



Penny for your thoughts?

The crisis every scientist faces

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UF Health Science Center
UNIVERSITY of FLORIDA

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On the Cover

With more scientists applying for funding from the National Institutes of Health and a stagnant federal budget, the process of securing grant money for science has gotten trickier in recent years. In this issue, the POST explores how UF researchers are coping with the changes and trying to study big ideas on a shoestring budget. Photo by Sarah Kiewel.

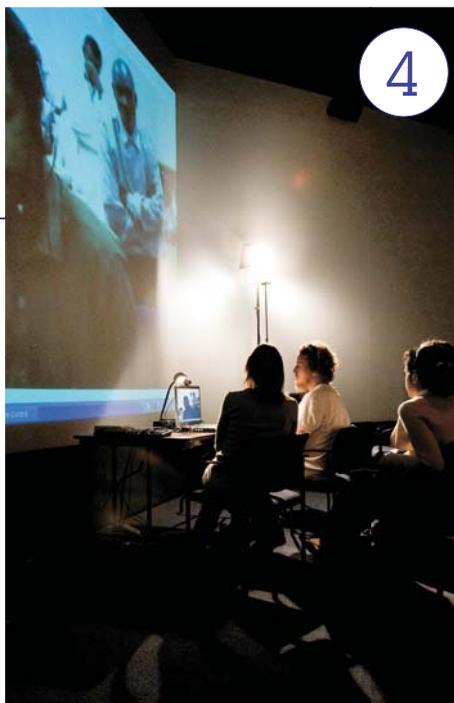


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UP FRONT

Policy TALK

U.S. Democratic Sen. Bill Nelson talks with UF physicians and Republican Sen. Mel Martinez (behind Nelson) during a roundtable discussion on health-care policy at Shands at UF Feb 21. The discussion focused on cuts that the Bush administration has proposed for the federal Medicare program. The proposal would dramatically cut government support to teaching hospitals and medical school practice plans. **P**



PHOTO BY SARAH KIEWEL

Looking for a few good students

UF's two newest doctoral programs, in epidemiology and biostatistics, are slated to begin admitting students for the fall 2008 academic year. Interested in learning more? Here's a quick breakdown: Faculty members say the epidemiology program, a joint effort between the College of Medicine's department of epidemiology and health policy research and the College of Public Health and Health Professions' department of epidemiology and biostatistics, will give students greater access to different perspectives and expertise. The biostatistics program, housed in PHHP, is geared toward students interested in applying statistics to health-related problems. For more information on the biostatistics doctoral program, contact the PHHP department of epidemiology and biostatistics at 352-273-5468. For details on the epidemiology program, call the department of epidemiology and biostatistics in PHHP or the College of Medicine department of epidemiology and health policy research at 352-265-8035.

Mentoring matters

Do mentors matter? Ask any graduate student or junior faculty member this question and you'll get pretty much the same answer (and odd stares): "Yes," "Definitely, yes" and "Are you crazy? Of course, yes!" In academia, finding the right mentor, such as nursing professor Gloria McWhirter (left), can make or break an educational or work experience. The topic is so important that it's the subject of the next Diversity Dialogue, a workshop series being held to raise awareness about issues related to diversity and equity in the HSC. "Mentoring: A Spectrum from Pipeline to Faculty Development," will be held from 8:30 a.m. to noon March 12. The half-day event features a poster session in the Founders' Gallery followed by a panel discussion in the DeWeese Auditorium of the McKnight Brain Institute. Keynote speakers Rosalyn C. Richman, co-director of Executive Leadership in Academic Medicine at the Drexel University College of Medicine, and Carolyn K. Roberts, chair of the Florida Board of Governors, will take the stage at 10 a.m., also in the auditorium.

PHOTO BY SARAH KIEWEL



Meet 'Patient A'

The play "Patient A" is the true story of a woman who contracted HIV/AIDS from her dentist. Kimberly Bergalis, who was 23 when she died in 1991, was the first known case of a patient who contracted the disease from a health-care provider. Three UF medical students from the student-acting troupe, The White Coat Company, will perform the Lee Blessing-penned play at 7 p.m., April 4 in the Health Professions/Nursing/Pharmacy Complex auditorium. The 90-minute performance is free and open to the public. The group will also be accepting donations for the Housing Opportunity Program, which provides financial assistance and housing to people with HIV/AIDS.

Looking after No. 1

You're going to love medicine in the 21st century because, of course, it's all about you. That's the basic idea behind personalized medicine — using information from an individual's unique genetic makeup to provide a therapy or preventive intervention that is more or less tailor-made for that person. As personalized medicine — also known as molecular medicine — slowly makes its way into medical school curricula, physician's offices and diagnostic labs, UF will sponsor a major new symposium, "Molecular Medicine: Applying Current and Emerging Technologies" March 27-30 in Orlando. The course, with a star-studded faculty, is being organized by the departments of pathology and laboratory medicine in Gainesville and Jacksonville. This symposium is designed to serve a diverse audience, including pathologists, medical directors of anatomic and clinical laboratories, laboratory administrators, researchers, physicians and residents/fellows in training who are interested in integrating new molecular technologies in their research and clinical practice. For more info or to register, visit <http://cme.ufl.edu/conf/molecular/letter.shtml>.



UF students recently took part in a Web lecture with professors in Kenya.

CULTURAL EXCHANGE

UF links to Kenyan university for lecture despite country's strife

By April Frawley Birdwell

In a flash he was gone, the screen blank, eliciting furious clicking and typing at the front of the room, where the students, instructors and IT experts were huddled around a laptop.

A minute later, the line was ringing again, the Woody Woodpecker *tap-tap-tap* of the tone echoing in the vast room at the Digital Worlds Institute in the UF College of Education. Suddenly, the connection was lost again. Then it was back. And then, as if magic had intervened, the image of the Kenyan professor once again filled one of the walls that serves as a gigantic screen in the classroom.

"Can you hear me, Benson?" asked Jill Sonke-Henderson, who teaches the course, "Culture, Health and the Arts in sub-Saharan Africa and the U.S.," with fellow instructor Nina Stoyan-Rosenzweig.

"Hello?" asked Benson Njoroge, pausing to wave at the screen. "Yes, I can hear you."

No one said linking via the Web to Kenya's Kenyatta University for a lecture on herbal medicine would be easy. But minor technical glitches aside, the 40-minute connection between professors in Nairobi, Kenya and a class in Gainesville was a feat, especially given the recent political strife and unrest that has plagued the African nation.

"The connections allows our two cultures to communicate face to face and in real time across the Internet at a time when cross-cultural communication is of the utmost importance," said Sonke-Henderson, a co-director of the UF Center for Arts in Health-Care Research and Education. "The conflict in Kenya reflects cultural intolerance, and the kind of connection we have developed with Kenyatta University

reflects cross-cultural connection and builds awareness and understanding."

"I think that today's class gave our students an understanding of the challenges and rewards of such communication."

Sonke-Henderson and colleagues received a \$3,000 grant last year to start a cross-cultural program with Kenyatta University. The connection is an extension of a project started in 2006 with the Mater Hospital in Nairobi to establish an Arts in Medicine program there.

Because Kenyatta University is a technological hub in Kenya, Sonke-Henderson and Stoyan-Rosenzweig agreed with professors there to share lectures and other programs via the Web. After several unsuccessful tries to link to the university in real time, the two universities were finally able to establish a connection in December. And then, after a disputed election, violence broke out in Kenya, leaving hundreds dead.

"Because of the post-election violence in Kenya we were not able to open connections as soon as we wished and we were saddened to hear that this violence affected people we knew: One of the people at Kenyatta lost his brother-in-law," said Stoyan-Rosenzweig, who also serves as director of the College of Medicine's medical humanities program. "This connection and the ability to see real people is especially important when many Kenyans are cut off from the rest of the world, and the world only sees the violence."

In the class last month, Kenyan professors

Njoroge and Nicholas Gikonyo described the role herbal medicine plays in Kenya's health-care system today. Because many Kenyans do not have access to modern health care, the use of herbal medicine is common there, Stoyan-Rosenzweig said.

"I think as a doctor you have to understand the ways different cultures practice medicine," said Avan Armaghani, a junior in the class who will start medical school at UF this fall as part of the Junior Honors Medical Program. "It's important to get the whole picture."

UF junior Evan Garfield said connections like the one he had just witnessed could make a difference in increasing cultural awareness and giving students a more personal understanding of how the rest of the world lives.

"It's so hard to get an accurate portrayal of what's going on in the world," he said. "It's pretty surreal to have a connection like that."

If violence had not erupted in Kenya, the class would have participated in several Web lectures by now that would have involved Kenyatta University students as well, Stoyan-Rosenzweig said. But plans are in place to continue and expand the lectures. The Digital Worlds Institute is also coordinating an event to promote discussion of Martin Luther King Jr., with Kenyatta and other institutions, Sonke-Henderson said.

"The goals for the connection are to provide UF's students, primarily fine arts and health science students, with opportunities to develop an understanding of diverse belief systems and to learn to communicate with people who see things from different perspectives," Sonke-Henderson said. "I think that today's class gave our students an understanding of both the challenges and the rewards of such communication."

Children **IN NEED**

Kids' health agency pleads case for funding, support to state legislators

By Melissa M. Thompson

When Tammy Caksackkar's son, Christian, needed a routine physical for school in 2004, she was shocked to learn it would cost her \$1,700 and that her insurance wouldn't cover the cost.

The single mom had no choice but to borrow money and go forward with the health screening required for her autistic son.

But like many parents of children with special needs, Caksackkar was overwhelmed by the financial strain caused by tests and medicinal therapies to help care for Christian. She learned three months later that the screening would have been covered under the umbrella of care provided by Children's Medical Services.

"The hard part is I talk to at least 10 people a week who don't know about CMS," said Caksackkar, executive director of the Family Resource Coalition Inc., a nonprofit organization that provides assistance to children and youth with special health-care needs in Florida. "Now I go anywhere — Wal-Mart, Target, even Chuck E. Cheese's — and go into the whole spiel about what a great resource CMS is."

Now an advocate for the program, Caksackkar shared her story in front of nearly 30 health-care professionals, community advocates and government representatives at the inaugural Children's Medical Services Legislative Day on Feb. 1 at the CMS area office in Gainesville. The event aimed to raise awareness about CMS programs and the organization's dire need for legislative support and funding.

Children's Medical Services provides coordinated, managed health care for financially eligible children under 21 with serious or chronic physical, developmental or emotional conditions who require health-care services beyond what children generally require. The organization, which partners with UF physicians to provide health care for its patients, serves residents in all Florida counties from 22 area offices directed by board-certified pediatricians.

State Rep. Larry Cretul attended the event hoping to absorb all of the information CMS employees and families had to offer.



PHOTO BY SARAH KIEWEL

Children's Medical Services held its first Legislative Day Feb. 1 in Gainesville to raise awareness about the organization's programs and need for state funding. Here, State Rep. Larry Cretul (left) listens to speaker Tammy Caksackkar, a mother and advocate for the program.

"I'm here like a sponge," he said. "This has gotten a little more special to me now because I have a 6-month-old grandson. It really puts children's health care in perspective."

Thomas Chiu, M.D., the CMS North Central Florida regional medical director and a UF professor of pediatrics, said the future of CMS depends on the response from government representatives, whom he hopes will take the inspiring stories they heard during the event back to the legislative budget meetings for consideration.

Chiu said the current budget for CMS is the same as it was 10 years ago, while the organization's programs continue to expand. This means the workload for staff members has doubled while the number of filled staff positions is decreasing due to a hiring freeze.

"We lose good staff members who say they don't want to leave, but are paid \$10 (an hour) higher at a public health clinic," Chiu said. "A lot of people are asking if CMS will disappear. We're trying to find money for our programs, and it's challenging. We're doing this for the kids." **P**

CELEBRATING **50** YEARS PHHP kicks off 50th anniversary lecture series

Mark your calendars: The College of Public Health and Health Professions announces its 50th Anniversary Lecture Series, which will bring some of the nation's top health policy and rehabilitation researchers to UF in celebration of the college's milestone anniversary. More details on times, locations and topics for the fall lectures will be available at a later date. Visit the College of Public Health and Health Professions' 50th anniversary Web site regularly for updated information, www.phhp.ufl.edu/50th-Anniversary.

MARCH 28

"Scientific evidence and improving the quality of health care" by Donald M. Steinwachs, Ph.D., a professor of health policy and management and director of the Health Services Research and Development Center at Johns Hopkins University 12:45 p.m. to 1:30 p.m., HPNP Complex Auditorium

APRIL 11

"The politics of health care reform" by Gail R. Wilensky,

Ph.D., a senior fellow with Project HOPE noon to 1 p.m., HPNP Complex Auditorium

SEPT. 19

Michael A. Morrisey, Ph.D., a professor of health care organization and policy at the University of Alabama at Birmingham

SEPT. 26

Thomas Rice, Ph.D., a professor of health services and vice chancellor of academic personnel at the University of California, Los Angeles

OCT. 03

Karen Davis, Ph.D., president of The Commonwealth Fund

OCT. 20

"Becoming frail: Evidence from the Hispanic established populations epidemiologic studies in the elderly" by Kenneth J. Ottenbacher, Ph.D., O.T.R., the Russell Shearn Moody Distinguished Chair, a professor and director of the division of rehabilitation sciences at the University of Texas Medical Branch

NOV. 07

Lisa A. Cooper, M.D., M.P.H., a professor of epidemiology and health policy and management at Johns Hopkins University (*sponsored by the UF Area Health Education Centers program*)

NOV. 14

Deborah A. Freund, Ph.D., a distinguished professor and senior research associate at the Center for Policy Research at Syracuse University

NOV. 21

Alan M. Jette, Ph.D., director of the Health and Disability Research Institute and a professor in the departments of rehabilitation sciences and social and behavioral sciences at Boston University

Support for the lecture series is provided in part by Blue Cross and Blue Shield of Florida.

Learning to throw . . . again

UF researchers help stroke patients relearn motor skills

By Melissa M. Thompson

David Lowenthal, M.D., Ph.D., stared intently at his nemesis — a dried red bean resting on the table in front of him — while his right hand, the stronger, more dominant hand, was constrained by a thick white mitt equipped with a mesh compartment for his fingers.

After concentrating on the legume for several seconds, he slowly raised his slightly trembling left hand in an effort to pick up the bean between his index finger and thumb, missing once, but then emerging victorious in his second attempt to pluck it off the table and move it three or four inches away from him.

For Lowenthal, an eight-year stroke survivor, there are no small victories, only baby steps in a long journey that has propelled him toward his goal of improving the function of the left side of his body that was affected by the stroke.

“Going through rehabilitation is not for sissies,” joked Lowenthal, a UF professor of medicine, pharmacology and exercise science. “The journey has been arduous but highly rewarding.”

As a participant in the Improving Motor Performance Applying Constraint Therapy study for stroke survivors, Lowenthal, 66, has endured an intense regimen of constraint-

induced movement therapy, or CIMT, in an effort to regain the motor skills that will allow him to write or throw a ball with his left hand, his dominant hand before the stroke.

During this form of therapy, participants’ least-affected hands are constrained in mitts for 90 percent of the time they are awake while they use the most-affected hands during repetitive exercises where even the smallest improvements could have a significant effect on their quality of life.

Kathye Light, Ph.D., P.T., a UF associate professor in the department of physical therapy in the College of Public Health and Health Professions, is the principal investigator of the study and principal author of its research grant. She will examine the benefits of CIMT home therapy versus therapy done exclusively in a lab with a trainer.

Subjects are randomly selected for either part of the study. Both sets of participants spend six hours on CIMT exercises each day. The home therapy group spends one hour of

this time working with a trainer in the lab and the rest of the time doing the exercises on their own. Patients selected for full lab training perform the same program but do so completely under the guidance of a trainer in the clinic.

Light and her colleagues are interested in discovering if performing exercises at home and spending less time with a trainer can reap the same benefits as those who work exclusively with trainers or physical therapists for several hours every week. Another part of the study will evaluate if a second course of CIMT, for survivors who have previously received the treatment, yields added benefit and improved function.

Funding hope

Many stroke survivors are shocked to find out that a two-week CIMT program could cost as much as buying a small car.

The time and labor-intensive nature of the



PHOTOS BY SARAH KIEWEL

therapy account for the expense — about \$10,000 to \$15,000 for a two-week treatment, Light estimated.

“Insurance will never pay for the expense of sitting for six hours a day for 10 days with a therapist,” said Fran Greenberg, the study’s coordinator. “If this study shows that one hour a day reaps the same benefits, stroke survivors may have a better chance of an insurance company paying for further treatment.”

Prior to I.M.P.A.C.T., Light served as co-principal investigator for Extremity Constraint-Induced Therapy Evaluation, a study that showed CIMT helped stroke survivors improve function years after their strokes occurred.

“In the past, neurologists and other physicians have suggested that patients can make little improvement six months or more after a stroke,” Light said. “We’ve found that’s not true. We’ve worked with people 20 years after their strokes who were able to make great progress and regain function.”

Light began the I.M.P.A.C.T study in 2005 after she was awarded a five-year research grant funded by the National Institutes of Health. The multisite research study at UF, the University of South Carolina and Colorado State University takes the preceding study one step further by examining the parameters surrounding CIMT and will end in June 2010.

No pain, no gain

In this study, the doctor has never been happier to be the patient. Lowenthal knew he would undergo aggressive physical therapy on a

his left hand and arm — the side most affected by his stroke — while the less-affected hand would be placed in a mitt to spur use of the weaker arm to perform activities. Although participants are never pushed to the point of discomfort, the repetition and time in the lab can be mentally and physically taxing.

“Since his stroke, he has become a napper,” said Ronnie, 63, Lowenthal’s wife of nearly 20 years. “There were times when he would train in the lab all day and then go and do some work in the office, which was extremely tiring, but well worth it.”

The lab itself is anything but the stereotypical clinical setting.

There are no researchers in sterile-looking white lab coats bustling around the room with clipboards. Rather, participants work with trainers, mostly physical therapy doctoral students, in a room that resembles a place for summer camp activities than a Mecca for scientific research.

Here participants perform exercises, such as Lowenthal’s battle with the bean, designed to improve fine motor skills, flexibility and range of motion while trainers record daily progress.

Jenga, checkers, Scrabble and puzzles are stacked on lab shelves. In the corner, there is a piano and a whiteboard for participants to draw pictures using their most-affected hands. Plastic containers and cans line the countertops where subjects practice making meals and eating lunch. One of the lab’s cabinet cubby holes holds the key to one of Lowenthal’s favorite exercises: the beanbag toss.

He winds up like a seasoned pitcher on a

mound, clutching the bubble-gum pink beanbag in his hand and then struggles to maintain balance for a moment — a reminder of why he’s there. Lowenthal points to the ceiling — but it’s a fake-out, and he delivers his best “fastball” to one of his trainers standing across the room.

“This was one of my goals before I came here — to be able to write my name and throw a ball,” he said, in his low, soft-spoken voice, a result of the stroke. “I will leave here having accomplished both goals.”

Back to the basics

Before suffering two strokes within 24 hours in January 2000, Lowenthal was the poster child for healthy living. He was an avid long-distance runner who had completed 15 marathons and exercised at least an hour every day. He watched what he ate, didn’t smoke or drink. He seemed to do everything right.

In the hours following the stroke, physicians doubted Lowenthal would make it through the night, and if he did, they thought he would never walk again.

After nine months of rehab, sweat and determination, Lowenthal escorted his daughter down the aisle at her wedding in September 2000 without the use of a cane or walker.

He applied the same determination during his stay in Light’s lab and said he feels other stroke survivors should take advantage of participating in the study, which is offered at no cost for the subjects.

“I came here two weeks ago with significant defects, and I leave here with a ray of hope,” he said.

Lowenthal’s wife agrees the therapy has helped return a welcomed sense of normalcy to her family’s life.

“People should knock down the door to get in there and get the treatment,” Ronnie said. “It showed me, and it will show other people that you can reconnect the brain to function. If David had to fly across the country to get this treatment it would have been worth it. Hands down.” **P**

Dr. David Lowenthal, who survived a stroke eight years ago, participated recently in the Improving Motor Performance Applying Constraint Therapy study for stroke survivors. As part of the study, participants are kept from using the hand least affected by the stroke to rebuild motor skills and function in the most-affected hand.





PHOTO BY SARAH MEWEL

Inequality in the clinic?

National leader urges UF docs to help end racial disparities in health care

By Christa Wagers

Sometimes even people with advanced degrees need a wake-up call.

In late January, the McKnight Brain Institute auditorium was filled with academics, experts and directors from the UF College of Medicine who were urged to take responsibility for their role in ending racial disparities in health care.

There is an overall lack of public and provider awareness on the subject of health disparities, said Garth Graham, M.D., M.P.H., a national leader in health-disparities policy who spoke to the UF crowd as part of the first installment of the College of Medicine Dean's Lecture Series on Innovations in Healthcare Access, Quality and Safety. Dean Bruce C. Kone, M.D., said the speech was "a call to action."

Eliminating health disparities is fundamental to the growth of the United States, Graham said.

The evidence of different races receiving vastly different health care is "overwhelming," he said, especially regarding infant mortality rates. In 2004, the infant mortality rate for African-American infants was more than twice

the rate for non-Hispanic white infants, according to the U.S. Department of Health and Human Services.

Graham, the deputy assistant secretary for minority health in the U.S. Department of Health and Human Services, stressed how UF faculty members and leaders can play an important role in changing how minority patients are treated. Academic institutions are trendsetters for the health-care field, he said.

"Folks, the culture of medicine starts here," Graham said.

Inequalities in how different racial groups receive health care can be greatly influenced simply by physicians realizing they have a bias. Graham suggested academics could train other health-care professionals and advance medical care through research.

Some of the major causes of health-care disparities are out of providers' control, though, Graham said.

Graham said that sometimes where patients live has more to do with the health care they receive than their race. Often, black patients live near hospitals that offer low-quality health care to all of their patients.

Other differences that affect health care include how racial groups seek it and illiteracy.

Dr. Garth Graham, a national leader in health-disparities policy, talked about the challenges of making quality health care accessible to all segments of the population during a lecture in the McKnight Brain Institute on Jan. 30.

At times the opportunities for adequate health care are limited because the patient doesn't know where to look, can't afford to look or can't read.

The good news is leaders in the medical community can change the future, Graham said.

He gave the example of Margaret Heckler, who became a leader in creating awareness about infant mortality in the 1980s despite not being directly affected by it.

All health-care workers are responsible whether they think so or not, Graham said. Although many physicians know minority patients tend to receive worse health care than white patients, they often believe it is not their job to fix the issue.

"All of this starts with saying this is somebody else's problem," Graham said.

While at UF, Graham also met with Health Science Center and community leaders, faculty and students to press his message and to advise on strategic initiatives for reducing health-care disparities locally and across the state.

Kone said planning is already under way for two such initiatives — expanding access to health care through the Eastside Community Practice clinic and related programs and establishing a center of excellence in minority health and health-care disparities. **P**

Erasing Errors

How a UF workshop could help curb medical mistakes



PHOTO BY SARAH MEWEL

Shands and UF leaders held a series of workshops for students, staff and faculty focused on teamwork and improving patient safety.

By Lauren Edwards

A patient wakes up in his hospital bed after undergoing an amputation of his left foot. Slowly opening his eyes, he sees his wife staring at him anxiously.

“How did it go?” he asks. “Did everything turn out all right?”

She looks away and starts to cry.

“I don’t know how to tell you this,” she says. “But they amputated the wrong foot.”

A scene from “Grey’s Anatomy”? Could be. A real-life situation at a hospital? Just as likely.

When “To Err is Human: Building a Safer Health System” was published by the Institute of Medicine in 2000, red flags were raised as readers learned that as many as 98,000 people die each year in the United States due to medical errors. Five years later, *The Journal of the American Medical Association* reported that the death rate from medical errors has not changed much at all.

The statistics are staggering and certainly make one thing clear: Medical errors happen, even at the best of institutions.

That’s one of the reasons why the UF College of Medicine and Shands HealthCare are striving to improve communication and teamwork in the operating room.

John Armstrong, M.D., an assistant professor of surgery, J.S. Gravenstein, M.D., a professor of anesthesiology and Gail Avigne, director of surgical services at Shands at UF, are leading a charge to improve the way doctors, nurses and other health professionals work together to reduce the chance such medical errors will occur.

To do this, Armstrong, Gravenstein and Avigne created a series of workshops focusing on teamwork and patient safety that were held in January and February in the Center for Simulation, Advanced Learning and Technology. During the sessions, participants played “Spot the Error,” a game-like exercise that brings surgeons, nurses, anesthesiologists, residents and medical students together to

reflect on team behavior as a way to reduce the potential for, and actual occurrence of, errors in the operating room.

“It’s an effort to make training in teamwork tangible, beyond a PowerPoint lecture,” said Armstrong, who received one of the College of Medicine’s quality improvement grants to fund the project. “This project focuses on getting everyone in the operating room to look outside their lanes at the total situation affecting the patient and to voice their concerns politely, yet firmly.”

Using the department of anesthesiology’s patient simulator, which looks and acts like a real human, project organizers filmed a mock operating room scenario to show to workshop attendees.

The video shows a medical team making errors ranging from administering a medication to a patient with a known allergy to that drug to operating on the wrong side. The surgeon’s cell phone rings in the OR and background chatter distracts the team. Laughter erupted in the audience as the “surgical team” made error after error.

But Avigne says these things really can — and do — happen in real-life situations. “That’s why there was laughter,” she said. “Because it was so real. Even though it was exaggerated, they know it happens.”

One of the major thrusts of the “Spot the Error” exercise is to encourage medical staff to recognize seemingly obvious errors and spot less noticeable ones, as well.

Just because experienced professionals perform a procedure doesn’t mean it will be error-free, either, Avigne said. Even surgical procedures can become routine after a while.

“You do it on autopilot,” she said.

Together, Avigne, Armstrong and Gravenstein hope the workshops help create a safer environment for the patient and an overall culture of acceptance and open communication among OR staff.

Often, a sort of social structure evolves in the OR, causing those who aren’t at the top of the food chain to keep quiet, even when a problem arises that should be brought to attention.

“The barrier to communication across hierarchy lines is very pronounced in medicine,” Gravenstein said.

By gathering professionals from different disciplines together in the same room, Armstrong and his colleagues hope they have created a foundation for an OR where everyone will work as a unified group and be able to raise their concerns comfortably.

“Our ultimate desire is a culture where everyone can recognize errors and speak up,” Avigne said.

Armstrong plans to do follow-up sessions after the workshops and review the findings. He hopes that, through better communication and team practice, hierarchy in the OR will fade in favor of patient safety.

“When you remember that the focus of care is the patient, other concerns like hierarchy take a back seat,” he said. **P**

Just say *yes* to COLONOSCOPY

New UF colorectal surgeons say screenings could save lives

By Lauren Edwards

Colon cancer. It's the third most common solid organ cancer and the second most common cause of cancer-related death.

Scary statistics? Certainly. But getting regular colonoscopies and maintaining a healthy lifestyle can dramatically reduce a person's risk of developing, and dying from, colon cancer. Yet many people put off, or completely avoid, the colonoscopy — an internal screening to look for abnormal growths in the colon.

"People don't want to talk about it — they think they're immune to it," said Sanda Tan, M.D., a colorectal surgeon who joined the UF College of Medicine faculty in October. "We're aware of breast cancer and lung cancer, but colon cancer affects both men and women and is totally preventable."

That may be exactly why March has been declared national Colorectal Cancer Awareness Month.

According to the American Society of Colon and Rectal Surgeons, only about 50 percent of people diagnosed with colon cancer in its later

"People don't want to talk about it — they think they're immune to it. We're aware of breast cancer and lung cancer, but colon cancer affects both men and women and is totally preventable. — Sanda Tan, M.D."

stages will be cured, versus 80 to 90 percent of those whose cancer is detected and treated at its earliest stages. Additionally, studies have shown that those who are treated by colorectal surgeons have a greater chance of survival.

With the recent addition of Tan and Emina Huang, M.D., the college's first fellowship-trained colorectal surgeons, UF is poised to help more patients avoid colon cancer through screening, care and research of the disease.

First and foremost, Tan and Huang agree prevention is key when it comes to colon cancer. It takes about five years for a colon polyp to develop into full-blown cancer, and the earlier it is caught the better.

While doctors recommend that everyone 50 and older undergo an annual colonoscopy, people with a family history or risk factors such as inflammatory bowel disease need to start earlier, says Tan, who came to UF after completing a fellowship at Brown University.

If colon cancer runs in your family, Tan recommends getting yearly colonoscopies at least 10 years before the age at which your family member was diagnosed. People who suffer from longstanding bowel inflammation, such as ulcerative colitis, are three to five times more likely to get colon and small bowel cancer than the average person and should start screenings even earlier, Huang said.

In addition to her surgical duties, Huang focuses a great deal on research. In her lab, Huang and colleagues are investigating the role adult stem cells play in the development of cancer.

Stem cells are prized for their ability to develop into other types of cells and replenish



PHOTO BY ANNEY DOUCETTE

SANDA TAN, M.D.

them, but it's this ability to renew that Huang suspects could affect the development and spread of cancer. The discovery of solid organ tumor-initiating cells, or "cancer stem cells," from colon cancer will assist in the understanding of tumor biology and could result in new targets for research and therapy, Huang said.

With these stem cells in action, even a very small population of cancer could grow quickly, said Huang, who is working to decipher what causes cancer.

Huang believes these cancer-initiating cells are likely lurking in the body before the disease develops, yet another reason why screening is vitally important.

The bottom line, however, is that early recognition of the disease remains a critical factor in survival.

"It's a silent killer," Tan said. "You won't know until it starts bleeding, and that may be quite an advanced stage."

Even if diagnosed at a later stage, Tan says there are still treatment options available, including surgical removal of a tumor and possibly chemotherapy and radiation.

Tan says that today, minimally invasive procedures, such as laparoscopy using cameras and a small incision, can be used to remove tumors. An otherwise healthy person who has a tumor removed can be home from the hospital in four days.

"Colon cancer is no longer a death sentence," Tan said.

To learn more, visit the American Society of Colon and Rectal Surgeons Web site, <http://www.fascrs.org/>.



PHOTO BY ANNEY DOUCETTE

EMINA HUANG, M.D.

The other side of illness

Shands social worker honored for work with patients



PHOTO BY ANNEY DOUCETTE

Shands social worker Gail Greenhut was recently named Social Worker of the Year by the Gainesville chapter of the National Association of Social Workers.

By Anney Doucette

Gail Greenhut works quietly among the swarming tide of patients, doctors and nurses at the Shands at UF adult outpatient clinics. As the physicians diagnose and treat their patients' medical needs, Greenhut pauses to hear their concerns.

How are their illnesses affecting their personal lives? Can they afford their medications? Do they have somewhere safe to go home at night?

After 18 years as a social worker at Shands, she knows the resources and how to make them available to patients in need. And she's one of the best at her job: At a March 6 ceremony, Greenhut was named Social Worker of the Year by the Gainesville unit of the National Association of Social Workers.

About 40 social workers handle cases from Shands and the UF outpatient medical clinics. As the largest hub of social workers in North Central Florida, they are the safety net for underserved patients whose access to health care is limited. Social workers address the whole patient, beyond their medical needs, Greenhut said.

"The doctors may be looking at what is medically wrong with the patient, but we look at the paths of what that might impact, not only the patient but their family, finances and living situations," said Greenhut. "We pay attention to the emotional side of the illness as well as the practical issues."

For some patients, just getting to a doctor's appointment is a big hurdle. Many patients are uninsured and receiving and affording health care is difficult, if not impossible. Some patients are unaware of the resources available to them, and some have been turned away already. Social workers such as Greenhut address these issues and help patients access support programs and community resources.

"The ER is clogged all the time with uninsured people who have nowhere else to go," Greenhut said. "They may have a cold or they might have cancer, but they have nobody else to see them. So we look at the whole range: access to health care, accessing resources so they can apply to programs, finding support groups, getting a diagnosis ... the whole gamut."

Social work has been Greenhut's calling since she volunteered at a 24-hour crisis center in college, an experience she describes as life-changing. She currently works at the Shands at UF adult outpatient clinics three days a week, the rest of her week spent in private practice at the Gainesville Family Institute. She says the two clinics provide a nice balance of social atmosphere. One-on-one counseling is the norm at her private practice, where her patients can focus on issues such as divorce and problems at work. Most of her patients there already have a place to live and a doctor to treat their medical needs.

At the UF clinics, she carries a pager, sees walk-in patients and takes a lot of phone calls. The needs of these patients are often more immediate — many of them don't have a doctor or the ability to pay for their medications. Some are homeless. Meeting these challenges is what motivates Greenhut.

"There are people living under a bridge on I-75," she said. "I've been involved in helping these people get on disability and out from under the bridge. When you have an impact on helping people, it's very rewarding."

In March, which is also National Social Work Month, Greenhut will be rewarded for a lifetime of patient advocacy with special recognition from the National Association of Social Workers. Greenhut is modest about accepting such an honor.

"My peers are all very hard-working, talented people," she said. "I think I'm very blessed." **P**



Big ideas on a shoestring budget

NIH budget crunch forces scientists to get (even more) creative

By Ann Griswold

Science starts with a blank page and a big idea. Then comes the hard part: writing it all down. The process of securing funding takes months — sometimes up to a year — and there's not always a light at the end of the tunnel. Sometimes there's a brick wall. More often, there's a closed door and an open window.



PHOTO BY SARAH KIEWEL

Maureen Goodenow, a UF researcher who studies HIV/AIDS, discusses science with fifth-year doctoral student Joshua Bunger in her lab. Because the National Institutes of Health is funding a smaller percentage of grants, some researchers across the country now struggle to keep their labs afloat.

But one thing's for certain: The game has changed. A few years ago, researchers might have crossed their fingers and hoped for funding after a first submission to the National Institutes of Health. Now, they just hope their grant will receive a score — and perhaps a bit of positive feedback to guide their next go-round.

The one thing that hasn't changed, it seems, is that grant writing remains one of the toughest parts of research.

"I've undertaken numerous administrative and management activities over the years, but this application was the most complex task I've ever attempted," says Henrietta Logan, Ph.D., a professor of community dentistry and behavioral science in the College of Dentistry, who worked from 4 a.m. to 10 p.m. for months last year on a \$17.5 million NIH proposal to establish the Southeast Center for Research to Reduce Disparities in Oral Health at UF. Logan expects to hear a decision sometime this month.

"There's nothing like a little passion to make a difference in the lives of others," Logan says. "The passion is really what drove me, because I got tired. Believe me — I got tired and I got discouraged."

Many irons in the fire

For most researchers, grant writing is a long process punctuated with bouts of frustration and angst. Yet more and more faculty researchers are choosing to write not just one, but upwards of 10 grants each year, in hopes a couple will be funded.

That process is all-too-familiar to Kirk Conrad, M.D., a professor of physiology and functional genomics and of obstetrics and gynecology in the College of Medicine. One of

his big ideas involves the pregnancy hormone relaxin, which holds promise for treating women with preeclampsia, a potentially life-threatening hypertensive condition.

Last year, Conrad submitted six grants to the NIH and other funding organizations. And he's not done yet — he plans to submit six more proposals this year.

"It's a little bit like airplanes coming in for a landing in LaGuardia. We're all circling," Conrad says. "You hope that your grant gets a reasonable score so that the next time you might get funded."

President Bush's proposed research budget for 2009 was released Feb. 8. While a \$29.5 billion NIH allowance might seem exorbitant to the average nonscientist, many researchers were disappointed. That inspires the obvious question: How much does science cost, anyway?

"In an average month, a well-equipped molecular biology lab spends around \$6,000 on reagents and consumables," says Chris Browngardt, a senior biological scientist and laboratory manager in the College of Dentistry. But laboratories can easily surpass that — to the tune of \$8,000 to \$10,000 per month — depending on the exact nature of the research conducted, Browngardt added.

"There are no freebies in science," Conrad says. "It's not a service. We're not seeing patients or making consumable products and generating all kinds of revenue."

In many cases, researchers balance several grants at once to ensure a steady flow of income.

"You like to carry at least two or three grants at a time because salaries are so expensive," Conrad says. "It's the salary component that's hard to cover — your own, as well as everyone's in your lab."



Veena Antony, M.D.

Antony wants to detect lung disease and mesothelioma at an early stage using nanoparticles. The particles light up when they detect cancer cells, eliminating the guesswork that often accompanies biopsies.

The waiting game

It hasn't always been like this. During the past eight years, the overall success rate for applications submitted to the NIH decreased from 32 percent to about 19 percent. Now, applications submitted for the first time have a mere 9 percent chance of getting funded.

Christiaan Leeuwenburgh, Ph.D., chief of the division of biology of aging in UF's Institute on Aging, says that "a few years back, it would have been a no-brainer" to fund an interdisciplinary program project grant to combat the effects of aging, such as the one he recently submitted to the NIH.

"Today, it's hard to say there's a 50 percent chance or a 25 percent chance. Everything's about a 10 percent chance these days," says Leeuwenburgh, who submitted 15 grants last year and landed four. "It's almost a given that nothing will be funded the first time."

When the NIH budget doubled between 1999 and 2003, many scientists had high hopes their chances for funding would improve. But more researchers are applying for grants than ever before: The NIH receives about twice as many

Krista Vandenborne, a professor in the College of Public Health and Health Professions, sometimes teams on research projects with her husband, Glenn Walter, a College of Medicine researcher. Interdisciplinary collaborations can sometimes inspire new research ideas that pique the interests of grant reviewers.



PHOTO BY SARAH MEWEL



Kirk Conrad, M.D.

Conrad wants to establish a perinatal and reproductive biology research program that pools expertise from UF researchers in five colleges. Much of Conrad's research focuses on the cardiovascular systems of pregnant women, particularly those who conceive using artificial reproductive technologies.

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applications now as it did 10 years ago. And with more than 80 percent of the institutes' budget devoted to existing projects, funding for new studies is hard to get.

"It has been a very difficult time, not just for my laboratory but for a lot of other people," says Veena Antony, M.D., a professor of pulmonary medicine

Henrietta Logan, Ph.D.

Logan wants to establish the Southeast Center for Research to Reduce Disparities in Oral Health, a seven-year program that involves partnering with communities, dentists, UF researchers and the Florida Department of Health to address racial and ethnic disparities in oral health diseases.



and chief of pulmonary and critical care medicine at the College of Medicine. "In some study sections, the NIH triages up to 60 percent of all grants that are sent in for the first time — they don't even get scored. I have a long list of grants that were just sent back to me."

Antony uses nanotechnology to detect lung disease at an early stage. Her big idea has a potentially lucrative payoff for the 342,000 Americans who die from this condition every year. But even with such promising work, the process is slow: Antony applied for 10 grants last year and

received two.

Other researchers have experienced similar setbacks, although none say they were surprised. Conrad's proposal to study preeclampsia received good feedback this year, but he's still waiting in line.

"It actually ended up getting a decent score the first time around," Conrad says. "I was just happy it didn't get triaged. In our study section, 55 percent of the applications aren't even scored. And not only was it scored, but it got a pretty *good* score — just not enough to be funded."

When asked if the score might have been sufficient in past years, Conrad says, "Close, absolutely. I think it might have been. But we'll revise it and resubmit. Hopefully we'll get the same reviewers."

Such cheerful acceptance might seem at odds with the amount of hard work and effort that goes into preparing an unsuccessful proposal. But there are two sides to the coin: There's rejection ... and then there's rejection accompanied by encouragement to resubmit. For the researchers lucky enough to make a good first impression, upbeat comments temper the disappointment and provide hope for future funding.

What to do in the meantime?

Conrad, like many researchers, expects his proposals won't get funded the first time. Or the second. Fortunately, most universities, including UF, offer bridge grants that tide labs over until funding resumes.

"If a person loses their funding, they lose their technician because they can't pay them," explains Elaine Young, Ph.D., interim director of the Office of Research Development for the College of

Medicine. "When they get their funding back, they have to rehire that technician or hire someone new and train them. It just doesn't make sense."

Harald Messer, M.S., a senior biological scientist in the College of Medicine, was informed in December that his laboratory's funding had not been renewed. He has since secured another job in the college, but he says he was shocked to learn that his position would be eliminated.

"The news was a mixed bag of sorts. I went through the full range of emotions used to describe a break up," Messer says. "Sadness, anger, denial and finally acceptance."

Messer is not alone. With so many laboratory personnel affected by the budget crisis, investigators have begun looking for alternate sources of funding. Small grants from individual universities, private organizations and the state government have made all the difference for many labs.

UF offers bridge grants on a competitive basis to investigators who just miss the cutoff for funding from federal agencies such as the NIH or the National Science Foundation. The College of Medicine provides up to \$50,000, which is typically matched by the researcher's department. The money can be used to pay graduate students, technicians and to cover the costs of research supplies and equipment.

Strategies for success

In addition to providing supplemental funding during tough times, many universities have recognized the need to improve grant-writing skills.



UF professor Christiaan Leeuwenburgh submitted 15 grant applications last year and received funding for four of them. Here, Leeuwenburgh, who studies aging, prepares to perform a muscle biopsy on Alice Hayes, with help from Dr. Emanuele Marzetti and Dr. Luis Burgos.

Christiaan Leeuwenburgh, Ph.D.

Leeuwenburgh wants to slow the aging process by boosting cells' ability to recycle damaged parts so they can maintain efficient energy production. Leeuwenburgh hopes the process will increase health span by allowing people to remain strong and independent well into old age.





Maureen Goodenow, Ph.D.

Goodenow wants to establish the Florida Center for AIDS Research, a partnership between researchers at UF and five other institutions around the state. The group aims to study the disease across the life span, with the goal of improving the quality of life for adolescents and older individuals affected by HIV/AIDS.

The success rate for new grant proposals submitted to the National Institutes of Health has declined from 32 percent to 9 percent in the past eight years.

PHOTO BY SARAH KIEWEL



“When I went into research it used to be, ‘Here’s an office, here’s a lab, write a grant, get some money.’ And you were basically on your own,” says Young, who worked as a basic science researcher at Stanford University and Johns Hopkins University before taking a research administration position at the NIH and later coming to UF.

“One of the reasons to help people and to train them is that they don’t realize how long it takes,” says Young, who says she has been approached for assistance by faculty members as little as three weeks before a major grant deadline.

The NIH recommends nine months from thought process to submission, but fellowship applications and smaller bridge grants often require less work.

“Some grants take a day to work on, some take months,” says Leeuwenburgh. His massive 319-page proposal took eight months, but he didn’t do it alone. He says there was a lot of camaraderie among the 23 researchers involved, many of whom had collaborated in a more informal manner for about a year and a half before the grant-writing process began.

The new focus on grant-writing skills may have prevented UF from getting hit too hard by the federal budget crisis, Young surmises, adding that many departments have started screening grants for potential problems before they go out.

That strategy worked well for Leeuwenburgh, who solicited feedback from within his group, as well as from a panel of outside faculty members, before submitting his \$11.5 million proposal to the NIH.

“We really got some good insight from the different investigators on how to make things better,” Leeuwenburgh says. “It was pretty harsh, but that was good because we still had another month to get things streamlined. It’s a tough game right now.”

Other researchers have formed their own strategies for success.

“Find a unique angle,” says Krista

Vandenborne, Ph.D., P.T., a professor and the chair of the department of physical therapy in the College of Public Health and Health Professions. “You can’t just do the same old, same old.”

Vandenborne applied this technique to an \$8.5 million grant proposal she recently submitted to the NIH. The idea? She hopes to uncover whether muscle recovery after spinal cord injury is improved by pairing pharmacological therapies with locomotor training, a novel rehabilitation intervention that helps people with spinal cord injuries learn to walk again.

“You have to be a little savvier when there are limited funds,” Vandenborne says. “You have to make sure your package gets a ‘Wow!’ not just, ‘This is good science.’ The reviewers are more critical. They want something that stands out.”

Million-dollar ideas

More and more faculty members are choosing to submit collaborative grants that pool expertise from various UF colleges and departments.

“I think whenever you have big pictures, you want to try to be as collaborative and interdisciplinary as possible,” Conrad says. “We have all this talent around here. Let’s bring everyone together, come up with a unifying theme and submit a grant together. The product is better than if you go in individually.”

Maureen Goodenow, Ph.D., the Stephany W. Holloway university chair for AIDS research in the UF College of Medicine, has gone one step further. Goodenow is collaborating with researchers at five institutions around the state to apply for NIH funding to establish a Center for AIDS Research.

The process started with a planning session last summer. Now, the researchers are preparing to apply for a start-up grant from the NIH to establish a developmental CFAR. If all goes well, they’ll apply for NIH funding to establish a full CFAR about five years down the road. It’s a long process.

“One of our major goals this year is to develop new collaborations, new scientific interactions among investigators at each of the partner institutions,” Goodenow says.

To do that, the CFAR consortium awarded three start-up grants totaling \$50,000 to collaborators Rolf Renne, Ph.D., a professor of molecular genetics and microbiology in the College of Medicine, Virginia Dodd, Ph.D., M.P.H., a professor of health education and behavior in the College of Public Health and Health Professions and Gail Fanucci, Ph.D., an assistant professor of chemistry in the College of Liberal Arts and Sciences.

Interdisciplinary efforts are becoming more common as the NIH and other funding agencies



Krista Vandenborne, Ph.D., P.T.

Vandenborne wants to improve muscle recovery in patients suffering from spinal cord injuries by teaming with other UF researchers on a project combining locomotor training with pharmacological therapies.

put an emphasis on teamwork and collaboration.

“You can’t just go in with great science anymore. It’s about partnering,” says dental professor Logan, who began building partnerships with her collaborators immediately after coming to UF in 1999.

Vandenborne agrees, saying, “I think they are definitely looking at more interdisciplinary projects; projects that move science into a different direction.

“To do research, you have to be passionate about what you do. It’s not a 9-to-5. It’s a lifestyle. It’s what you do. It’s who you are. You’re trying to find answers.” **P**

PUFFING PUFFING PUFFING *away* THE STRESS?

UF researchers say smoking reduces anxiety in brain

By Sarah Carey

If that smoker next to you seems more relaxed than you, you might be right. UF veterinary researchers say smoking reduces stress because nicotine appears to mask the brain's awareness of outside stimuli, thereby reducing anxiety.

"Smoking may kill, but the stress-reducing effects of nicotine on the brain are probably one reason why the habit is so prominent among college students," said Paul Davenport, Ph.D., a professor in the UF College of Veterinary Medicine's department of physiological sciences. "As many as 15 to 20 percent of college students are smokers, perhaps best exemplified by the phenomenon of social smoking. These students often ignore the deadly side effects in exchange for the trade-off of reduced anxiety."

Davenport is studying the effect of nicotine withdrawal on brain activity and cough in one of four projects UF veterinary researchers have been working on as part of a \$1 million grant from the Florida Department of Health's James and Esther King Biomedical Research Program. Data from his study assessing how nicotine affects smokers' ability to sense their breathing will be presented in May at the American Thoracic Society meeting.

"Chronic obstructive pulmonary disease is a common problem with smokers," Davenport said. "Both animals and humans can have COPD. The motivation to seek treatment is directly related to the patient's cognitive awareness of their breathing status."

His study measured how respiratory stimuli are controlled by higher brain centers responsible for thinking, reasoning and problem-solving. Davenport found that individuals who are withdrawing from smoking become more aware of their breathing and may even become fearful, especially if their airway becomes obstructed.

"When you have individuals that abstain from smoking for a 12-hour period, they get very agitated," Davenport said. "This is because while they are smoking, smokers' brain activity is 'gated,' or controlled. Nicotine is useful because it reduces anxiety, but it also helps mask certain brain activity, so that if you withdraw from nicotine you are much more sensitive to stimuli coming in."

Other research efforts, spearheaded by Donald Bolser, Ph.D., and Linda Hayward, Ph.D., from the veterinary college and David Fuller, Ph.D., from UF's College of Public Health and Health Professions, are examining the effects of nicotine on everything from sleep patterns to newborns exposed in the womb. In future studies, Davenport plans to examine how nicotine affects the brain pathways that lead to consciousness.



PHOTO BY RAY CARSON

Dr. Paul Davenport and his graduate student, Sarah Pei-Ying Chan, apply a respiratory load to a subject. Davenport's recent nicotine studies also examine the relationship between brain activity and respiration.

"You don't constantly think about breathing, but when something changes, you become aware of it," Davenport said. "With smoking, your lungs change, but you're not aware of it. It's awareness of one's internal environment that we are most interested in."

In a related study with Bolser, whose expertise is in the cough reflex, Davenport has used capsaicin — the hot ingredient in hot peppers — to induce the urge to cough. He and Bolser are interested in why smokers don't cough in response to inhaling cigarette smoke, but nonsmokers do.

"This sensation of the need to cough comes before you actually cough, which allows our consciousness to interact with the cough reflex," Davenport said. "If you're in a concert and you feel the need to cough, you have the ability to suppress that cough by conscious mechanisms."

"That's why it's important that your brain knows your need to cough before you actually cough," he added. "Nicotine is changing the way the brain functions, probably by changing the way respiratory sensations are gated into the conscious regions of the brain."

Davenport said it's clear that if breathing is obstructed in either animals or humans, tremendous fear and anxiety occur, and in many cases, humans experience a full-blown anxiety attack.

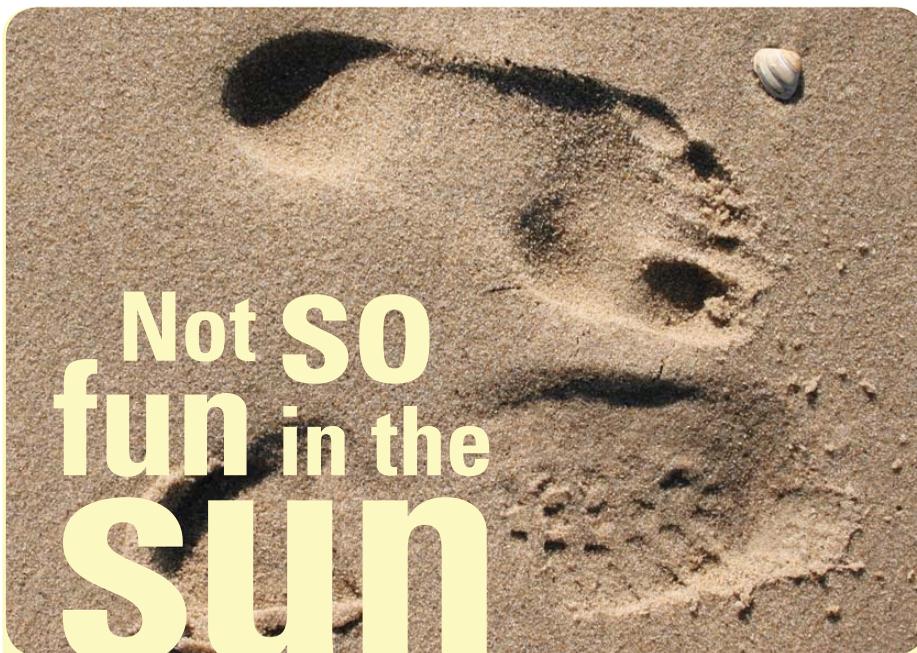
"Clinically, we need to treat the lung disease, but what we seldom treat is the anxiety the patient has related to their lung disease," he said.

Anyone with COPD understands the feeling of breathlessness even upon walking through a mall or mild exercise. Because of this, many people with COPD become less and less active, Davenport said.

"When we fear we won't be able to breathe, we won't exercise," he said. "So if we can figure out how to lessen the anxiety of those who suffer from COPD, we can improve their rehabilitation from lung disease."

And as for those college students who smoke — don't look for their habits to change anytime soon.

"The use of nicotine to self-medicate for stress has serious side effects, produces deadly disease and is extremely addictive," Davenport said. "When I talk to young people, I tell them, 'You will get lung and heart disease; smoking will kill you.' But we have to recognize that even with that knowledge, kids still smoke because they feel the benefits exceed the risks." **P**



Not SO fun in the SUN

Wet sand poses health risk for beachgoers

By Sarah Carey

Attention snowbirds and spring breakers: Beachgoers who stay high and dry may have healthier fun in the sun than those frolicking on wet sand or in the water, according to a UF veterinary researcher.

“Our objective was to understand whether beach sand could pose a health risk to beachgoers,” said Tonya D. Bonilla, a doctoral student in the UF College of Veterinary Medicine’s department of infectious diseases and pathology who studied three South Florida beaches over a two-year period to see whether human health risks appear to increase based on the level of sand exposure.

“What we found was that there was no increased health risk due to exposure to sand on the upper beach,” Bonilla said. “However, the longer the period of time people spent in the water and in the wet sand, the higher the probability that they would experience some gastrointestinal illness.”

Bonilla’s research was conducted at Fort Lauderdale Beach, Hollywood Beach and Hobie Beach. There were 882 respondents who participated in the pilot epidemiological study and 609 who participated in the control group.

Beachgoers were made aware of the study and, if willing to participate, were given a survey form to complete four days after their beach visit. The questionnaire focused on type and duration of beach activity and inquired whether participants became ill during the four days after the beach visit. The control group consisted of people randomly chosen from the general population who had not visited a beach in at least nine days.

“Our findings suggest that there is an increased risk of acquiring gastroenteritis the longer a bather either sits in the wet sand or stays in the water,” said Jay M. Fleisher, Ph.D., an associate professor at Nova Southeastern University who analyzed the data collected in the study.

While fecal indicator levels in the waters near South Florida’s beaches are routinely monitored, sand samples from the surf zone — the wet sand — and the upper beach are not. Beach sand may become contaminated by gull droppings and fecal-derived organisms that then diffuse into wet sand and water, said Bonilla, whose research was published in the *Marine Pollution Bulletin*. Her work, part of her master’s thesis work at Nova Southeastern University, was funded by a grant from the Environmental Protection Agency. **P**



TONYA D. BONILLA



Prostate cancer treatment takes emotional toll on patients

By Tracy Brown Wright

Men with prostate cancer who have their prostate removed cite sexual dysfunction as the most common side effect after surgery, but urinary dysfunction troubles these patients

most, reports a UF researcher. What’s more, many aren’t emotionally prepared to face these complications.

The study findings, published in a recent issue of *Urologic Nursing*, underscore the need for health-care practitioners to educate their patients about the physical and psychological effects the surgery will have on their everyday lives.

“The effects of this treatment are quite immediate and can lead to depression and frustration,” said Bryan Weber, Ph.D., A.R.N.P., an assistant



BRIAN WEBER, PH.D., A.R.N.P.

professor in the UF College of Nursing and the study’s lead author. “After an initial diagnosis of prostate cancer, men may be so focused on eradicating the disease that they don’t realize the effects the treatment will have on their quality of life, both for them and their families.”

Prostate cancer is the No. 1 cancer among men, excluding skin cancer, and with more baby boomers reaching their 50s and 60s, it’s expected to grow even more prevalent, with more than 200,000 cases diagnosed in 2007. Men who undergo radical prostatectomy may initially decide the risk of physical dysfunction is worth the benefit of improved likelihood of survival. But many don’t know what to expect after surgery, Weber said.

Physical side effects of treatment limit daily activities and may interfere with a man’s self-confidence. Urinary incontinence, for example, requires the use of pads, and sexual dysfunction interferes with a man’s sense of self and may limit his relationship with his significant other, Weber said.

In the study, UF researchers evaluated 72 men six weeks after they underwent prostatectomy.

“Within the first 100 days of diagnosis, men may be so distressed and so focused on curing their cancer that they don’t focus on these side effects, which is what makes it imperative for health-care professionals to educate them on ways that their lives will change and how they can cope,” Weber said. “Almost immediately after treatment, men may experience depression, awkwardness and emasculation, which will have a great effect on their quality of life.” **P**

The weather in 4,000,000,001 B.C.

Scientists reconstruct proteins to gauge temperature of Precambrian era

By Ann Griswold



OMJOY GANESH

Using the genetic equivalent of an ancient thermometer, a team of scientists has determined that the Earth endured a massive cooling period between 500 million and 3.5 billion years ago.

Reporting in the journal *Nature*, researchers from UF, the Foundation for Applied Molecular Evolution and the biotechnology company DNA2.0 describe how they reconstructed proteins from ancient bacteria to measure the Earth's temperature over the ages.

"By studying proteins encoded by these primordial genes, we are able to infer information about the environmental conditions of the early Earth," said Eric Gaucher, Ph.D., president of scientific research at the Foundation for Applied Molecular Evolution in Gainesville and the study's lead scientist. "Genes evolve to adapt to the environmental conditions in which an organism lives. Resurrecting these since long-extinct genes gives us the opportunity to analyze and dissect the ancient surroundings that have been recorded in the gene sequence. The genes essentially behave as dynamic fossils."

The team wanted to measure Earth's ancient temperature to learn more about life during the Precambrian period. Instead of taking the traditional route — analyzing rock formations or measuring isotopes in fossils — they opted to do what they knew best: protein reconstruction.

"We've analyzed the temperature stability of proteins inside organisms that were around during those times," said Omjoy Ganesh, a structural biologist in the UF College of Medicine's department of biochemistry and molecular biology. "The ancient oceans were warmer. For ocean organisms living during that time to survive, the proteins within them had to be stable at high temperatures."

The scientists found a protein called elongation factor, which helps bacteria string together amino acids to form other proteins. Each bacterial species has a slightly different form of the protein: Bacteria in warmer environments have elongation factors that can withstand high temperatures. The opposite is true for bacteria in cold environments.

By comparing the heat sensitivity of reconstructed proteins, scientists were able to discern how Earth's temperature changed over the ages.

"Remarkably, our results are nearly identical to geologic studies that estimate the temperature trend for the ancient ocean over the same time period," Gaucher said. "The convergence of results from biology and geology show that Earth's environment has continuously been changing since life began, and life has adapted appropriately to survive." **P**

Next stop: Beringia?

Submerged land offers clues about spread of population from Asia to Americas

By John Pastor

The human journey from Asia to the New World was interrupted by a 20,000-year layover in Beringia, a once-habitable region that today lies submerged under the icy waters of the Bering Strait.

Furthermore, the New World was colonized by approximately 1,000 to 5,000 people — a substantially higher number than the 100 or fewer individuals of previous estimates.

The developments, reported by UF Genetics Institute scientists in the Feb. 13 edition of *PloS ONE*, help shape understanding of how the Americas came to be populated — not through a single expansion event that is put forth in most theories, but in three distinct stages separated by thousands of generations.

"Our model makes for a more interesting, complex scenario than the idea that humans diverged from Asians and expanded into the New World in a single event," said Connie Mulligan, Ph.D., an associate professor of anthropology at the College of Liberal Arts and Sciences and assistant director of the UF Genetics Institute. "If you think about it, these people didn't know they were going to a new world. They were moving out of Asia and finally reached a landmass that was exposed because of lower sea levels during the last glacial maximum, but two major glaciers blocked their progress into the New World. So they basically stayed put for about 20,000 years. It wasn't paradise, but they survived. When the North American ice sheets started to melt and a passage into the New World opened, we think they left Beringia to go to a better place."

UF scientists analyzed DNA sequences from Native American, New World and Asian populations with the understanding that modern DNA is forged by an accumulation of events in the distant past, and merged their findings with data from existing archaeological, geological and paleoecological studies.

The result is a unified, interdisciplinary theory of the "peopling" of the New



PHOTO BY DAVID BLANKENSHIP

UF Genetics Institute researcher Connie Mulligan (left) estimates that people spent about 20,000 years in a now-underwater land called Beringia before they migrated to the New World.

World, which shows a gradual migration and expansion of people from Asia through Siberia and into Beringia starting about 40,000 years ago, a long waiting period in Beringia where the population size remained relatively stable, and finally a rapid expansion into North America through Alaska or Canada about 15,000 years ago. **P**

A NEW BATTLEGROUND

UF building to house researchers studying emerging diseases

IMAGE COURTESY OF THE UF OFFICE OF RESEARCH



UF broke ground on the new Pathogens Research Facility Feb. 27. Shown here is an artist's rendering of what the building will look like when complete.

By Morgan Lamborn

As of Feb. 27, UF needed to change its campus map ... again.

At 3:30 p.m. that day, a groundbreaking ceremony formally commenced the construction of the \$56 million Pathogens Research Facility. This 80,000-square-foot building will be home to the UF Emerging Pathogens Institute.

Approximately 60 people attended the ceremony, which took place near the southeast corner of the Cancer & Genetics Research Complex. The groundbreaking included a ceremonial dig, with UF leaders and the event's speakers each putting shovel to dirt.

The institute aims to “develop the research capability to be prepared to prevent and contain outbreaks of new diseases that threaten Florida,” according to its Web site. This includes studying ways to prevent and predict emerging diseases, developing better treatments and raising awareness about potential risks.

Researchers within the Emerging Pathogens Institute study the microorganisms responsible for new and re-emerging diseases such as citrus canker in plants and the avian flu in humans, said Joseph M. Kays, UF's director of research communications.

During his speech, UF President Bernie Machen stressed the importance of having this institute in Florida.

“While this is a global problem, we're uniquely vulnerable,” Machen said. “Florida is like a state-sized Petri dish.”

With nearly 80 million tourists each year, a significant amount of trade with South America and a climate that is just as attractive to new bugs as it is to people, there is no better place to study pathogens, he said.

“Pathogens pose a threat to our health, the environment and our very way of life,” Machen said.

“When you put such a diverse group of people together great things will happen.”

— Win Phillips, D.Sc.

The Florida Board of Governors approved funding for the new building last year because the study of pathogens is vital for Florida and society as a whole, said Carolyn Roberts, the board's chair.

“This project is important for quality of life,” Roberts said. “It's more than just the flu.”

The original plan for the Pathogens Research Facility was devised about two years ago and has been a cooperative effort throughout the university.

The building will house 16 labs and three rooftop greenhouses.

Scientists working in the new building will come from eight different colleges and from other universities that will complement UF's strengths, said J. Glenn Morris, M.D., M.P.H., director of the Emerging Pathogens Institute.

The depth of scientific expertise at UF is outstanding, said Morris, who has been working to unite researchers from various fields to work together in the building. Being in the same building should help scientists share ideas and collaborate.

Win Phillips, D.Sc., UF's vice president for research, was optimistic about the future of the program.

“When you put such a diverse group of people together great things will happen,” he said. **P**

A perfect merger

Grant, collaboration to help create more public health-minded docs

By Patricia Bates McGhee

The gap has been there for years and everyone knows it needs bridging. So say David Wood, M.D., M.P.H., and William Livingood, Ph.D., both faculty members in the College of Medicine-Jacksonville.

“We’ve always had this schism between public health and medical education,” said Wood, an associate professor of pediatrics. “Some people cross over and do both — but, believe me, you’re in two different worlds when you go from medicine to public health, and it just shouldn’t be that way.”

Thanks to a new grant from the Association of American Medical Colleges funded by the Centers for Disease Control and Prevention, these two worlds can merge.

The \$25,000 grant — one of only 13 awarded nationwide — is earmarked to establish and sustain the Regional Medical-Public Health Education Center at Jacksonville and boost the longtime collaborative resources, experience and history between the college and the health department.

“Medicine needs to think more in terms of population health and prevention and really integrate that into everything we do, and that’s the whole point of this grant,” Wood said. “We also need to turn physicians on to public health as a potential career path because there’s a huge deficit of physicians going into that field.”

The goal is twofold — to integrate population-health thinking into the medical resident experience and to expand population and public health training to all internal medicine and emergency medicine residents in Jacksonville.

Until now, only the UF pediatric and medicine residency programs in Jacksonville have partnered with the health department for resident service-based learning, scholarship opportunities and for faculty development activities.

“First, we’ll create an administrative structure — one that is both interdisciplinary and representative of the Duval County Health Department and the College of Medicine-Jacksonville — to oversee the program,” said Livingood, an assistant professor of pediatrics who also serves as director of the Duval County Health Department’s Institute for Health Planning and Evaluation Research. “Then, within this structure



PHOTO BY NELSON KEEFER

Merging medicine and public health is the goal of a new grant awarded to the College of Medicine-Jacksonville. The grant allows UF faculty members William Livingood (left) and Dr. David Wood (right) to collaborate with Duval County Health Department Director Dr. Robert Harmon to establish and sustain the Regional Medical-Public Health Education Center at Jacksonville.

we’ll provide experiential learning in a wide array of population and preventive health content to all residents in internal medicine and emergency medicine.”

The plan is to extend the model developed in pediatrics to the internal medicine and emergency medicine residency programs.

“We’ll be able to integrate population/public health and preventive health content into core didactic conferences in (internal medicine) and (emergency medicine), including grand rounds, noon conferences, ward rounds, morning report and other didactic educational opportunities,” Livingood said.

The program’s key objectives and tasks will be measured using agreed-upon outcomes as targets and will be reported to the CDC and AAMC at the end of the one-year grant period.

Wood and Livingood will serve as committee co-chairs, overseeing the program’s initiatives. Committee members also include the senior associate dean for educational affairs, College of Medicine-Jacksonville residency directors for internal medicine

and emergency medicine and the Duval County Health Department director.

One of the educational opportunities the committee will implement is a full-day symposium to expose residents to existing projects in population and public health that they could join for a longitudinal experiential learning project. Residents’ learning goals will be matched with specific projects and mentors. They also will be expected to produce and present meaningful and/or scholarly work from their projects in an academic forum.

The goal is to change the residents’ thinking.

“When they think of a clinical issue we hope they’ll think beyond diagnosis and treatment and think about the community implications, like what’s causing it, the community factors contributing to it and how to prevent the problems from occurring in the first place,” Wood said. “We hope they’ll get excited about public health as they go out into their careers — even as clinical physicians — and be willing to participate in their community, address the population and public health issues and see the bigger picture.” 



Cattle ranch owners Harriet and Robin Weeks (from left) left \$6 million to the UF College of Veterinary Medicine in their estates.

By Sarah Carey

The UF College of Veterinary Medicine has received nearly \$6 million from the estates of two South Florida cattle ranch owners, Harriet Weeks and her daughter, Robin Weeks. The largest private gifts ever received by the college, the monies are eligible for matching funds from the state of Florida major gifts trust fund, which would raise the total to \$12 million.

The gifts will be used to create an endowed chair in veterinary medicine and an endowed professorship in bovine medicine, as well as an endowed fund to support teaching, research and programs at the college. UF veterinary administrators say the gifts will help bolster the area of bovine health, which is facing critical shortages in veterinary medicine in both the public and private sectors. The bovine professorship may help attract more students to this particular field and enhance disease research in this area, administrators say.

“In this time of decreasing state budgetary support, endowments are critical,” said Glen Hoffsis, D.V.M., the college’s dean. “For our college to receive two endowed positions simultaneously is

A *Legacy* of giving

Cattle ranch owners donate \$6 million to vet school

just extraordinary.”

A previous installment of \$1 million from the Robin Weeks estate enabled the college to meet its \$4 million private funding goal and to obtain \$57 million in state funding for a new small animal hospital.

The most recent gifts consist of \$3.5 million from Robin Weeks’ estate and \$950,000 from the estate of Harriet Weeks, earmarked to the UF veterinary college. An additional gift of approximately \$500,000 is expected when the estates are totally settled.

“Harriet and Robin were both schoolteachers and part-time ranchers until Robin’s father and brother passed away,” said accountant Robert Richardson, a trustee for the Weekses’ estate. “Not wealthy people, the Weekses sacrificed heavily to retain their land and to run a 300-head cattle ranch.

“Their family was not a typical one to make such a large bequest,” Richardson added. “Harriet and Robin made their decision because of their commitment to Florida agriculture and love of small animals, as well as their desire to help veterinary students through education and research.”

Mike McNulty, a mixed-animal practitioner and a member of the college’s class of ’83, was Robin Weeks’ veterinarian and friend for many years. McNulty worked with Weeks’ four herds of Brangus cattle, advising her on health and production management.

“I’ll never forget, a few years before she died, I was leaving her ranch late on a Saturday afternoon and I told her, ‘I’m going to stop and get a lottery ticket.’ She immediately replied, ‘You’ve already won the lottery.’”

McNulty added, “I looked at her quizzically and she explained, ‘With your education, you’ve already won the lottery.’ She knew education was a sure ticket, if not to wealth and riches, at least to a better life. I’ve never forgotten that afternoon and appreciate it greatly every time I think about it.”

Some time later, he met with Weeks at her home and shared with her his intent to include the UF veterinary college in his own estate plans.

“I think that registered in her mind,” he said. “She said she wanted me to give her information about how to make a gift to the veterinary college. I then put her in touch with the college’s development office and her plans unfolded from that point.”

Harriet Weeks died in February 2005 and Robin Weeks died shortly thereafter. The majority of their estate assets consisted of agricultural real estate in Glades County.

“I’m pleased that Dr. McNulty has remained so loyal to the college, and that he felt he received such a great veterinary education here,” Hoffsis said. “He was able to use his education for his clients’ benefit, and in doing so, helped the Weekses create their legacy through these substantial gifts.” **P**

COLLEGE OF DENTISTRY

LINDA BARTOSHUK, Ph.D., a professor of community dentistry and behavioral science, was recently appointed to a three-year term on the Council of the National Academy of Sciences. The NAS is charged with providing independent advice, outside the framework of government, to the nation's leaders on science, technology and medicine issues that affect U.S. policy decisions. Bartoshuk will represent the disciplines of anthropology, psychology, social and political sciences and economic sciences, serving as their voice on the council.



Linda Bartoshuk

PHILIPP DAHM, M.D., an associate professor of urology, was recently named a fellow of the American College of Surgeons. Dahm also serves as associate residency program director and director of clinical research in the department of urology.



Philipp Dahm

MICHAEL W. MOSER, M.D., an assistant professor of orthopaedics and rehabilitation, was named a fellow of the American College of Surgeons. Moser, who specializes in sports medicine, also serves as a team physician for the UF Athletic Association.



Michael W. Moser

COLLEGE OF MEDICINE

KEITH G. CHISHOLM, M.D., an adjunct assistant professor of surgery, was recently named a fellow of the American College of Surgeons. Chisholm was one of 1,291 surgeons around the world to be named a fellow of the organization in November.



Keith G. Chisholm

STEPHEN R. GROBMYER, M.D., an assistant professor of surgery, was named a Fellow of the American College of Surgeons this past November. Grobmyer, who joined the UF faculty in 2004, was named one of the Best Doctors in America last year.



Stephen R. Grobmyer

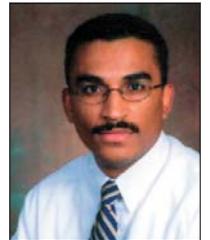
JENNIFER MILLER, M.D., an assistant professor of pediatrics, was recently named a member of the Society for Pediatric Research. Miller was one of 117 researchers from across the country elected into the society in 2008.



Jennifer Miller

JACKSONVILLE

RUI P. FERNANDES, M.D., director of the Oral and Maxillofacial Surgery Residency Program, was named a fellow of the American College of Surgeons in November. The ACS is the largest organization of surgeons in the world, with more than 72,000 members.



Rui P. Fernandes

ANDREW M. KAUNITZ, M.D., associate chairman and a professor of obstetrics and gynecology, received the William Heath Byford Award from the Department of Obstetrics and Gynecology in the Northwestern University Feinberg School of Medicine in Chicago. The award, presented annually, recognizes an outstanding Northwestern University alumnus in obstetrics and gynecology.



Andrew M. Kaunitz

NEW CHAIRS ON THE BLOCK

Three new department chairs were appointed in the College of Medicine last month. Dean Bruce C. Kone, M.D., named new leaders for the departments of psychiatry, pediatrics and anesthesiology. The new chairs are:

KAYSER ENNEKING, M.D., a professor of anesthesiology and of orthopaedics and rehabilitation, was named chair of the department of anesthesiology, effective May 1. Enneking will replace Nikolaus Gravenstein, M.D., who has served as the department's chair since 1997.

"Dr. Enneking's selection came after considerable consultation with departmental faculty, College of Medicine and Shands HealthCare leaders, national experts in the field, and my personal experience working with her as my assistant dean for clinical affairs," Kone said. "She is an exceptional physician, mentor and leader."

An alumna of the college, Enneking joined the UF faculty in 1991. She has been named one of the Best Doctors in America and has received several teaching awards for her work with students and residents.



Kayser Enneking, M.D.



Mark Gold, M.D.

MARK GOLD, M.D., an international authority on addiction medicine, was named chair of the department of psychiatry after serving as interim chair since August.

"I feel extremely fortunate that Dr. Gold has agreed to take on the ambitious task of leading the department to great national prominence," said Kone, who cited Gold's extensive clinical and research accomplishments as well as his teaching contributions in announcing the appointment.

Gold's work has changed the medical field's understanding of how drugs of abuse function in the human brain.



Richard Bucciarelli, M.D.

RICHARD BUCCIARELLI, M.D., a professor of neonatology, was named chair of the department of pediatrics after serving as interim dean for almost a year.

"Dr. Bucciarelli has done an outstanding job as interim chairman of the department for the past 10 months," Kone said. "He has earned the respect, admiration and praise of not only his faculty, but also faculty from across the College of Medicine, as well as leaders and providers in the Shands HealthCare system."

Bucciarelli's affiliations and appointments are copious. He is past president of the Florida chapter of the American Academy of Pediatrics and currently serves as UF's associate vice president for health affairs for government relations.



PHOTO BY SARAH KIEWEL

A CLASS OF HER OWN

UF medical student teaches course merging clinical skills, humanism

By Christa Wagers

At a school the size and caliber of UF, it can be difficult for students to stand out. Even when you're at the top of your medical school class, like Rana Yehia, it's a challenge to do something another Gator isn't already doing.

But Yehia did just that when she helped create a class that merges learning clinical skills with understanding the ideals of medical humanism, exposing undergraduates to medicine and to social and cultural issues not always emphasized in medical training. She began teaching the class with course coordinator and co-instructor Nina Stoyan-Rosenzweig this semester, becoming one of few, if any, fourth-year medical students to ever serve as a primary instructor for a course.

Stoyan-Rosenzweig, director of the college's medical humanities program, said many medical students are teaching assistants but not instructors who lead the class, write the syllabus and make lesson plans.

"I was a (teaching assistant), but this is vastly different than grading a chemistry lab," said Yehia, 24.

What's almost as unique is what she is teaching and whom she is teaching.

The class is an elective designed to expose undergraduate students in the Junior Honors Medical Program to a more humane approach to medicine. The honors program, a fast track into medical school, selects up to 12 students per year to shorten their tenure at UF by combining their fourth year as an undergraduate and first year as a medical student. Yehia, who graduates in May, was also in the Junior Honors Medical Program.

Students in the program often have the chance to take medical humanities courses before they enter medical school, but it was Yehia's inspiration to combine the material Stoyan-Rosenzweig teaches with clinical instruction, giving students a complete view of what it means to be a humane doctor.

"Sometimes we never get a chance to sit down and evaluate our experience with our patients," Yehia said.

In mid-February, the eight undergraduate students in the class were placed in staged scenarios

Fourth-year medical student Rana Yehia (left) began co-teaching a class this semester with Nina Stoyan-Rosenzweig, the College of Medicine's director of medical humanities. The course merges clinical skills with humanism.

with actors playing patients in the Harrell Professional Development and Assessment Center. Because of the expense, undergraduates don't usually get the chance to take part in sessions like these.

During the following class period, Yehia critiqued the recordings of the students' interactions with their "patients."

"It kind of gives us a head start into being a clinician," said Annie Song, a junior in the class.

Song said she thinks the class is valuable for future doctors.

But the class wouldn't be the same without someone like Yehia, Song said. Watching the same recorded sessions over and over could have been boring with another instructor, but Yehia kept the class riveted. During the recorded sessions, Yehia frequently paused and used her whole body to explain her point. She spoke feverishly and changed the pitch of her voice, sometimes waving her arms to keep her class' attention.

The course is not perfect yet, Yehia said, but she is excited to see what will happen to it in the future. She's searching for third-year medical students to take over. Stoyan-Rosenzweig plans to stay on as course director, to mentor the students leading the class and to teach them how to plan a course. It will, in particular, provide opportunities for students specializing in the medical humanities track.

For Yehia, this course is a reflection of her view of medicine.

Sometimes doctors don't spend very much time with patients, she said. Often they depend on diagnostic tests and technology to make up for the lack of contact with the patient.

"The patient can tell you what's wrong with them," she said. "Your diagnostic tests should be just that."

Some of what solidified this view of medicine for Yehia is drawn from her mother's experience searching for a doctor. A few years ago, Yehia's mother was diagnosed with cancer. At times, Yehia said, her mother was treated like a number instead of a person.

Yehia's brother, Baligh, was also involved in the Junior Honors Medical Program at UF, but that wasn't what made her want to be a doctor, she said. For Yehia, medicine was the perfect combination of science and people.

Along with being in medical school and teaching a class, Yehia is the national chair for the American Medical Association Medical Student Section. Her other activities and awards are enough to fill six pages in her resume. She even finds time to run marathons, too. She thinks it would be a shame to miss an opportunity.

"I just like to stay involved," Yehia said.

Yehia's co-instructor put her involvement in extracurricular activities and campaign to change the face of medicine a different way.

"She's sort of living proof of what can be done," Stoyan-Rosenzweig said. 



PHOTO BY SARAH KIEWEL

A motorcade of four Studebakers traveling from the HSC to the UF President's House were part of a ceremony held Feb. 28 in memory of Dr. J. Robert Cade, who led the team that invented Gatorade and whose research, philanthropy and leadership helped countless people during his more than 40 years at the UF College of Medicine.

Dr. Joseph Adrian Tyndall and his wife, Johanne, were welcomed by Dean Bruce Kone and others at a Feb. 26 reception celebrating Tyndall's new role as chair of the department of emergency medicine. He is the first African-American department chair in the College of Medicine and has served in an interim role since August.



PHOTO BY SARAH KIEWEL

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