

UF

# Shands

10

An old partnership gets a new name



UF Health Science  
CENTER

Lose weight,  
live longer (6)

Miles Albertson  
builds (14)

The real  
Alberta (15)

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## Medical center faces flu vaccine shortfall

UF doctors hope that a severe shortage of influenza vaccine hasn't set the stage for a disastrous flu season this year.

In the past two weeks, UF&Shands staff has scrambled to find every available dose to provide to established patients at risk for health complications. The hunt began when it was learned that the medical center would receive virtually none of the vaccine it ordered for this year's flu season.

At the POST's press time, 2,040 doses had been lined up, about 15 percent of the 13,000 units originally ordered. The doses were obtained from a variety of public and private sources, according to Alan Knudsen, director of Shands Pharmacy Services.

That's enough vaccine to cover two groups of high-risk patients — organ transplant recipients and infants ages 6 to 23 months — but not other at-risk groups, including elderly patients with underlying chronic disease.

Fred Southwick, M.D., UF chief of infectious diseases, said the medical center ordered all its vaccine from Chiron, the company whose manufacturing plant in England was decertified to sell vaccine because of evidence of bacterial contamination. One of two suppliers to the U.S. market, Chiron had been expected to provide about half of the 100 million doses ordered this year.

"We bet on the wrong horse," said Southwick. "This is a bad system when providers are forced to choose between just two suppliers of vaccine."

The flu kills about 36,000 people in the United States each year. Most of those deaths are among the frail elderly so weakened by the illness that they succumb to pneumonia and

other complications.

Although some public health officials predict a mild flu season this year, Southwick said there's really no way to tell at this point. And with fewer people vaccinated, the potential is far greater for more people to catch and spread the flu.

That risk may be magnified in Florida, with a disproportionate share of elderly residents and vaccine supplies in the state running far below the 50 percent level of what was initially ordered and what federal officials say should be available.

When the shortage was recognized, Southwick began working with his counterparts at medical schools at the University of Miami and the University of South Florida to bring attention to the threat. They want the federal government to declare a national emergency and recall all the vaccine now in the hands of commercial vendors not affiliated with an established health-care system, so that it can be distributed to those most in need of protection.

"Although it is claimed there is no crisis, we disagree," wrote Southwick and the others in a letter to the news media. "We know that if our high-risk patients are not vaccinated, the consequences could be grave."

Meanwhile, clinic managers began calling patients deemed to be at highest risk the week of Oct. 25. Arrangements were being made for the patients to come in for shots.

At UF&Shands, only a handful of front-line clinical employees was expected to be vaccinated. That says a lot

about the organization, said Knudsen, who's lately spent a lot of time on the phone seeking vaccine.

"I think it's admirable," he said. "This is a health system that says if high-risk patients get sick, they might not make it, so they should get the doses, not the employees."

— Tom Fortner and John Pastor

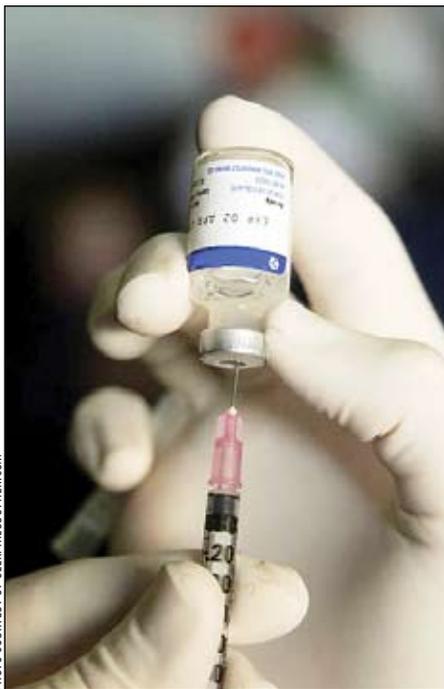


PHOTO COURTESY OF GEPHILLOSOPHER.COM

**DO YOUR HEALTH A FAVOR**

Driving in place on Archer Road every morning doesn't have to be a complete time-waster. At 7:50 a.m. each weekday — and again just before noon — you can do your health a favor by tuning your radio to "Health in a Heartbeat."

The two-minute award-winning program, which airs on campus-based public radio stations WUFT-Classic 89 and WJUF-Nature Coast 90 and on more than 50 other public radio affiliates in 13 states, is a daily dose of useful medical information. Topics include the latest medical research findings from around the world and news on everything from Alzheimer's disease to zoonoses — diseases you can get from your pet.

Now in its fifth year, Health in a Heartbeat will air its 500th script Nov. 30. The program is an in-house collaboration of the communications offices of the HSC and Shands at UF, together with WUFT. Each month staff and freelance writers produce 20 to 25 scripts, which Sue Wagner, WUFT's director of communications, records for distribution. R. Whit Curry Jr., M.D., chairman of the department of community health and family medicine, serves as the program's medical adviser.

Beginning this month, Health in a Heartbeat is completing a transition, but it's one that won't likely be audible to its faithful listeners. Since its launch in January 2000, Shands Marketing and Public Relations staffers Kim Rose and Lance Skelly have shepherded the program. Now they've passed the baton to the HSC's Office of News & Communications, which will operate the program under Assistant Director Melanie Fridl Ross, M.S.J., E.L.S., who will serve as its senior producer and managing editor.

"Health in a Heartbeat is a useful source of health information that listeners know to trust," Ross said. "Together with our colleagues at Shands and WUFT, we will continue to meet the growing need for convenient, quality consumer health information through the clear, colorful writing that has become the program's hallmark."

**For more information about the program or to access script archives, visit [www.heartbeatradio.org](http://www.heartbeatradio.org).**



PHOTO BY TOM NORRILLE

**ORTHOPAEDICS AND SPORTS MEDICINE INSTITUTE OPENING EVENT SET**

The public is invited to an opening event at the University of Florida Orthopaedics and Sports Medicine Institute from 3 p.m. to 6 p.m. Friday, Nov. 12.

The free event will feature a look at some of the institute's facilities, health screenings, a chance to meet Gator sports coaches and former players, photos with team mascots Albert and Alberta, an appearance by the ShandsCair flight team, kids' activities, refreshments and giveaways.

The Institute is located at the intersection of Southwest 34th Street and Hull Road.



PHOTO BY TOM NORRILLE

Dr. Nigel Zheng (left), director of the UF Biomechanics and Motion Analysis Laboratory, and biomedical engineer Bryan Conrad monitor Matt Benge as he demonstrates his golf swing for the lab's three-dimensional imaging system. The white dots on Benge and the club are light-reflective markers. The lab, part of UF's new Orthopaedics and Sports Medicine Institute, will be open to visitors Nov. 12.

Coral Sun tries out the new piano Oct. 20 in the Thomas H. Maren Medical Student Reading Room, CG-38. Sun, a fourth-year medical student, provided background music prior to a reception honoring Mrs. Emily Sabah-Maren for donating the piano. At the event, titled "Remember the Muse," 16 medical students and transplant surgeon Dr. Shiro Fujita showed off their musical talents.

**HAZMAT LIFE SUPPORT COURSES OFFERED IN JACKSONVILLE**

Attention first responders and first receivers — the Florida Poison Information Center Jacksonville has announced its 2005 sessions of the nationally recognized Advanced HAZMAT Life Support provider and instructor courses.

The two-day provider course is geared toward working professionals who must evaluate and stabilize patients suffering typical hazardous materials exposures. The one-day instructor course trains students to communicate the provider course materials to others.

FPIC Jacksonville is one of the few facilities in the Southeastern United States offering AHLS courses. The 2005 dates are: March 9–11, June 8–10, Aug. 3–5 and Nov. 8–10.

**For more information, visit <http://fpicn.jax.ufl.edu/ahls>**

**NEW GROUP WILL HELP WITH INTERNATIONAL OUTREACH TRIPS**

International health outreach trips have become a spring break tradition for UF HSC students, and a new student group aims to make it easier to organize and fund those excursions.

Health Outreach Assemblies serves as an umbrella organization to handle financial affairs and student government representation for all HSC international interdisciplinary health outreach projects, said President Alex Cuenca, a third-year medical student.

"Our main goal is to facilitate these trips," Cuenca said.

The group, part of UF's Office of Global Health, recently showcased its constituent projects — Project Haiti, Project Yucatan, DR HELP and Project HEAL — at UF's 2004 Symposium on Global Health.

The international projects bring small, interdisciplinary teams of health-care students to impoverished areas in Haiti, Mexico's Yucatan Peninsula, the Dominican Republic (DR HELP) and Ecuador (Project HEAL) to help local residents.

Participating students and faculty advisers offer clinics, provide medical supplies and immunizations and conduct educational events. They gain experience working with other health professionals and patients from other cultures and get the satisfaction of helping medically underserved people.

**For information on Health Outreach Assemblies, visit [www.health.ufl.edu/ogh/oghpages/hoa.html](http://www.health.ufl.edu/ogh/oghpages/hoa.html)**

**For information on UF international health outreach projects, visit [www.health.ufl.edu/ogh/oghpages/ufinit.html](http://www.health.ufl.edu/ogh/oghpages/ufinit.html)**

# FINDING A WAY THROUGH

## How doctors address end-of-life care

By Melanie Fridl Ross

**R**ob Hatch, M.D., was more than halfway through medical school when he first held a dying patient's hand. Already he had mastered countless classes on the structure and function of the human body, learned CPR, studied reams of material on infection and disease, and absorbed a truckload of information on treatments for an endless array of conditions.

But no one had prepared him to sit at the bedside of a young mother who was fighting a losing battle with breast cancer.

"She was steadily going downhill, and it soon became obvious she was going to die within days," recalls Hatch, now an associate professor of community health and family medicine at UF's College of Medicine. "I spent quite a bit of time with her. She knew she was dying, and I think I always had hope there'd be one more treatment I just didn't know about yet. But in a period of a day or so my attending said there was nothing else we had to offer, and she also said something to me that indicated she realized she was going to die soon. That night it really hit me.

"I had never heard anyone talk about these things," he adds. "And so I didn't know what was OK to talk to her about and what wasn't OK to talk about, which made it awkward. I remember being so deeply affected by it."

At most medical schools, the curriculum is, understandably, overwhelmingly focused on life and the living. Yet if technological advances and new pharmaceutical frontiers comprise the heart of medicine these days, an increasing number of educators argue that the emotional and spiritual side of the profession must be its soul.

Dramatic shifts in public sentiment about end-of-life issues have spurred educators to rethink the traditional approach to teaching medical students. UF's College of Medicine is leading the way to define this new formula.

"UF is developing ways to facilitate that process so people can die with dignity, comfort and some feeling they're in control of their own living as they approach death," says Bill Allen, Ph.D., director of the Program in Bioethics, Law and Medical Professionalism.

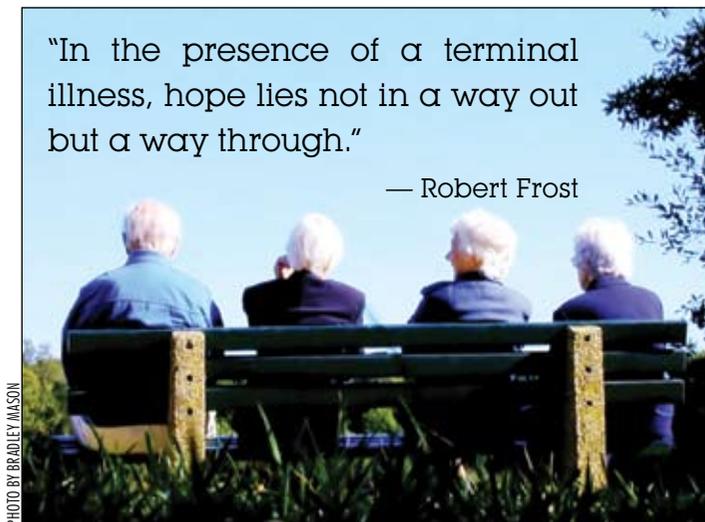
"UF is trying to teach medical students better ways of thinking about this — making them more concerned about evaluating pain, for example, as

part of the whole picture and being more aggressive about pain management and palliative care in the terminal phase of an illness rather than last-ditch heroic efforts to cure or extend life without quality of life."

Death is a certainty, but its definition — and even our control over its timing — have changed wholesale in the past 50 to 100 years, says Allen

"In the presence of a terminal illness, hope lies not in a way out but a way through."

— Robert Frost



Neims, M.D., Ph.D., former dean of the College of Medicine and a professor of pharmacology.

"When medicine couldn't do much about some of these conditions 100 years ago, the emphasis was better distributed between cure and care or relief of suffering," Neims says. "My own feeling is we've come as a culture to see death as an enemy to be fought at all costs. This is a massive shift in what's going on and how we look at it. Rather than serving patients, the medical profession has developed a sense of obligation to fix patients' bodies."

### A CHANGING PARADIGM

Some of the most important teaching takes place when students go on rounds with faculty to visit terminally ill patients. These visits offer both faculty and students valuable opportunities — faculty can model how to handle end-of-life issues appropriately and students can gain real-world insight.

Bob McCollough, M.D., a 1962 graduate of the College of Medicine and the medical director of Hospice of North Central Florida, is one such role model. He frequently returns to his alma mater to talk to students about hospice care.

McCollough, an endocrinologist, says he tells students things have changed since the first time he had to tell family members a loved one was dying. It was the summer between his second and third year in medical school. A 12-month-old infant with a severe congenital heart anomaly went into cardiac arrest.

"I was sent out to inform the parents that there was a problem and that the child might not live, and of course I had no formal education about how to do that or what to say," McCollough said. "I remember being terrified at having to give this news and also very anguished at their overwhelming grief. At that time we didn't have the formal courses on death and dying. One learned from the faculty about how to deal with these situations, but it was on a case-by-case basis."

Today, students' firsthand experiences on the wards are bolstered by the formal curriculum itself. In the first year, students receive an introduction to end-of-life issues, through an integrated series of lectures on palliative care and pain management, geriatric and end-of-life issues, and dealing with grief.

Second-year coursework includes a medical ethics course related to terminal illness and end-of-life care planning. An elective course in end-of-life issues also is offered. Third- and fourth-year students continue with electives and workshops topped with a 12-week, required clerkship rotation that includes a workshop on hospice that addresses pain management and hospice philosophy.

A monthlong end-of-life issues elective is open to fourth-year students and it explores the personal and professional challenges physicians confront in caring for patients with life-threatening illnesses. Other electives explore religious and cultural issues in medicine. A pharmacology course addresses cancer pain management.

John Graham-Pole, M.D., a professor of pediatric oncology and an affiliate professor of clinical and health psychology, says physicians need to stop viewing death as an enemy.

"It's part of our lives and part of our culture, and we need to embrace it," says Graham-Pole, also the medical director for the pediatric hospice program through Hospice of North Central Florida. "It's very relevant to take these things out of the closet and talk about the dying process as part of life, so patients can live fully until the moment they die." 

## Dr. Watson is helping shape the future of medical education

The nation's leading academic medical organization has recruited Robert Watson, M.D., the UF College of Medicine's senior associate dean for educational affairs, in its efforts to improve the quality of medical education in the United States.

Watson will serve on one committee to aid the Association of American Medical Colleges' Institute for Improving Medical Education and another that will review the performance of the association's Division of Medical Education.

"It's very nice that UF will be sitting there in the committees, that says a lot," said Watson, who has overseen UF medical education since 1990, helping to install a competency-based curriculum and standardized patient program. "I wasn't asked because of anything I've done but because of the accomplishments of our great faculty, staff and students."

The Institute for Improving Medical Education was created in 2002 to foster educational innovations at every stage of physician education, according to AAMC President Jordan Cohen, M.D., writing in the August 2004 issue of *The AAMC Reporter*. Michael Whitcomb, M.D., senior vice president of the AAMC's Division of Medical Education, is the institute's director.

Watson is among 19 people on the institute's external advisory committee who reviewed four-year medical degree programs, residency and fellowship training and continuing medical education for practicing physicians. The committee will help make sweeping changes recommended by a group of ten medical school deans.

"One of the things I liked about the report is that at UF we're already doing a lot of the things recommended for medical student education," Watson said.

The recommendations include broadening clerkship training for medical students, exposing residents to a wider range of patients and increasing the rigor of continuing medical education, he said.

"I think the committee will be incredibly important," Watson said. "We're trying to operationalize what is maybe the most significant thing that's come out of AAMC in a long time and which could potentially have the kind of impact the 1910 Flexner Report had."

Written by Louisville, Ky., educator Abraham Flexner, the 1910 report "Medical Education in the United States and Canada" was a scathing criticism of North American medical education as it existed in the early 20th century and triggered much-needed reforms.

Meanwhile, Whitcomb tapped Watson and three other top medical educators to critique the Division of Medical Education's organizational structure and direction, Watson said.

"We'll be asking, 'where is the AAMC going in the future?'" Watson said. "I hope we can make a difference and reinforce that the Division of Medical Education is critical to the future of medical education in this country."

— By Tom Nordlie



PHOTO BY LISA BALTOFER

Dr. Robert Watson takes a moment to talk with class of 2006 students (from left) Melissa McNally, David Chan and Rachana Patel. Watson has been tabbed to help improve American medical education.

## PHARMACY RESEARCHER APPOINTED TO PROFESSORSHIP IN PHARMACEUTICAL SCIENCES



A UF pharmacy researcher who studies the relationship between genetics and drug responses has been appointed to a newly funded professorship.

Julie A. Johnson, Pharm.D., a College of Pharmacy professor and department chairwoman, was named the V. Ravi Chandran, Ph.D., professor in pharmaceutical sciences this September by College of Pharmacy Dean William H. Riffe, Ph.D. "Dr. Johnson's extraordinary leadership and

excellence in research has been recognized by her peers in the academy and now by our college through her appointment to the Chandran professorship," Riffe said.

Johnson joined UF in 1998 and three years later was appointed professor of pharmacy and also of medicine, in cardiovascular medicine. In July 2002, she was appointed chairwoman of the department of pharmacy practice. Her current research focuses on pharmacogenomics and cardiovascular disease-gene associations and the influence of race and ethnicity on drug responses.

UF Alumnus V. Ravi Chandran, Ph.D., established

the professorship in 2000 with a \$100,000 gift to the college. This year, he contributed another \$100,000, which, combined with other donations and matching funds, has brought the endowment to more than \$400,000.

While acknowledging the honor in being selected for an endowed professorship, Johnson credits the valued support of alumni who make it possible.

"It's former UF graduates like Dr. Chandran who give so much back to their college that really make a difference," Johnson said.

— Linda Homewood

## Gene therapy helps mice slim down, live longer

By Tom Nordlie

Doctors have said it for years — maintaining a healthy weight can help you live longer.

Now, a UF gene therapy study provides further proof that doctors are right, say researchers who measured the lifespans of mice that were twice as heavy as their normal counterparts.

The mice lacked a crucial weight-control gene, and when the gene was restored to a group of the mice they not only slimmed down, two-thirds of them outlived every mouse in an untreated group, said Satya Kalra, Ph.D., a UF professor of neuroscience. The results, presented recently at the Society of Neuroscience annual meeting in San Diego, suggest it's never too late to benefit from proper diet and exercise.

“Our study very clearly demonstrates for the first time that if you can reduce obesity or the fat load — you have a greater chance of living longer,” Kalra said.

Obesity is scientifically defined using a mathematical formula called body mass index that compares weight with height. People with a body mass index of 30 or more are considered obese, and have increased risk for ailments such as high blood pressure, type 2 diabetes, heart disease, stroke and some forms of cancer, according to the Centers for Disease Control and Prevention.

UF researchers put the missing gene where it was needed most: into cells in a part of the brain called the hypothalamus, which controls many basic body functions, Kalra said. The gene controls production of a protein called leptin, which signals the hypothalamus to reduce appetite and increase metabolism.

Leptin is produced in the fat tissue of all mammals, including people, he said. It is normally released when a mammal eats, traveling to the hypothalamus through the bloodstream. Without adequate leptin, mammals overeat and gain weight.

Some people may carry excess weight because their bodies don't produce enough leptin, a theory that could be demonstrated by future research, Kalra said.

“If it is demonstrated then there's a good chance that leptin gene therapy may also be beneficial clinically,” he said. He emphasized clinical trials for human patients would be years away.

The treatment involved a single application of gene therapy, yet produced beneficial results that lasted for the remainder of the animals' lives — more than a year, he said. Because many human diseases are caused by missing or faulty genes, the study offers hope similar treatments may eventually provide long-lasting results in people.

Kalra conducted the study with his wife and longtime research partner Pushpa Kalra, Ph.D., a UF professor of physiology and functional genomics, and UF

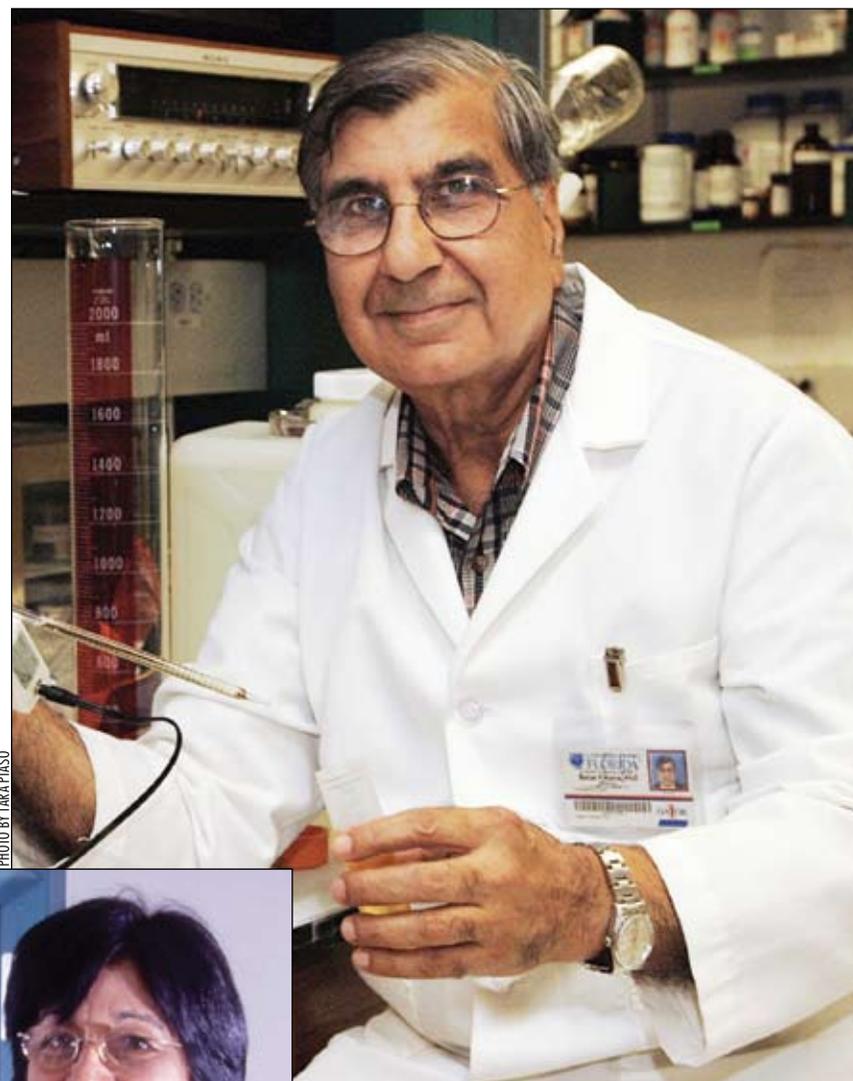


PHOTO BY TARA PIASO



PHOTO BY JEFF KNEE

Dr. Satya Kalra (above) and his wife and research partner Dr. Pushpa Kalra have spent years investigating leptin, a hormone that helps control weight in mammals. In a recent study, the Kalras found genetically obese mice that lacked a leptin-producing gene lived significantly longer when given gene therapy to correct the defect and restore them to normal weight.

postdoctoral fellows Naohiko Ueno, Ph.D., and Stephane Boghossian, Ph.D.

In the study, 24 male mice aged 8 to 10 weeks were divided into two groups of 12. All the mice lacked the gene that controls leptin production, so they weighed between 40 grams and 50 grams, about double the weight of a normal mouse.

Mice in the treated group were injected with a harmless virus modified to carry a gene that controls production of leptin. The untreated group received the same virus, but it carried a gene that produces a protein that glows bright green but has no therapeutic effect.

After the injection, body weight and food intake were monitored weekly for each mouse. The mice treated with leptin ate an average of 15 percent less than the other mice, and eventually returned to normal weight. After 595 days, two-thirds of the mice treated with leptin remained alive, but all mice in the other group had died. **P**



PHOTO COURTESY OF REIER LAB

Neuroscientist Paul Reier poses with Christopher Reeve when Reeve visited the Reier lab on April 26, 2001. The lab's goal is to find ways to help patients with spinal cord injuries and other neurological disorders.

## Reeve inspired UF with hope, lessons in courage

The day that changed Christopher Reeve's life forever was May 27, 1995.

The athletic actor was riding in a Virginia horse show. As he approached a routine three-foot jump, his chestnut Thoroughbred abruptly stopped, launching Reeve headfirst onto the ground.

The accident rendered Reeve a quadriplegic, and that was how members of UF's McKnight Brain Institute found him in December 1999 — paralyzed and confined to a ventilator but still gracious and full of hope.

"In terms of overall persona, he was an awesome individual," said Paul Reier, Ph.D., an eminent scholar of neuroscience at the College of Medicine. "Even in a wheelchair, at 6-foot-4, he dwarfed most people. And he was brilliant. He could piece together information as a layman in absolutely short order."

Reeve died Oct. 10 of heart failure, brought on by a raging infection that had spread from a bed sore. Along the way he became a crusader for spinal cord injury patients and a worldwide emblem for courage.

Reier, along with Danny Martin, Ph.D., an associate professor of physical therapy at the College of Public Health and Health Professions, and Paul Davenport, Ph.D., a professor of physiological science at the College of Veterinary Medicine, were invited to attend private memorial services for Reeve in Manhattan on Oct. 29.

The scientists worked with Reeve's therapists to help train the actor's respiratory muscles, Reier said.

During a session with speech scientist Christine Sapienza, Ph.D., a professor in the College of Liberal Arts and Sciences, Reeve managed to speak while free of his ventilator.

"Watching him, it was like he was hanging on for dear life while trying to perform a very simple task," Reier said. "He was almost in tears. Later, all the

conversation at dinner with his wife Dana was about how he could count '1-2-3' without his ventilator."

Shortly after that, Reeve underwent an experimental procedure to have electrodes implanted into his diaphragm to help him breathe on his own.

"When we started working with Reeve, he was completely dependent upon the ventilator and able to come off of it only for a matter of a few seconds to allow tubing changes, suctioning and nursing care," Martin said. "At the end of the training, he was able to breathe for one-and-a-half to two hours off the ventilator. Unfortunately, we weren't able to get him to breathe beyond that because his injury was so severe."

But by working on his diaphragmatic strength, Reeve helped prepare that muscle to function more effectively once he had the pacer implanted by a group at Case Western Reserve University, Martin said.

"You couldn't ask to work with a better patient, because if he thought a therapy had merit, he would try it, even if there were chances it might not work," Davenport said. "He had an incredible optimism that was infectious."

In that regard, his strength inspired scientists, including UF neuroscientist Margaret "Jo" Velardo, who was among the researchers from the Reier lab who met Reeve for lunch when the actor visited UF to give a speech.

When she met Reeve, she gave him a clock on behalf of the researchers inscribed with a quote from Yoda, the sage of "Star Wars": "Do or do not. There is no try."

"I told him that we knew he didn't need another clock," Velardo said, "but we wanted him to have something he could put on his desk that reminded him that we knew that every minute we weren't working was an eternity for someone who was in a wheelchair."

— John Pastor

## Researcher unearths reports of child serial killers

They leave multiple clues at the scene of the murder. They are impulsive and less adept at hiding their weapons. And they confide in friends who just can't keep a secret. In short, they are inexperienced at covering their tracks.

Yet until now, the disturbing details of a half-dozen children's serial killing sprees have remained well hidden, concealed in 150 years worth of medical literature, true-crime tales, newspaper clippings and history books, says a UF forensic psychiatrist.

The stories surfaced only recently, shedding light on a previously unknown psychopathic phenomenon, reports Wade C. Myers, M.D., writing in the journal *Behavioral Sciences and the Law*. Myers initially began studying cases of sexual murder by children and adolescents after he was asked on occasion to evaluate them for the legal system.

"I wanted to see what I could learn from the scientific literature about kids who do these sorts of crimes," Myers said. "When I went to the textbooks to learn more, I found there was almost nothing written about them. That was the impetus for my studies of children who commit sexual homicides. With time, I began to wonder whether there actually were children who had independently committed serial murder, so I hunted through innumerable articles, crime books and other sources in a quest to better understand this form of juvenile murder."

From actor Anthony Hopkins' chilling portrayal of Hannibal Lecter to accounts of the multiple murders of Ted Bundy, Aileen Wuornos or John Wayne Gacy, serial

killers both disgust and fascinate. And while cases of children perpetrating such heinous crimes are exceedingly rare, Myers said their stories nonetheless speak to a wider societal issue: the effect of an unstable or abusive family life on juvenile delinquency in general.

"One of the biggest factors in helping to decrease delinquency or violent acts by children is to arrange for children to have the most stable, caring, loving upbringing possible, with positive role models," said Myers, an associate professor of forensic psychiatry at UF's HSC.

In contrast, the children described in Myers' paper, five boys and a girl, were commonly subjected to cruel discipline, neglect, and physical and emotional abuse. Three were from the United States, two from Europe and one from Central America. All murdered before they turned 18, killing at least two victims — usually other children — most often by cutting, stabbing or strangling them.

"In some ways, you could see how the abusive background of these children ended up becoming a factor," said Myers, who is now writing a book on the subject. "They had little capacity to feel guilt and displayed psychopathic personality features, such as being emotionally cold, callous and manipulative. What is harder to explain with these children is what actually creates in them a fascination with sadistic acts, that is, pleasure in the harming or killing of others. That's harder to answer. We still don't know where these feelings, urges and fantasies come from."

— Melanie Fridl Ross

# Researchers reveal secret lives of genes during spinal injury

By John Pastor

The body attempts to heal a damaged spinal cord in much the same way it repairs skin after simple cuts and scrapes, an insight that may lead to new treatments for the thousands of people paralyzed each year because of spinal cord injuries, UF HSC scientists say.

Writing in the *Journal of Neuroscience*, scientists deliver the first-ever glimpse of how thousands of genes swing into action during the weeks and months after a spinal cord injury, suggesting there may be many more chances to treat the injury than commonly thought.

Using a microarray, a powerful tool that screens the activity of more than 8,000 genes simultaneously, researchers checked at six time points after spinal injury in rats and found that 3,638 genes turned on or off in response. The first genes to enter the fray are remarkably similar to those that drive clot formation and the mobilization of immune cells that fix skin wounds.

“Dermal wound healing has been studied for decades,” said Margaret “Jo” Velardo, Ph.D., an assistant professor of neuroscience and member of UF’s McKnight Brain Institute and the UF Genetics Institute. “Now, with the insights furnished by our study, perhaps spinal injury researchers may take advantage of techniques developed by our wound-healing colleagues and apply them. Our experiments



PHOTO BY LISA BALTOZER

Corinna Burger (left) and Margaret “Jo” Velardo of the McKnight Brain Institute and UF Genetics Institute review a list of 3,638 rat genes that changed over the 90 days after a spinal cord injury. The list is color coded and organized by gene function.

showed that the gene families for tissue, vascular and immune system repair mechanisms appear to follow the same pattern as seen in healing skin.”

A quarter of a million Americans currently live with spinal cord injuries, which usually begin with a sudden, traumatic blow to the spine that fractures or dislocates vertebrae, according to the National Institute of Neurological Disorders and Stroke. The number of new injuries each year is relatively small, but they injuries usually occur in young people, striking them down in the prime of life and leaving them to survive for many years afterward with a devastating, debilitating injury. The cost of managing the care of spinal cord injury patients approaches \$9 billion a year.

Researchers Henry Baker, Ph.D., and Corinna Burger, Ph.D., of the molecular genetics and microbiology department and the UF Genetics Institute assembled more than 280,000 bits of information that revealed how armies of genes activated or shut down to deal with the spinal injury, not just within a few days of the injury but for as long as three months afterward.

“The patterns told us that something orderly and amazing was happening,” Velardo said. “That motivated us to perform an in-depth analysis so that we could infer the actual biological events occurring at various time intervals after injury.”

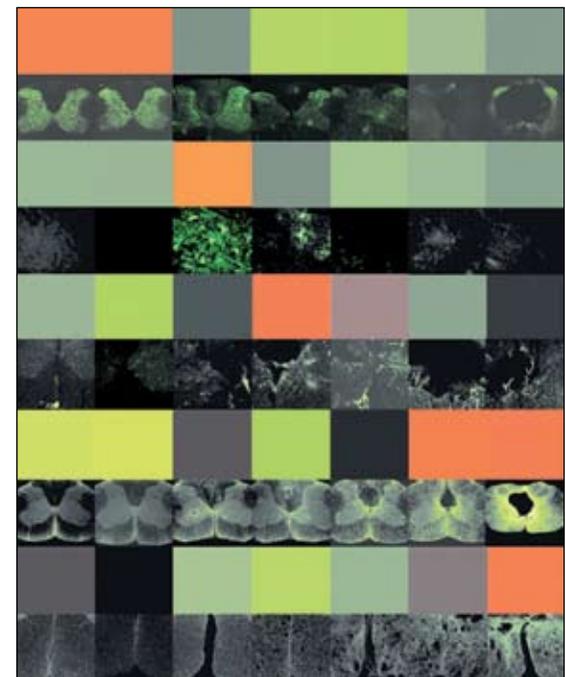
On the first day, researchers found protective genes turned on to preserve what functional tissue remained at the injury site. By the third day, the character of the genes changed dramatically, with growth and repair genes turning on simultaneously with a huge number of cell division genes.

“It is as if the body creates thousands of cellular machines to move in and manufacture what is needed to repair the damage,” Velardo said. “At day 10, we could see the genes increase in expression to repair the ground substance and reform the damaged blood vessels of the spinal cord. From 30 to 90 days, at the gene expression level, we can actually observe the maturation of these new blood vessels and the manufacture of a new type of ground substance that occurs as a wound ages and restructures itself.” **P**



PHOTO BY LISA BALTOZER

Margaret “Jo” Velardo (left) and Corinna Burger display a batch of DNA chips, which are used in microarray experiments. The chips usually consist of a piece of glass or nylon on which hundreds of pieces of DNA strands are arranged.



The boxes represent what several particular genes are doing from one to 90 days after spinal cord injury, with red boxes indicating relatively active genes. Immediately beneath each set of boxes are spinal cord sections taken from animals at each post-injury time point.

## Secondhand exposure to drugs may be an occupational hazard for anesthesiologists

On-the-job exposure to low doses of powerful anesthetics commonly administered to patients intravenously may be a factor leading some anesthesiologists to abuse drugs, according to a theory UF researchers presented at the Society for Neuroscience meeting.

Mark Gold, M.D., a distinguished professor with UF's McKnight Brain Institute, said anesthesiologists who sit near a patient's head during surgery are exposed secondhand to anesthetic drugs as they are exhaled by the patient. Blood sampling and further studies are necessary to determine if anesthesiologists truly suffer ill effects from inhaling trace amounts of the drugs, just as nonsmokers are adversely affected by secondhand smoke, Gold said.

"Most people thought that in the evolution of anesthetic practice from inhaled gases — nitrous and ether and so forth — to drugs that are administered intravenously, there wouldn't be secondhand exposure," Gold said. "[Now we see] that those narcotics, which may be 1,000 times more potent than heroin, get into the air, may reach their brain, may change their brain and make it more likely that they'll crave and want drugs."

Gold said the unintentional exposure may be determined to be an "occupational hazard" for anesthesiologists.

Anesthesiologists — who as a group are up to four times more likely to be treated for drug addiction

than other physicians — may become sensitized to the intravenous drugs fentanyl and propofol after repeated exposure during long surgical procedures, said Gold, chief of the division of addiction medicine and a professor in the departments of psychiatry and neuroscience.

In 2003, anesthesiologists represented only 5.6 percent of physicians in Florida but accounted for almost 25 percent of physicians monitored for substance abuse, according to Gold's research. National statistics show a similar overrepresentation for anesthesiologists among drug-abusing physicians.

Gold theorized reasons other than access to drugs caused anesthesiologists to be overrepresented among addicted physicians and that the presence of analgesic and anesthetic agents in the air in operating rooms might be one of them.

UF anesthesiologists Donn Dennis, M.D., Timothy Morey, M.D., Richard Melker, M.D., Ph.D., and Kimberly Frost-Pineda worked with Gold to measure and analyze multiple operating room air



PHOTO COURTESY OF GEEPHILOSOPHER.COM

samples for fentanyl and propofol molecules.

They found the drugs present throughout the operating room, with the largest concentrations over the patient's mouth.

"We don't know what doses they are exposed to at this time," Gold said. "We will do blood sampling of anesthesiologists to learn that. But fentanyl and related analgesics are very powerful opiates. Anesthesiologists may become sensitized."

— Denise Trunk

### GROUP FORMS TO TEST NEW CANCER DRUGS IN CHILDREN

UF physicians have partnered with eight other academic medical centers to form a national consortium aimed at testing new cancer therapies in children who fail to respond to traditional treatments.

The Pediatric Oncology Experimental Therapeutics Investigators Consortium, or POETIC, launched its first clinical trial in September of an investigational anticancer drug supplied by the National Cancer Institute.

"The importance of the consortium is that there haven't been a lot of opportunities for children with cancer to access drugs in the earliest stages of development," said Stephen P. Hunger, M.D., chief of the division of pediatric hematology/oncology at UF's College of Medicine. "There is nowhere else in the state of Florida where such trials are available. This gives patients throughout Florida and elsewhere in the Southeast opportunities that didn't exist otherwise. This particular trial is the first of a number of trials the consortium will conduct."

Each year, an estimated 12,000 patients under the age of 20 are diagnosed with cancer in the United States, Hunger said. Of those, about 20 percent do not respond to first- and second-line therapies, he said.

During the past 25 years, many breakthroughs in the treatment of childhood cancer have arisen out of the collaborative efforts of research groups across the United States. UF, for example, is one of the statistical centers for the international Children's Oncology Group, a federally supported consortium that pools resources to design, conduct and analyze studies of pediatric cancer therapies worldwide. Most COG studies focus on research protocols to test established, widely available chemotherapy drugs. In contrast, POETIC focuses on newer agents being tested in people for the first time.

— Melanie Fridl Ross

### BACKGROUND NOISE JUMBLES BRAIN CIRCUITS

Background noises don't just cover up conversation, they may actually scramble brain activity, a discovery that helps explain why even perfectly loud speech can be hard to understand in a noisy room, say McKnight Brain Institute researchers writing in the *Proceedings of the National Academy of Sciences*.

The insight from experiments with rats could influence the design of hearing devices, MP3 music players and virtually any audio transmission technology, say the scientists.

"Some people have a tremendously difficult time understanding speech in a noisy environment and we've all had the experience of hearing someone tell us something, but we can't tell what it is they are saying," said Purvis Bedenbaugh, Ph.D., an assistant professor of neuroscience with the College of Medicine. "This research is a first step toward looking at why that would be."

Scientists examined how brain cells in alert rats responded to specific sounds while one of three standardized noises played in the background. They discovered that brain activity actually decreased in the presence of background noise. Furthermore, background noise didn't simply cover up sounds, it interfered with the brain's ability to process or interpret information about a sound, even though the sound was heard. Essentially, the brain couldn't understand what the ear told it.

Electrodes were implanted in the auditory thalamus of the rats to detect brain activity. Beeps and sharp shushing noises were target sounds, akin to specific words in conversation, and scientists used standardized sounds for background noise similar to static, conversational murmur and the disjointed whir of a rewinding tape recorder.

— John Pastor

# UNITED IN NAME AND MISSION

By Denise Trunk

The University of Florida and Shands HealthCare have given their partnership a new look and name — UF&Shands, The University of Florida Health System.

At the heart of the makeover is the ampersand, an unassuming piece of punctuation that literally means “and” but, symbolically, speaks volumes in terms of unity: UF and Shands stand together for excellence in health care and the medical research that keeps these institutions at the forefront of clinical medicine.

They stand so close together, in fact, that there are no spaces on either side of the ampersand. In the new terminology, UF and Shands visually become a single word: UF&Shands. The curvy symbol bridges two organizations that are legally separate and culturally distinct but, according to administrators, come together in a single-minded focus on the patient.

This new brand, the result of more than a year of planning, launched Nov. 3 with the kickoff of a regional advertising campaign. Over the next few months, it will change the look and language of the organization on everything from stationery to signage. But more than that, officials hope it will change the way patients perceive the shared clinical enterprise and, indeed, change the way employees view themselves.

Shands HealthCare CEO Timothy Goldfarb said the new brand symbolizes medical excellence and the dedication of more than 15,000 physicians and employees who share a common focus of patient care.

“This brand communicates the many benefits of the relationship between the UF College of Medicine and Shands HealthCare while capitalizing upon the reputations of both organizations,” he said.

Medical center leaders feel the new brand’s symbolic emphasis on teamwork and a common purpose can have profound effects, particularly if employees embrace those ideas and “live the brand.”

“Shands wants to be continuously among the top hospitals in the country in the *U.S. News & World Report* rankings,” said Douglas Barrett, M.D., UF’s senior vice president for health affairs. “The University of Florida wants to be among the nation’s top 10 public universities. If you look at what organizations occupy those lists today, there is nearly complete overlap. All the top-ranked medical centers have top-ranked health colleges and those top-ranked health colleges are dependent on a top-ranked teaching hospital. The two are linked together. So, in fact, the missions to be best in class are more linked than most people realize. UF&Shands means we understand that.”

Craig Tisher, M.D., dean of the College of Medicine, sees the change as a positive one for all concerned.

“I think it is better for both organizations,” Tisher said. “Overall, the tagline of the new brand — The University of Florida Health System — is a powerful message to the public. I think employees from both organizations will see we will only be successful if we are working together.”

For their part, Shands officials stressed that the new brand merely gives expression to the way UF and Shands are already viewed by others, especially patients.

“When you focus on the patient, it becomes very simple,” said Janet Meeks, Shands HealthCare senior vice president for strategy, marketing and business development. “The general public, referring physicians, patients and consumers, already see us as one team. Clearly we are unique in our region through the tripartite mission of research, academics and clinical services.”

## A LITTLE HISTORY

UF opened the state’s first teaching hospital in 1956. But beginning in the 1970s, a gulf developed between the patient-care mission and UF’s academic mission. In 1979, for legal, political and economic reasons, the W.A. Shands Teaching Hospital and Clinics became Shands Hospital, a not-for-profit 501(c)(3) organization. The change in legal status protected doctors, and allowed the hospital to act independently from the sometimes fickle state university system. When Shands HealthCare evolved into a system encompassing eight hospitals in 1996, the university’s affiliated teaching hospital became Shands at UF.

# UF&Shands

## The University Of Florida Health System

But as both organizations grew in size and stature, something was lost. Discoveries poured out of the Health Science Center, which also trained thousands of health professionals each year. Shands became a well-known name in health care statewide. But along the way, the connection between the academic activities and hospital’s clinical services was not always apparent.

“We heard from surveys that people think we are the place to come when they are very sick, but people do not understand our academic excellence and our complete scope of services as a health system,” Meeks said. “The patient should know that when you have physicians

# Shared clinical enterprise is romancing a new brand

playing a lead role in discovery, they should feel confident that they will receive leading-edge care from UF&Shands.”

That problem is analogous to a political campaign not “getting its message out.” And over time, as the state’s need for health care increased, competitors who more clearly communicated their potential benefits to customers enhanced their standing. This shifting market landscape prompted a re-evaluation of the medical center’s branding strategy in the spring of 2003.

After conducting a nationwide search involving several UF College of Medicine department chairs as well as representatives from the Shands HealthCare Board and the colleges of Business Administration and Journalism, Shands hired Lewis Communications, based in Birmingham, Ala., as its “strategic marketing partner.”

“Their approach goes beyond what many advertising agencies do,” said Meeks. “It is based on the science as well as the art of marketing. It is more than putting an ad in the paper; it is tied to market research.”

Lewis Communications got to work by kicking off what they called “the dig.” For six months the team unearthed all the information they possibly could about the complex organizations that are UF, its Health Science Center and Shands HealthCare.

Lewis completed 85 interviews with management, middle management, front-line staff, faculty and community physicians from Shands facilities, the HSC and UF Physicians. They looked for information regarding the organizations’ cultures, strengths, weaknesses, challenges and opportunities. The agency analyzed results from 3,600 consumer surveys and 1,000 referring physician surveys. They conducted seven focus groups of users and non-users of Shands hospitals and UF faculty physicians in Gainesville and Jacksonville.

“We had the qualitative information from focus groups and interviews, the quantitative information through all those surveys and the observations that the agency made through going into every nook and cranny of the health system so they could observe the culture,” Meeks said. “So they were trying to get inside the heart and soul of the organization and its culture and understand the things that are good about it as

well as our vulnerabilities.”

## AN UNCLEAR IMAGE

In its research, Lewis confirmed that the thing that made Shands different from other hospitals in North Florida — its academic component — was overlooked by a majority of those surveyed, said Meeks.

While most people perceived Shands and UF as one team, the surveys found that only 11 percent of consumers identified Shands as a teaching hospital. UF Physicians was even less identifiable — 37 percent of those surveyed said they didn’t know what it was.

“In our particular market, among the residents of North Florida, there is a significant proportion of consumers who do not know of our depth and scope of excellence,” Meeks said. “They don’t know that we have renowned specialists here.”

Additionally, the surveys found that patients noted problems with access to various clinics and hospitals. A task force will address those barriers in the coming weeks.

These are challenges for which every medical center employee should feel a sense of ownership, said Meeks.

“What is parking like here? How friendly are people? Do they offer guidance and support to visitors when they look like they are lost?” she said.

Barrett added that the new brand reflects a unity of purpose that should make the members of each organization sensitive to the needs of the other.

“As important as the change is externally, the message that we will communicate to the people who work in the health center is that when we make a decision related to the clinical practice — by the doctor, the dentist, the psychologist, etc. — that has an impact on Shands,” Barrett said. “And when Shands HealthCare board of directors makes a decision, it has an impact on the colleges.”

From the painter in the sign shop to the folks in billing, he said, employees can consider they are part of a shared enterprise and the day-to-day decisions need to be thought of together as an “&”.

“It is UF&Shands,” Barrett said, “and we have to start thinking that way. The problems we face are common problems and partial solutions don’t work.” **P**

## UF&Shands What does it mean to you?

### How will UF&Shands be used?

UF&Shands will be the name that initially rolls out in a new branding campaign. Advertising messages will appear in newspapers and magazines, and on TV/cable, radio and billboards. Our multiple missions of patient care, research and education will be highlighted. We will begin to explain what makes us different from other health-care providers throughout the region.

You also will begin to see the brand appear on signs throughout the clinical enterprise. UF’s new Orthopaedic and Sports Medicine Institute and Shands Jacksonville will be among the first to have the new brand go up on signage. Our plan is to eventually have the brand name extended to all of our hospitals, clinics and ancillary facilities. However, it will take time to work through the logistics of this.

### How long will the campaign run?

Branding efforts typically take several years to change consumer perceptions. We’ll periodically check our progress through follow-up market research to compare how we’re positioned at that point in time.

### What should employees and physicians to know?

The physicians and employees who make up UF&Shands set the standard for medical excellence throughout the region. The services we provide include leading-edge medical discoveries that result in hope for patients and families.

### Will UF&Shands become one organization?

No. The University of Florida and Shands HealthCare will remain two separate legal entities. We will visually link UF and Shands HealthCare through one brand name — UF&Shands.

### Will my paycheck now say UF&Shands?

No. Employees will continue to be paid by the respective organization for which they work.

### Will name badges carry the new brand name?

We are currently evaluating this.

### How will we improve access and enhance the patient referral process throughout the entire health system?

During the next several months, teams of employees and physicians throughout UF&Shands will work to improve access throughout the system. As part of the strategic plan, several subgroups will work to improve access to emergency services, physician clinic and ancillary appointments, direct admissions, phone access, hospital-to-hospital transfers and wayfinding.

# Women misinterpret health benefits, hazards of hormone therapy

By Melanie Fridl Ross

**M**enopausal women continue to overestimate the real risks and benefits of hormone replacement therapy — and so do their doctors, UF researchers report in the *American Journal of Obstetrics and Gynecology*.

As a result, some women with debilitating hot flashes, night sweats and other symptoms who might be good candidates for the treatment go without, the scientists say.



Dr. R. Stan Williams

The findings dovetail with renewed interest in who should take hormones and what the risks might be for those who do. The American College of Obstetricians and Gynecologists recently released a guide aimed at helping women make educated

decisions about whether to use hormones. The group also published recommendations for physicians after reviewing research studies published before and after the landmark Women's Health Initiative results were released in 2002.

The current confusion stems from widespread news accounts detailing findings from that federally funded, large-scale study, which assessed the major health benefits and risks of the most commonly used hormone preparations. The study showed that estrogen plus progestin increased the risk of heart disease, stroke, breast cancer and blood clots in postmenopausal women who had used the combined therapy for about five years.

The bottom line: Many women whose menopausal symptoms are severe can indeed benefit from hormones, although those who take them should use the lowest effective dose for the shortest duration possible.

"Despite the really large amount of media attention given to the Women's Health Initiative results, there is a huge amount of misunderstanding about what it actually said," said R. Stan Williams, M.D., the Harry Prystowsky professor of reproductive medicine and associate chairman of obstetrics and gynecology at UF's College of Medicine. "Our study essentially shows that women have a very poor understanding of what the real risk and benefits are of hormone replacement therapy, and so they dramatically overestimate both the risk and the benefits of hormones."

UF researchers mailed a survey to 6,468 middle-

aged Florida women that was designed to assess their opinions and understanding of hormone replacement therapy. Most of the 1,076 respondents were menopausal, and more than half had taken hormones, primarily for menopausal symptom relief. A third said they took it for other perceived benefits as well, including protection from heart disease, Alzheimer's and osteoporosis. Of those who took hormones, most — 80 percent — had a positive view of the treatment, and only a third of respondents said they would not recommend the therapy to a friend.

Nonetheless, many women greatly overestimated the risks, with a third of those surveyed believing hormone replacement therapy hikes the risk of heart disease 10 percent to 30 percent per year. Furthermore, 81 percent of all respondents believed breast cancer risk increases for women on hormones, with slightly more than half believing the increase was as high as 10 percent to 30 percent per year.

Although the survey, sponsored by Wyeth, suggests the Women's Health Initiative results did not affect attitudes about hormone replacement therapy in most women who were already taking it, the UF findings highlight the need to educate others who construed the magnitude of the risks associated with treatment to be much greater than they actually are, Williams said. The risk for developing heart disease, stroke or breast cancer, for example, actually increased minimally for every year hormone therapy was used.

The misconceptions stem from the fact that the media and even the original published findings from the WHI primarily focused on describing the results in terms of a percent increase or decrease in relative risk, a definition of risk used by scientists but not usually by the general public, he said.

More specifically, relative risk is the rate of occurrence of a disease or condition among those receiving a treatment divided by the rate among those not receiving it. The average woman, however, is interested only in her personal risk of developing a certain disease if she is taking hormones compared with her risk if she is not.

In the paper, UF researchers pointed out that some media reports cited a 24 percent increased relative risk of breast cancer per year in those who received hormone replacement therapy.

"The general public, not understanding the concept of relative risk, probably interpreted this

statement as a 24 percent chance of developing breast cancer each year on HRT," the UF authors wrote in their paper. "In the current survey, 53 percent of respondents thought that the increase in breast cancer in women on HRT was 10 percent to 30 percent per year, although the WHI attributable risk reported was 0.08 percent per year."

In other words, in any given year, only about one additional case of breast cancer occurs among every 1,000 women receiving the treatment.

Patient and physician education will be key to conveying study results in a way that will help women make informed decisions about whether to take hormones, Williams said, adding that UF researchers recently completed a similar survey of community physicians and found that they, too, misconstrue the risks and benefits of the therapy. Those findings will be presented at a scientific meeting in January.

"Obviously, if women have a gross misunderstanding of what the risks and benefits are, they can't make an informed decision," he said. "They clearly really [want to] talk about absolute risk: What is your risk of having an event over and above the natural incidence of these events in people who are not on hormones. That's their real risk."

"For each one of the risk categories, less than 0.1 percent per year are going to have an adverse event," he added. "They have to weigh, 'Are my severe hot flashes bad enough to warrant taking hormones?' with that risk profile. The majority of women say clearly, 'Yes, I'm willing to take that remote risk for alleviation of my menopausal symptoms.'"

In the same issue of the journal, Dr. Murray A. Freedman, an Augusta, Ga., physician, authored a discussion of the UF paper and reiterated the need to dispel common misconceptions about health risks of all kinds.

"Although the publication of the WHI has certainly contributed to the confusion, women have remained notoriously misinformed about their health risks for quite some time," Freedman wrote. "Women have had the erroneous impression that breast cancer is a much more prevalent health hazard than cardiovascular disease and that breast cancer mortality exceeds that of all other cancers combined. Furthermore, as demonstrated in the current survey, most women have a very imprecise understanding regarding the actual magnitude of the risks and benefits associated with HRT." **P**

## Driven to help horses: a new mobile equine diagnostic program

By Sarah Carey

No more driving Miss Daisy long distances when she's sick. UF veterinarians are launching a new program that aims to reduce horse owner travel hassle by taking veterinary diagnostic services on the road.

The Mobile Equine Diagnostic Service, known as MEDS, targets equine veterinarians in private practice and officially kicks off in November. The program is believed to be the only such service in the United States to offer a sophisticated collection of equipment coupled with the ability to consult in real time with experts at a veterinary hospital.

Say Miss Daisy, a 26-year-old mare owned by the same family all her life, is in need of referral-level diagnostic services. Unfortunately, she is two hours from the closest hospital and her owners and veterinarian worry about the potential stress of transporting Miss Daisy in a trailer for two hours during the hottest days of the year.

Enter the MEDS program and Michael Porter, D.V.M., Ph.D., a board-certified internist, who communicates directly with Miss Daisy's referring veterinarian and schedules an appointment to perform an abdominal ultrasound and gastroscopy on the horse. One gastroscopy with intestinal biopsies and one abdominal ultrasound later, Miss Daisy is diagnosed with the equine version of inflammatory bowel disease. Miss Daisy's owners opt to begin a medication program immediately. Within several weeks, Miss Daisy is doing better.

"The collaboration between modern medicine and digital technology has advanced the field of medical diagnostics such that diagnoses that previously could be made only in a hospital setting can now occur at a distant location," Porter said. As director of the MEDS program, Porter will respond to calls from referring veterinarians and provide diagnostic services to their clients throughout the state of Florida and southern Georgia.

Florida alone is home to 170,000 horses and the horse industry generates product valued at \$2.2 billion annually.

Porter said the comprehensive diagnostic package MEDS will offer far exceeds what most clinicians are able to access without visiting a referral veterinary hospital.

"We'll have all the important diagnostic capabilities, including digital radiology, ultrasound, endoscopy, gastroscopy and echocardiography, plus the ability to share images and data via satellite technology while in the field," he said.



PHOTO BY SARAH CAREY

Dr. Michael Porter, director of the UF College of Veterinary Medicine's new MEDS program, stands beside a truck similar to the one he will use to visit farms and veterinary hospitals requesting his services.



Kathryn Grant Crosby and husband Bing Crosby.

### ACTRESS, SINGER AND NURSE KATHRYN CROSBY TO VISIT UF AS ADVOCATE FOR FACIAL PAIN DISEASE

Kathryn Grant Crosby, R.N., an accomplished theatrical performer, author, artist and nurse, will place the spotlight on the world's most painful disease — a facial nerve disorder known as trigeminal neuralgia — during an upcoming visit to the UF HSC and Shands at UF.

Crosby is the widow of world-famous entertainer Bing Crosby, whose life she commemorates in three popular books. She will visit the HSC Nov. 8 and 9 as a spokeswoman for the Trigeminal Neuralgia Association, a national society based in Gainesville, and as a crusader for expanded research into the chronic disease, which occurs worldwide.

TN afflicts one in 20,000 people, occurring most often after age 50. Pain strikes in sudden bursts that have been described as similar to electric shocks affecting the eyes, forehead, lips, teeth, cheeks and nose. Some patients are disabled by the pain, but once the disease is accurately identified, most individuals can be treated effectively with medicine, surgery and/or alternative therapies.

During her visit, Crosby will tour Shands and HSC facilities where patients with trigeminal neuralgia undergo neurosurgery, research laboratories of the UF's McKnight Brain Institute, the College of Nursing and the College of Dentistry.

Crosby will tour Shands with Albert Rhoton Jr., M.D., the R.D. Keene family professor and chairman emeritus of neurosurgery. He is a widely known expert in the treatment of TN.

The two will meet again at the Trigeminal Neuralgia Association's fifth national conference Nov. 11–14 at Walt Disney World Resort in Orlando, an event co-sponsored by the UF Colleges of Medicine and Dentistry, and Shands at UF. Rhoton, who has improved the accuracy, gentleness and safety of surgical procedures for TN, will host the national conference and join other leading health-care professionals in reporting improved therapies for the disease.

— Arline Phillips-Han



PHOTO BY LISA BALTOZER

**MILES ALBERTSON**

# STICKS AND BRICKS

## Miles Albertson keeps UF's Health Science Center growing

By Tom Nordlie

As the HSC's highest-ranking administrator for building projects, UF Facilities Planning and Construction Associate Director Miles Albertson has accomplished big things during his 19 years at UF.

You want big? He's helped build the new Orthopaedics and Sports Medicine Institute seen behind Albertson in photo at left, and the McKnight Brain Institute in Gainesville. In the works is the proton-beam cancer treatment facility being built at UF's Jacksonville campus.

"I think that one of the main reasons I've been in building during my career is that the end product of construction is a tangible thing," said Albertson, who has worked for UF's Office of Facilities Planning and Construction since 1986 and was promoted to associate director in 2000.

Albertson isn't responsible for drafting blueprints or laying bricks. He manages projects and oversees a team of project managers who coordinate all HSC construction jobs budgeted at less than \$1 million, typically about 50 to 70 jobs each year.

"That encompasses everything from 'build me a door' to 'gut this lab and build me an all-new one,'" he said. "It's different every day; there is no typical day."

Project managers, who usually have expertise in fields such as architecture, engineering or construction, make sure everyone involved in creating new HSC facilities — lawyers, fiscal experts, deans, department chairs, contractors, design teams and the UF Physical Plant employees — cooperate to bring the projects in on time and within budget.

UF construction projects budgeted at \$1 million or more have traditionally been managed by project managers in the stadium office of facilities planning and construction, led by Director Carol Walker, he said. But Albertson and colleagues Gene Brandner, Bill Weltner and Bill Smith often act as project managers on HSC jobs of that magnitude because of their knowledge of the people and the facilities there.

The HSC office is involved in about 15 major construction projects per year in some stage, with each project lasting several years, he said.

"Oftentimes, getting to the starting point takes much longer than the time from when you put the spade into the ground 'til when you move somebody in the door," Albertson said.

For example, the recently opened UF Orthopaedics and Sports Medicine Institute took about two years to plan and 14 months to build, Albertson said.

As project manager for the institute, Albertson's to-do list as construction neared completion provides a glimpse of the countless details that need attention.

He was constantly in touch with the contractors and future tenants, answering their questions and concerns. He coordinated manufacture and delivery of furniture, installation of a food-service area, technical training for Physical Plant staff, security-system installation, telecommunications wiring, water service for the fire sprinkler system and various health and safety inspections.

The to-do list often threatens to grow higher than the building itself. That's big.

Married with three stepdaughters, Albertson is a youth counselor and Sunday school teacher at Trinity United Methodist Church. Professionally, he spends much of his free time working with the Construction Owners Association of America, an organization that serves public and private business owners.

His lifelong interest in all things mechanical, particularly motorcycles and cars, guided his career. A 1974 graduate of UF's College of Building Construction, he worked for a South Florida contracting firm, then ran his own company in Stuart before returning to UF in 1986.

In the end, all his projects are fundamentally "sticks and bricks," Albertson said.

"Everything's still a building," he said. "Some are more complicated and demand more tightly configured tolerances than others, but it's all concrete and wood." **P**



PHOTO COURTESY OF ALBERTA

## IT'S GREAT TO BE A 'REAL' FLORIDA GATOR

By Linda Homewood

Note from the Editor...For our homecoming edition of The POST, we have chosen Alberta to feature as one of our (Extra)Ordinary People. Our "Inside Edition" correspondent has discovered her secret identity. But, in keeping with Gator Spirit's long-standing UAA tradition to preserve mascot identity, you — the reader — must be sworn to secrecy!

Sure, you've seen her at football games and at other events on the arm of her beau, Albert, but you probably never knew that Alberta has a real life studying to be a pharmacist. Yes, our very own pharmacy student — who shall remain unnamed — is completing her fourth and final year as a part of UF's Spirit Mascot program. Sadly, after this year, she must shed her reptilian costume and don her new uniform — a white coat — to complete clinical rotations to become a real pharmacist.

But don't be surprised to see Alberta next year, because the costume is shared, as the responsibilities are so great. It gets rather confusing in the "world of Gators," where reality and identity are relative.

Besides being Alberta, the real student's other accomplishments include serving as vice president of the Gainesville campus chapter of Rho Chi National Pharmacy Honor Society, a member of the Academy of Student Pharmacists and the 3PD College of Pharmacy class representative.

Alberta recalls several great experiences during her tenure as a 'real' Gator. One

was a tailgate wedding, in which friends of the Gator-fan couple surprised them with an appearance of Alberta and Albert. However, Alberta said her most memorable experience was two years ago at the New Hope For Kids Celebrity Mascot Games in Orlando. Professional and college sports mascot teams from all over the United States competed against each other in games like tug of war, tricycle races and wheel-barrow races.

"It was a great weekend of fun for a great cause," Alberta said.

But wait, we have still more secrets to reveal...the real Alberta is really dating Albert! Who are these mystery UF students leading double lives? Well, we can tell you that "our" Alberta and her Albert were high school sweethearts at Lemon Bay High School (really!)

About her years as a real Gator, Alberta said she met great people along the way and saw how special the mascots are to UF and the surrounding communities.

"I was amazed that two characters could have such an impact on people," Alberta said. **P**

## DISTINCTIONS

### DENTISTRY

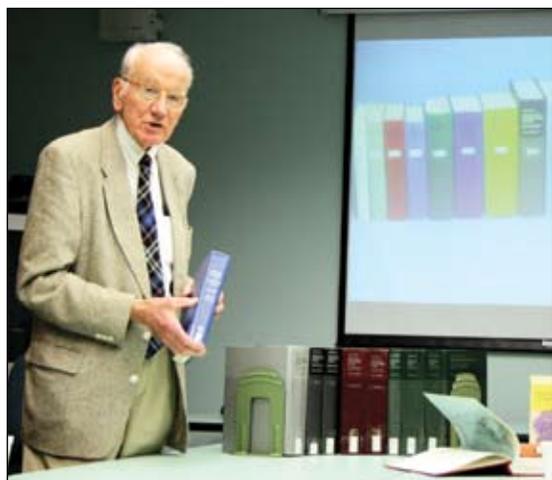
**ROBERT A. BURNE**, Ph.D., chairman of the department of oral biology, has been elected a fellow of the prestigious American Association for the Advancement of Science based on his contributions to the field of oral microbiology. Burne was one of 308 outstanding scientists nationwide who were welcomed as fellows into the association, and one of only two in the section on dentistry and oral health sciences.



**NICK MINDEN**, D.M.D., an associate professor of restorative dentistry, has been awarded fellowship in the American College of Dentists. Minden joins approximately 3.5 percent of his dental colleagues nationwide who have met the organization's criteria of excellence, ethics and professionalism in dentistry. He is also a member of the American Dental Association and the Florida Dental Association.



### LIBRARY



**VICTOR MCKUSICK**, M.D., of Johns Hopkins Hospital, presented the Department of Pediatrics' 2nd Annual DeBusk Lecture titled, "The Legacy of Jonathan Hutchinson (1828-1913): Syndromology and Dysmorphology meet Molecular Genetics." McKusick, a 2002 National Medal of Science awardee, is widely regarded as the "father of medical genetics." McKusick, creator of the seminal work "Mendelian Inheritance in Man" and its online counterpart OMIM, met informally with librarians from the HSC Libraries to discuss his many contributions to the literature.

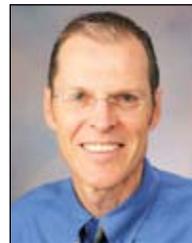
### MEDICINE

**MICHAEL GOOD**, M.D., a professor of anesthesiology, has been appointed the College

of Medicine's first senior associate dean for Veterans Affairs affiliations. A former chief of staff at Malcom Randall Veterans Affairs Medical Center in Gainesville, Good will work to strengthen the college's relationship with the Malcom Randall center and expand its relationships to include VA facilities throughout the state of Florida.



**ALEXANDER C. WAGENAAR**, Ph.D., who recently joined the College of Medicine as a professor of epidemiology and health policy research, has been named a Highly Cited Researcher by the Institute for Scientific Information. The designation reflects Wagenaar's position among the 250 most-cited researchers in the field and is awarded to less than one-half of 1 percent of published scientists. Wagenaar is the principal investigator on four major research projects and serves as a scientific reviewer for two dozen journals.



### NURSING

**KAY HOOD**, Ph.D., A.R.N.P., a recent graduate of the College of Nursing, received a postdoctoral fellowship from the Association of Teachers of Preventive Medicine and the Centers for Disease Control and Prevention. This two-year fellowship is a collaborative program of the College of Nursing, the Florida State Department of Health, the Bureau of Sexually Transmitted Disease Prevention and Control, and the CDC. In addition to clinical experiences at a variety of sites in Florida, Hood will spend up to six months in Atlanta working on a project with the CDC in a related area.



### PUBLIC HEALTH AND HEALTH PROFESSIONS

**SHERRILENE CLASSEN**, Ph.D., an assistant professor in the department of occupational therapy, received a three-year \$490,000 career development grant from the Centers for Disease Control and Prevention. Classen will research and develop a public health intervention plan to promote safe driving for seniors.



### VETERINARY MEDICINE

**JOSEPH A. DIPIETRO**, dean of the College of Veterinary Medicine, has received a number of

distinctions. Most recently, he was appointed to the National Agricultural Research, Extension, Education and Economics Advisory Board. The board functions as the key advisory arm to the Secretary of Agriculture on matters pertaining to agriculture.

In July, DiPietro became president-elect of the American Association of Veterinary Medical Colleges for a one-year term beginning in July 2005.

DiPietro also recently received the Dr. Erwin Small Distinguished Alumni Award from the University of Illinois College of Veterinary Medicine and its alumni association.



### VICE PRESIDENT FOR HEALTH AFFAIRS

**RANDY GRAFF**, IT Center trainer, received in September the Jack Kelly Outstanding Educational Technology Award for Creating and Maintaining Exceptional IT Training Programs from the Florida Association of Educational Data Systems. The Florida professional association was founded in 1964 and is dedicated to the advancement of educational technology.



**STEVEN D. MUNGER**, Ph.D., now an assistant professor of anatomy and neurobiology at the University of Maryland, was honored for his research into the sense of taste. A former student at the Whitney Laboratory and the neuroscience department at the College of Medicine, Munger has received the Presidential Early Career Award for Scientists and Engineers, the nation's highest honor for professionals at the outset of their independent research careers, according to the White House.

He received his doctorate under the mentorship of Barry Ache, Ph.D., director of UF's Center for Smell and Taste and a distinguished professor of zoology and neuroscience, and Barbara-Anne Battelle, Ph.D., a professor of neuroscience and zoology.

"I feel a strong sense of responsibility to live up to the confidence that has been shown in me," said Munger, who will receive a two-year grant extension and an additional \$750,000 in funding to continue his research.

# Dentistry receives a \$4 million infusion for research base

By Lindy McCollum-Brounley

The College of Dentistry will enhance its research infrastructure and capacity with a \$2 million award from the National Institutes of Health's National Institute of Dental and Craniofacial Research.

Matching funds from the state of Florida will result in a \$4 million infusion of capital into the college's research enterprise, enabling it to better balance its missions of education, research and patient care.

"We will be investing the resources in people — new faculty who can complement existing areas of strength in research programs in the college and elsewhere in the Health Science Center, and in career development opportunities for our existing faculty to ensure they have the tools to conduct cutting-edge oral health research," said Robert Burne, Ph.D., chairman of the department of oral biology in the College of Dentistry and author of the winning award proposal.

Currently ranked No. 6 among the nation's 56 dental schools in federal funding for research, the college has become a nationally recognized

research powerhouse in a remarkably short period of time. Based on the efforts of a growing group of faculty, sponsored research in the college has exploded from \$6.3 million in 2001 to more than \$14 million at the end of 2003.

This burgeoning expansion has been mostly within the department of oral biology's research in the areas of molecular genetics, bacterial pathogenesis, physiology, pharmacology and infectious diseases. The department is the leading oral biology department in the nation in terms of NIH funding and has experienced an increase of more than 200 percent in federal funding in the past two years. Also flourishing are research efforts in the areas of pain and neurosciences, orthodontics and bone biology, craniofacial studies, biomaterials, cancer and clinical studies.

"The growing pains associated with this unprecedented expansion of research in the college have been substantial," said Dean Teresa A. Dolan, D.D.S., M.P.H. "This award will enable us to implement a research infrastructure enhancement plan that will harness and focus the energy of our

growing research enterprise."

The plan calls for strengthened ties through joint research initiatives with the HSC's Genetics Institute, the Diabetes Research groups, the UF Shands Cancer Center, the McKnight Brain Institute and the university's General Clinical Research Center.

Recruitment of new basic science researchers in the areas of cell and molecular biology will underpin expansion of clinical and translational research. In addition, a training and mentoring oral health research "pipeline" has been established to enable existing faculty to develop clinical research programs that will be competitive for NIH funding.

"This award can be viewed as an investment by the National Institutes of Health in the future of the College of Dentistry and the University of Florida," Burne said. "We're dedicated to using these resources to build a world-class research enterprise that unites basic and clinical scientists in a mission to translate new discoveries in genetics and molecular biology into tangible improvements in human health."

## PATENT PROFITS REINVESTED IN PHARMACY RESEARCH

Raymond Bergeron, Ph.D., the Duckworth professor of drug development, has turned drug patent profits into an investment in research at the College of Pharmacy. The department of medicinal chemistry received a patent royalty payment of more than \$400,000 from Genzyme Corp. and used the money to purchase a nuclear magnetic resonance spectrometer.

Patent income like this is extremely desirable, Bergeron said, because it would take \$12.6 million in grant awards to generate comparable revenue to purchase the device.

The state-of-the-art NMR, with a superconducting magnet and a UNIX workstation, is used by researchers to determine chemical structure in the same way microbiologists use a microscope to examine cell structure. Pharmacy researchers now will have immediate access to the highly sensitive equipment necessary for analysis. Previously, they had to reserve time on similar equipment through UF's McKnight Brain Institute. Because of the large number of researchers in the College of Medicine it sometimes meant waiting weeks, Bergeron said.

"Having this equipment will be quite a benefit to our department," said Margaret James, Ph.D., department chairwoman. "It will make us more competitive in securing future grant awards and in recruiting top researchers."

— Linda Homewood



PHOTO BY LINDA HOMEWOOD

College of Pharmacy representatives (from left) William Riffie, dean, Margaret James, department chairwoman, Tim Vinson, senior chemist, and Raymond Bergeron, graduate research professor, inspect the department of medicinal chemistry's new NMR spectrometer after its recent installation.

## Anti-drug efforts focus on children, U.S. drug czar tells MBI audience

By John Pastor

People who think today's marijuana is little more than a nostalgic reminder of the 1970s need to take a closer look. It's far more potent, its addictive qualities are severe and it devastates children, said John Walters, director of the White House Office of National Drug Control Policy, who spoke recently at the McKnight Brain Institute.

As the nation's "drug czar," Walters coordinates federal drug programs and spending, according to Dr. Wayne Goodman, M.D., chairman of the department of psychiatry in the College of Medicine. Walters met with MBI members, then publicly outlined his office's treatment, prevention and intervention efforts, which include reducing illicit drug supplies from overseas and providing more money and facilities for the 100,000 or so addicts in the United States who seek help.

He emphasized if the problem is stopped where it so often starts — with children — "we can change the face of substance abuse in the United States for generations."

The effort is complicated because so many social issues are tied into public opinion of marijuana, it's tough to talk objectively about marijuana's place as the preeminent drug in the world of illegal drugs, Walters said.

"When we talk about marijuana, we're not even talking about the drug itself, we're talking about your opinion of the '60s or of a certain segment of our culture that is seen as being cool," Walters said. "The problem is, it is difficult to discuss illegal drugs in the United States without talking about marijuana because it is the drug of choice by the overwhelming majority of illegal drug users. It is the single most important illegal drug by a factor of two. The next is cocaine."

Making marijuana even more insidious is that the drug's strength grew dramatically beginning in the 1990s, with the content of THC, the active ingredient, rising from less than 5 percent to highs around 14 percent, Walters said.

"I think the director showed convincingly that as the potency of marijuana has increased, the number of young people who go on to need treatment, who are marijuana dependent, has increased," said Mark Gold, M.D., a distinguished professor of psychiatry in the College of Medicine. "His message that addiction is a disease that has a pediatric age of onset, often beginning with the smoking of marijuana or a cigarette, is important for the medical community to hear. The time to start



PHOTO BY JOHN PASTOR

John Walters (center), director of the White House Office of National Drug Control Policy, said the nation saw an 11 percent decline in drug use by teenagers between 2001 and 2003, the largest drop in almost a decade. Walters outlined key drug policy issues to members of the UF medical community at the invitation of Dr. Wayne Goodman (left), chairman of the department of psychiatry, and Dr. Mark Gold, a distinguished professor and an addictions specialist.

asking about drugs is 8 or 9, not 18."

As Walters described it, addiction is not spread by viruses or bacteria but through behavior.

"It generally starts with a lie," Walters said. "A friend brings it to someone and says, 'it's fun, everybody does it.' The disease is spread by young people who are at risk and who become victims themselves, then they go on to victimize others."

One way Walters' office is attacking the problem is through a \$200 million national ad campaign. One television commercial shows a boy removing a cigarette paper from a pack, finding a note on it from his mother that says, "We need to talk." The point is to get parents, some of whom may have smoked pot in their younger days, to talk to their children about drugs.

A more controversial solution deals with random drug testing in schools, Walters said. His office has set aside \$25 million for communities that wish to do drug testing, with the provision that students who test positively receive help, not punishment.

"The kids in schools that have testing say they feel safe," Walters said. "What the test does, among other things, is give kids permission to do the right thing. When they're tested they can say to their peers, 'I can't do that, we're going to be tested.'" **P**

*"(Marijuana addiction) generally starts with a lie. A friend brings it to someone and says, 'It's fun, everybody does it.' The disease is spread by young people who are at risk and who become victims themselves, then they go on to victimize others."*

— John Walters

# Re-envisioning nursing education to improve patient care

By Kathleen Ann Long  
Dean, UF College of Nursing



The nationwide nursing shortage may have dropped out of the headlines, but the need for nurses has not gone away — and it's expected to increase. While enrollment in nursing schools is up and vacancies for hospital nurses are filling, advances in biomedical science, as well as the aging of our nation's population, are factors that indicate a growing need for more and better nursing care long into the future. The National Center for Health Workforce Analysis projects that by 2020, Florida will need 61,000 more nurses than will be available. Nationally, there will be a need for more than 800,000 additional nurses.

“Quick-fix” approaches will not provide long-term solutions. Years of reports by groups such as the Institute of Medicine, the American Hospital Association and the Robert Wood Johnson Foundation confirm the need for a better-educated nursing workforce and for general reforms in health-care delivery. While there is a need for more nurses to alleviate shortages, simply increasing numbers of nurses will not address the critical problems. Real improvement will only come when there are changes in the education, recruitment and retention of nurses.

There is a growing consensus: Our system of health-care delivery requires reform, including more fully engaging nurses in planning, managing and evaluating patient care. Nurses need a stronger voice in decisions regarding patient-care delivery, but they also need stronger educational preparation as a basis for such complex decision-making.

In a recent study published in the *Journal of the American Medical Association*, UF College of Nursing alumna Linda Aiken, Ph.D., and her colleagues at the University of Pennsylvania found that hospitals with a higher proportion of nurses educated at the baccalaureate level experience lower patient mortality rates. The study showed that a 10 percent increase in the proportion of registered nurses holding a bachelor's degree was associated with a 5 percent decrease in the likelihood of patients dying within 30 days of admission. In addition, a higher proportion of better-educated nurses increased the likelihood that patients would be protected from adverse events and complications.

In 2000, the American Association of Colleges of Nursing, the national organization representing baccalaureate and higher-degree nursing education, initiated an examination of nurse education, regulation and practice issues. After consulting with AACN members, nursing practice leaders, regulators and other health professionals, the study's authors recommended a new kind of nursing



Clinical Assistant Professor Sandra Wolfe-Citty guides accelerated BSN students as they screen a patient at one of their clinical rotations.

professional — one specifically educated to coordinate, manage and evaluate care for groups of patients in complex health systems.

This new Clinical Nurse Leader, prepared at the master's degree level, will serve as a generalist provider who takes primary responsibility for the comprehensive care management of patients. Applying evidence-based practice, the CNL will serve as a guide, protector and advocate for the patient. The CNL will be a nursing professional prepared for clinical leadership, able to implement nursing practices based on patient outcomes, form quality improvement strategies, and be prepared to create and manage care that is responsive to the needs of individuals and families.

The College of Nursing has a history of pioneering leadership in nursing education by offering Florida's first nurse practitioner programs and first doctorate in nursing science. Recent innovations include an accelerated R.N. to Master of Science in Nursing, and an accelerated Bachelor of Science in Nursing to doctoral track. All educational programs have a common goal: better-educated nurses for better patient care.

Building on a tradition of innovation, the College of Nursing currently is one of 77 schools nationwide that will pilot the CNL program with the cooperation of five area practice partners beginning in

2005. The college's practice partners include Shands at UF, Shands Jacksonville, the Malcom Randall Veterans Affairs Medical Center and Wolfson's Children's Hospital and Baptist Medical Center, both in Jacksonville. Practice partners have committed to designing model units where nursing care using CNLs will be delivered in new ways. As part of the national pilot project sponsored by AACN, each college-practice setting partnership will also collect and report data on selected patient outcomes to assess progress toward the ultimate goal — improved patient care. Stay tuned for further developments in this exciting new endeavor! **P**

The National Center for Health Workforce Analysis projects that by 2020, Florida will need 61,000 more nurses than will be available. Nationally, there will be a need for more than 800,000 additional nurses.

## LOOKIN' AT YOU

Smile ~ or no smile ~ you might be next. POST staffers will get you when you least expect it. Fortunately, we caught these employees hard at work...



Charley Mills, senior computer support specialist in the VPHA IT Center, prepares a laptop for wireless connection in the HSC.



PHOTOS BY LISA BALTOZER

Dr. William Drummond (left) and Walter Webb keep patients and visitors heading in the right direction. Stationed in the Shands Atrium, both are volunteers for the Auxiliary at UF.

# THE POST

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#### Senior Vice President for Health Affairs

Douglas J. Barrett, M.D.

#### Director, News & Communications

Tom Fortner

#### Editor

Denise Trunk

#### Senior Editors

Melanie Fridl Ross, John Pastor

#### Art Director

Lisa Baltozer

#### Staff Writers

Tracy Brown, Sarah Carey, Tom Fortner, Linda  
Homewood, Lindy McCollum-Brounley, Patricia  
McGhee, Tom Nordlie, John Pastor, Jill Pease,  
Melanie Fridl Ross, Denise Trunk

#### Support Staff

Cassandra Jackson, Beth Powers, Kim Smith

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Yahna Young is seen here responding to the needs of a patient. Yahna is the senior secretary for Dr. Lawrence Lottenberg in the College of Medicine's department of trauma.

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