000)

In 2011,

THE OVERALL INFANT MORTALITY RATE FOR ALABAMA WAS 9.6 PER 1,000 LIVE BIRTHS, COMPARED TO 6.75 NATIONALLY⁴. AMONG AFRICAN AMERICANS AND OTHER NON-WHITES, THE INFANT MORTALITY RATE WAS 12.6⁵. ALABAMA RANKS 49TH NATIONALLY IN INFANT MORTALITY¹.

The *Journal of the American Medical Association* reported in December 2012 that only 21.5 percent of current residents plan to enter primary care, a number that needs to be closer to 40 percent to meet demand.

Modeled after the school's successful Rural Scholars initiatives, the Primary Care Scholars Program will enable students to learn more about the issues, advocacy, and leadership opportunities available in primary care. "We're hoping to develop longitudinal continuity care experiences for the students," Evans says. "Those students would eventually engage in a follow-up panel of patients with a primary care doctor in the vicinity, so they can really start to understand the pleasures and joys of taking care of patients over time."

The curriculum, which is still in development, will cover topics including population-based care; quality measurement and management; and health economics, law, and policy. **Earl Salser Jr., M.D.**, UAB associate professor in family and community medicine, serves as the program's medical director.

"Our students are exposed to a lot of good things here, but they weren't seeing enough primary care—electives, clerkships, and role models—especially in the first two years," says **T. Michael Harrington, M.D.**, chair of the Department of Family and Community Medicine. "That's really the only way they can learn



The new Dean's Primary Care Scholars Program, led by faculty member Earl Salser Jr. (right), is designed to let students experience the satisfaction of taking care of patients over time.

about primary care and decide if it's for them. So we're going to have specialized experiences for them.

"We're excited about it," Harrington adds. "With the scholars program, we think any student interested in primary care is going to have enough experiences to help them make those decisions. Hopefully we can increase the number of students choosing the field. UAB already has an outstanding reputation for specialty and tertiary care. We want to create that same reputation for primary care, so we really can have the best of both worlds."

—Cary Estes

A new graduate looks ahead to the rewards and challenges of her primary care career on UAB Medicine's iPad app.

Only **78.7%**
of Alabama mothers seek
prenatal care during their first
trimester of pregnancy, ranking
the state 44th in terms of early
access to prenatal care¹.

"Because the vast majority of our state doesn't have adequate primary care, people aren't getting timely or preventive care. They end up in emergency rooms instead, and they come in sicker, they get hospitalized, and all of that is very costly and preventable. Lack of primary care isn't the only reason for Alabama's poor health care numbers, but it certainly is a contributing factor."

—T. Michael Harrington, M.D.

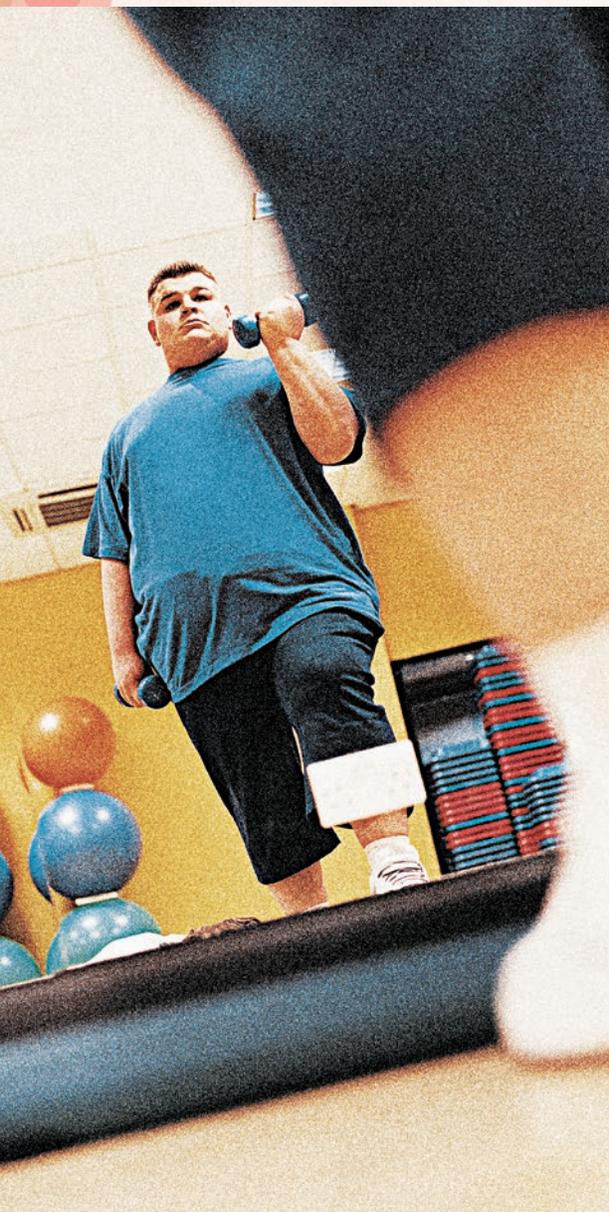
(1) United Health Foundation: *America's Health Rankings 2012* • (2) Alabama Office of Primary Care and Rural Health • (3) Robert Wood Johnson Foundation: *Trust for America's Health, 2011* • (4) CIA World Fact Book, 2011 • (5) Alabama Department of Public Health 2009 Health Profile and Centers for Disease Control and Prevention



New Directions for Diabetes

Could Lifestyle Changes and a Drug Help Reverse the Disease?

By Tara Hulen



Diet and exercise changes are usually the first prescription for type 2 diabetes. For the first time, however, researchers have evidence that an intense dose of both can potentially put the disease into remission—and even eliminate the need for medication in some patients.

The findings, from study coauthor **Monika Safford, M.D.**, professor in the UAB Division of Preventive Medicine and senior scientist in the UAB Comprehensive Diabetes Center, and fellow professors **Beth Lewis, M.D.**, and **Stephen Glasser, M.D.**, came from an extensive review of data from a study with a similar goal. The national Look AHEAD (Action for Health for Diabetes) trial examined whether intense diet and exercise changes could lessen incidences of cardiovascular disease among adults with type 2 diabetes, Safford explains. It's "the first study to examine the long-term health effects of sustained weight loss in diabetes," following 5,145 people for about eight years. Additionally, the study focused only on lifestyle changes instead of "drastic steps such as gastric bypass for weight reduction."

"Amazing Accomplishment"

The team discovered that 11.5 percent of patients in the intensive lifestyle intervention experienced diabetes remission after one year, compared to 2 percent receiving only diabetes support and education. At four years, 7.3 percent of the intervention group experienced remission, compared to 2 percent in the control group. The researchers defined remission as a pre-diabetes or non-diabetic level of glucose in the blood. Participants aimed for a diet of 1,200 to 1,800 calories a day while reducing total and saturated fat intake, combined

with about three hours of physical activity per week.

While 11.5 percent is a small figure, Safford says that for those people, remission "is an amazing accomplishment, and it doesn't even address people who were able to scale back on their medications. We studied those who could come off their medications completely and who had normal fasting glucose, at least for a time." For the more than 20 million Americans with type 2 diabetes, such a change could greatly improve quality of life and help prevent some of the disease's devastating effects.

Safford says that remission through lifestyle intervention “is likely to happen early in the disease course. It does look like there could be a point of no return. We ought to reach people early and not wait until they’re on insulin or a lot of medications. It’s a disease that happens over many years—it really begins over decades,” she says. “Patients could have 10 to 20 years to change its course.”

Verapamil Turns the Tide

Last year, UAB researchers reported that verapamil, a calcium channel blocker prescribed to lower blood pressure, could achieve an amazing trick: halt and reverse diabetes progression.

The FDA-approved drug protects insulin-producing pancreatic beta cells and counters insulin resistance, explains the paper’s senior author, **Anath Shalev, M.D.**, UAB Comprehensive Diabetes Center director and the Nancy R. and Eugene C. Gwaltney Family Endowed Chair in Juvenile Diabetes Research. It also blocks the creation of the TXNIP protein; previously, Shalev and her team discovered that TXNIP is elevated in diabetes and triggers pancreatic beta cell death, thus destroying the body’s ability to produce and control insulin. In lab studies, lowering TXNIP to pre-diabetic levels helped restore beta-cell function.

While verapamil shows promise, Shalev cautions that it is so good at its approved uses that it could cause problems for diabetic patients. “I do not want to advertise this as a diabetes drug,” she says. “I wouldn’t give it to anyone who doesn’t have high blood pressure; otherwise, they’ll be miserable.” And while verapamil was even more effective at reversing type 1, or juvenile, diabetes than type 2, it is not approved for use in children, who are unlikely to have hypertension, Shalev says.

Cautions and Conditions

Verapamil shouldn’t be the first drug of choice even for the 67 percent of adults with both diabetes and high blood pressure, she says. ACE inhibitors are still the first line treatment for these patients “because of a protective effect on kidneys,” she says. “However, for patients with high blood pressure and diabetes who need an additional blood pressure medication, it is something that physicians can consider on a patient-by-patient basis.”

Shalev’s team is now working with Southern Research Institute and the Alabama Drug Discovery Alliance to find a TXNIP inhibitor that does not affect blood pressure and could be safe for children.

Student Scientist Makes Diabetes Discovery

By Bob Shepard

How did second-year School of Medicine student Leah Strickland spend last summer? By discovering a previously uncategorized subgroup of patients with type 2 diabetes—a breakthrough that could change clinical practice.

Strickland was in a UAB summer research fellowship when she made the discovery about women with type 2 diabetes who have a condition known as partial lipodystrophy of the limbs (PLL). Lipodystrophy, which refers to the loss of subcutaneous adipose tissue, has been identified in diabetic patients but usually is seen in the torso. Strickland’s research identified a distinct group of women with type 2 diabetes and PLL—as well as no family history of lipodystrophy but a marked increase in insulin resistance and triglyceride levels.

“These patients did not fit in any of the described categories,” Strickland says. “They had acquired fat loss in their arms and legs but not in their torsos. They had no family history of lipodystrophy, which was unusual. It was really a new pattern.” Strickland and her faculty mentor, **W. Timothy Garvey, M.D.**, the C.E. Butterworth Jr., M.D., Professor and chair of the Department of Nutrition Sciences, believe the subgroup is uncommon; about one in 1,000 patients with type 2 diabetes will likely be affected.

Because these patients are extremely insulin resistant, have high triglycerides, and are likely to have abnormal liver tests indicating fat in the liver, they will be difficult to treat, Garvey explains. Physicians will need to begin testing for these variables in their diabetic patients and treat them accordingly, he says.

Strickland’s findings appeared the American Diabetes Association’s *Diabetes Care* journal; she also presented her research at a National Institutes of Health Diabetes Network meeting last year. “It was extremely rewarding to participate in the whole range of activities involved in this project, from collecting and analyzing data to writing the manuscript, presenting the results, and then seeing the findings published in a scientific journal,” she says.



Leah Strickland

Blood Relatives

HIV Expertise Helps to Fight Rise of Hepatitis C

By Matt Windsor

One in 33 baby boomers is living with hepatitis C infection, according to the Centers for Disease Control and Prevention (CDC), yet few of them know it.

Millions of people received the hepatitis C virus (HCV) through blood transfusions when it was endemic in the blood supply from the 1960s through the 1980s, says **Michael S. Saag, M.D.**, a professor in the UAB Division of Infectious Diseases and the Jim Straley Endowed Chair in AIDS Research. HCV is also spread when drug users shared infected needles. However, “the clinical latency of HCV can be up to 40 years,” Saag explains. “A lot of the people infected from the 1960s through the 1980s are now starting to appear in clinics with disease in the form of cirrhosis or liver cancer.”

Of the more than 10 million people in the United States who may be infected with HCV, “20 to 25 percent will develop cirrhosis, and approximately 4 percent will develop liver cancer,” Saag says. A 2012 CDC study reported 15,000 deaths related to HCV in the United States in 2007—compared with 13,000 deaths attributable to AIDS. And death rates will continue to rise for another decade or more, experts predict.

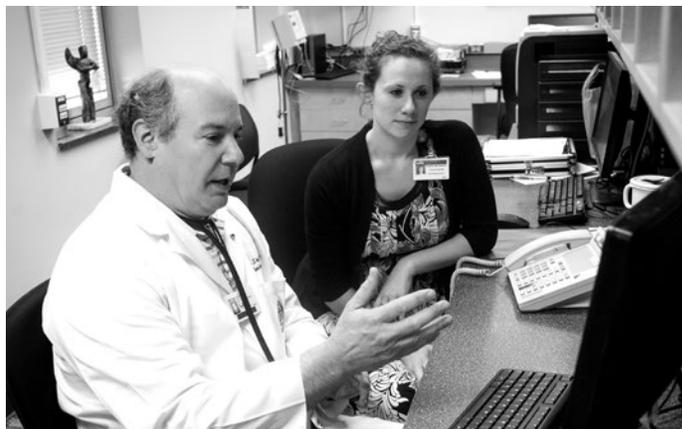
Curable Problem

The silver lining is that HCV shares several traits with HIV, Saag says, which means that UAB physicians, pioneers in HIV research and treatment for 25 years, have an edge in tackling the problem. Both HCV and HIV are RNA viruses that replicate at high levels, and they can be attacked using similar types of drugs. The big difference is that HCV can be cured within 12 to 24 weeks in many patients. “HIV, as part of its life cycle, comes into a cell and inserts itself into that host’s genetic DNA,” Saag explains. “HCV does not, and that’s one of the fundamental reasons we can cure hepatitis C but can’t cure HIV.”

Dozens of new anti-HCV drugs are now available or in the pipeline. “What’s happening with hepatitis C today is similar to what happened with HIV in the 1990s,” Saag says. “By adding some of these newer drugs to the existing HCV treatments, the cure rate can go up to 90 percent.” The new drugs are more potent, need to be taken only once a day instead of in multiple daily doses, and have fewer side effects.

A Dedicated Clinic

Choosing the correct drug regimen for each patient takes knowledge and experience, Saag says. To that end, the Division of Infectious Diseases has opened a Viral Hepatitis Clinic “modeled very much on what we did in HIV” at UAB’s 1917 Clinic.



The new Viral Hepatitis Clinic offers patients the latest therapies and follows the treatment model in HIV care pioneered by UAB’s 1917 Clinic, says Michael Saag (above), professor in the Division of Infectious Diseases.

Saag and his colleagues treat patients with HCV, while collaborations with members of the UAB Division of Gastroenterology and Hepatology and the UAB Liver Center will address complications of advanced liver disease and liver cancer, plus liver transplants. “When we bring all that expertise to the table,” Saag says, “it makes for a very powerful team.”

UAB scientists also are conducting clinical trials to test promising new treatments for HCV. Current studies focus on oral regimens that last only three months—an improvement over interferon therapies that require injections for six months up to a year, Saag explains.

Saag invites physicians to refer HCV patients in their communities to UAB’s clinic for evaluation. Patients should have a hepatitis screening serology test for HCV antibodies and—if results are positive—a check of hepatitis C viral RNA level prior to referral; an HCV genotype test also is helpful, he adds.

Power Tool

Cyclotron Turns Up Imaging Capabilities

By Charles Buchanan and Beena Thannickal

UAB's new TR24 cyclotron—the most powerful machine of its type at any U.S. medical center—could revolutionize UAB's research programs in cancer, as well as cardiology, immunology, and neuroscience. The unique machine, which took more than a year and a half to build and weighs more than 61,000 pounds, is a particle accelerator that enables scientists to make medical imaging agents for clinical and research applications.

Housed in the UAB Comprehensive Cancer Center's newly renovated Wallace Tumor Institute, "this cyclotron is impressive not only in its size, but also in its advanced diagnosis and treatment capabilities," says **Cheri Canon, M.D.**, the Witten-Stanley Endowed Chair of Radiology. "It will enable UAB to produce numerous unique agents that may not be commercially available."

The cyclotron moves protons, one of the charged particles in atoms, at about 16 percent of the speed of light, accelerating them out from the center of the machine along an expanding spiral path to a target that is transformed into the desired radioactive element. Scientists transport the resulting material in a special box where chemical reactions convert it into a radiopharmaceutical that can be used as a diagnostic tool or treatment for patients. "With this powerful instrument, we are able to continually investigate better means of offering the best premium care to our patients," Canon says.

"The cyclotron adds significantly to our translational research capability and will make us a

The arrival of the cyclotron marks the beginning of the final phase of the three-year renovation of Wallace Tumor Institute, home of the UAB Comprehensive Cancer Center. When it reopens this summer, the six-story building will have a fresh new look inside and out, with features tailored to meet the needs of patients and researchers:



The top three floors house glass-fronted research labs and gathering spaces centered on a skylit atrium. The airy, open space is designed to encourage collaboration. "Scientists can look out their doors and see what their colleagues across the way are doing," Partridge says.

A large, glass-walled entryway gives the Comprehensive Cancer Center a front door for the first time. It opens onto a bright, inviting lobby with spaces to host programs and seminars designed to support patients and their families.

The powerful cyclotron resides in the basement alongside state-of-the-art imaging machines, which will help cancer specialists diagnose the disease and gauge treatment progress.

clear leader in advanced imaging for cancer," says **Edward Partridge, M.D.**, UAB Cancer Center director and the Evalina B. Spencer Chair in Oncology. "We certainly will be in a better position in the fight against cancer." The cyclotron will begin operation late this summer.

Installing the cyclotron, which weighs as much as 10 large SUVs, through a wall and into the basement of Wallace Tumor Institute proved to be a feat of engineering. Watch a video of the installation on UAB Medicine's iPad app.

The Passing of Pioneers

By Charles Buchanan • Photos courtesy of UAB Archives

Basil I. Hirschowitz, M.D., changed health care from the inside out. In 1957, the South Africa native and two University of Michigan colleagues created the first fully flexible fiber-optic endoscope; Hirschowitz tested the prototype by swallowing it himself. After arriving in Birmingham in 1959, Hirschowitz perfected the new endoscope and was the first to use it regularly. The invention became the standard for visualizing and treating virtually every body cavity and helped pave the way for minimally invasive surgery. Hirschowitz, who passed away in January, founded UAB's Division of Gastroenterology and led it for 29 years. He continued to break ground, leading clinical trials that helped bring about a new generation of pharmaceutical treatments, including Pepcid, Prilosec, and Nexium. "Essentially, Basil created what gastroenterology is today," says **C. Melbern Wilcox, M.D.**, director of the UAB Division of Gastroenterology and Hepatology. A fund honoring the pioneer supports the Basil I. Hirschowitz Endowed Chair in Gastroenterology at UAB, currently held by **Charles O. Elson III, M.D.**

Sara Crews Finley, M.D., helped to bring the future of medicine to Alabama. In the early 1960s, she, along with husband **Wayne Finley, M.D., Ph.D.**, established the Southeast's first medical genetics program and first chromosome laboratory at the Birmingham medical center; they also began what became one of the country's largest university prenatal genetics laboratories.

"Sara and Wayne Finley were among the first physicians to recognize the importance

of the field of medical genetics and to implement new technologies for culturing cells and analyzing chromosomes," says **Bruce R. Korf, M.D., Ph.D.**, holder of the Wayne H. and Sara Crews Finley Chair of Medical Genetics at UAB. Sara Finley, who passed away in February, co-directed UAB's Laboratory for Medical Genetics for 30 years before retiring in 1996. Many of her former trainees are now leaders in genetics programs across the country.

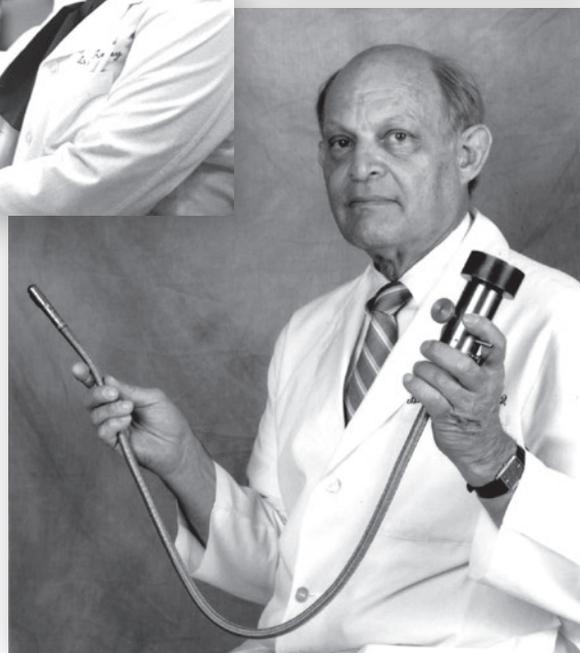
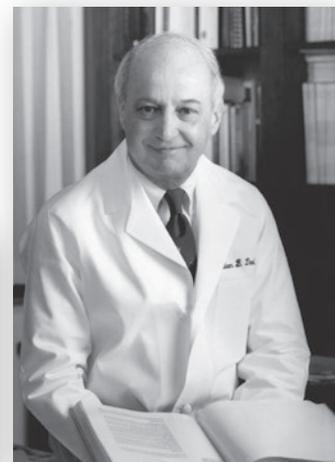
A 1955 graduate of the Medical College of Alabama, Finley served as the first female president of the Medical Alumni Association and the Jefferson County Medical Society. She was the Rotary Club of Birmingham's first female member, an American College of Medical Genetics founding fellow, and an Alabama Healthcare Hall of Fame inductee.

Memorials in Finley's honor will support the Finley Chair in Medical Genetics.

Under the leadership of **Dean Will Deal, M.D.**, from 1997 to 2004, the School of Medicine grew its reputation in education, research, and patient care, and

increased its focus on improving care in Alabama's underserved rural areas. National Institutes of Health funding topped \$200 million for the first time, and researchers gained new genetics and biomedical research buildings.

Just as important, Deal recruited many current faculty leaders. "Dr. Deal recruited me, and many other physicians, based on a vision of growth and prosperity, and he led the school through a period of significant achievements," says UAB president and former medicine dean **Ray L. Watts, M.D.** "Academic medicine has suffered a great loss. We will miss him greatly."



LEADING LIGHTS: (Clockwise from left) Sara Finley, Will Deal, and Basil Hirschowitz

For information on memorial contributions,
contact Virginia Gilbert Loftin at vgloftin@uab.edu or (205) 975-5602.

Authors in Residents

Neurosurgery Becomes Publication Powerhouse

By Gail Allyn Short

Neurosurgery residents often spend 80 hours a week performing operations and patient consults, attending rounds, and answering late-night pages. But last year, the UAB Division of Neurosurgery's 15 residents also managed to publish 75 articles in peer-reviewed medical journals. Several articles made the magazines' covers while others were editor's picks.

Their outsized publishing success stems from an organized effort within UAB's Neurosurgical Residency Training Program to teach "evidence-based medicine," say **Mark N. Hadley, M.D.**, program director, and **Beverly C. Walters M.D. M.Sc.**, director of the division's Office of Clinical Research. Evidence-based medicine is the practice of using the best current evidence to make decisions on treating an individual patient; while the concept isn't new, it has gained momentum in recent years, says Walters, who co-authored a book on the topic.

"We're trying to graduate residents who inherently practice evidence-based medicine," says Walters. "I can't imagine teaching residents to practice neurosurgery without teaching them to critically evaluate the literature and create good literature of their own."

Discerning Eye

The program began emphasizing evidence-based training in 2009, when Walters, a neurosurgeon and clinical epidemiologist, joined the faculty. At that time, residents published about 11 journal articles. The switch in focus "helps us discern how to value the evidence in a manuscript," Hadley says. "There's a very rigid, scientific regimen to go through, depending on whether the article is about a prognosis, diagnostic test, or procedure. I

want residents to read and say, 'that's a landmark article,' or 'this has been highly touted in the press, but there's no medical evidence for it.'"

Ultimately, says Hadley, evaluating articles teaches residents how to design their own studies and contribute to medical literature. The Office of Clinical Research offers epidemiology, biostatistics, and clinical trials expertise to help residents win grants, conduct projects, learn to create databases and statistical analyses, and disseminate results. Every resident is required to publish at least one article a year, says Walters, but they're encouraged to aim for three each year. Residents also participate in a monthly journal club and medical evidence conference.

About 90 percent of resident articles eventually publish, Walters says. "If the first journal refuses it, we keep going." Some residents also have presented research and earned recognition at regional and national conferences.

From Problems to Solutions

Some of the most prolific writers, including fifth-year resident **Christoph Griessenauer, M.D.**, have each published an average of 10 to 15 papers a year. Research keeps the field interesting by advancing knowledge, says Griessenauer, whose focus includes cerebral vascular surgery. "We take a problem in clinical practice and see if we can find a solution."

The training has helped residents pursue fellowships, subspecialty training, and academic careers, says Hadley. "I'm proud of them for taking on a more focused study that is a bit more onerous," says Hadley, "and then applying it and earning recognition for themselves and UAB by publishing and contributing."

Journal of
Craniofacial Surgery
NeuroInterventional Surgery
JOURNAL OF TRAUMA
British Journal of Neurosurgery
Journal of Neuro-Oncology
CANCER GENE
THERAPY
Clinical
Anatomy
The American Surgeon
Journal of Biological
Chemistry

Neurosurgery residents now have the opportunity to become Clinical Research Scholars thanks to the Neurosurgery Women's Leadership Council—a group of former patients and family members. The first award benefits a student this fall, says **Jacquelyn S. Shaia, J.D., Ph.D.**, a UAB communications studies instructor who first received treatment from UAB neurosurgeons a decade ago. A common interest and "common love" for the neurosurgery program brought the women together, says Shaia. The organization has begun raising support for an endowment for the scholars program and current-use funds to meet immediate needs.

"The residents are at the top of their game," says Shaia, "They've got the interest, good mentors, good leadership, and are learning skills to be successful. It is our job, as people who have benefited from this wonderful medicine, to help put this neurosurgery program on the map in a more permanent way."

Harmonic Convergence

Mixing Music and Medicine

By Susannah Felts

As anyone attending the annual Best Medicine Show can attest, UAB medical students are a creatively gifted lot. Several possess well-honed musical chops and have continued to perform and record after they have enrolled.



Susan May Wiltrakis

Here, four of the many singers and musicians at the School of Medicine describe how they harmonize their intensive training with the joy of making sweet sounds.

The Jazz Singer

The word “prodigy” is no hyperbole for third-year student **Susan May Wiltrakis**: At eight years old, she acted in professional theater in Chicago; at 11, she recorded her first jazz album. A reviewer for the *Chicago Sun-Times* described her singing voice as that of “an older, larger woman, a woman who maybe smokes a little, and likes a couple drinks before bed and has had her heart broken a few times”—a description that Wiltrakis says is “not inaccurate.”

Then, at 12, Wiltrakis got the ultimate break: an appearance on *Oprah*. Not surprisingly, that spawned many more opportunities and assured that her teenage years would be anything but average. While performing at venues nationwide, Wiltrakis completed high school coursework online through Northwestern and Stanford universities; by age 15 she was ready to apply to college. Not all schools were keen on the idea of a freshman that young, but Valparaiso welcomed her. Wiltrakis graduated at 19 and came straight to UAB, where she’s now considering a residency in internal medicine or pediatrics.

These days, Wiltrakis, who goes by “Susan May” on stage, doesn’t perform much aside from appearances at medical school events, but music still offers her respite during long hours of studying. Her passion for music and medicine spring from the same goal, she explains. “As a performer, I’ve always liked that I could help people forget their troubles. But with medicine, I feel more directly able to help people, and that’s something I’ve always wanted to do.”

Wiltrakis also sees her jazz training as useful in a hospital setting, where “people have to work in unison to have a good outcome—everyone has their part to play.” She notes that her comfort with improvisation and spontaneity on stage might contribute to effective doctor-patient communication.

Has she ever serenaded a patient? “Not yet, though people say I need to,” Wiltrakis says. “But I’m not sure how receptive people will be to their doctor breaking into song.” Lullabies could come in handy in pediatrics, she reflects. “Or I can use it as a threat!” she says, laughing. On a serious note, though, Wiltrakis sees the value of music therapy in the healing process. “That is definitely a door I want to keep open for research in the future.”

Lights, Camera, Outreach

Medical students used their talents to entertain a full house—and raise more than \$13,000 for Equal Access Birmingham (EAB), the student-run initiative providing primary care to underserved patients in the community. The 2013 Best Medicine Show, held on March 1 at the Alabama Theatre and hosted by the Student Senate, included 26 performances, from live music and dance to video skits. The funds raised will create an endowment for EAB that ensures its financial sustainability. Watch a selection of videos from this year’s show through *UAB Medicine’s* iPad app.



The 2013 Best Medicine Show featured student talent—and raised \$13,000 for primary care outreach. Photos by David Kim





Nirmal Choradia

The Opera Singer

When a high school friend called **Nirmal Choradia** to tell him that Opera Birmingham was looking for chorus members, he thought, why not? The fourth-year student and Birmingham native had sung in a choral quartet and choir in high school, but had taken a break from singing during college, when ultimate Frisbee captured most of his free time. He also competed in traditional Indian dance during those years.

In his second year at UAB, Choradia performed in *Lucia de Lamour*, and in his third, *Carmen*. This year, however, he bowed out, as residency interviews made the rehearsal commitment for *M. Butterfly* impossible.

But he's modest about the juggling act rehearsals required. "Honestly, it's not that unusual," he says. "Everybody [in the production] is doing so many different things. There are a couple of doctors who sing every year and several people who teach school. Medical school is just another job." In the most demanding weeks right before and during production, Choradia gets by on scant sleep—a totally manageable situation, he says, given that it's temporary.

Choradia views his participation in Opera Birmingham as a necessary diversion from his studies—something he believes all medical students need. In fact, he has encouraged several fellow students to join

the group. "You can only focus on one thing for so long before you need to do something else," he says.

Choradia adds that one of his favorite aspects of chorus work is the way it has broadened his sense of community, a good lesson for a future physician. "You end up with some absolutely amazing singers who've devoted their lives to singing, and you learn quite a bit," he says. "They're a bunch of different personalities."

The Rockers

M.D./Ph.D. students **Mikael Guzman-**

Karlsson and **Jarrold Meadows** named their rock band When We Were Free—a nod to a life that's "antithetical to academia, which is structured and focused," says Meadows. Guzman-Karlsson plays drums and Meadows plays lead guitar in the group, which also includes first-year student **Chris Graves** on vocals, neuroscience graduate student **Ian Thornell** on bass, and third-year student **Eric Lee** on lead guitar. Recently, the band has been hitting the studio, mixing a five-song EP.

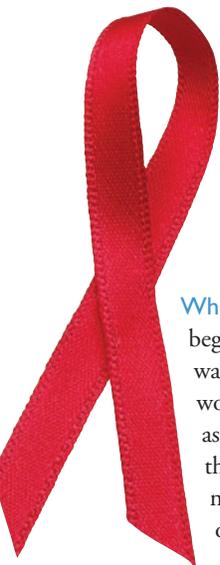
Guzman-Karlsson and Meadows played prior to coming to UAB, but they bring

different influences to the table. Meadows learned to play guitar first by copying Metallica licks, then soaking in the influence of Stevie Ray Vaughn and other blues legends; Guzman-Karlsson, who spent his early years in Bolivia, grew up listening to Latin and world music. Befitting their band's name, the students are averse to being pinned to one genre, but describe When We Were Free's sound as a blend of different rock genres. Guzman-Karlsson and Meadows began jamming together once they met at UAB and have played alongside a number of fellow students over the years. "Only in the past six months have we had consistent band members," Meadows says.

Like Choradia, they see music as a creative outlet—a "distinct world" apart from science, not in competition with their professional path. "We put a lot of time and effort into [the band], but we wouldn't want to pursue it as a career," Guzman-Karlsson says. Like May, they can see how their musical skills translate to medicine. "Jamming is all about listening to your fellow musicians and complementing them," Guzman-Karlsson reflects. "That applies to the clinical realm, too. You need to be a good listener, connect with your patients, and detect subtleties. It's also important in science, which isn't done in a vacuum. Collaboration requires you to be able to understand your partners and work with them effectively."



Jarrold Meadows (left) and Mikael Guzman-Karlsson



Service Plan

Class of 2016 Adopts Local Charity

By Meghan Davis

When the Class of 2016 outlined its goals and values at the beginning of medical training last fall, its members looked outward instead of inward, adopting a community organization to work with throughout its four years. “It’s something my class as a whole could identify with and rally behind,” says **Cate Li**, the 2016 philanthropy liaison. “We feel that a physician should not only be book smart, but should also exude compassion for others and be leaders in the community.”

The Student Senate chose Birmingham AIDS Outreach (BAO), which offers support to people affected by AIDS along with prevention education, as the class’s charity. After hearing lectures from UAB’s pioneering faculty in HIV/AIDS research, including **Michael S. Saag, M.D.**, “the whole class found it incredibly inspiring to see the disease’s impact scientifically, medically, socially, and globally,” says Li, who had worked with BAO’s Youth Advisor Council as a high-school student.

“It’s an opportunity to serve a minority within health care, with interactions we may not get by seeing a patient in a clinic,” says class president **Cory Smith**. He sees the decision to adopt a charity as a way for the Class of 2016 to contribute to the community in which they learn. “Students at all levels can assist greatly with health disparities,” he says. “We want to let the community know that we are a resource to them as much as the school is a resource to us.”

“As physicians, we are taught to address an AIDS patient from the standpoint of their disease, but BAO treats them through the perspective of their lives,” says second-year student **Kelly Roszczynialski**,

Strength in Numbers

With nearly 30 student organizations planning service events, the School of Medicine Student Senate is fostering collaborations to maximize their civic impact. The new Community Service Committee includes representatives from each student organization, with the president of Physicians for Social Responsibility serving as chair.

“The Student Senate recognized how passionate UAB medical students are about service and community outreach,” says **Kelly Roszczynialski**, committee chair and president of Physicians for Social Responsibility. “They realized that open discussions between the smaller organizations could result in more successful ventures through their combined efforts and resources.”

The committee will coordinate schoolwide service events and promote each class’s adopted philanthropy.

chair of the Student Senate’s Community Service Committee and president of student organization Physicians for Social Responsibility. “Touring BAO’s facility and meeting the social workers and legal counsel, and seeing the clothing department, the medical supplies, the food kits, and even the pet food for patients’ animal companions, is an eye-opening experience. I am excited to see how relationships develop throughout their four years.” The committee, Physicians for Social Responsibility, and Li are laying the groundwork for students to begin volunteering and fund-raising for BAO.

Smith hopes that the project will remind busy students of the spirit of service that drew them to medical school. “As a class, we understand the role of a physician in a community: We’re servants, we’re teachers, we’re caretakers,” he says. “You can’t go to school to learn how to serve and then stop serving.”

Driving Force

Students Support Bone Marrow Registry

By Charles Buchanan

A patient’s powerful story offered more than a lesson for first- and second-year UAB medical students. It also inspired them to hold a bone marrow donor drive that attracted 91 registrants—far beyond the 30 registrants that most successful drives receive, says **David Rooney**, the second-year student who helped coordinate the event.

A classmate’s leukemia diagnosis sparked the idea. Looking for ways to help, Rooney turned to a friend, UAB hematology-oncology nurse **Clinton Cleckler**, who suggested the donor registration drive. Ironically, just a few months later, the 25-year-old Cleckler was diagnosed with acute lymphoblastic leukemia himself. He shared his experience with students, “driving home the human message” and motivating them to register by submitting a cheek swab, Rooney says. Fourth-year medical student **Dan Maxwell** also described the experience of donating his stem cells.

Medical school faculty supported the effort. **Vishnu Reddy, M.D.**, pathology professor and hematology-oncology module director, incorporated the drive into the course to help students learn about donation, Rooney says. He also credits Rachel Harris of the Be The Match registry for providing drive materials and fellow medical students who helped to organize the event.

“While enrolling anyone in a bone marrow/stem cell registry helps satisfy the tremendous need for potential donors, enrolling medical students gives future health care providers a firsthand understanding of the registration process, the donor exclusion criteria, and the donation options,” Rooney says. “This enables medical students to be more effective patient educators and advocates.”

The registration drive was so successful that it will become part of future hematology-oncology modules, and Rooney encourages everyone to consider becoming a donor. Those between the ages of 18 and 44 are preferred since stem cell numbers decline with age, there is no weight minimum, and there is a disproportionate need for African-American and other minority donors underrepresented in the registries.

More information is available at marrow.org.

Mapping the Future

Match Day Brings Answers and Joy

By Charles Buchanan

Four years of hard work came down to one moment on the morning of March 16, when each member of the class of 2013 opened an envelope—and saw the future unfold.



Ninety-seven percent of the 2013 class matched in a postgraduate position. Nationwide, more than 52,000 applicants competed for 26,392 residency positions.

School of Medicine students matched with 77 institutions in 31 states, with 40 percent remaining in Alabama and 75 percent studying in the Southeast.



Primary care, which includes internal medicine, family medicine, pediatrics, and med-peds, drew 42.4 percent of the class. More than 13 percent of students matched in surgery and surgical subspecialties; other top fields included anesthesiology (8.8 percent), ob/gyn (7.1 percent), emergency medicine (5.3 percent), neurology (2.9 percent), and dermatology and psychiatry (2.4 percent each).

Relive all the anticipation and excitement of Match Day 2013 through a video on [UAB Medicine's iPad app](#).

Commencement 2013

The 169 students of the Class of 2013 officially became physicians at a May 19 ceremony at Bartow Arena. **David H. Chestnut, M.D.**, associate dean of the Western Academic Campus at the University of Wisconsin School of Medicine and Public Health, former chair of the UAB Department of Anesthesiology, and namesake of a UAB endowed professorship, presented the commencement address. Chestnut also is the father of one of the new graduates.

SCHOOLWIDE AWARDS

Hugh J. Dempsey Memorial Award for Highest Academic Achievement
Jennifer Porter Bynum

Leonard Tow Humanism in Medicine Awards
Presented by the Arnold P. Gold Foundation for a student and faculty member

Hussein Abdullatif, M.D.
Kara Shea Graves

Outstanding Patient Communication Award
Sponsored by ProAssurance Indemnity

Michael Adam Carlisle
Amanda Dinsmore

Medical Alumni Association Community/Leadership Award
Rohan Harish Kambeyanda

William Boyd Medal for Excellence in Pathology
Michael Omarr Alberti

Janet M. Glasgow Memorial Award
Presented to a woman graduating first in her class
Jennifer Porter Bynum

Glasgow-Rubin Citation for Academic Achievement
Presented by the American Medical Women's Association to women graduating in the top 10 percent of their class

Eleanor Schuster Barr
Olivia Claire Barrett
Rachel Elizabeth Cunningham
Amanda Dinsmore
Jessica Warren Grayson
Megan Kay McPheeters
Jessica Lee Scott
Carolyn Marie Webster



DEPARTMENTAL AWARDS

William Boyd Medal in Pathology
Presented by the Alabama Association of Pathologists and the UAB Department of Pathology

Michael Omarr Alberti

American Academy of Neurology Award
Eleanor Schuster Barr

Robert Goodloe McGahey Award in Anesthesiology
Jason Patrick Skelley

Wilfred F. Holdefer Memorial Award in Emergency Medicine
Sean Cullen Vanlandingham

Robert J. Stanley Award in Radiology
David Brasfield Sarver

Emily F. Omura Award in Dermatology
Rajini Krishna Murthy

Lanning B. Kline Award in Ophthalmology
Walter Tyson Parker

Chi-Tsou Huang Award in Physical Medicine and Rehabilitation
John Tyler Richardson

BIRMINGHAM CAMPUS AWARDS
Dean's Award for Outstanding Performance in the Clinical Curriculum
Eleanor Schuster Barr

Achievement Awards
Recognizing superior achievement in the clinical curriculum

Eleanor Schuster Barr
Michael Adam Carlisle
Terry Bradley Clay
Amanda Dinsmore
Meghan Kay McPheeters
Scott Patrick Orr
Jessica Lee Scott
Carlie Hannah Stein
Christine Anne Tagayun
Alyssa Evelyn Tilly
Yu Ting
Carolyn Marie Webster

Battle S. Searcy Memorial Award in Psychiatry
Joseph Anthony Carley IV

Bruce A. Harris Jr. Award in Obstetrics and Gynecology
Mitchell Dean Alvarez

Samuel Clements Little Award in Neurology
Asher Jefferson Albertson

Garber Galbraith Award for Excellence in Surgery
Charles Joseph Keith Jr.

G. Gayle Stephens Award in Family Medicine
Whitney Yvonne Tew

Paul A. Palmisano Excellence in Pediatrics Award
Kara Shea Graves

Tinsley R. Harrison Award in Internal Medicine
Eleanor Schuster Barr

HUNTSVILLE CAMPUS AWARDS

Dean's Award for Academic Excellence
For excellence in the clinical clerkships

Jennifer Porter Bynum

Exemplary Academic Performance
For second highest in the clinical clerkships

Hoyt Harris Reynolds

Dean's Leadership Award
Lindsay Nicole Harbin

G. Gayle Stephens Award in Family Medicine
Lindsay Nicole Harbin

J. Ellis Sparks Award in Internal Medicine
Kristin Kerr Cotney

John Di Placido Award in Obstetrics and Gynecology
Stephanie Larson Smeltzer

John R. Montgomery Award in Pediatrics
Tonya Renee Miller

Charles Selah Award in Surgery
Drew Jeffrey Gunnells Jr.

Award in Psychiatry
Hoyt Harris Reynolds

Award in Neurology
Hoyt Harris Reynolds

TUSCALOOSA CAMPUS AWARDS

Scholastic Achievement Award
For the top performance in the clinical years

Christopher Jung Rigell

William R. Willard Dean's Award
For outstanding contributions to the goals and missions of the College of Community Health Sciences

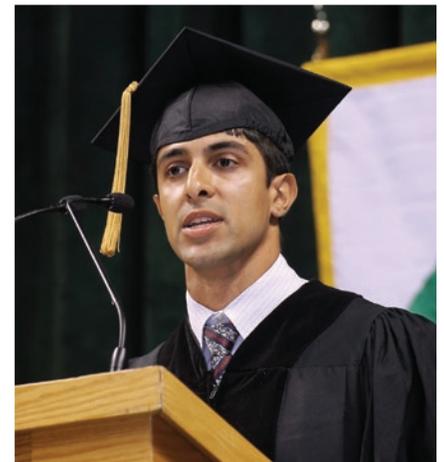
Christopher Jung Rigell

James H. Akers Memorial Award
For the senior who best personifies both the art and the science of the practice of medicine as chosen by their peers

Christopher Jung Rigell

Robert F. Gloor Award in Community and Rural Medicine
Emad Abdalla Elsamadicy

Family Medicine Award
Jason Lee Clemons



William W. Winternitz Award in Internal Medicine
Christopher Jung Rigell

Finney/Akers Memorial Award in Obstetrics and Gynecology
Emad Abdalla Elsamadicy
Krishna Dilip Shah

Pediatric Award
Adam Wesley Scott

Adolescent Medicine Award
Presented for excellence in Adolescent Medicine
Shaundra Lynn Harris Blakemore

Peter Bryce Award in Psychiatry
Kevin Charles Greer
Christopher Jung Rigell

William R. Shamblin Award in Surgery
Jessica Warren Grayson
Christopher Jung Rigell

Neurology Award
Brooke Apel Bell

Student Research Award
Kevin Charles Greer

The top 10th percentile of the class

SUMMA CUM LAUDE

Jennifer Porter Bynum
Carolyn Marie Webster

MAGNA CUM LAUDE

Eleanor Schuster Barr
Olivia Claire Barrett
Michael Adam Carlisle
Terry Bradley Clay
Jessica Warren Grayson
Hoyt Harris Reynolds
Christopher Jung Rigell

CUM LAUDE

Theodore Cobert Belsches
Rachel Elizabeth Cunningham
Amanda Dinsmore
John William Frederick
Kevin Charles Greer
Meghan Kay McPheeters
Walter Tyson Parker
Jessica Lee Scott



State of Health



TUSCALOOSA

Student Wins Rural Health Award

Third-year medical student **Daniel Partain** received the inaugural William A. Curry, M.D., Rural Health Lecture Award from the University of Alabama Institute for Rural Health Research. The award honors a student at the School of Medicine's Tuscaloosa campus, part of the university's College of Community Health Sciences, who demonstrates an academic interest in rural medicine and engages in research or scholarly activity in a rural setting. The honor is designed to encourage medical students to pursue experiences in rural medicine.

As part of the award, Partain, a Wisconsin native, spoke during the 14th annual Rural Health Conference, held in Tuscaloosa in February. The conference, attended by health care professionals, community leaders, government officials, and policymakers, shares critical knowledge about health disparities impacting rural Alabama. This year's event focused on obesity and featured speakers specializing in nutrition, physical activity, and clinical aspects of obesity. Partain's lecture was titled "The Obesity Epidemic in Fayette County, Alabama."



William A. Curry (right), founder of the annual Rural Health Conference in Tuscaloosa, congratulates student award-winner Daniel Partain.

The new award also honors **William A. Curry, M.D., FACP**, a former dean of the College of Community Health Sciences and founder of the annual Rural Health Conference. Today he serves as associate dean for rural programs and primary care and is a professor of internal medicine at the School of Medicine's main campus in Birmingham.



John Wheat

Pipeline Program Receives National Recognition

The College of Community Health Sciences Rural Health Leaders Pipeline received an Outstanding Rural Health Program Award from the National Rural Health Association at the organization's annual conference in May.

The pipeline is a sequence of programs that recruit students from rural Alabama and help them become rural physicians and other health professionals. Hundreds of Alabama high school and college students have participated in the programs and are practicing in rural communities. Studies show that rural students are more likely to return to rural areas to practice.

"After 20 years, the efforts are bearing fruit with rural health professionals, including more than 50 rural physicians, contributing to the health care of rural Alabama," says **John Wheat, M.D.**, founder and director of the pipeline.

The pipeline includes the Rural Health Scholars Program, a summer program on the University of Alabama campus for 11th graders who take college courses for credit, participate in health-care seminars, and visit health care facilities; the Rural Minority Health Scholars Program, a summer program on campus for high school graduates who take classes and MCAT tutorials; and the Rural Medical Scholars Program, a five-year track of medical studies leading to a medical degree that focuses on primary care and provides shadowing experiences with rural health professionals. The pipeline also has outreach programs for 10th-grade students in rural Alabama counties.

MONTGOMERY

Kenamer Lecture Highlights Opportunities for Alabama's Health

Alabama State Health Officer **Donald E. Williamson, M.D.**, presented the Kenamer Distinguished Lecture in April to more than 120 Montgomery residents, faculty, medical staff, and community leaders. Williamson described his personal journey in public health and identified the triumphs and remaining challenges of public health in the state during his tenure. He also highlighted infant mortality, tobacco control, preservation of Medicaid, and universal health care coverage as four specific opportunities to make a difference in the quality of health in Alabama if they can be addressed effectively.

Established in 1978, the Distinguished Lecture brings recognized leaders in health care to Montgomery to interact with medical, business, and civic leaders and to address medical concerns of the past, present, and future. Following a five-year hiatus, the lecture series resumed in 2005 because of a generous endowment by S. Rexford Kenamer, M.D., a retired cardiologist, Montgomery native, and 1943 graduate of the Medical College of Alabama.

Samant Named Fellow

Jyoti Samant, M.D., assistant professor of medicine, advanced to Fellowship in the American College of Physicians at Internal Medicine Week in San Francisco in April.

HUNTSVILLE

Internal Medicine Residency Completes Inaugural Year

July 2013 marks the start of the second year for the Huntsville Internal Medicine Residency Program. A successful match put the 8-8-8 program at full capacity, and faculty are reflecting upon the growth they have seen since last summer:

"It has been an exciting first year," says residency program director **Lourdes Corman, M.D.** "Because of our very large referral base of Huntsville primary care physicians, we have seen a substantial number of common community diseases. Huntsville Hospital, northern Alabama's only teaching hospital, along with the existing UAB Huntsville Regional Medical Campus, also offers a golden opportunity to train young physicians in the scientific and scholarly basis of internal medicine. Currently, there is a shortage of primary care, particularly in the surrounding rural areas. In addition, thousands of military personnel have been relocated here. We anticipate that many of our trainees will stay to provide primary care for the burgeoning community, as do many graduates of our family practice program. We have created a rigorous but enjoyable clinical training experience."

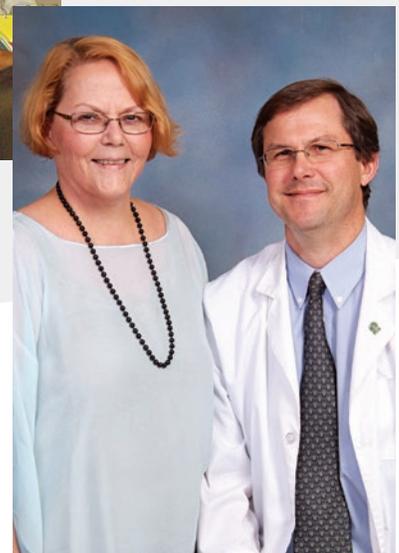
Huntsville internal medicine residents enjoy an innovative schedule that allows focused exposure to both inpatient and ambulatory medicine. A strong ethic of collegiality and support pervades both ambulatory practices and inpatient teams. **David Fahey, M.D.**, associate residency program director, has reorganized the outpatient clinic, where an electronic medical record helps residents provide patient-centered medical care. Huntsville Hospital's ward and medical intensive care unit teaching services offer challenging learning experiences for residents, who provide care to a diverse patient population, often with previously undiagnosed conditions. In addition, didactic sessions follow Grand Rounds so that visiting speakers can participate in both programs.

"We embrace the challenge of teaching internal medicine and providing cost-effective and comprehensive primary care," says **Robert Centor, M.D.**, Huntsville regional dean.

"Patient-centered education, especially at the bedside under the guidance of mentors and positive role models, allows our residents to mature in a caring and nurturing environment of collegiality and mutual respect."



Lourdes Corman (near right) and David Fahey (far right) say the Huntsville residency program, now in its second year, is training students who can address the shortage of primary care physicians in north Alabama.



Investing in Innovation

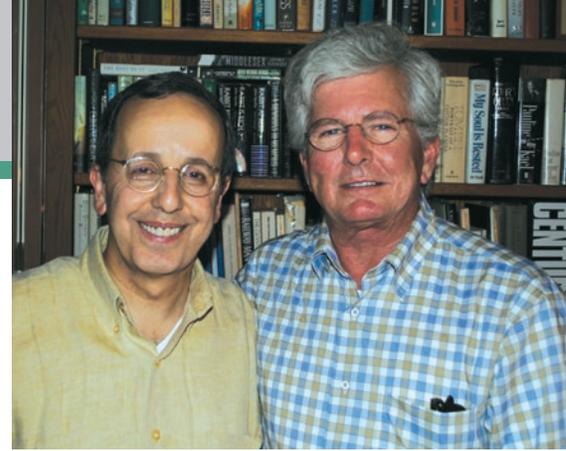
Insights for All Time

Fund Makes Harrison's Principles Permanent

By Jo Lynn Orr

The legacy of Tinsley R. Harrison, M.D., extends far beyond the bust of his likeness displayed in front of the building bearing his name on University Boulevard. Harrison, an Alabama native, internist, and renowned educator, helped the Birmingham medical center rise to national prominence as chair of the Department of Medicine (DOM) and as acting dean of what is now the School of Medicine at UAB. His worldwide fame rests primarily on his book *Harrison's Principles of Internal Medicine*, published in 1950, reprinted 16 times, and translated into 14 languages. It remains the single most-used and best-selling internal medicine text in the world.

Gifts from George Karam (left) and Craig Coe (right) will help perpetuate the patient-focused legacy of Tinsley Harrison.



Gifts from George H. Karam, M.D., chief resident in internal medicine in 1981, and Craig L. Coe, M.D., a 1980 graduate and member of the 1981 intern class, will ensure that current and future UAB residents receive a firm grounding in Harrison's principles of professionalism. Their contributions have created the Legacy Endowed Support Fund for the Tinsley Harrison Internal Medicine Residency Program in the Department of Medicine.

The idea for the fund surfaced at the DOM's inaugural education summit in September 2011, where Karam spoke. "Because I'm on the American Board of Internal Medicine, I see the growing emphasis on what one colleague has termed the 'mechanics of care,'" says Karam, head of the Department of Internal Medicine at the LSU Health Sciences Center in Baton Rouge. "This trend occupies much of the time physicians spend with patients and diminishes the time for mechanisms of disease. So I developed my talk around the example that Dr. Harrison set for medical education and how it could provide a roadmap to the future for the DOM."

Moving Forward on a Movement Disorder

Dystonia Program Seeks New Treatments

By Bob Shepard and Jo Lynn Orr

Nell Johnson knows firsthand the debilitating effects of dystonia, a neurological movement disorder affecting the muscles. She also knows the power of philanthropy from the example set by her late father-in-law, Joel E. Johnson Sr., a longtime Alabama banker and community leader.

Now she and other members of the Johnson family have made a generous gift to create the Joel E. Johnson Sr. Research Acceleration Fund in Dystonia at UAB. By supporting dystonia research in the UAB Division of Movement Disorders, the program helps other patients coping with the disease while honoring Joel Johnson's legacy.

"Dystonia has several forms and may be hereditary or caused by factors such as physical trauma, infection, or reaction to a pharmaceutical," says David G. Standaert, M.D., Ph.D., Department of Neurology chair and holder of the John N. Whitaker Endowed Chair in Neurology. "However, most cases have no known cause. Treatment is difficult and has been limited to minimizing symptoms. At present, there is no cure."

Joel Johnson Sr., a 1921 graduate of the University of Alabama



School of Law, passed away in 1997 at age 98. His father founded Citizen's Bank in Geneva, Alabama, in 1901. Joel Johnson Sr., his late son Joel Jr., and the family operated the bank for more than a century until last year, when Citizen's merged with Bank of the Ozarks.

"Mr. Johnson was a civic-minded individual, giving his time and resources to his community," says Nell Johnson. "This gift will perpetuate his memory as a civic, business, church, and philanthropic leader."

Learn how you can support the school and its students at [UAB.edu/medicine/giving](https://uab.edu/medicine/giving).

Entrepreneur of Hope

Remembering Bill Featheringill

By Lisa C. Bailey

William W. Featheringill

knew a thing or two about building successful health-care enterprises in Alabama, and he always considered UAB to be a good investment. “UAB has been, is, and will continue to be a tremendously important institution in our community,” said the Birmingham investor, entrepreneur, and venture capitalist in an interview before he passed away in December 2012. “I shudder to think where we would be without UAB.”

Featheringill and his wife, Carolyn, were particularly interested in the growth and success of UAB’s cardiovascular program. The couple created the Featheringill Endowed Chair in Cardiac Arrhythmia Research, and in recent years pledged a significant gift to the new UAB Comprehensive Cardiovascular Center. Their contributions support collaborative, cutting-edge research in basic, clinical, demographics, and transformational cardiovascular science—a fitting legacy for Bill Featheringill, who was a key contributor to Birmingham’s rise as a health-care capital.

The Birmingham native, who earned degrees in mechanical engineering, law, and business administration, spent his career in Birmingham’s health-care industry. As co-founder and president of Private Capital Corporation, Featheringill managed successful firms including Complete Health, which became Alabama’s largest HMO, and Maces Corporation, an information management company. He also served as chairman of SuccessEHS and Momentum Business Solutions; director of Southern Research Institute; and a member of the boards of Altec Industries, BioCryst Pharmaceuticals, and Citation Corporation.

Beyond the boardroom, Featheringill worked to improve his hometown by serving on the executive committee of the Campaign for UAB, the board of directors of the Birmingham Museum of Art, and the Birmingham Rotary Club. He also was chairman of the board for The Featheringill Foundation. Among the awards he received were CIO Magazine’s Enterprise Integration Award and the Birmingham Venture Club’s first Investor of the Year Award.



Karam says his appreciation for Harrison’s legacy increased during the process. “Through Dr. Harrison’s teaching, wisdom, and insight,” Karam says, “I came to the realization that gifts often become obligations to sustain.” Then he turned to his good friend Coe, now retired from his internal medicine practice in Dothan, Alabama.

“I thought it would be fun to do something with Craig that might have enduring value,” Karam says. “As I reflected on all that I had learned about Tinsley Harrison, I thought we should try to ensure that future generations understand the multiple layers of influence that Dr. Harrison left.”

The Legacy Fund supports programs and activities for today’s internal medicine residents designed to uphold Harrison’s principles, including an annual Legacy Dinner for rising third-year trainees.

“We wanted to create special internal bonds at UAB,” Coe adds. “And we wanted to express our deep appreciation for the training we received at UAB.”

More information: [Virginia Gilbert Loftin](#)
205-975-5602 • vgloftin@uab.edu

Benefits of the gift extend beyond providing clinical care and research support. The fund allows UAB to recruit additional researchers and clinicians to pursue promising, novel research projects and accelerate ongoing dystonia research projects aimed at developing new treatments and cures. The gift also helps to bring pre- and postdoctoral researchers to UAB to train as the next generation of dystonia clinicians and scientists.

“It’s gratifying to know that the Joel E. Johnson Sr. Research Acceleration Fund in Dystonia will help bolster patient care, clinical research, and basic laboratory research in search of new treatments—and ultimately a cure—for dystonia here in Alabama,” says Lesley Laird, Nell Johnson’s daughter.

Standaert says the dystonia program will team up clinicians and laboratory scientists to reach the ultimate goal of creating disease-altering, neuro-protective, and potentially neuro-restorative therapies.

“It can take more than a decade for a new therapy to go from the preclinical discovery stage to FDA approval for widespread use,” Standaert explains. “One of our primary goals is to have as many lines of research going as possible and to accelerate the translational process, moving basic scientific discoveries from the laboratory to clinical use rapidly and safely.”

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Lighting the Way for Discovery

Father's Legacy Inspires Research Fund

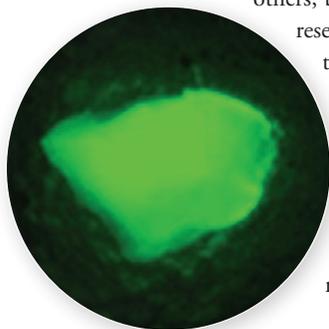
By Jo Lynn Orr

Bobby Jack Armstrong's 11-year fight against head and neck cancer ended in 2012, but the daughters of the Montgomery businessman and community leader are determined to fight their own battle in his memory.

Alisa Armstrong Belcher and Julie Armstrong Reynolds recently established the Bobby Jack Armstrong Fund to honor Armstrong's life, as well as his legacy of giving and concern for others, by helping UAB

researchers improve the lives of other cancer patients.

"We also wanted to show our appreciation for the wonderful care Daddy received at UAB,"



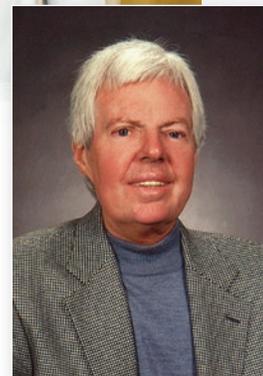
Alisa Armstrong Belcher with Glenn Peters (left) and Eben Rosenthal, two of the physicians who cared for her father, Bobby Jack Armstrong (pictured at right). Inset: The new technique uses fluorescent dye to help surgeons identify and remove cancer cells.

Belcher says. "We felt that we must somehow give back to UAB to help advance research that makes it better for the next patient."

A new UAB clinical trial proved to be just the type of "bench-to-bedside" research that the Armstrong family was seeking—a project with immediate, tangible results. In the trial, directed by **Eben Rosenthal, M.D.**, director of the UAB Division of Otolaryngology and one of Armstrong's physicians, oncology surgeons will use image-guided surgery that illuminates

cancer cells, erasing any guesswork when it comes to removing all tumor cells.

The technique involves introducing fluorescent dye into an antibody that targets malignant cells and makes them visible to surgeons in real time, says Rosenthal. Partners in the project include the UAB Department of Radiology's Division of Advanced Medical Imaging Research, directed



Paying It Forward

Transplant Recipient Shares His Second Chance Each Month

By Jo Lynn Orr

Every day, Tommy Britt gives thanks for the opportunity he had to watch his five children grow up—and honors the 19-year-old who gave him a second chance at life.

He doesn't know anything about his liver donor, other than that she was a young woman

from Alabama who had died in a car wreck. "If I knew the name of the family, I would want to tell them how very grateful I am, and how they and their daughter are in my thoughts and prayers every single day," says Britt, a Cullman, Alabama, businessman. "Whenever I start to behave in a negative way, I think of her and her family's generous act, which gave me the opportunity to see my children grow up and become good people and have children of their own. I would never want to do even the smallest thing that might dishonor their selfless gift of life."

In fact, Britt shares that gift with others every 30 days with a monthly gift to the UAB Liver Center. "I couldn't make a large lump-sum donation because I had five kids and bills," he says, "but I could give to the Liver Center on a monthly basis. Since 2007, I've donated a few hundred dollars every month."

This unique way of giving, Britt points out, provides a way for people who can't give a single, large donation to make a difference in the lives of others. For example, "if you have 100 people giving \$500 a month," he says, "that equals \$50,000 of income."

"Tommy very much wants to give back to UAB in a way that will benefit the Liver Center and other patients," says **Joseph R. Bloomer, M.D.**, director of the Liver Center. "The funds from his monthly gift are used to support the critical areas of research, education, and clinical care for patients in the liver transplant program."

Britt developed hepatitis C after receiving a blood transfusion in 1974 when he was injured in a traffic accident. Hepatitis C typically does not produce symptoms until the disease has progressed for many years; in Britt's case, his disease was not diagnosed until the early 1990s, when he sought treatment at the UAB Liver Center. Grateful for an answer after years of on-again, off-again problems, Britt did all he could to help UAB spread the word about liver disease and hepatitis C, including participating in clinical trials and appearing in public-service announcements.



Vera and Tommy Britt

by **Kurt Zinn, D.V.M., Ph.D.**, and the UAB Comprehensive Cancer Center.

Because the procedure uses FDA-approved antibodies and conventional operating room imaging equipment, UAB can safely bring the technique to the clinic, says Rosenthal. He calls it “the best imaging technology for the optimal benefit of the patient.”

The Bobby Jack Armstrong Fund’s support will provide critical funding for the clinical trial to supplement funding provided by the American Cancer Society and the National Institutes of Health.

“This type of research would have benefited our father had the technique been available in 2002,” Belcher says. “But he would be very pleased to know that by funding this important research, other head and neck cancer patients will benefit. Down the road, this technique may prove equally effective in removing breast cancer cells, colon cancer cells, and small lung cancer cells. It’s uplifting to think of how beneficial this procedure may be in the future for detecting and eliminating many types of cancer.”

More information: **Chris Thomason**
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“Finally, my liver degenerated to the point where I needed a transplant,” Britt says. He also faced a complicating factor—a rare blood type of A-. “As unbelievable as it sounds, there were three other transplant patients with A- blood type when I entered the hospital,” he says. “The other two received organs, and I was beginning to think that it just wasn’t in the cards for me, when, on July 31, 1998, one became available.”

Since then, Britt has remained healthy and says he feels blessed. “Vera and I have been married for 38 years, and we have five great kids—two daughters and three sons. All three of our sons played football at Alabama, and our oldest, Wesley, went on to play for the Patriots for five years before earning his M.B.A. and becoming an executive with Alabama Power.”

Now, through his monthly donation, Britt is sharing those blessings—and his liver donor’s gift of life—with others.

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Development Digest

Critical Cancer Support: The Breast Cancer Research Foundation of Alabama (BCRFA) has presented \$500,000, its largest donation to date, to the UAB Comprehensive Cancer Center (CCC), for pilot funding for key breast cancer studies that could translate into potential cures and disease-modifying treatments. Since its founding in 1996, the Birmingham-based BCRFA has made an annual donation to the CCC, using proceeds from events, corporate and individual donations, and income from breast-cancer license plate sales in Alabama. The latest contribution brings the BCRFA’s total donations for UAB research to nearly \$4 million, which includes the O’Neal-Sokol/BCRFA Endowed Professorship currently held by renowned oncologist **Andres Forero, M.D.**

“Philanthropic giving is absolutely critical for continued progress,” says CCC director **Edward Partridge, M.D.** “We are thankful for this substantial gift, as it enables us to receive additional, high-profile grants, as well as recruit and retain world-renowned breast-cancer researchers.” He adds that the Cancer Center is able to generate an average of \$16 in federal and other research funding for every dollar it receives from charitable contributions.

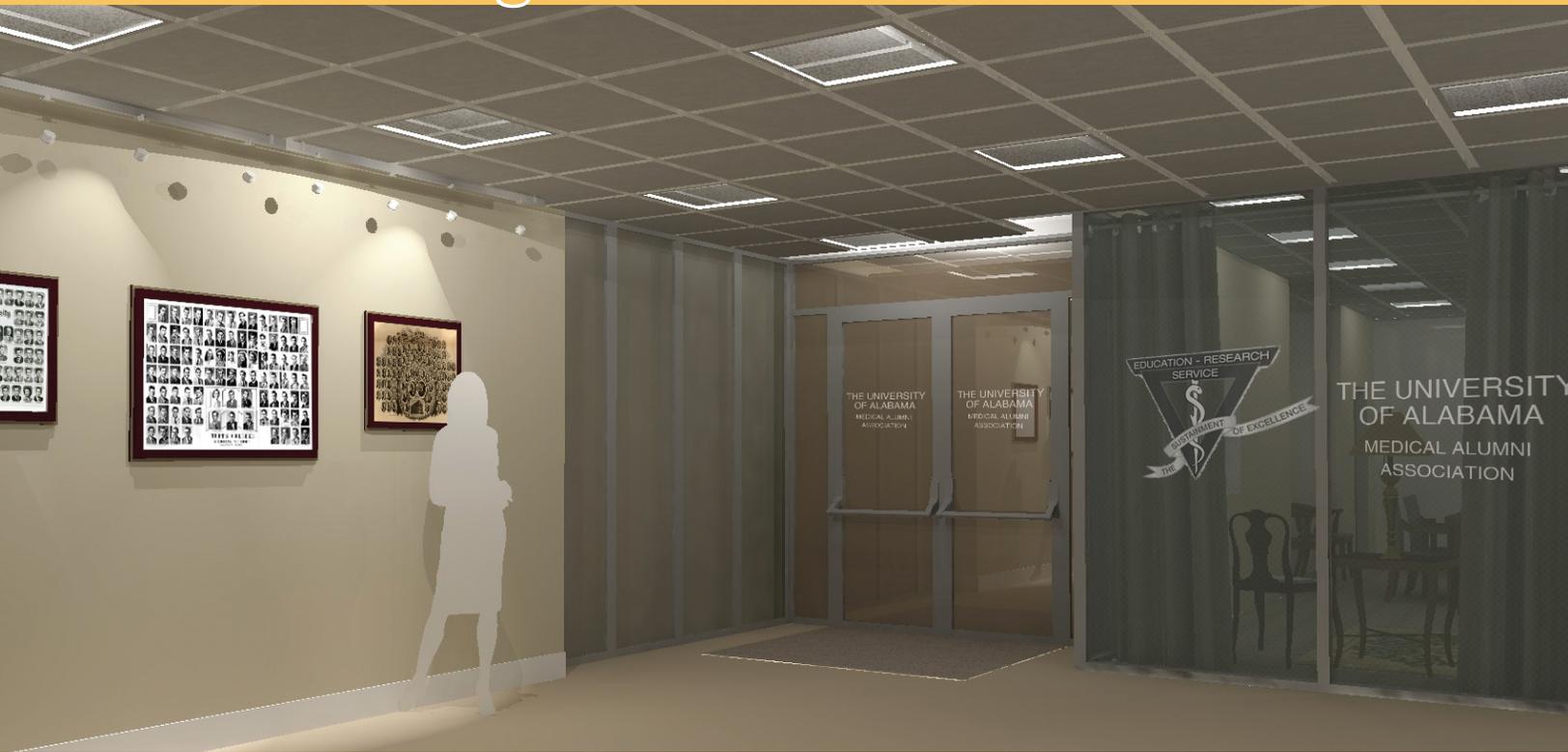
Endowments Focus on Faculty:

- **Robert C. Bourge, M.D.**, professor of medicine, now holds the E.A. and Abbie Drummond Endowed Chair in Cardiovascular Medicine, recently converted from an endowed professorship.
- Associate Professor **Erik D. Roberson, M.D., Ph.D.**, was appointed as the inaugural holder of the Virginia B. Spencer Endowed Professorship in Neuroscience in the UAB Department of Neurology.
- Professor **John Michael Straughn Jr., M.D.**, has been named to the J. Max Austin Jr., M.D., Endowed Chair in Gynecologic Oncology
- **Andrew B. West, Ph.D.**, has been named the inaugural holder of the John A. and Ruth R. Jurenko Endowed Professorship in Neurology. West, an associate professor in neurology, will use the professorship to promote research and education in neurology with a focus on Parkinson’s disease.
- Ob/gyn professor **Warner K. Huh, M.D.**, has been named to the Margaret Cameron Spain Endowed Chair in Obstetrics and Gynecology.
- **Monika Safford, M.D.**, is the inaugural holder of the Endowed Professorship in Diabetes Prevention and Control. She serves as a professor in the Division of Preventive Medicine and assistant dean for continuing medical education in the School of Medicine.
- **Shih-Hsin (Eddy) Yang, M.D., Ph.D.**, assistant professor in radiation oncology, has been awarded the ROAR Southeast Cancer Foundation Endowed Professorship in Radiation Oncology.

More Endowments Established:

- William J. Koopman, M.D. Endowed Professorship in Immunology and Rheumatology
- Warren Family Endowed Chair in Neurology
- David Hill Chestnut Endowed Professorship in Anesthesiology
- Virginia Loeb Weil Endowed Professorship in Medical Education at the UAB School of Medicine’s Montgomery regional campus
- The Bertram M. Marx Endowed Graduate Student Award Fund for Cancer Research in the UAB Comprehensive Cancer Center
- United Therapeutics Endowed Professorship in Pulmonary Cardiovascular Disease

Connecting Alumni



The Network Next Door

By Charles Buchanan

School of Medicine students will get some new neighbors in Volker Hall later this year—the Medical Alumni Association (MAA). The group plans to complete its move into the second floor of the school's main classroom building by the end of this summer:

“We look forward to being much more accessible to current students,” says MAA President Norman F. McGowin III, M.D., FACS. He hopes that students will stop by the new office to learn about MAA scholarships, an assistance fund, the Student Alumni Association, and other services. “We encourage students and alumni to interact with one another and build strong relationships,” he says.

The newly renovated space includes a large boardroom along with offices for MAA staff. UAB President **Ray L. Watts, M.D.**, offered the space to the organization earlier this year following an assessment of the MAA's 20th Street facility. After careful consideration and discussion, the MAA Board of Directors voted to sell the MAA Building and move to Volker Hall.

An MAA Archives and Furnishings Committee has been established to work with Lister Hill Library on preserving the group's historical artifacts. It will also assess and relocate furniture and other items remaining in the 20th Street building after the move.



An artist's rendering of the new headquarters of the Medical Alumni Association in Volker Hall, which will allow the group to host gatherings and give current students easier access to its services.

Connect with the Medical Alumni Association at alabamamedicalalumni.org

A Memory Becomes Motivation

RONALD WYATT | *Alumni Profile*

By Nancy Jackson

As boys in Alabama's Perry County, Ronald Wyatt, M.D., and his brother wanted to cut down trees, fish, and pick cotton like the great-uncle who raised them. While they eventually learned to do some of those things, their fourth-grade-educated uncle regularly told them that "he wanted us to learn to pick up nothing heavier than a pencil," Wyatt says. "He wanted us to get an education."

Soon after Wyatt left Perry County to pursue that education in Tuscaloosa, his great-uncle was rushed to the hospital in severe pain. He waited and waited for medical attention but eventually died. More than 30 years passed before Wyatt and his family learned the cause of death: appendicitis.

Wyatt, a 1985 graduate of the School of Medicine at UAB, now serves as medical director in the Division of Healthcare Improvement at The Joint Commission, which accredits and certifies health care organizations nationwide. He says he carries his uncle's experience with him everywhere. "He is part of my motivation to change health care and change the world," Wyatt says. "We are working to put patients and their families at the top of the priority list. We need to not hurt people. We need to focus on health."

Enhancing Health Care

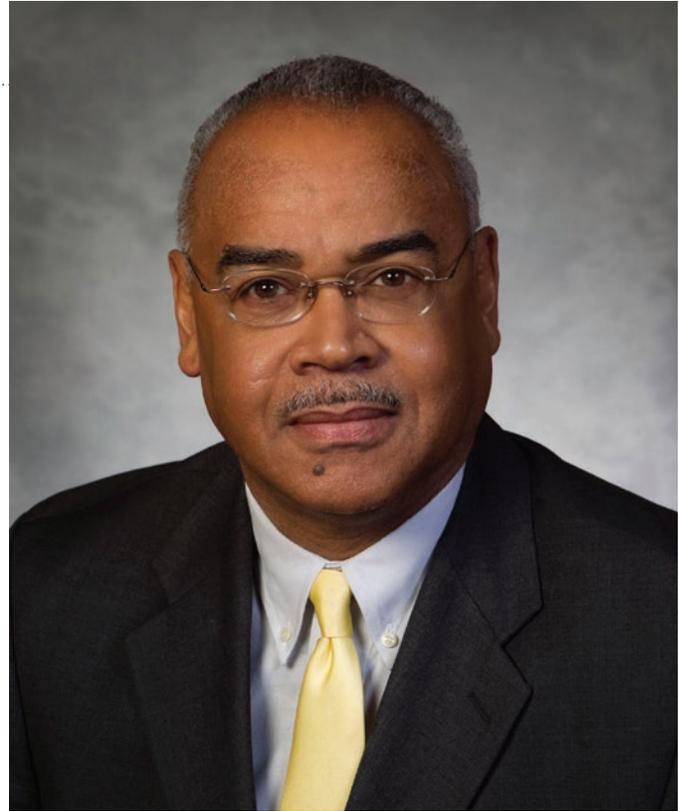
In his role at The Joint Commission, Wyatt is helping to lead the transformation of health care across the country. His office analyzes complaints from patients, families, and hospitals and determines what actions should be taken to resolve merited issues. He also travels around the country and educates health professionals about increasing transparency, patient safety, and quality improvement, and he is hopeful for the future of health care in America. This year, *Becker's Hospital Review* listed Wyatt among 50 experts leading the field of patient safety.

"When I talk to organizations, I'm hearing more people talking about increasing transparency and reporting where things went wrong," Wyatt says. "We're gathering momentum, and I am extremely optimistic."

Prepared to Lead

Wyatt credits his UAB medical education for preparing him for a long career in medicine. Two attending physicians, Roy Roddam, M.D., and Gene Ball, M.D., especially made an impression. A "master diagnostician," Roddam "taught us how to think," Wyatt says. And Ball, Wyatt's attending physician at the Veterans Affairs hospital, "was a superb bedside internist."

When Wyatt left UAB to enter the internal medicine residency program at Saint Louis University, he quickly realized he was way ahead of other first-year residents in terms of knowledge and skills—a compliment to his UAB education, he says. He eventually became



Ronald Wyatt, medical director in the Division of Healthcare Improvement at The Joint Commission, says patients and their families should always come first.

the first African-American chief resident at Saint Louis University.

After completing his residency, Wyatt practiced medicine in a variety of settings, including the Department of Veterans Affairs, the U.S. military, community health centers in Missouri and Alabama, and in private practice. Wyatt also served as a clinical instructor in the Department of Internal Medicine at the Saint Louis University School of Medicine, and as an assistant professor of internal medicine and special assistant to the dean for minority affairs for the UAB family medicine residency program in Huntsville. Before his appointment to The Joint Commission last year, Wyatt served as a fellow at the Institute for Healthcare Improvement and the director of the Patient Safety Analysis Center in the Department of Defense.

No Higher Calling

Through his current work, Wyatt isn't just improving the patient experience across the health care spectrum; he's also honoring the memory of his great-uncle. "There is no higher calling than when people trust their health and lives to us," Wyatt says. "We have to figure out how, in a significant way, to improve what we do—not for the money but for the quality of care."

Rebuilding from the Inside Out

Sandra King Parker

Alumni Profile

By Joe Rada

Soon after Hurricane Katrina slammed ashore in 2005, Sandra King Parker, M.D., and some of her Mobile-based psychiatric health team walked along a dirt road in Alabama's hard-hit Bayou La Batre, assessing survivors' situations.

"The waterline from flooding was higher on each trailer as we got closer to the waterfront, where fishing boats were piled on land," says the 1986 School of Medicine graduate and 1989 psychiatry resident. "People standing outside ruined homes would tell us they were all right, but we realized there was more to it. They are resilient people, but the stress was creating a lot of mental health issues."

Throughout the region, the team found people without homes, jobs, food, or medication. They identified cases of anxiety, depression, substance abuse, domestic violence, and other maladies; conducted free evaluations; and lined up treatment.

That boots-on-the-ground approach to mental health following natural disasters—especially in poor, rural, underserved areas—earned Parker the American Psychiatric Association's 2012 Bruno Lima Award, an honor recognizing outstanding contributions to the care of disaster victims.

Rebounding

Earlier, Parker helped to develop Project Rebound, a program directing clinical staff at AltaPointe Health Systems, where she is chief medical officer, to treat mental health patients affected by 2004's Hurricane Ivan. She kept Rebound going after Katrina, when displaced people from Louisiana, Mississippi, and coastal Alabama poured into the Mobile area.

"Their lives were turned upside down with loss, anger, frustration, and worry," Parker says. "Many experienced mental health problems and couldn't get medications or had no insurance. Our team contacted pharmacies, obtained medical data, helped with paperwork, and got them the care they needed."

Hundreds found temporary refuge on a cruise ship anchored in Mobile Bay, where Parker's team visited daily to assess needs, provide treatment, and offer reassurance. They hired Vietnamese and



Sandra King Parker's work with disaster victims in south Alabama has earned her national recognition.

Laotian interpreters to communicate hardships and explain psychiatric care to immigrants living in isolated fishing enclaves. Through local teachers, social workers, and pastors, they reached out to fiercely independent families unlikely to ask for help, especially regarding mental health.

Such strategies proved useful again when the Deepwater Horizon oil spill presented new challenges in 2010. "With a hurricane, you know it's over, and you move forward, but with an oil spill, the uncertainty lingers," says Parker. "When will the oil stop washing up? Is the seafood safe to eat? Can the fishing fleet go back to work? There's more stress for a longer time and increased risk of substance abuse, domestic violence, depression, and other psychiatric issues."

Inspiration and Appreciation

Parker credits her education for her successes. During her residency, she worked at Bryce Hospital in Tuscaloosa, taking an interest in mental illness, and assisted social workers at Eastside Mental Health Center in Birmingham, where she gained an appreciation of health care for the homeless.

Parker considers Sara Finley, M.D., the revered UAB geneticist who passed away recently, a major inspiration. "She was a pioneer among women in medicine," Parker says. "She encouraged me, believed in me, and mentored me. Because of her I've realized my dream and try to be the best psychiatrist I can be."

At AltaPointe, Parker oversees 18 staff psychiatrists serving patients at two hospitals, in several outpatient facilities, and throughout rural Alabama via computer connections to clinics without psychiatric specialists. She's also an associate professor and vice chair at the University of South Alabama (USA) College of Medicine's Department of Psychiatry.

Parker mentors USA as well as UAB students from all medical disciplines, reinforcing the value of psychiatric health care and urging them to consider practicing in rural or underserved communities. "That's where my true passion lies," she says. "That's where I hope others will follow."

Road to the Future

By Charles Buchanan

Alumni in **Montgomery** and New Orleans got a glimpse of the future when UAB and School of Medicine leaders visited them this spring. In Montgomery, **Ray L. Watts, M.D.**, UAB president and former medical school dean, highlighted plans for the forthcoming Montgomery regional medical campus and announced the creation of the Virginia Loeb Weil Endowed Professorship in Medical Education, which will reside at the campus. **Anupam Agarwal, M.D.**, interim dean of the School of Medicine, and **C. Seth Landefeld, M.D.**, the Spencer Chair in Medical Science Leadership and chair of the UAB Department of Medicine, joined Watts in New Orleans at a reception for area alumni. There, the three leaders discussed the school's strategic priorities and investments as well as UAB's upcoming philanthropic campaign.

New Orleans



Montgomery



Sunday of Sorrow

How the Hospital Responded to a Historic Tragedy

By Tim L. Pennycuff • *Photos courtesy of UAB Archives*

September 15, 1963, will forever be remembered for the bombing of Birmingham's Sixteenth Street Baptist Church during Sunday morning worship service, an event that took the lives of four children and shocked the world. The events of that day—and that year—would prove to be catalysts for national change.

On that Sunday morning, Champ Lyons, M.D., University Hospital chief of surgery, received a call about a church explosion resulting in multiple injuries. "Fearing all hell [was] going to break loose," Lyons ordered all residents to report to the hospital. Alan R. Dimick, M.D., received a call at home and rushed to join others preparing for and treating the injured. Joseph McDonald Jr., M.D., was chief resident in surgery at the time. When he arrived, he was assigned to work in a temporary morgue set up in the Old Hillman building. His name appears on the death certificates for the four girls—Addie Mae Collins, Denise McNair, Carole Robertson, and Cynthia Wesley—killed in the bombing. Holt McDowell, M.D., another resident, was in the emergency department when the victims began arriving. McDowell said in an interview decades later that the experience was "something you really never forget."

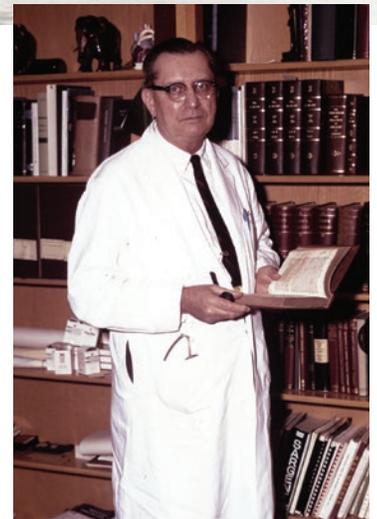
In addition to the four children, University Hospital's emergency department received at least 15 parishioners injured in the church bombing. The hospital also treated three who had been injured by bricks during angry protests following the bombing.

It was a chaotic scene in the hospital with staff and administrators trying to treat the wounded, attend to grieving families, and handle a crowd of churchgoers and curious onlookers. State troopers and city police, some carrying shotguns or bayoneted rifles, barricaded 6th Avenue South and the emergency department entrances—at that time, there were separate treatment areas for black and white patients.

In an oral history from 1975, one injured parishioner remembered that she had first been forced to stand outside the hospital because "they were not allowing anyone to go in." She was there when the ambulances arrived with the bodies of the children—and recognized one of the girls by her shoe.

Later that day, a 16-year-old boy was rushed to the hospital. He had been shot in the back by city police while fleeing a rock-throwing incident and was pronounced dead upon arrival.

The tragedy that occurred that Sunday morning in Birmingham led to change in the city, state, and nation. Change would also soon come to University Hospital. In February 1964 the two separate emergency areas were combined to form one emergency clinic. By April 1965, the entire Medical Center and other campus buildings had been integrated.



Top: Emergency Clinic entrance on 6th Avenue South, circa 1965. Many injured civil rights protesters passed through these doors to receive treatment.

Above left: Aerial view of the hospital complex, showing the corner of 20th Street South and 6th Avenue South, circa 1963.

Above right: Champ Lyons in his office, circa 1960.

Learn more about the Civil Rights

Movement's impact on the hospital when UAB Archivist Tim L. Pennycuff presents "Order in the Midst of Near Chaos: Integration at the Medical Center in Birmingham." The public is invited to attend this free lecture, scheduled for September 5 at 6:00 p.m. at UAB's Hulsey Recital Hall.

UAB and the city of Birmingham have partnered to commemorate the pivotal events of 1963 with the 50 Years Forward celebration, which includes a wide range of activities. Get details about upcoming events at UAB.edu/50yearsforward.



“The Paul W. and Martha R. Burleson Medical Scholarship truly affirms my commitment to use my medical education to improve health care in Alabama. Dr. Burleson’s generosity has created in me a sense of trust in the goodwill of this community, freeing me to dream big about ways to contribute in return.”

—Sara Ann Wilkins,
School of Medicine • Class of 2014

How can *knowledge* change the world?

For nearly 40 years, the late Paul W. Burleson, M.D., a School of Medicine alumnus and professor, shared his knowledge and compassion with generations of physicians and patients, changing their lives for the better. Today, the scholarship he and his wife, Martha, established through a planned gift extends his legacy, enabling talented young students to pursue their medical education—and begin their careers—in Alabama.

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