

THE POST

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SPOUSE

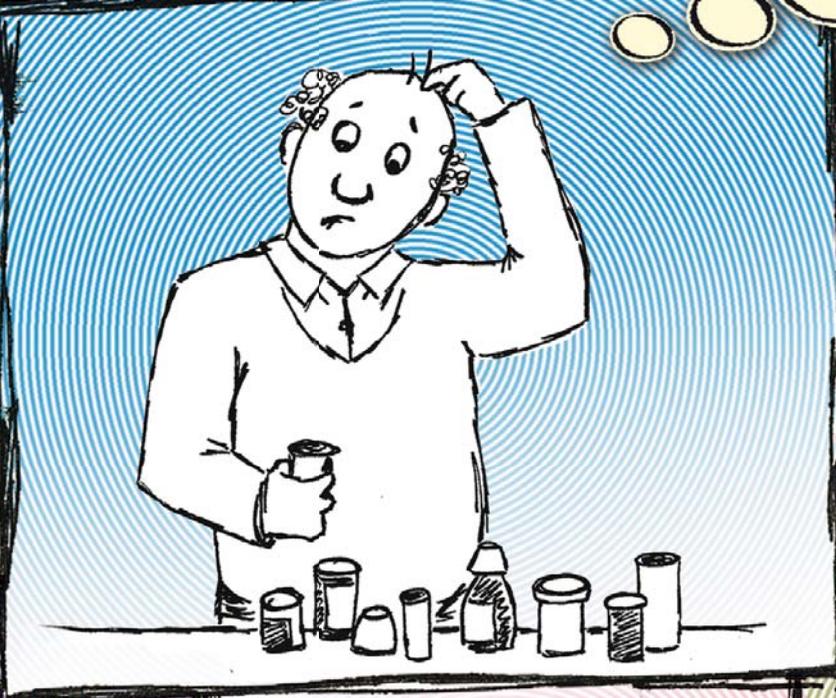


GOLFING BUDDY

HUH?
Why health literacy matters
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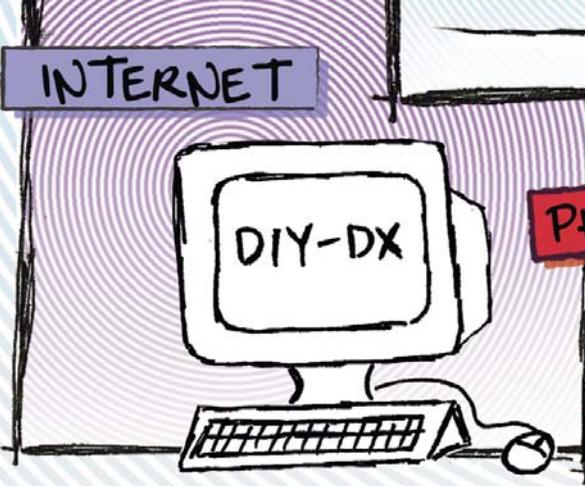
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INSURANCE



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On the Cover

Coping with the influx of information that accompanies a diagnosis can be overwhelming and frustrating for patients. But how well health-care providers foster understanding and build communication with their patients is crucial. Solutions vary from expert to expert, but researchers across the HSC are working toward ways to improve health literacy and patient communication. Illustrations by Anney Doucette.

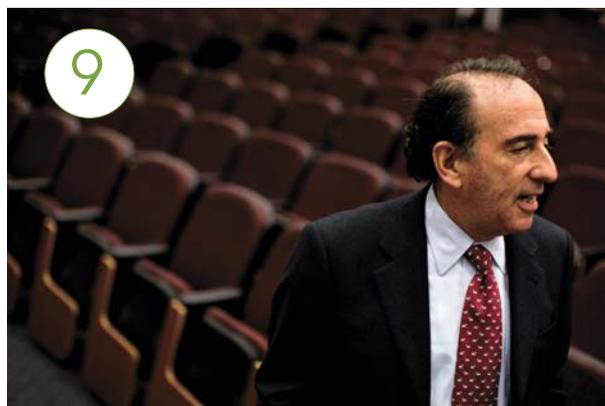


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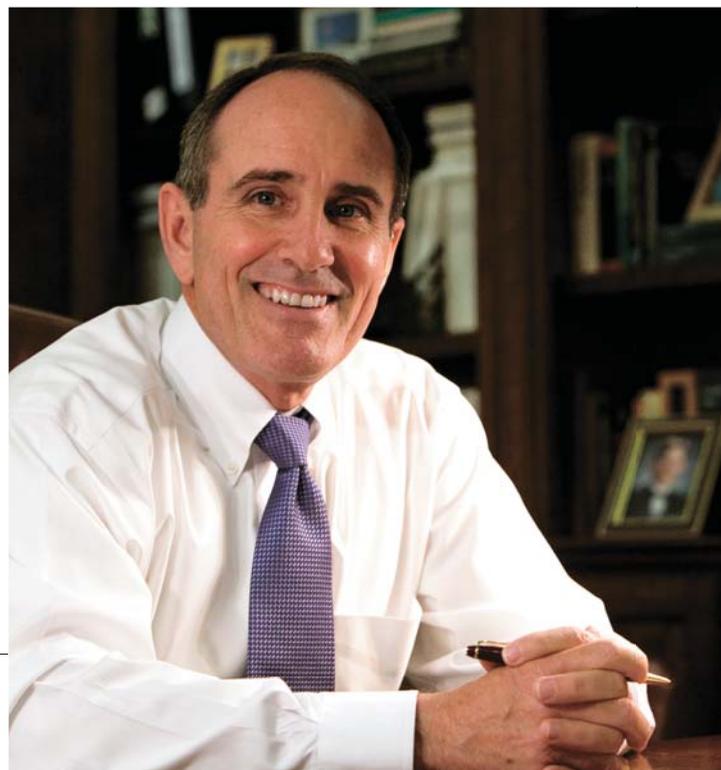
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In search of ...

This month, a search committee will interview seven finalists in line to replace Senior Vice President for Health Affairs Douglas Barrett, M.D., who announced his plan to step down last year. The committee, led by Win Phillips, UF's vice president for research, will meet March 18-19 with the following candidates: Cam Enarson, M.D., M.P.H., a visiting scholar at the University of North Carolina at Chapel Hill; David Guzick, M.D., Ph.D., dean of the University of Rochester School of Medicine and Dentistry; Eric G. Neilson, M.D., chair of the department of medicine at the Vanderbilt University School of Medicine; John R. Raymond, M.D., provost and vice president for academic affairs at the Medical University of South Carolina; Robert C. Robbins, M.D., a professor and the chair of cardiothoracic surgery at the Stanford University School of Medicine; Martin P. Sandler, M.D., associate vice chancellor for hospital affairs at Vanderbilt University Medical Center; and David Jonathon Shulkin, M.D., president and chief executive officer of Beth Israel Medical Center. For more information, visit www.health.ufl.edu.

—April Frawley Birdwell

Dr. Doug Barrett, UF's senior vice president for health affairs, announced his intentions to step down from his position last year. This month, seven candidates will interview on campus for the job.





YOU'RE HIRED

Articulate. Prepared. Professional. UF nursing students are all of the above, according to the employers who attended the College of Nursing's annual Career Fair Feb. 6. More than 20 health-care agencies from across Florida and the Southeast met with UF nursing students at the event, which was sponsored by Florida Hospital, Shands HealthCare and the North Florida South/Georgia Veterans Health System. The fair is held every spring and is considered a good networking opportunity for both students and health-care agencies.

JUST (DON'T) DO IT

Attention parking scofflaws: If you're a student, staff or faculty member who parks in one of the garages reserved for patients and visitors, consider this your warning. UF's department of transportation and parking is cracking down on drivers who park illegally in the visitor parking spaces on the east and west sides of the Health Science Center.

Garage 10, west of the Health Science Center, and portions of garages 2 and 3 on the east side are reserved for patients and visitors only, but parking officials have noticed a high number of faculty and staff members parking in these spots recently, particularly on cold, rainy days, said Ron Fuller, UF's assistant director of transportation and parking. Because of this, some patients have been struggling to find parking spaces and have missed appointments, Fuller said. Also, because many employees leave between 4 p.m. and 5 p.m., the garages become mini-traffic jams, with some people waiting up to 45 minutes to leave.

To end this parking predicament, Fuller says parking officials are working harder to identify faculty, staff and students who park illegally, particularly repeat offenders. One challenge is catching drivers who don't have decals and whose tag numbers aren't in the department's system. Parking officials may start cross-referencing tag numbers with the employee database to catch these illegal parkers, Fuller said.

"In a hospital environment, the patient and visitor should have priority," he said. "Faculty, staff and students are expected to buy a decal and park in a decalated lot."

For more information on decals or parking, visit www.parking.ufl.edu.

—April Frawley Birdwell



GO RED

Get ready to pull out those red sweaters, shirts and ties. March 30 is National Doctors' Day, and Shands HealthCare is encouraging faculty, staff and students to wear red as a sign of appreciation for the UF physicians who have dedicated their lives to saving patients, improving health care through research and training the next generation of doctors. Three events also will be held to honor these doctors. At Shands at UF, a special breakfast will be held from 7 a.m. to 10 a.m. in the Residents' Lounge and a lunch will be held from 11 a.m. to 1 p.m. in the Physicians' Dining Room. At Shands AGH, a lunch will be held in the Physicians' Dining Room from 11 a.m. to 1 p.m. An "Around the World" lunch will be held at Shands Jacksonville from 11:30 a.m. to 2 p.m. in the Atrium.

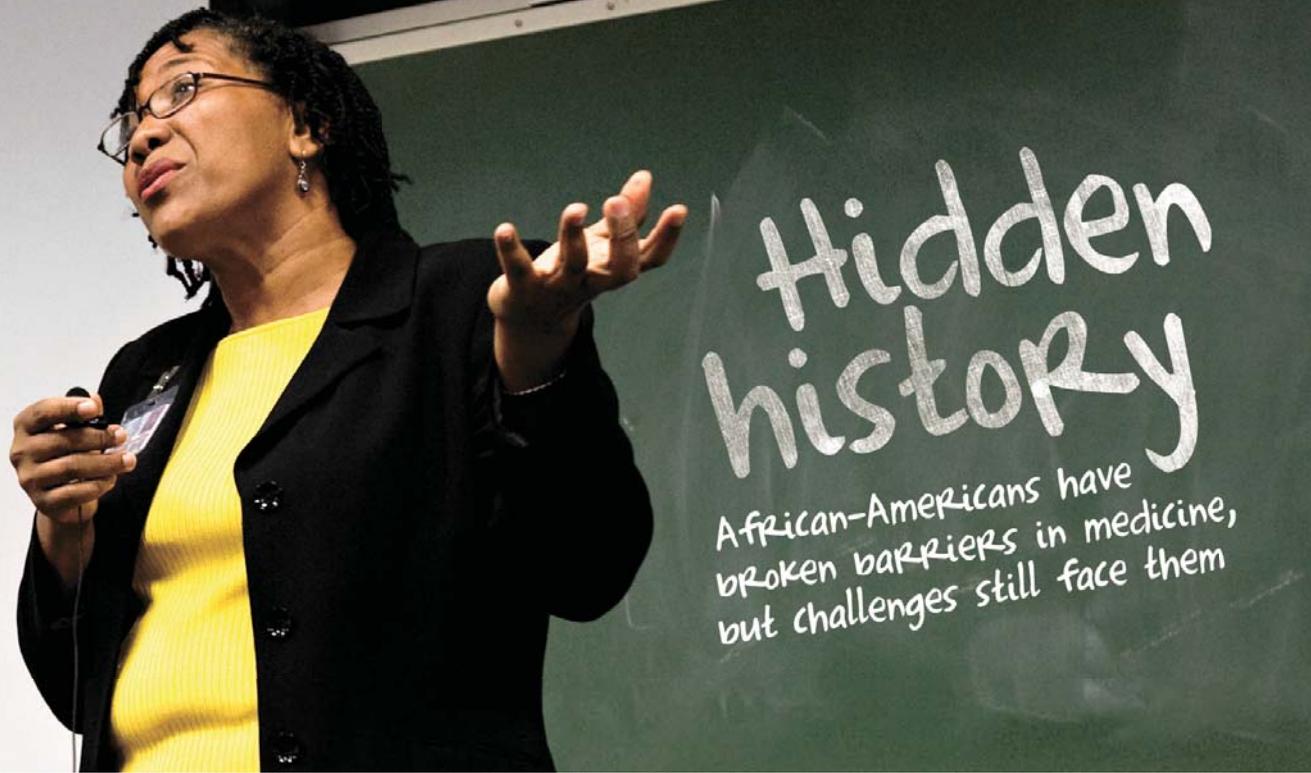


JUST KICKIN' IT

Spring is a time for new beginnings, and what better way to start the season than by spending time in the great outdoors for a good cause? Hosted by the the UF Student Occupational Therapy Association and Horses Helping People Inc., the Giddy Up Gators 5K Run/Walk will be held from 8 a.m. to 11 a.m. March 21 at Westside Park. Proceeds will provide equine-assisted therapy to individuals with disabilities. For more information, e-mail Elle Woertz at saleeby@ufl.edu. The Health Administration Student Association will host the Kickin' it for the Kids kickball tournament from 9 a.m. to 5 p.m. March 29 at the T.B. McPherson Recreation Center ballfields to benefit Alachua County Little League and promote healthier lifestyles for children. The tournament is open to the public. For more information, e-mail Amber Frye at anfrye@gmail.com.



PHOTO BY APRIL FRAWLEY BRIDWELL



By Jessica Metzger

African-Americans have contributed much to the medical field during the past few centuries, including many medical firsts.

But pioneers like James Durham, Solomon Carter Fuller and Charles Drew are not well-known, said Donna Parker, M.D., an assistant dean for minority affairs for the UF College of Medicine, during a lecture on the history of African-Americans in medicine Feb. 12. Durham was the first black physician to practice in the United States. Fuller, who studied neurodegenerative disorders, was one of five scientists selected to work with Alois Alzheimer. Drew founded and directed the American Red Cross blood bank.

Despite the progress made in the past century, only 2.2 percent of medical students and doctors were African-American in 2006, compared with 2.5 percent in 1910, according to a report in the *Journal of the American Medical Association*. But Parker said she is hopeful that change is on the horizon.

“We have made great strides, but we have much more to grow,” Parker said. “We need to break

down the stereotypes in television and the media. I’m hoping for more (changes) now with a president who looks different.”

The cost of medical education and the expectation for African-Americans to finish college and help support their families, as well as a lack of scholastic preparation and community examples, have led fewer black students to pursue careers in medicine, Parker said.

Racism is still a factor, too, said Parker, citing an incident in 2000 at UF when police asked two black medical students to leave after finding them on campus studying late one night. It was not until a white classmate vouched for them that they were permitted to stay, Parker said.

She also shared some of her own experiences of discrimination during her time as a medical student at UF.

Parker remembered answering a question

correctly and being ignored by the professor, only to have a white classmate give the same answer and be praised for it. While a student at the Malcom Randall Veterans Affairs Medical Center, she recalled following her patient into the operating room and being ignored when gloves were passed to the others in the room.

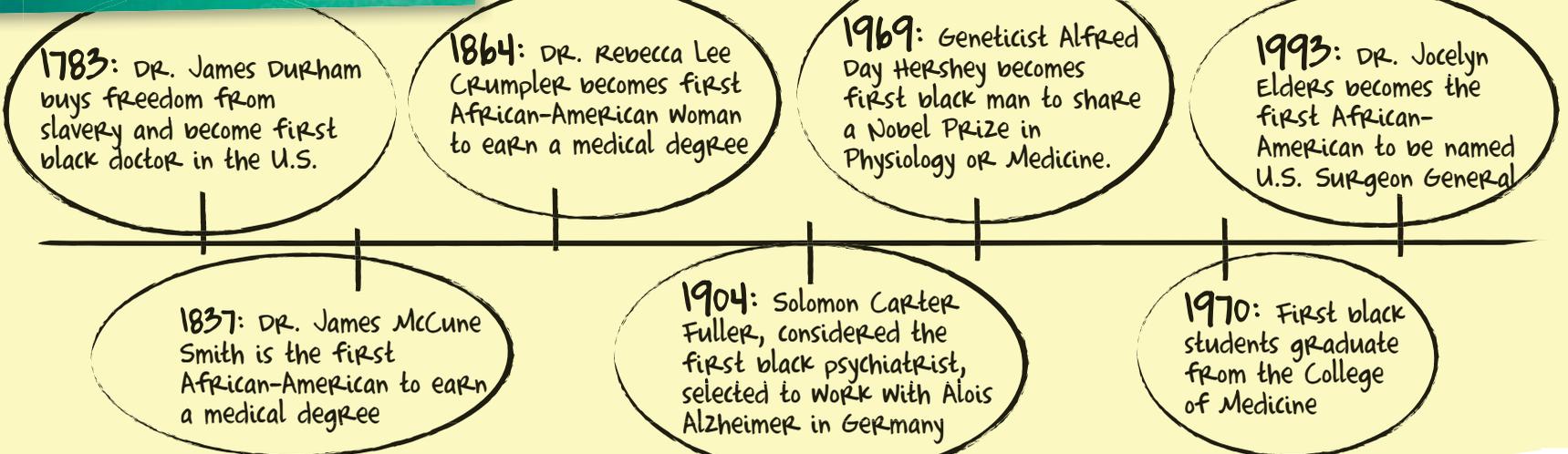
Though not obvious signs of discrimination, these omissions were hurtful, Parker said.

Annie Song, 21, a first-year medical student, said many of Parker’s points surprised her, especially how the first black physician practiced during slavery and how recently UF integrated. UF’s first black student was accepted into the College of Law in 1958. The first African-American physicians — Reuben Brigety, M.D., and Earl Cotman, M.D. — graduated from the UF College of Medicine in 1970.

Parker said she thought the lecture was well-received.

“I hope it will stimulate people to think differently and realize the many contributions made by blacks,” she said. **P**

A few notable events



The dance of their lives

Dancing class helps Parkinson's patients rediscover movement

By Laura Mize

In her car outside UF's Orthopaedics and Sports Medicine Institute, Judy Whitmore was frozen. Unable to walk inside, Whitmore was in danger of missing her weekly dance class — the one that helps her defy the Parkinson's disease she has battled for more than a decade.

"When my meds kick in I can talk and walk and dance like anybody else," Whitmore explained. "At this point of the disease, sometimes you don't know when they will kick in. Kelly and the girls from the class came out with an office chair and wheeled me into the building."

Once inside, Whitmore joined the circle of other Parkinson's patients and their partners, raising their arms above their heads and breathing deeply in and out. After a few minutes the quaking in her arms had ceased. She grasped the armrests of her chair and pushed herself up. Judy Whitmore the dancer was emerging.

Halfway through the hourlong class, Whitmore was following classmate Larry Baird as he taught the group a line dance called the Canadian Stroll. She said the breathing exercises and movement helped her medication to take effect.

Whitmore and her husband Don have attended the Dance for Life class designed for Parkinson's patients since it began in January. They've been married for 38 years and dancing together for 45.

"The passion with the music, I think, is probably the thing (about the class) that's most beneficial to everybody," she said.

Led by Kelly Drummond Cawthon, an associate professor in the College of Fine Arts, students of a UF Dance Teaching Methods course assist the Parkinson's patients and their partners during class, teaching them dance steps and steadying them as they move about the room.

"You see, quite often, when the patients come in at the beginning, there are tremors and then you can see it quieting down," Drummond Cawthon explained. "The joy relieves the symptoms. With the rhythm and the movement ... dancing can't take (the disease) away completely, but it can offer somewhere else (for them) to be."

Hubert Fernandez, M.D., says the class helps Parkinson's patients largely by increasing their coordination.

"In Parkinson's patients, they're actually not very weak, but they have a problem with stiffness and coordination," said Fernandez, an associate professor in the College of Medicine department of neurology and co-director of the UF Movement Disorders Center. Fernandez also co-directs the Dance for Life class for Parkinson's patients.



PHOTO BY SARAH KIEWEL

The new Dance for Life program is a result of research that indicates dancing can reduce symptoms and improve quality of life of Parkinson's disease patients.

Doctors often instruct Parkinson's patients "to listen to music and just march (with) the beat of the music, or sometimes we give them a metronome and then they take their steps with the metronome."

Fernandez said exercise slows the advance of the disease and dancing can help people with Parkinson's overcome bouts of frozenness like the one Whitmore experienced. The class dance steps and curriculum, he said, were designed to address specific needs of Parkinson's patients.

"Music is part of us and it makes it now effortless when they remember their dance step or they remember the music and then just walk to it," Fernandez said. "It becomes second nature."

The class meets each Monday through April 29. Another session will begin sometime after that. Fernandez said future classes will be the basis of research on how dancing affects things like quality of life, gait, fitness, depression and anxiety in Parkinson's patients.

Whitmore is evidence that the benefits of the class are more than just physical. For her, the youthful dancers beside her provide a lift to the spirits.

"To see those young bodies move with such agility," she said, "it just inspires us to get with it." **P**

A baby story

UF's equine NICU nurses foals (and their moms) back to health

By Sarah Carey

When Ocala resident Irene Bryan's Appaloosa mare Skippa Secret gave birth to a premature foal last year, both mother and baby needed immediate medical care. Thanks to veterinarians at the UF Hofmann Neonatal Intensive Care Unit, both horses survived.

"Our personal veterinarian, Dr. Andy Bennett, responded to my call in the middle of the night," Bryan said. "Based on what he saw after coming out and performing X-rays on site, he recommended that we get both horses to the foal unit at UF as soon as possible."

When Bryan arrived with her horses at UF's large animal hospital, veterinary emergency team members were waiting for them outside the facility with a gurney.

The foal was treated for eight days with antimicrobials and supportive care for prematurity and sepsis. In addition, Skippa Secret was successfully treated for a retained placenta. UF veterinarians continue to monitor the pair's progress, although both animals are successfully recuperating at home.

UF's equine neonatal intensive care unit, commonly referred to as the "foal unit," was established in the early 1980s and was the result of a unique partnership between veterinary specialists and human neonatologists at the UF Health Science Center. Neonatology research at UF has been funded by the Morris Animal Foundation, Florida's Pari-Mutuel Trust Fund and the Florida Thoroughbred Breeders & Owners Association.

The facility is staffed by board-certified specialists who can provide immediate medical attention and handle any level of care quickly. The foal unit is Florida's only equine neonatal ICU with board-certified internists who provide round-the-clock care for critically ill foals and their dams.

"We've (always) got the crash cart ready to go," said Dana Zimmel, D.V.M., a board-certified internist specializing in equine medicine and an assistant professor of large animal medicine at UF.

Most foals treated at UF's foal unit are born prematurely or are under a month old. Among the most common ailments treated at the unit are bacterial infections, which can produce clinical signs within the first 24 hours after birth or during the first month of life.

The vast majority of cases seen at UF's foal unit are considered emergencies.



PHOTO BY SARAH KEWEL

"Primarily, we see foals with sepsis, or bacterial infections in their bloodstream; foals that have diarrhea; or foals that have problems because they suffer from hypoxic-ischemic encephalopathy, or a lack of oxygen around the time of birth," Zimmel said. "Those foals, known as dummy foals, appear normal at first and then within the first 48 hours of life they lose the ability to nurse. They also lose their affinity for the mare and often progress to not being able to stand and even experience seizures."

Many foals that have been treated for "dummy foal syndrome" have gone on to become outstanding athletes, Zimmel said. Strike the Gold, the 1991 Kentucky Derby winner, is just one example.

Thoroughbred breeding season takes place between Jan. 1 and June 30, but occasionally foals will be admitted to UF in the fall months, Zimmel said. The unit will accept patients from referring veterinarians as well as from individual clients who would like to bring their foals directly to UF's large animal hospital.

For Bryan's granddaughter, who witnessed much of the horses' ordeal, the trip to the foal unit left quite an impression, too. The 9-year-old has decided she wants to become a veterinarian.

"The foal was a gift to my granddaughter so that she could show her in halter competitions through 4-H," Bryan said. "She's now spending a lot of time with the foal and hopes to learn more about veterinary medicine because of this experience."

Anyone seeking more information about the foal unit should call the large animal hospital front desk at 352-392-2229. 

UF's equine neonatal intensive care unit offers care to foals suffering from a variety of ailments.

The animals of South Africa

UF researcher speaks at conference celebrating veterinary institute's history

By Sarah Carey

UF infectious disease specialist Tony Barbet has attended many professional meetings in his 30-year career, but never anything quite like the Onderstepoort Centenary Pan African Veterinary Conference and Celebration, held Oct. 6-9 in South Africa.

The Onderstepoort Veterinary Institute's 100 years of existence was a big enough deal that South Africa issued a special postage stamp in honor of it. Even the country's president showed up as guest of honor.

"When South Africa was being settled, they needed animals for several reasons, including transport in the region," said Barbet, a professor in the UF College of Veterinary Medicine's department of infectious diseases and pathology who was one of only two United States scientists invited to speak at the conference.

"As settlements began moving northward, all kinds of animal diseases were discovered," he said. Many people who were moving northward lost a lot of their animals; rinderpest wiped out most of the cattle in the country and African horse sickness wiped out most of the horses."

Onderstepoort's first director, Sir Arnold Theiler, is known as the father of veterinary science in South Africa. A veterinary bacteriologist who also was a researcher, a teacher and an administrator, Theiler created a vaccine to combat the dreaded disease of rinderpest in 1896. As a direct result of his efforts, the disease was controlled in South Africa. Under Theiler's leadership, many local diseases were researched and vaccines developed at Onderstepoort, which remains an important part of South African academic and professional culture.

Among the guests at the conference were several of Theiler's descendants, including his granddaughter, Elizabeth Theiler-Martin, daughter of Max Theiler,



who won the Nobel Prize for developing a vaccine for yellow fever.

Barbet said he and Theiler-Martin struck up an interesting conversation. He told her the West Nile virus vaccine for horses developed by UF researcher Maureen Long, Ph.D., D.V.M., actually involves the insertion of West Nile virus genes into her father's yellow fever virus vaccine.

"You can actually trace the origin of her West Nile vaccine back to Max Theiler's vaccine since it is a combination of both viruses," Barbet said. "Ms. Theiler-Martin did not know about this, and I'll bet Max wouldn't have thought his vaccine would wind up being used in a vaccine that helped the United States combat a different disease."

Barbet, whose research interest is in defining molecular mechanisms of pathogenesis in tropical and emerging diseases, developing recombinant vaccines and improving diagnostics, presented an abstract on "Persistence Mechanisms in Tick-Borne Diseases."

He hopes to cultivate future relationships with South African scientists, hopefully through collaborations with the UF veterinary college.

"They actually have quite a need to train up some of their scientists in some of the interests we have here at UF," Barbet said. **P**

College of Veterinary Medicine professors Dr. John Harvey (from left), Dr. Dan Lewis, Dr. Antonio Pozzi and Dean Glen Hoffsis gather in the laboratory dedicated to the memory of Rob Parker, a former faculty member who died last year.



Remembering Dr. Parker

New orthopedics lab dedicated to former faculty member

By Sarah Carey

In the first formal recognition of a collaboration that has spanned more than 30 years, UF doctors who treat both humans and animals came together on campus recently to dedicate the new Comparative Orthopaedics and Biomechanics Laboratory in memory of the late Dr. Rob Parker, a former UF small animal orthopedic surgeon who was killed in a car accident last year.

The UF College of Medicine's department of orthopaedics and rehabilitation's biomechanics laboratory, formerly housed in the UF Health Science Center, has been renamed to reflect the physician/

veterinarian collaboration and is now located in the UF College of Veterinary Medicine's academic building.

More than 60 people from both colleges gathered to hear brief presentations about the benefits of the intercollegiate collaboration and tour the new lab.

Administrators from both colleges all said one key advantage of the formal collaboration will be the ability to submit stronger grant proposals.

"Many funding organizations clearly like to see translational research across a university and this new laboratory will clearly align the researchers from both colleges to be better positioned to apply for certain

grants," Horodyski said.

Parker, whose name is on the plaque hanging outside of the laboratory, had been a charter member of the veterinary college faculty when the college opened its doors in 1977.

"For 20 years, the name Rob Parker was synonymous with small animal orthopedics in the state of Florida," said Dan Lewis, D.V.M., a professor of small animal surgery at UF and longtime friend and colleague of Parker's. "It only seemed fitting as we brought this joint venture together that we dedicate the new lab in his memory." **P**

Educating the underserved

Dental students teach migrant workers about oral health

By Jessica Brandi

There is a group of hard-working individuals about an hour outside of Gainesville — Hispanic migrant workers who travel around Florida in a nomadic existence, following the harvest crops and wages, which are hardly enough to live on.

Because of their situation, these workers are essentially isolated from the medical system. To help, Lucia Shaddox, D.D.S., Ph.D., an assistant professor of periodontics, and a group of students from the Hispanic Student Dental Association traveled in January to the Smith Farm Migrant Camp in Spuds, Fla., where they performed free dental screenings on uninsured migrant workers.

The St. Johns Migrant Information and Service Fair provides free education and medical screenings to a group of about 80 Hispanic migrant workers who spend the winter season in St. Johns County each year. Many are uneducated and speak no English. The fair brings together Spanish speakers, social workers and medical volunteers to bring donated goods and supplies and to teach these people about basic health and wellness. Other organizations at the event provide health services such as free HIV screenings, blood pressure checks and blood-glucose tests to screen for diabetes.

Barbara Llanes, a second-year dental student, first attended the fair last year. She and fellow HSDA member Diley Perez distributed toothbrushes and information to earn community service hours. They wanted to do more and involve the rest of the club, so this year they brought along two more members and enlisted the help of Shaddox, their faculty adviser, to perform oral exams.

Of the patients they examined, 11 showed signs of periodontal disease and three needed urgent care. The group had limited tools and resources and weren't able to perform more complicated procedures such as extractions and deep cleaning. Llanes said untreated conditions like inflammation and gingivitis can be dangerous for the workers because they could eventually affect their general health.

The workers have toothbrushes and many of them attend this informational session each year, but they have no access to proper medical care on a regular basis. The nearest dental facilities are more than an hour away at UF, and none of the workers have the money or insurance necessary for regular dental visits.

"I'm Hispanic, and I've gone through all of that, not being able to get proper medical care and not having insurance," Llanes said.

Llanes was born in Cuba and moved to Spain with her family when



Dr. Lucia Shaddox (center) and Hispanic Student Dental Association members (from left) Sophia Resposo, Diley Perez, Barbara Llanes and Carla Kontax performed free dental screenings for uninsured migrant workers at the Smith Farm Migrant Camp in January.

she was 9. When she first moved to the U.S. in 2000 she didn't have medical insurance. She said she is glad she has the opportunity to help and raise awareness about this population.

"To me it's more about giving back," she said. "That's where I came from; I know what they're going through. That's what the club is about, trying to help."

Although College of Dentistry students and faculty travel to impoverished countries such as Mexico and the Dominican Republic to help people each year, Shaddox said she thinks it also would help to focus more efforts closer to home.

"Sometimes we forget that we have people living in the same situation right next to us, and we need to do something about that," she said.

The next step for the club and the college is to arrange some way for the workers to receive more extensive dental care. Shaddox plans to speak with the college's administration about finding ways to serve this population by either bringing them to another facility or sending the school's mobile dental unit to this area.

"Right now this was just the first step, just the beginning of a long road we have ahead to try to fix and help this population," she said. 

Donation to boost cancer efforts

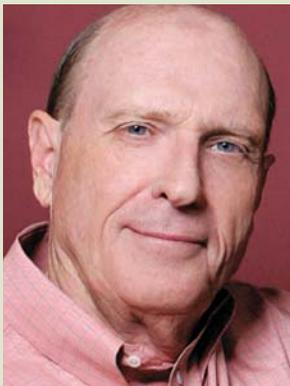
Jerry and Judith Davis donated \$21 million to UF Shands Cancer Center

By Karen Dooley

Eleven years ago Jerry and Judith Davis helped jump-start the UF cancer program with a \$5 million donation. On March 2, the university announced that the Jacksonville couple has strengthened its commitment in the fight against cancer with an additional \$21 million gift to the UF Shands Cancer Center.

The Davises gave \$20 million to the College of Medicine to create the Jerry W. and Judith S. Davis Cancer Endowment. The gift is the largest single donation made to the College of Medicine, and it will be used to support teaching, research and programs in cancer, with special emphasis on research in lymphoma, breast cancer, bone marrow and gastrointestinal cancer.

Shands HealthCare also received \$1 million for its Raising Hope Campaign to support construction of the \$388 million Shands at UF Cancer Hospital.



JERRY W. DAVIS

“Anyone who has been touched by cancer knows that when it strikes, it affects not just the individual, but everyone around that person,” said Jerry Davis, who has survived several bouts with cancer and whose wife, Judith, is a breast cancer survivor. “We are blessed to have some of the best physicians in academic medicine today at the University of Florida, and we want to retain those outstanding physicians and attract more.”

The couple’s recent gift is expected to speed the clinical translation of novel research findings into developing new therapies and diagnostic tools.

Dr. Joseph V. Simone, director of the UFSCC, said the “enormous” gift from the Davises will help ensure that the Cancer Center has the resources necessary for discovering better tools for treating cancer.

“All future patients will owe them a heartfelt debt of gratitude,” Simone said.

Jerry Davis, a private investor and 1968 graduate of UF’s College of Journalism and Communications, has served on the Shands HealthCare board of directors since 2001. He and his wife serve as co-chairs of the Shands Cancer Hospital fundraising effort.

The 500,000-square-foot Shands at UF Cancer Hospital will house 192 private inpatient beds for a variety of patients and will also include a critical care center for emergency- and trauma-related services.

One of every seven adults hospitalized at Shands at UF each year is treated for cancer or cancer-related ailments. According to the American Cancer Society, Florida is second only to California in cancer occurrence.

“It may not be in my lifetime, but I think in my children’s or grandchildren’s lifetime cancer will not be the disease it is today,” Jerry Davis said. “In 10 years it should be much more controllable.

“I think the University of Florida will have a role in making that happen.” **P**



JUDITH S. DAVIS



PHOTO BY SARAH KEWEL

Dr. Jay Levy (left) said UF can play a role in addressing the HIV/AIDS crisis in Latin America and the Caribbean. Here, Levy speaks with UF professor John Dame.

Leading the charge

Distinguished researcher says UF poised to help address HIV/AIDS in the region

By Czerne M. Reid

UF, with its scientific expertise and physical proximity to Latin America and the Caribbean, is well-poised to help fight the spread of HIV/AIDS in those regions, according to Jay Levy, M.D., one of the discoverers of HIV, the virus that causes AIDS.

Levy visited UF during the annual meeting of the Florida Center for AIDS Research, which is led by Maureen Goodenow, Ph.D., the Stephany W. Holloway university chair for AIDS research at UF’s College of Medicine.

The Caribbean has the second highest rate — after sub-Saharan Africa — of people living with HIV/AIDS. In Latin America, one in 200 adults is infected.

Levy, whose group was the first to demonstrate that condoms reduce HIV transmission, also discussed his work on a white blood cell product that can block HIV replication.

HIV is the fourth leading cause of death globally and the leading cause of infectious disease deaths. Thirty-three million people globally are infected with HIV, and 2.7 million are newly infected each year, according to the Kaiser Family Foundation.

“This is becoming and has now become the worst epidemic to hit humankind,” Levy said.

Levy’s research involves determining why some people infected with HIV survive for long periods without progressing to AIDS. Levy in 1986 discovered that a type of immune cell called CD8+ produced a protein that suppresses viral activity. That research could fuel development of new antiviral agents.

“I think it’s going to be very important for HIV, but also for other chronic viruses such as hepatitis C,” said UF virologist James Maruniak, Ph.D.

Levy is collaborating with College of Veterinary Medicine professor Janet Yamamoto, Ph.D., who co-discovered the feline AIDS virus and discovered the feline AIDS vaccine.

Such UF advances could, in time, have a direct impact on HIV infection rates in nearby countries, faculty scientists say.

“We’re positioned geographically, and if we position ourselves professionally to pursue that, we could have an impact on the epidemic in a part of the world we have access to,” said John Dame, Ph.D., chair of the department of infectious diseases and pathology in the College of Veterinary Medicine. **P**

The sound of ... everything

UF Audiology, foundation give the gift of hearing



PHOTO BY SARAH KIEWEL

The James W. Pickle Charitable Foundation donated money to the UF College of Public Health and Health Professions audiology program to provide cochlear implant upgrades for children and adults. Leslie Merian (from left) said she would not have been able to get the upgrades for her children — Leah, Nick and Brooke Stanfield — without it.

By Jessica Metzger

Before receiving a cochlear implant at the age of 3, Leah Stanfield would not talk, remembers her mother, Leslie Merian.

Leah, now 14, her sister Brooke, 16, and brother Nick, 12, all have cochlear implants and can now communicate with friends and family and hear noises most people take for granted, like police sirens wailing and toilets flushing. Thanks to cochlear implant upgrades the siblings received through a donation the James W. Pickle Charitable Foundation made to UF's audiology program, they can listen to iPods, talk on the telephone and hear video games, too. Nick now attends a mainstream school with an interpreter instead of a specialized school for children who are deaf.

The foundation donated \$69,650 in 2007 to the UF audiology program, providing cochlear implant upgrades for 14 children and adults, said Larry Sacks, the foundation's executive director. The foundation's additional donation of \$45,000 in 2008 allowed for more new hearing devices.

"Our mission is to give grants for life-altering medical devices," Sacks said. "We've found that the hearing department, and working with Dr. Holmes, has been very responsive to finding us candidates who can benefit from our foundation."

A cochlear implant is a small device surgically implanted in the cochlea, the part of the inner ear where sounds are translated into signals, said Alice Holmes,

Ph.D., a professor of audiology in the department of communicative disorders at the College of Public Health and Health Professions. A microcomputer processor worn outside the body picks up sound and converts it into an electrical signal. That signal is sent through the skin into a receiver and then to the brain, effectively creating sound.

"I've seen what cochlear implants can do to literally change the lives of adults and children with severe to profound hearing loss," Holmes said. "Cochlear implants can be a tool to allow a child who is born deaf to acquire speech and language so that they can attend public school."

Cochlear implants open a new world of knowledge to children, said Lori Lazarus, a speech pathologist at C.W. Norton Elementary who works with some of the children who benefited from the donation.

"It's not that the kids are brighter, they have always been bright," Lazarus said. "But now they have access to sound information."

Hearing helps children with reading because most words are easier to learn phonetically, added Tina Kercheval, a teacher who works with deaf children at C.W. Norton Elementary.

Upgrades are almost as important as the device itself, allowing the wearer to hear more channels and levels of noise. Recent upgrades — improvements made to the external processor — include a better signal for perceiving sound and more cosmetic changes such as a smaller external pack and losing the cord that runs from the ear to the processor.

Lazarus said students with these upgrades can now hear multiple channels of noise, allowing them to overhear other conversations and effectively pick up figurative language.

However, getting these upgrades was difficult. Upgrades are costly, about \$6,000 for one individual, an expense many families and those on Medicaid cannot afford, Holmes said.

Lazarus and Kercheval wrote letters to Medicaid and the state asking for funding to help their students get the upgrades but were told Medicaid and state agencies could not cover the cost unless the children's devices were damaged beyond repair, Kercheval said.

The children could not understand why they were denied the upgrades and wrote letters to Tallahassee explaining their frustration, Lazarus says. Kercheval and Lazarus knew the limitations of that option and were ecstatic when presented with another choice.

"We chatted with the audiology department and found out about the Pickle Foundation," Lazarus said. "They were touched by how much the kids wanted sound."

Two of Lazarus and Kercheval's current students and two former students were added to the upgrade list and received the upgrades around Christmas of 2007.

"It was the best Christmas present ever," Lazarus said.

Merian said her children are doing great both at home and in the classroom since they received the upgrades.

"It's made their social lives and their self-esteem better," Merian said. "They're more comfortable wearing it. They're not standing out in public like they did before (with the cords). For the girls, that's a big thing."

Staff and students participating in the cochlear implant program include surgeon Patrick Antonelli, M.D., and audiologists Holmes, Kristin Letlow, Au.D., and Katherine Lingus-Gray, Au.D., as well as several speech pathologists and about 40 doctor of audiology students who work in the program.

Merian said she is especially thankful.

"If it wasn't for UF Audiology and the foundation, (my children) wouldn't have the upgrades," Merian said. "I could never have done it without them." 

By Laura Mize

Supriya Dass knows what it's like to be burned.

A native of India, Dass was riding in a van in her hometown with her classmates when a fire broke out. When she and the other girls managed to escape the vehicle, bystanders hit them with coats to put out the fire. There were no fire extinguishers, fire trucks or ambulances to come to their rescue.

Dass suffered third-degree burns and 15 of her classmates were burned.

"My hair was burned off completely," Dass said. "My face was burned to the side. I had my legs burned and my hands."

She was 11 years old.

Dass spent two months recovering in the hospital, undergoing multiple skin grafts and enduring an infection. She had to wear tight pressure garments for about eight months to minimize scarring. She also required surgery to recover some motion in her right pinky finger.

Today, Dass is a junior in UF's pre-occupational therapy program. She credits the work of her two physical therapists, one of whom worked with her for eight months at her parents' home in India to help her regain motion and strength, for her astonishing recovery.

"I was able to go back to school and play sports and run and play basketball," Dass explained. "That's stuff ... that I was afraid I wouldn't be able to do after my accident, you know."

Spurred by her accident and recovery and inspired by the help she received in therapy, she decided to pursue a career in health care. Dass moved with her family from India to Chicago as a junior in high school four years ago, then soon moved to Ocala. That's where she learned about UF and decided she wanted to be a Gator. She began her college career planning to be a physical therapist.

But when Dass learned about occupational therapy in one of her introductory classes, she loved the emphasis the field places on helping patients become as autonomous as possible.

"Physical therapy's cool. You get back your range of motion and stuff like that, but OT is more specific to living on your own and adapting and learning and being independent. And I guess that aspect of it really, like, connected with me."

Dass sometimes observes occupational therapists working with children at ACG Therapy Center.

Jill McCarthy, a therapist who works there, said Dass' own experiences as a patient will be helpful in her future career.

"Supriya has shown great qualities of a health-care professional, as she is inquisitive, enthusiastic and caring toward all staff members and clients," McCarthy said. "Supriya has openly shared her experience of being involved in an accident in which she received burns to her body. In my opinion, Supriya's personal experience of the rehabilitation process will be inspiring and comforting to many of her future co-workers, clients and families."

This summer, Dass is hoping to land an internship at the Shriners Hospital for Children in Tampa.

Ultimately, she wants to help people overcome the same challenges she did.

"Working with burn patients is definitely where my heart's at," she said. "Patients will connect with you when you know what they're going through. When you understand, there's that comfort level."

After she finishes her bachelor of health science degree she wants to earn a master's degree in occupational therapy. Dass plans to apply to the program at UF. She is currently a member of the university's Health Science Student Organization and the Student Occupational Therapy Association.

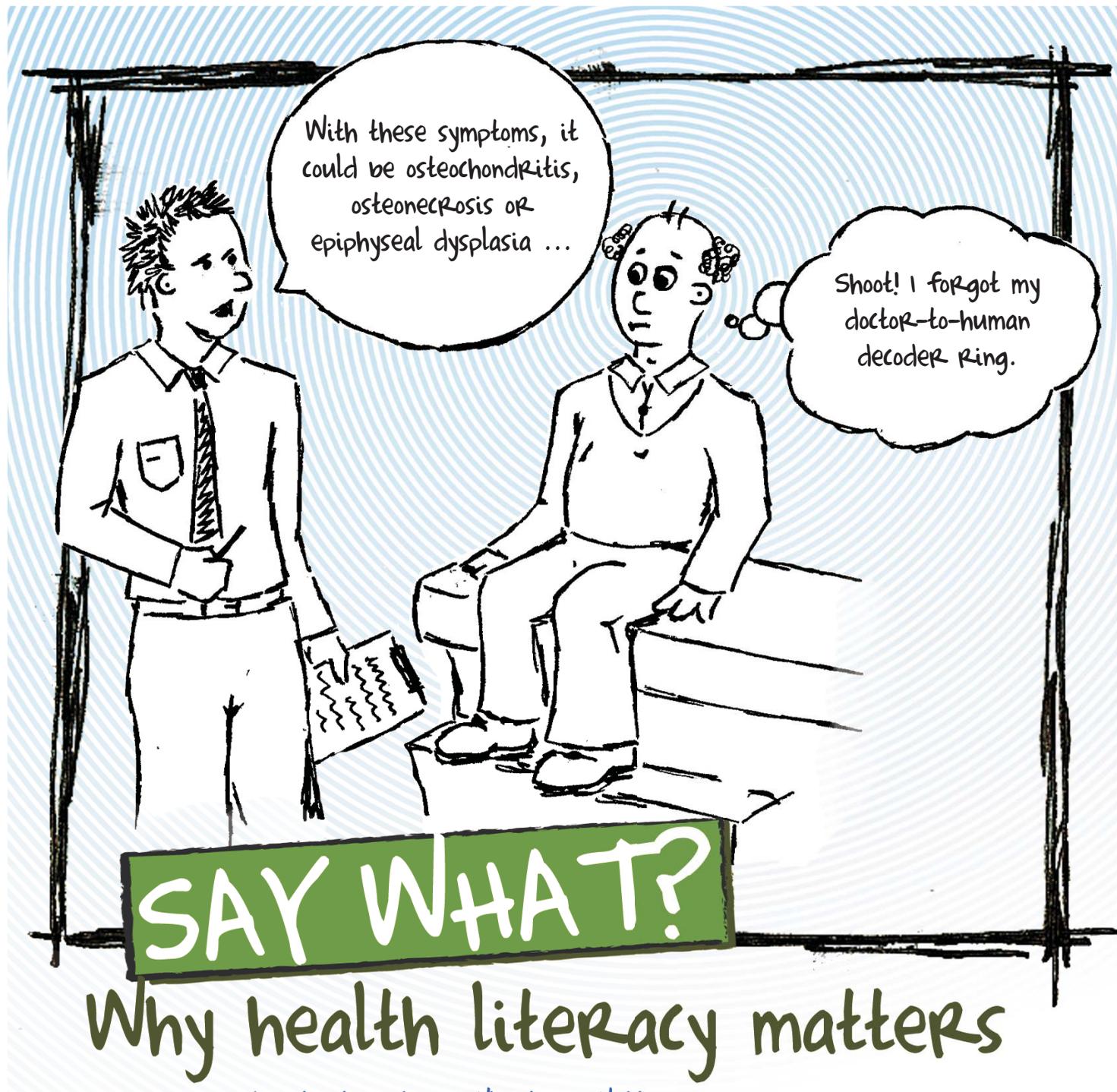
Dass also has set several other goals for herself: to work in the United States for a few years as an occupational therapist and then go back to work in India for a while. She says she wants to open a nonprofit occupational therapy clinic in India. Eventually, she wants to participate in a travel program for occupational therapists, spending a bit of time working in many different countries. **P**



PHOTO BY SARAH KIEVEL

Courage UNDER FIRE

How a childhood tragedy led this PPHP student to her calling



STORY BY APRIL FRAWLEY BIRDWELL
ILLUSTRATIONS BY ANNEY DOUCETTE

Glioblastoma. The word didn't really exist for Tracie Stokes before Jan. 23. Just another five-syllable word in the medical dictionary.

But since that Friday, when doctors detected a tumor just wider than a quarter in her husband's brain, words like glioblastoma, radiation and chemotherapy have become integral parts of her everyday vocabulary.

"At first, it felt like being punched in the stomach, you can't quite

catch your breath," remembers Stokes, a Citrus County middle school guidance counselor who spends her weekdays in Gainesville while her husband undergoes radiation therapy at the UF Shands Cancer Center. "That weekend, I just started looking up brain tumors in general on the Internet. I found some really good sites, informative without being too scary."

By the time she and her husband, Joseph "Cliff" Stokes, arrived in Gainesville for his biopsy, Stokes had a good grasp of what was wrong. Even still, there were questions the couple didn't know to ask when UF neuro-oncologist Erin Dunbar, M.D., explained his condition and discussed the options for treatment.

It doesn't matter whether a patient has a Ph.D. in chemistry or an eighth-grade education, coping with the influx of information that

accompanies a diagnosis like cancer can be overwhelming and frustrating. To the lay person, the language of health care can be as confusing as trying to comprehend how derivatives and securities messed up the economy. The emotions and stress of health problems don't make comprehension any easier. But how well health-care providers foster this understanding and build communication with their patients is crucial, experts say.

According to the Institute of Medicine, about 90 million adults in the United States have what's considered limited health literacy, meaning about half of the population lacks some of the skills or background knowledge needed to navigate the health-care system and make choices. Why does this matter? Studies show that patients with low health literacy rack up more stays in the emergency room and accrue more health-care costs than other patients.

Beyond that, the flow of communication and information between provider and patient is key to empowering people to make their own health-care decisions, says Jeffrey Goldhagen, M.D., a UF associate professor of community pediatrics at the College of Medicine-Jacksonville.

"This is so much more than just do they understand 'I am supposed to take pills today,'" said Goldhagen, who studies children's rights in health care. "In order to participate in generating health, an individual needs to have access to information, has to have a voice, has to be listened to and play a role in their own health development."

Patients left behind

A variety of issues affect how patients obtain information, and the traditional aspects of literacy, such as reading and writing, are just minor facets of the problem.

Not all health-care providers take the time to build relationships with their patients. Health settings can be intimidating. Because of the Internet, information (some of it suspect) is ubiquitous, and news reports about health care and research can lead patients to conflicting conclusions. And because many people don't like to admit when they don't understand something, people often avoid asking questions.

Solutions seem to vary from expert to expert, but researchers across multiple UF colleges are working toward ways to improve health literacy and patient communication.

"We can't leave people behind," said Elizabeth Shenkman, Ph.D., chair of the department of epidemiology and health policy research in the College of Medicine. "It's a huge problem in this country. Frankly, when I saw the statistic I was surprised. I never would have thought 90 million people (would struggle) with understanding health materials."

This concept of better understanding the needs of patients isn't new, says Goldhagen, who describes health literacy as part of an evolution in medicine that's been occurring over the past few decades.

Ensuring that patients understand their health care and are active participants in decision-making is actually a patients' rights issue, he says. In the past, doctors prescribed, patients obeyed. Now, the goal is for patients to partner with providers and take charge of their own care, from eating right to remembering to follow up on tests.

"We're in this together," says Sharon Bradley, M.S.N., a clinical assistant professor of nursing. "It's not the health-care provider telling the patient what to do, it's really a relationship. There is some give and take."

The gray folder

In the month since Tracie Stokes' husband was diagnosed with cancer, the gray folder has become one of her most valued possessions. The folder, which Dunbar gave them, is stuffed with information on her husband's medication, blood tests he needs, potential side effects and symptoms as well as maps and other handouts.

But the folder is just a fragment of what Dunbar has done to educate the couple and guide them through all of the decisions they have had to make, Stokes says.

"She told us about clinical trials available all over the country," Stokes says. "We never felt pressured that we had to stay with her. She helped us think through the whole thing ... and provided all this information without making us feel like we didn't know anything."

Because of the complexity of her patients' cases and the vast amount of information they need to make decisions about treatment and clinical trials, Dunbar says she could spend a minimum of 20 hours with the typical family just getting them up-to-speed.

"You have to be able to explain to them not only what you think will be in their best interest, but also about the alternatives and the pros and cons of those alternatives," she says.

But as crucial as the task of arming patients with information is, it's also difficult for an individual to manage alone, especially in a health-care system where providers are increasingly asked to do more with less.

"The era of a single provider being able to provide this information in an office visit is over," she says. "We need a new model to get these patients and caregivers ready."

The librarian is in

Dunbar thinks a new type of team is necessary to meet patients' information needs. She has partnered with Beth Layton of the HSC Libraries and Gwen Lombard, director of the neurosurgery residency program, to establish a pilot program that will embed a librarian in neurosurgery to help doctors provide more personalized, in-depth information to patients and resident physicians.

The goal of the project is to have the librarian, whose salary will be funded by a Sewell Foundation grant, become a part of the health-care team, working directly with doctors, trainees and patients in the hospital, Layton says. They hope to have a push-cart with a laptop the librarian can use in the hospital to help patients and residents get more information on a case-by-case basis. Aside from helping doctors unearth research and information for patients at the bedside, the librarian will collect and compile reliable information in a Web site HSC librarians are already developing.

"It's silly for each physician to be reinventing the wheel around the College of Medicine," Dunbar says. "The library is by far the best trained. They absolutely have the perfect situation to provide true, high-quality information across the board. They are such an untapped resource."

Building a trusted Web site that can be a clearinghouse for information is key, Lombard says, because often patients and family members don't think of questions they want to ask until the middle of the night. The group plans to study the project and the effects it has on improving access to health information. If it works well, it could be implemented in other departments.

"People aren't made with cookie cutters," Lombard says. "People

Continued on page 14



have overlying conditions. You have to tailor a search for the patient, get them the information when they want it.”

Learning for a lifetime

Although health literacy is an issue for many patients in general, several UF researchers are focusing on how communication and understanding affect specific populations of patients, particularly those dealing with chronic diseases such as diabetes and cystic fibrosis.

Jamie Pomeranz, Ph.D., an assistant professor of rehabilitation counseling in the College of Public Health and Health Professions, is working on a grant to assess the health literacy of parents whose children are newly diagnosed with cystic fibrosis.

“You have new parents who have a child and find out that child has CF,” he says. “They’re thinking the worst and just trying to adapt to having a child. When someone is talking to them, are they even listening?”

“From a counseling perspective, we want to empower them. We try to empower our consumers (so they) make their own decisions.”

Another population UF is focusing on is cancer survivors, who must be monitored not only for recurrence of their cancer, but also for effects of their treatment that can occur years into remission, says pediatric

oncologist Patricia Shearer, M.D., an associate professor of pediatric oncology and founding director of the university’s new Cancer Survivor Program.

Although the program includes all cancer survivors who have completed treatment and have been cancer-free for at least two years, one of its primary goals is to help young adults, who often have limited access to care. About 80 percent of young adults become long-term survivors, but transitioning from pediatric care to adult care can be a struggle. They also face barriers such as obtaining insurance, paying for care and understanding their own role in maintaining their health.

“It’s crucial for the young adult cancer survivor to understand the type of cancer and treatment they had and what the follow-up needs to be,” Shearer says. “You would think survivors would know what they had, but (often) they just don’t. That’s why the health literacy is so important.”

To help develop more effective chronic care programs for these patients, Shearer and Shenkman are planning a pilot project to gather data about young adult cancer survivors’ health literacy, coupled with other aspects of their care.

“Cancer care is on a trajectory; it’s very important to get a handle on this,” Shearer says. “We need to empower these young cancer survivors to manage their medical and psychological issues that emerge once cancer therapy is finished.” 

PHOTO BY SARAH KEWEL



Rx for Confusion

Consumer medication information falls short, researchers say

By Laura Mize

Next time you pick up a prescription, take a look at the pamphlet of information the pharmacist hands you with your medication.

Is it easy to understand? How big is the font? Can you distinguish the really important information from the less essential? All these factors affect the quality and accessibility of the instructions and other information consumers need to safely take their prescription medicines.

The information comes from private companies who collect and format the data for pharmacies to distribute. According to a recent study by Carole Kimberlin, Ph.D., and Almut Winterstein, Ph.D., UF College of Pharmacy faculty members, much of this information does not comply with U.S. Food and Drug Administration guidelines for its formatting and content.

The FDA does not have regulatory authority over such information, so the way it is presented varies from one pharmacy to the next — even for the same medications.

“In the late ’90s, the FDA was on the verge of implementing regulations that they had generated to, well, to regulate the content and the format of consumer medication information that was given to patients when they got prescriptions filled,” Kimberlin explained. “Congress stopped that regulation from going into effect and

said that they would leave it to the private sector efforts but charge the FDA with evaluating how well the private sector was doing.”

In 2001, the FDA funded a study conducted by University of Wisconsin researchers that sent trained shoppers to pharmacies across the country to fill prescriptions for specific medications. Pamphlets of information handed out with the drugs were then evaluated by a group of experts according to FDA standards for things such as the comprehensiveness of the information and its format. Non-experts also evaluated the documents for consumer usefulness.

Kimberlin, a professor of pharmaceutical outcomes and policy, and Winterstein, an assistant professor of pharmaceutical outcomes and policy, conducted a similar study in 2008, also with FDA funding, and compared the results of the two studies. The researchers presented their findings Feb. 26-27 at a public hearing before the FDA’s Risk Communication Advisory Committee in Washington, D.C.

“What we found was that there was more content, more pieces of information included in most of the information leaflets that were given to patients,” said Kimberlin, “but that the formatting, the reading level, the font

size, how easy it is to read in terms of the spacing between lines — all of the formatting that would make it more readable and interpretable did not improve at all.”

Even with the increase in information present, some pamphlets did not include all the vital content recommended by the FDA.

In addition, Winterstein said the increase in information included is not necessarily useful to patients or easily understood, and it may actually hinder comprehension in the long run. For some patients, she emphasized, knowing how to properly use their medications can be a matter of life or death.

“I think this is more a philosophical issue of, you know, how much do you want the government to regulate certain things?” Winterstein said. “A private company will only put as much effort financially into this as requested or required. I mean some of these leaflets are really bad, to say the least.”

She said she hopes the research will prompt policy change on the issue.

“The reality is our research shows that after this has been in the private domain for a decade now, it really is not up to what is needed,” she said. “So from that perspective, I think the FDA has a good chance right now that people will agree that having a more prescriptive system would probably be better.”

ROBERT YEZIERSKI, PH.D.

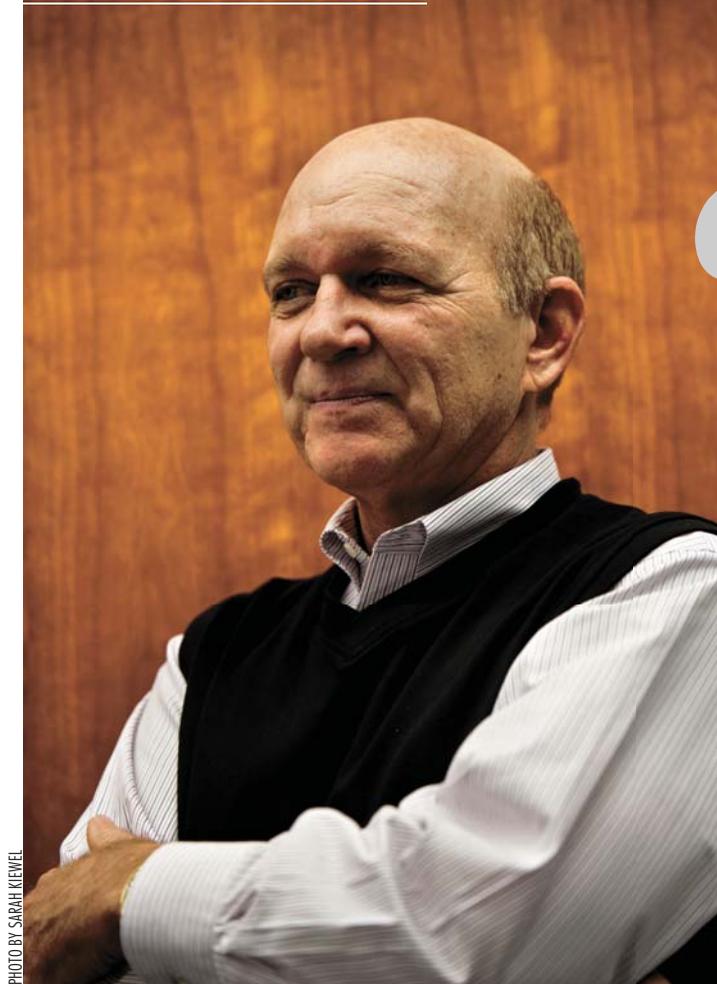


PHOTO BY SARAH KIEWEL

The science of 'ouch'

By Jessica Metzger

Pain is an epidemic in our world today, according to Robert Yeziarski, and the ways of treating pain leave much to be desired.

As director of the Comprehensive Center for Pain Research at UF, Yeziarski, Ph.D., coordinates activities that help create new research and training opportunities in the pain research field, both locally and internationally.

The ultimate goal of the center's efforts is to find a way to better translate information into more effective treatments for managing pain, said Yeziarski, a professor in the College of Dentistry department of orthodontics.

Yeziarski recently received three grant awards for different areas of pain research in his laboratory. The first, from the International Association for the Study of Pain, provides \$40,000 to Yeziarski and a colleague in Denmark for their study on chronic pain associated with spinal cord injury.

This grant allowed a student from Denmark to visit UF for two months, during which time the researchers developed a new animal model for studying pain. The resulting research has provided a working theory about how certain pathological factors contribute to the onset of chronic pain after spinal injury.

The preliminary findings from this research seem to indicate that spinal cord compression is a major contributor to the development of chronic pain, Yeziarski said. He hopes continued research in the area will give them a better understanding of the physical factors that play a key role in the development of chronic pain after injury.

"In order to study different consequences associated with spinal injury, we need a model that simulates the clinical condition," Yeziarski said. "We then study the anatomy, neurochemistry and the physiology of animals to see what kind of changes have taken place and how these changes correlate with behavioral changes. It's a relatively simple paradigm but one that requires a lot of effort to obtain results that we hope will have a significant clinical impact."

The second grant of \$50,000 was awarded to both Yeziarski and St. Charles Pharmaceuticals. The grant is being used to develop new pain models and pain assessment strategies to test new drug formulas for treating chronic pain conditions.

The third grant, \$275,000 from the National Institute on Aging, is being used to study the effects of age on pain sensitivity.

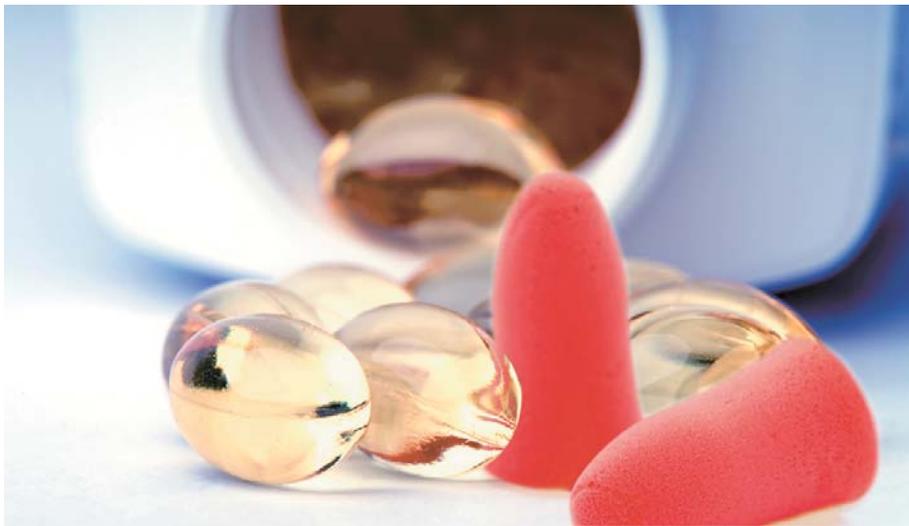
"It occurred to me when analyzing the demographic data that the segment of our population over the age of 50 is the fastest-growing segment of our population," Yeziarski said. "This, combined with the fact that the No. 1 cause of disability in the elderly is pain in muscles and joints, made it clear that pain in the elderly was an area with many exciting challenges and opportunities for research."

Yeziarski said his lab's initial research investigated questions about increased sensitivity to temperature changes as one ages, the relationship between aging, injuries and pain, as well as age-related differences in pain sensitivity between male and female rats.

"There are many questions we have to deal with clinically in the management of chronic pain in the elderly that we really don't have answers to," Yeziarski said. "We are all getting older and facing a lot of health-care challenges. Here at UF, we have a lot of expertise related to the study of aging. Faculty at the Institute on Aging are helping us understand the aging process and in turn, we are sharing with them our understanding of pain."

Yeziarski said these grants are extremely vital to the continuation of research on pain, and he hopes for more support in the future.

"When you are successful in the competition for grant support, it allows you to expand the work you're doing and ask more questions," Yeziarski said. "More importantly, it allows you to bring in more people to work in the lab. The more people you have, the more creative the research environment, which translates to more experiments and increased productivity. The grants we have received will enable us to ask more questions that will hopefully allow us to get closer to identifying therapeutic targets that can be used in the development of more effective treatment strategies for chronic pain conditions." **P**



Now **hear** this

Vitamins could offer daily dose of hearing protection

By Jill Pease

Vitamin supplements can prevent hearing loss in laboratory animals, according to two new studies, bringing investigators one step closer to the development of a pill that could stave off noise-induced and perhaps even age-related hearing loss in humans.

UF researcher and senior author Colleen Le Prell, Ph.D., reported the findings Feb. 18 at the Association for Research in Otolaryngology's annual conference in Baltimore.

The supplements used in the research studies are composed of antioxidants — beta carotene and vitamins C and E — and the mineral magnesium. When administered prior to exposure to loud noise, the supplements prevented both temporary and permanent hearing loss in test animals.

“What is appealing about this vitamin ‘cocktail’ is that previous studies in humans, including those demonstrating successful use of these supplements in protecting eye health, have shown that supplements of these particular vitamins are safe for long-term use,” said Le Prell, an associate professor in the UF College of Public Health and Health Professions’ department of communicative disorders.

About 26 million Americans have noise-induced hearing loss, according to the National Institute on Deafness and Other Communication Disorders, the agency that funded the studies.

In the first study, UF, University of Michigan and OtoMedicine scientists gave guinea pigs the vitamin supplements prior to a four-hour exposure to noise similar to levels reached at a loud concert. Researchers assessed the animals’ hearing by measuring sound-evoked neural activity and found that the treatment prevented temporary hearing loss in the animals.

In humans, temporary noise-induced hearing loss, often accompanied by ringing in the ears, typically goes away after a few hours or days as the cells in the inner ear heal. Because repeated temporary hearing loss can lead to permanent hearing loss, the scientists speculate that prevention of temporary changes may ultimately prevent permanent changes.

In a second study in mice, UF, Washington University in St. Louis and OtoMedicine researchers showed the supplements prevented permanent noise-induced hearing loss that occurs after a single loud sound exposure.

“Ear protection, such as ear plugs, is always the best practice for the prevention of noise-induced hearing loss,” Le Prell said. “But in those populations who don’t or can’t wear hearing protection, for people in which mechanical devices just aren’t enough, and for people who may experience unexpected noise insult, these supplements could provide an opportunity for additional protection.” **P**

Just for you

Genetic tests may improve dosing of widely used anti-clotting drug

By John Pastor

Doctors can use a patient’s genetic information to more accurately prescribe doses of a commonly used blood-thinning drug whose potency and side effects vary greatly from one person to the next, reports an international team of medical scientists including UF researchers.

Writing in the Feb. 19 issue of *The New England Journal of Medicine*, researchers describe how they developed a way to use information about a patient’s genetic makeup to determine optimal doses of the anticoagulant warfarin, commonly referred to as a blood thinner.

An estimated 2 million new patients with heart conditions or other risk factors begin warfarin treatment annually in the United States, making warfarin one of the most widely prescribed drugs in the world. It is used to prevent blood clots, which can lead to heart attacks, strokes or death.

“In this study, we used data from the largest, most diverse group of patients to date to develop a method for using genetic information in combination with other patient information to determine the dosage of a very commonly used drug,” said Julie A. Johnson, Pharm.D, who directs the UF Center for Pharmacogenomics and is a member of the UF Genetics Institute. “This is one of the top five drugs that cause hospitalizations for adverse effects. The real value will be to patients getting warfarin therapy prescribed for the first time.”

On the basis of the findings, the National Institutes of Health announced it will soon launch the largest multicenter, randomized clinical trial in the United States to test whether a gene-based strategy for prescribing the initial warfarin dose will improve patient outcomes. UF will be one of 12 centers participating in this trial.

“Warfarin is a complicated drug to use because of its very narrow therapeutic window,” said Johnson, a professor and chairwoman of UF’s department of pharmacy practice. “It’s a matter of balance. At one end there is a clotting risk, at the other is a bleeding risk, and in the middle is where we get the desired benefits from the drug. Finding the right dosage for a patient can be very tricky.”

The first of 1,200 anticipated participants in the clinical trial will begin enrolling in March, according to the NIH. **P**



JULIE A. JOHNSON, PHARM.D

Road to recovery

Special programs help doctors battle drug addiction

By Czerne M. Reid

Doctors who become addicted to alcohol and other drugs can be treated successfully and returned to medical practice with the help of special programs that couple referral to treatment and monitoring with rapid responses to noncompliance, UF researchers report.

The study is the first national-level analysis of such Physician Health Programs and confirms they are effective alternatives to simply punishing drug-addicted doctors. The findings are published in the March issue of the *Journal of Substance Abuse Treatment*.



MARK GOLD, M.D.

More than three-quarters of doctors enrolled in state programs stayed drug-free over a five-year monitoring period. The results were the same regardless of whether the doctor's drug of choice was alcohol, crack cocaine, prescription drugs or other substances.

"Treatment works," said Mark Gold, M.D., chair of psychiatry at the UF College of Medicine and the McKnight Brain Institute. "It has been shown now to be safe and effective and cost-effective.

"It should be a model for treatment of anyone with these diagnoses," said Gold, who with UF colleagues pioneered evaluation and treatment for drug-addicted doctors.

In general, rates of illicit drug use are lower among physicians than the general public, but rates of prescription misuse are five times higher among physicians, according to a 2008 review Gold co-authored in the *Harvard Review of Psychiatry*.

Gold and others conclude that drug problems in doctors are related to ease of access, stress, lack of early detection and specialties that put them in regular contact with drugs of addiction. Addiction also appears linked to physician-suicide.

Physician Health Programs are not addiction treatment programs, however. Instead, they provide intensive, long-term case management and monitoring. Doctors sign contracts agreeing to abstain from drugs or face intensified treatment, being reported to their medical licensing boards or losing their license.

The programs aim to save the lives and careers of addicted physicians and to protect the public by addressing substance use among doctors. They are also an effective way to remove noncompliant doctors from the practice of medicine.

"This isn't to cover it up, it's quite the opposite," said David Baron, D.O., chair of Temple University's psychiatry department. "It allows for quality treatment and to make sure that we're still ensuring the safety of the public." Baron, who oversees Pennsylvania's program, was not involved in the current study.

Program measures include group and individual therapy, residential and outpatient programs, surprise workplace visits from monitors and links to 12-step programs of Alcoholics Anonymous and Narcotics Anonymous. Doctor-patients get care not only for drug problems, but also for accompanying medical or psychiatric disorders. They pay for their treatment, drug tests and follow-up care.

The research, funded by the Robert Wood

Johnson Foundation, evaluated 904 physicians admitted to 16 state-run Physician Health Programs from 1995 to 2001. Collaborators included founding National Institute of Drug Abuse Director and former drug czar Robert Dupont, M.D., A. Thomas McLellan, Ph.D., of the University of Pennsylvania, and Lisa Merlo, Ph.D., of UF.

Previous studies have shown that in individual states, and on a small scale, the programs are effective. The current study, first reported at the Betty Ford Institute, has the largest sample of physicians ever followed and over the longest period.

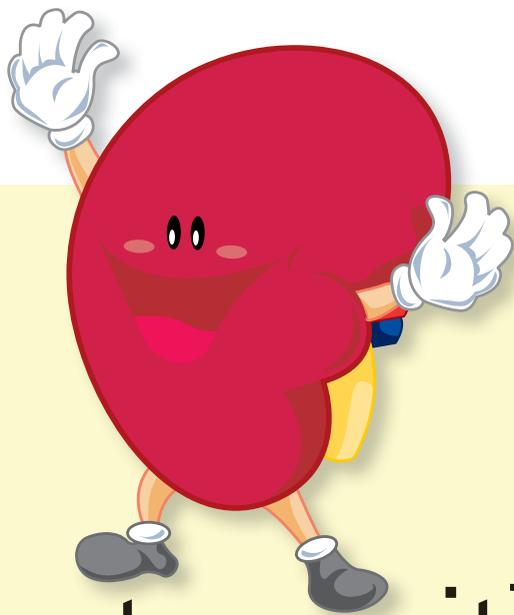
Doctors in the programs had to abstain from alcohol or other drugs and were tested frequently for five or more years. If tests revealed they had returned to substance abuse, swift action was taken — doctors were reported to the medical board, which could lead to loss of their licenses.

"It's the idea of a carrot and a stick," said Scott Teitelbaum, M.D., director of the UF-run Florida Recovery Center, which treats addicted physicians referred from around the country. "There's always a level of resistance — people never feel they need the level of care that's recommended. Someone might not agree with you, but if they want to practice medicine they have to comply."

Often, with the support of peers and growing realization that treatment is working, physician-patients' motivations change from simply wanting to obey the rules to wanting to change their lives, Teitelbaum said.

One-fifth of doctors were reported to their board during treatment and monitoring — some more than once with multiple disciplinary actions taken.

But 78 percent of doctors in the programs had no positive drug tests during five years of monitoring. Five to seven years after starting treatment, 72 percent were actively practicing medicine, without drug abuse or malpractice. **P**



{Shorter wait} means longer life for transplant candidates

By Czerne M. Reid

How long a patient survives after a kidney transplant could depend on where he or she signs up to get the surgery, new UF research shows.

The shorter the waiting time at a transplant center, the longer patients are likely to live. A combination of center-related factors could mean up to a four-year difference in life expectancy for candidates.

The UF study is the first to analyze overall survival chances for people waiting for a kidney transplant, rather than for people who had already received a transplant.

“Patients want to know their survival long term, not just if they happen to make it to surgery,” said lead researcher Jesse Schold, Ph.D., of UF’s College of Medicine.

The findings are published in the February issue of the journal *Medical Care*.

Kidney transplantation doubles life expectancy compared with dialysis treatment. On average, wait time nationally for a deceased-donor kidney is four to five years, but in some states it is more than seven.

In 2007, at least 70,000 patients were on waiting lists for kidney transplants at one of 240 centers around the country, according to the Organ Procurement and Transplantation Network. Patients are prioritized by blood type, immune system activity and other factors. The longer a person waits, the more dialysis he or she gets, and the poorer the life expectancy.

Long waiting times for donor organs have led many people to seek alternatives, some of which have raised ethics questions. One example in the United States is a members-only organ-sharing “club” in which people who pledge to donate organs get preferred access to donations from other members. Internationally, there have been reports of people buying organs from live donors.

The UF research evaluated data from almost 109,000 patients from a national transplant database, using characteristics thought to have the greatest impact on patient survival: waiting time, past performance of a center in terms of patient death rates, proportion of non-ideal donors and number of deceased-donor transplants a center does a year.

Waiting time had the strongest effect on survival once a patient got on a transplant list. At centers with the longest wait times, patients’ risk of death was a third higher than at those with the shortest waits. **P**



JESSE SCHOLD, PH.D.



The not-so-silver lining

Hodgkin’s disease survivors face increased breast cancer risk

By Czerne M. Reid

Women who as children got radiation treatment for Hodgkin’s disease are almost 40 times more likely than others to develop breast cancer, according to findings from five institutions, including UF.

The higher the radiation dose, the higher the risk, researchers report. These women are also likely to develop cancer in both breasts.

“Our first priority is always to get rid of the cancer. Our second priority is to do so in a way that preserves the best possible quality of life,” said researcher Nancy Mendenhall, M.D., an oncologist with UF’s College of Medicine who co-authored a paper detailing the results in the September issue of the *International Journal of Radiation Oncology Biology Physics*. “These findings tell us we’re moving in the right direction with recent changes in treatment that lower radiation dose.”

In the past, children with Hodgkin’s disease were treated with radiation alone, in relatively high doses to large volumes of the body. Today, doses are half the levels used 20 years ago, smaller portions of the body are treated, and, in many cases, radiation has been replaced by chemotherapy.

Hodgkin’s disease is a cancer of unknown cause that affects tissue in the lymph nodes, spleen, liver and bone marrow. In 2005, there were almost 76,000 women in the United States who had a history of Hodgkin’s disease, according to the National Cancer Institute.

Death rates from Hodgkin’s disease have plummeted by more than 70 percent in the last 40 years in the United States, and researchers now focus on reducing the so-called “late effects” of treatment that show up long afterward.

In the current study, 398 women younger than 19 who were treated for Hodgkin’s were evaluated from 1960 until 1990. They had been seen at UF, the Rochester Medical Center, Boston Children’s Hospital and Dana-Farber Cancer Institute, St. Jude Children’s Research Hospital or the Sidney Kimmel Cancer Center at Johns Hopkins University.

Researchers found that women who had been treated for childhood Hodgkin’s disease were 37 times more likely than others to develop breast cancer.

On average, it took 19 years after treatment for cancer to develop. Guidelines call for Hodgkin’s survivors to start being monitored for breast cancer 10 years after treatment or at age 30 — whichever comes first. **P**



NANCY MENDENHALL, M.D.

Dr. Simulator

UF physician leading the way
in simulation education

Dr. Steven Godwin is the medical director of simulation education at the UF College of Medicine-Jacksonville.



PHOTO BY SARAH KIEWEL

By Kandra Albury

They breathe, speak, bleed and even give birth — no, they're not real patients, but lifelike mannequins known as simulators used to train residents, nurses and other health-care workers at the UF Center for Simulation Education and Safety Research at the Jacksonville campus.

The center was formed in 1999 as a collaborative effort between the UF College of Medicine-Jacksonville and Shands Jacksonville. A Department of Defense grant was used to purchase the campus's first simulator. As the center grew, simulation was incorporated into the resident education curriculum to teach trainees how to treat important medical conditions.

Steven Godwin, M.D., a UF College of Medicine-Jacksonville associate professor and associate chair of emergency medicine, oversees the high-tech operation. As assistant dean and medical director of simulation education, he was instrumental in bringing the center to the campus.

More than 70 simulators are housed in the 24,000-square-foot center on the Shands Jacksonville campus, making it one of the largest simulation centers in the country. With skin that can be pierced for injections or surgery, these simulators mimic almost every type of illness or injury. Rooms are armed with standard hospital equipment — beds, electronic monitors and medical supplies — completing the sense of realism. The center also includes an operating room and a disaster simulation area.

Godwin said what appeals most to many academic physicians about simulation is the ability to train for specific conditions on demand and the ability to teach less-used yet life-saving procedures. Using the simulation center also allows for group learning, interaction and assessment.

"If I want to give a demonstration on the treatment of atrial fibrillation (a disorder of the heart rhythm) but don't have a patient with that condition, I can create that in the simulation center," Godwin said.

The center is primarily used by UF resident physicians training in emergency medicine, internal medicine, obstetrics and gynecology, orthopedics, pediatrics

and surgery. The space is designed to merge the classroom experience with simulated patient encounters, allowing residents to gain valuable hands-on experience and exposing them to procedural training, crisis management and diverse clinical situations.

Other health-care providers also receive training in the center. Nurses receive simulation education on treating wounds, taking vital signs, locating veins and administering intravenous medications. Paramedics train for mass-casualty and disaster scenarios. The center also offers military combat medics and soldiers training for low-trauma emergency, cases that they might see at supporting civilian hospitals in a war zone.

Godwin received his medical degree from the Medical University of South Carolina in Charleston, S.C. He came to the UF College of Medicine-Jacksonville in 1994 for a residency in emergency medicine. When he finished, he was recruited to join the faculty.

Constance Haan, M.D., a UF associate professor of surgery and senior associate dean of educational affairs, said Godwin has led the journey into simulation education and application of technology-enhanced learning at the campus. She said he continues to be an innovative educator and an invaluable resource.

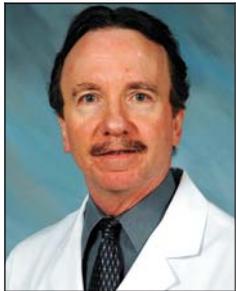
"Dr. Godwin has a keen eye for identifying simulation opportunities to build better team functioning and communication skills to deal with the challenging interactions that occur in the face of a patient and family under stress from injury or illness," Haan said. "Dr. Godwin is a leader in collaboration for multidisciplinary teams on campus and for institutions and organizations that wish to utilize simulation education. We are fortunate and proud to have him as one of our education leaders."

Godwin's goals for the center are to meet the educational needs of university programs. He envisions the center as a leader in curricular development for medical education of residents as well as for continuing medical education for practicing physicians and nurses.

Because of the highly developed training offered by the simulation center, patients are the true beneficiaries, Godwin said.

"It is very rewarding to see our physicians and nurses trained using these advanced simulators and to know that because of this technology, our patients receive some of the best care in the region," he said. **P**

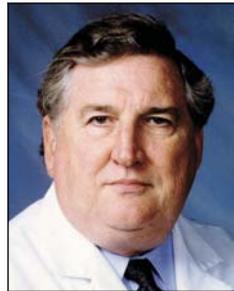
Society selects UF faculty as leaders



John W. Kilkenny III



Ashley E. Booth



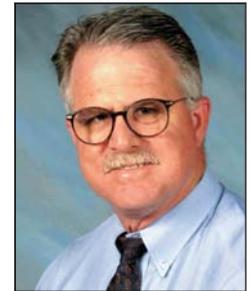
Malcolm T. Foster Jr.



Daniel Kantor



Mobeen Rathore



David Wood

By Kandra Albury

Six College of Medicine-Jacksonville physicians have new roles with the Duval County Medical Society. At the society's annual meeting Jan. 15, three faculty members were appointed to the board of directors while three others were elected as officers.

The new officers include John W. Kilkenny III, M.D., an associate professor in the department of surgery, who was elected president of the society. Ashley E. Booth, M.D., an assistant professor and associate program director for the emergency medicine residency program, was elected vice president. Malcolm T. Foster Jr., M.D., an adjunct professor in the department of medicine, was elected treasurer.

Appointed to the board were Daniel Kantor, M.D., a UF assistant professor of neurology and director of the Shands Jacksonville

Comprehensive Multiple Sclerosis Program; Mobeen Rathore, M.B.B.S., a UF professor of pediatrics and associate chair of the department of pediatrics; and David Wood, M.D., a UF associate professor of pediatrics and medical director of Jacksonville Health and Transition Services.

Each physician will serve a one-year term.

During the same meeting, Kantor was appointed as an alternate delegate to the Florida Medical Association, and he will serve on the Northeast Florida Legislative Committee of the Duval County Medical Society.

The society is a professional association of nearly 2,000 physicians dedicated to ethical and high-quality medical care for the community. It serves as an advocate for physician members and their patients. **P**



A company that cares

Magazine honors Jacksonville pediatrics department

By Kandra Albury

The department of pediatrics at the UF College of Medicine-Jacksonville was chosen as one of Northeast Florida's most community-minded companies by *Jacksonville Magazine* as part of its annual Companies That Care feature.

This is the second time the department of pediatrics has received this honor, having done so previously in 2005.

The department of pediatrics was honored at an awards luncheon held Jan. 29 at the Omni Jacksonville hotel and was one of 30 companies featured in *Jacksonville Magazine's* January issue. Other companies honored include CSX, Publix Super Markets, Bank of America, Blue Cross Blue Shield of Florida and Fidelity Investments.

According to the magazine, the department was selected because of its myriad community activities, from carnivals to health screenings as well as its involvement in programs such as Patrons of the Hearts, which helps children from across the world come to Jacksonville for surgery. UF faculty members donate their time and services to help these children.

Thomas W. Chiu, M.D., chair of the department of pediatrics at the College of Medicine-Jacksonville, said it was an honor to receive this award for his department's contributions to the community.

"This is an award that all University of Florida faculty, staff and students should be proud of," Chiu said. "In competition with larger companies in our community, we may be 'small' but through our dedication to children's services, we are able to provide much to Jacksonville. I am very proud of this award — and thank my faculty and staff for the well-deserved recognition." **P**

COLLEGE OF DENTISTRY

ANDREW JAKYMIW, Ph.D., a research assistant professor in the oral biology department, recently received two grants to fund research aimed at developing RNA interference-based therapies for the treatment of oral cancer. In July 2008, he was awarded a three-year, \$375,000 new investigator research grant from the Bankhead-Coley Cancer Research Program at the Florida Department of Health. In September 2008, Jakymiw received a National Institutes of Health and National Institute of Dental and Craniofacial Research award that provides one to two years of mentored support at \$97,200 a year, followed by up to three years of independent support contingent on employment.



Andrew Jakymiw

SHANNON M. WALLET, Ph.D., an assistant professor, recently received a two-year, \$402,875 grant from the National Institutes of Health to fund a study on the regulatory mechanisms of cyto/chemokine expression that directly and indirectly contribute to tissue destruction and periodontal disease progression. In November, she received a \$75,000 contract from Palmolive Corp. In 2007, she received a three-year, \$414,000 grant from the American Diabetes Association to investigate the role of gingival epithelial cells in innate immunity of type 1 and type 2 diabetes.



Shannon M. Wallet

Better than an apple ...



L. Jeannine Brady



Matthew J. Dennis

College of Dentistry students recently selected **L. Jeannine Brady, Ph.D.**, and **Matthew J. Dennis, D.D.S.**, as the college's teachers of the year, recognizing each professor's excellence, innovation and effectiveness in teaching the dental sciences. Brady, an associate professor in oral biology, was selected as the Basic Sciences Teacher of the Year. Dennis, a clinical associate professor oral and maxillofacial surgery and diagnostic sciences, was selected as the Clinical Teacher of the Year. The awards will be presented during the annual American Student Dental Association banquet April 25, and the winners' names will be added to a plaque in Room D3-3. Later this spring, Brady and Dennis will be honored as part of a campuswide event.

Junior faculty receive cancer research grant

Three junior faculty members from the College of Medicine have been selected to receive the American Cancer Society Chris DiMarco Institutional Research Grant. **Jacqueline A. Hobbs, M.D., Ph.D.**, an assistant professor of psychiatry and molecular genetics and microbiology; **Daniel J. Indelicato, M.D.**, an assistant professor of radiation oncology with the UF Proton Therapy Institute; and **Li Zhong, M.D.**, an assistant professor of pediatric cellular and molecular therapy, were awarded \$30,000 in seed money for their cancer research projects. The grant, directed by W. Stratford May, M.D., Ph.D., has been awarded three times since 2000. The one-year grant funds cancer research projects in several areas, including basic science, epidemiology, health policy research and clinical care, among others.



Jacqueline A. Hobbs



Daniel J. Indelicato



Li Zhong

JACKSONVILLE

DANIEL KANTOR, M.D., an assistant professor of neurology, has been named president-elect of the Florida Society of Neurology. Kantor will serve a two-year appointment starting Sept. 11, followed by a second two-year term as president. The society's mission is to advance the art and science of neurology and promote the best possible care for patients with neurological disorders.



Daniel Kantor

MOBEEN H. RATHORE, M.D., a professor and associate chair of pediatrics, has been appointed vice president of the Florida Pediatric Society, the Florida chapter of the American Academy of Pediatrics. The mission of the Florida Pediatric Society is to promote the health and welfare of Florida's children and to support the pediatricians and pediatric specialists who provide their health care.



Mobeen H. Rathore

Pediatrics residents **NAMITA SHARMA**, M.D. and **SHIMONA RAJKUMAR BHATIA**, D.O., each received a scholarship from the American Academy of Pediatrics Friends of Children Fund to attend the 2009 Resident Advocacy Day Feb. 18 in Washington, D.C. This year's event focused on health-care reform. The residents received advocacy training and met with congressional officers to discuss legislative issues related to children's health.



Namita Sharma



Shimona Rajkumar Bhatia

COLLEGE OF MEDICINE

LUCIA NOTTERPEK, Ph.D., has been appointed chair of the department of neuroscience, joining the growing ranks of women who lead basic science departments at major university medical centers. A UF neuroscientist since 1999, Notterpek has established a track record of scientific



Lucia Notterpek

discoveries that may impact future therapies for brain diseases, especially those involving the peripheral nervous system — the vast communications network that transmits information from the brain and spinal cord to every other part of the body. "Dr. Notterpek brings experience and passion to lead the department of neuroscience ahead in its mission to hasten the discovery of treatments and cures for chronic and acute disorders of the nervous system," said Dr. Michael L. Good, interim dean of the college.

M. BRENT SEAGLE, M.D., an associate professor and chief of the division of plastic and reconstructive surgery, was elected president of the Florida Cleft Palate-Craniofacial Association in January. This marks the second time he will serve as the association's president. The Florida Cleft Palate-Craniofacial Association is a statewide group of health-care specialists and parents who welcome opportunities to help children with facial anomalies. Seagle, who has been with the UF department of surgery since 1986, also serves as co-director of the UF Craniofacial Center.



M. Brent Seagle

PUBLIC HEALTH AND HEALTH PROFESSIONS

STEVEN GEORGE, Ph.D. P.T., an assistant professor in the department of physical therapy, received the John C. Liebeskind Early Career Scholar Award from the American Pain Society. The award recognizes early career achievements that have made outstanding contributions to pain scholarship. George will receive the award in May at the society's annual scientific meeting in San Diego.



Steven George

ANNESHA LOVETT, Pharm.D., M.S., a student in the health services research doctoral program, received a fellowship in health outcomes research from the Pharmaceutical Research and Manufacturers of America Foundation. The fellowship includes a \$20,000 stipend to support her research on a comparison of prescription drug plans offered by Medicare Part D and the Federal Employees Health Benefits Program.



Annesha Lovett

The SCIENTIST

Nicotine, sleep, SIDS, blood pressure ... for Linda Hayward, it's just another day in the lab

By Laura Mize

Linda Hayward, Ph.D., is an associate professor of cardiovascular physiology in the UF College of Veterinary Medicine, but the goal of her research is to help people.

LINDA HAYWARD, PH.D.



Hayward's research focuses mostly on blood pressure and how it is regulated by different body systems.

Her interest in physiology began with a focus on muscle and exercise physiology, which stemmed from her years playing tennis in high school and college. Hayward says she wanted to understand "how to become a better athlete."

"For tennis, what is the difference in someone like (an) elite athlete (such as) Roger Federer and an excellent player that doesn't make it to that level? Some of it is related to brain interaction with sensory input and muscle control," Hayward said.

One of her recent projects examines how exposure to nicotine in the womb affects the body's management of blood pressure and the respiratory system.

Hayward says the research, which she has conducted with the help of graduate student Carie Reynolds and David Fuller, Ph.D., from the College of Public Health and Health Professions, shows that nicotine exposure in the womb can affect a person for the rest of his or her life.

"It changes brain function," she said. "A lot of those changes are permanent."

Another result, she explained, is that body systems develop

differently. This seems to be linked to sudden infant death syndrome.

"Our data suggest that the sleep system develops out of phase with all the other systems," Hayward explained, "and that probably contributes to the inability of these kids to arouse in response to a physiological stimulus."

Not all children exposed to nicotine in the womb die of SIDS, of course, but Hayward said such children may develop a different set of problems as they grow.

"Instead of sudden infant death syndrome, (the) child is thought to not awaken in response to low oxygen, and so they sleep really well," she said. "And then it turns out, as they grow older, the system regulating sleep has been chronically changed, and it looks like when they become adolescents and adults that they don't sleep well enough anymore."

Hayward says a lot of medical literature links poor sleep with cardiovascular disease and that rats exposed to nicotine in the womb "have a slightly higher blood pressure than the average rat or a control rat."

This supports the idea that a malfunction in the sleep control system, which controls other body systems, may cause changes in blood pressure regulation. The next step in the research is to see if moms with hypertension who smoke during pregnancy have babies with blood pressure even higher than their own.

Together with Mohan Raizada, Ph.D., from the College of Medicine, and Michael Katovich, Ph.D., from the College of Pharmacy, Hayward has received a grant from the university's Division of Sponsored Research to begin the work.

"We've started those studies and it looks like it indeed is true," she said. "So the question is: Is that a function of the interaction between what the nicotine model changes and this hypertensive situation, which involves this renin angiotensin system and changes in the brain?"

Hayward also has supervised the work of Joslyn Ahlgren, a Ph.D. student in physiology at the veterinary school, on how exercise affects the body's response to blood loss. Hayward and Ahlgren designed the study together.

Though Ahlgren is still compiling the data, findings so far show that rats that exercise maintain a higher blood pressure after losing blood than those that don't. They also return to a normal blood pressure sooner than rats that have not been exercising, and do not go into as severe a state of shock after blood loss.

Hayward said this research is important to help understand if treatments for humans deemed to be effective in sedentary rats would also work well for people who get a lot of exercise.

Ahlgren, who is in the final year of the program, said working with Hayward has helped her develop better research skills.

"She is an excellent mentor for several reasons. She is highly organized. I have definitely learned prioritizing and time management within a research design. She's just very good at it." **P**

SEE YA!

Third-year medical student Jenn Johnson helped raise money at Buddha Belly restaurant for UF's international trip to Chiang Rai, Thailand.



PHOTO BY SARAH KIEWEL



PHOTO BY SARAH KIEWEL

HealthNet held an open house Feb. 11, offering an opportunity to meet the staff and try Cisco internet-based phones. The HealthNet team includes (from left) Rob Snively, Jaime Iludain, Marie Walker, Tom Livoti, Jason Deleon, Stephanie Nunez, Linda Sheets Hoffman and Delana Davis.



PHOTO BY SARAH KIEWEL

College of Pharmacy students pose for a picture on their last day of pharmacotherapy class.

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