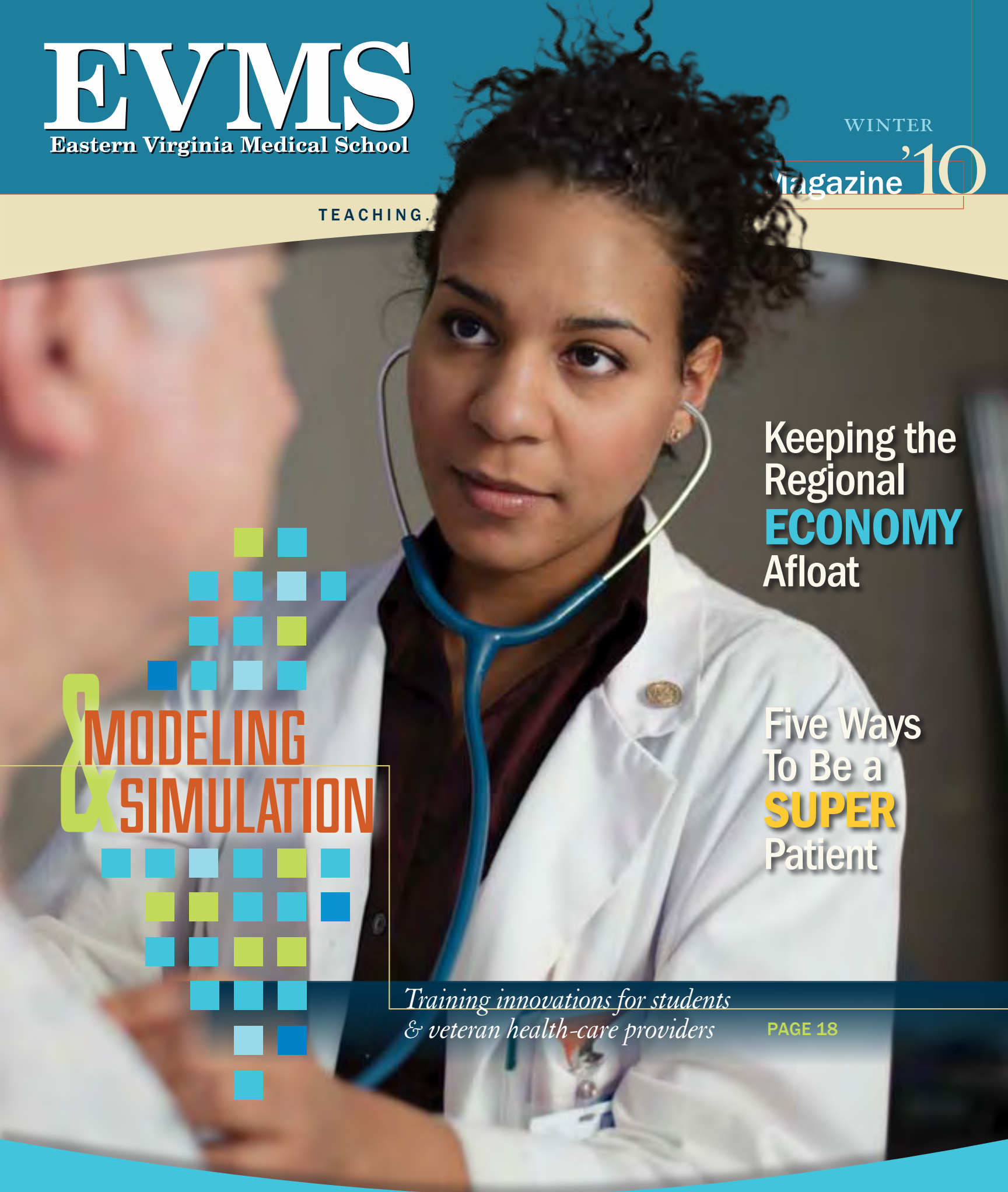
EVMS
Eastern Virginia Medical School

WINTER '10

Magazine

TEACHING.



Keeping the Regional ECONOMY Afloat

Five Ways To Be a SUPER Patient

& MODELING SIMULATION

Training innovations for students & veteran health-care providers

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credits

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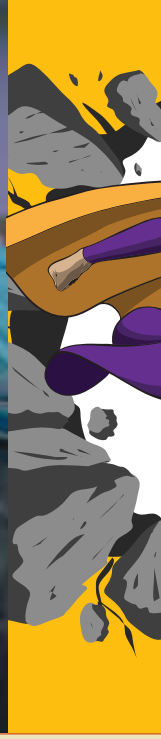


departments

from the president

Eastern Virginia Medical School is proud to be located in a military town. Home to the world's largest Navy base, our city and our region have benefited from the military's strong local presence. According to economists, direct and indirect defense spending accounts for nearly half of the local economic activity.

While that investment does immeasurable good for this area, economists say being so reliant on one sector leaves Hampton Roads vulnerable should defense priorities shift. The relocation of just one aircraft carrier — as has been proposed — could take with it thousands of jobs and leave a nearly $1 billion hole in this region's economy.

Building a more diverse business infrastructure is the key to plugging the hole, and EVMS is primed to be a part of that effort (see page 14). Just look at our involvement in the burgeoning field of modeling and simulation (see page 18), one of the other business sectors identified as a regional strength. EVMS is developing new tools that help up-and-coming health care providers learn their craft and keep current practitioners sharp.

Our founders understood 36 years ago that a thriving academic medical center is a crucial element of a strong economy, and the same holds true today. The school employs more than 1,100 people, attracts millions in grant funding and cares for tens of thousands of patients each year.

It gives me great pride to know that Eastern Virginia Medical School contributes to the region's health in ways that extend far beyond the doctor's office and to know that we are working to make an even greater impact on the regional economy.

As always, thanks for your support of our efforts.

Harry T. Lester

Harry T. Lester

President

Teaching. Discovering. Caring.™

Britt to lead *American College of Surgeons*

L.D. Britt, MD, MPH

L.D. Britt, MD, MPH, Brickhouse professor and chair of surgery at Eastern Virginia Medical School, will be the next leader of the world's largest surgeon organization.

He plans to use the national platform to advocate for better access to high-quality medical care for underserved patients and for solutions to a shortage of general surgeons.

Dr. Britt was named president-elect of the American College of Surgeons at the organization's Clinical Congress in Chicago, at which he also was a keynote speaker. The position places him as one of the leading figures in the nation's health-care scene, which Dr. Britt says is both an honor and a call to duty.

"When you're asked to be president of the organization that represents your specialty, you don't take it lightly," Dr. Britt says. "I'm sure there are a lot of other people they could have asked to serve. But they asked me, and I'll do my best."

Dr. Britt will hold the president-elect post until his inauguration as president next fall. Until then, he will be one of the leading voices for the ACS' priorities and will develop the primary theme on which each president focuses during his or her term.

Dr. Britt hopes to address health-care disparities that continue to limit some populations' ability to get care. In particular, underrepresented minorities have historically had limited opportunities to see a doctor, either because there are few physicians in the area or because they lack insurance coverage.

Dr. Britt has championed the cause of greater access through his namesake scholarship at EVMS, and he plans to amplify that effort by pushing leaders throughout the ACS — and its constituent groups that represent surgical subspecialties — to create new ideas and possible solutions to this urgent issue.

"This is the time for the American College of Surgeons to step up," he says. "We need to be at the lead."

This election is the latest in a series of high-profile appointments within the college for Dr. Britt. He was a member of its 22-member governing board, the Board of Regents, for nine years and served as its chairman for the year prior to being voted president-elect. He has spoken nationally on behalf of causes the ACS supports, such as ensuring patients' access to care and curing a shortage of general surgeons. Dr. Britt previously served as a member of the Board of Regent's Executive Committee and as chair of the Finance and Central Judiciary committees.

Founded in 1913, the ACS is a scientific and educational organization of more than 74,000 surgeons. □

Researchers find way *to control* rogue immune system

Discovery may be lifesaving for newborns, heart-attack victims, injured soldiers

EVMS researchers believe they have found a way to tame a potentially deadly aspect of the human immune system. The discovery could save thousands of lives – from newborn babies to battlefield casualties.

The focus of their interest is the "complement response," an invaluable part of the immune system. The complement response defends the body from infections by identifying bacteria and then activating cells to attack the infection.

But the complement response also has a dark side. Under certain circumstances, it is harmful, even lethal. And once it begins, it is extremely difficult to halt.

In a laboratory setting, the EVMS scientists now can disable the complement response and even switch it on and off. Further testing will be needed to demonstrate that it works in humans.

The discovery — a bit of serendipity — came in a casual conversation between researcher Neel Krishna, PhD, assistant professor of microbiology and molecular cell biology, and infectious disease specialist Kenji Cunnion, MD, a pediatrician and researcher.

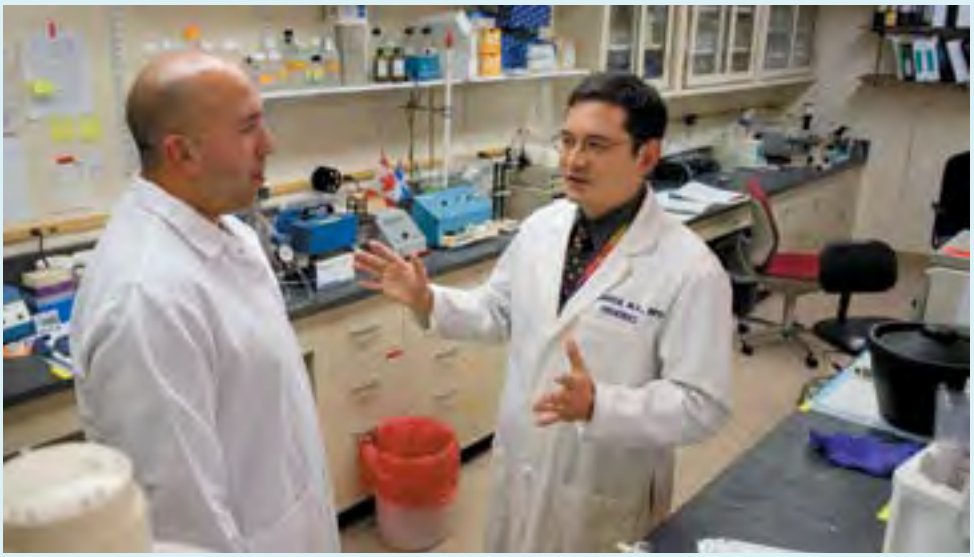
Dr. Cunnion's lab was evaluating a series of compounds to determine their effect on the complement system. Dr. Krishna was studying astrovirus, a childhood disease that causes intestinal discomfort and diarrhea.

The two, who at the time worked in adjoining labs, noticed similarities in the structure of the astrovirus shell and the structure of molecules Dr. Cunnion was studying. They decided to test a fragment of the astrovirus to see if it had any effect on the complement response.

"It was kind of a shot in the dark," Dr. Krishna says. "We didn't expect anything to happen."

Instead, the complement response stopped dead in its tracks.

"To find a way to manipulate the complement system pharmacologically has been like a search for the Holy Grail," says Dr. Cunnion.



A chance discovery brought together scientist Neel Krishna, PhD, left, and pediatric infectious disease expert Kenji Cunnion, MD, to study what can be a deadly reaction by the immune system in response to injury.

That's because the discovery could have a profound impact on the treatment of a broad spectrum of inflammatory conditions, including autoimmune diseases like lupus and arthritis.

The discovery may be lifesaving in the case of a heart attack or traumatic injury or even in some newborn infants. Cells deprived of oxygen often undergo biochemical changes, essentially marking themselves for death. As rescue personnel treat the patient and restore blood flow and oxygen, these changes trigger the complement cascade. The marauding cells unleashed in the complement response are indiscriminate assassins, killing compromised and healthy tissue alike.

"It's like throwing a grenade," says Dr. Krishna. "It destroys not only the pathogen, but also can damage all the surrounding host tissue."

For soldiers, especially those on the front lines, traumatic injuries are common. The complement reaction is one of the major causes of death on the battlefield.

"Hemorrhagic shock is the leading cause of death in combat trauma, and reperfusion injury plays a significant role both in increased mortality and increased brain damage," says L.D. Britt, MD, MPH, Brickhouse professor and chair of surgery at EVMS and a senior consultant to the military on combat trauma. "This research could help save the lives of soldiers, as well as the lives of other trauma victims who have been without oxygen for extended periods."

The research was well-received when Dr. Cunnion and Dr. Krishna presented their findings at an international conference in Budapest, Hungary. They published the results of their research in the December issue of the journal *Molecular Immunology.*

Their current work is partially supported by the Thomas F. Jeffress and Kate Miller Jeffress Memorial Trust, and they are now seeking funding from the Department of Defense and other sources to continue their research. The next step is to test their findings in an animal model. If all goes well, the testing will move into humans. □

Health Professions launches

EMERGENCY MEDICINE PA FELLOWSHIP

With hospital emergency departments coping with ever-growing patient loads, having a team capable of quickly discerning the advanced patients from the less serious — and knowing how to treat both — is as critical as ever.

EVMS School of Health Professions Physician Assistant program is helping make sure that team is as prepared as possible by introducing a fellowship in emergency medicine.

The fellowship, launched in July, gives PAs the chance to build on their education by learning more about caring for acutely ill or injured patients. It is one of just a handful of such fellowships in the country, with the University of Iowa, Johns Hopkins University and Albert Einstein Medical Center among the few others.

The EVMS program is the result of a partnership with Emergency Physicians of Tidewater (EPT), which funds the two fellowship positions, and is co-directed by Craig Hricz, PA-C, a PA with EPT, and Donald Byars, MD, assistant professor of emergency medicine.

The program provides PAs, health professionals who practice under a doctor's supervision, with the opportunity to focus on the more severe patients and accelerate the process of learning the intricacies of working in an emergency department. Fellows train alongside first-year emergency medicine residents, a dynamic that exposes the PAs to the same rigorous training as the physicians and fosters the relationship between the care providers.

EVMS' first two PA fellows in emergency medicine, from left, Kara Canaan, PA, and Paul Carr, PA, meet with fellowship director Craig Hricz, PA-C.

"It gives them a good idea of what we do" and helps build a team approach to providing care, says London native Paul Carr, one of the PAs selected for the first fellowship positions.

Francis L. Counselman, MD, chair of emergency medicine at EVMS, says that while PAs are well trained coming out of school, most of them haven't had the trial-by-fire kind of experience crucial to working well in a fast-paced

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Abuhamad writes groundbreaking book on

FETAL ECHOCARDIOGRAPHY

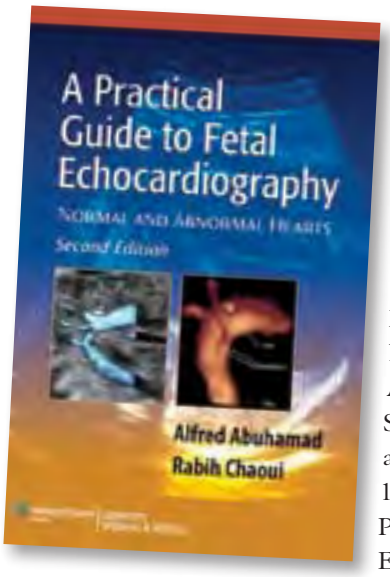
Congenital heart disease is the most common congenital malformation and is the number one cause of death from birth defects during the first year of life.

Alfred Abuhamad, MD

Detecting heart deformities in an unborn child is difficult to do, yet it is critical for the infant's survival. Currently, physicians can detect the disease in fewer than one in three children prior to birth.

Alfred Abuhamad, MD, chair of obstetrics and gynecology, and one of the nation's leading experts in maternal-fetal medicine, is out to change that.

Over the past 15 years, the field of fetal echocardiography has seen significant advancement due to improvements in technology and ultrasound equipment — such as SonoVCAD, software Dr. Abuhamad patented that simplifies the process of detecting congenital heart defects prior to birth.



It was these advancements that led Dr. Abuhamed to write "A Practical Guide to Fetal Echocardiography: Normal and Abnormal Hearts, Second Edition," a follow up to his 1997 book, "A Practical Guide to Echocardiography."

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Life-changing reconstructive surgery *gives Bolivian teen new hope*

Unable to stand the taunts and jeers of "monster" from other children, José Lopez dropped out of school not long after he began attending. His social problems stemmed from a facial deformity, which, unbeknownst to José and his family, was caused by pressure in his skull that pushed the boy's brain through the bones in his face, creating a mass between his eyes.

Joseph K. Han, MD, a professor of otolaryngology – head and neck surgery at Eastern Virginia Medical School, met the 14-year-old boy during a spring 2009 medical mission trip to Bolivia and was deeply moved by his plight.

Dr. Han and a team of other volunteer physicians were providing much-needed medical care to impoverished people, some of whom, like José, had traveled hundreds of miles through mountainous terrain just to see a doctor.

The bulge between José's nose and forehead was apparent at birth. To his parents' alarm, he also bled from his eyes, but the only doctor they could reach — a five-hour walk away — was unable to help. The deformity led to the unmerciful teasing from his peers and two bouts of meningitis, a severe infection of the brain.

In 2008, a nurse visiting José's village told his family about the Mission of Hope Clinic and the American surgery team that would be coming to perform a week of free procedures. Months later, the team was able to help José's 5-year-old sister, Marioli, who was born with a similar defect, but José's case was more complicated. The team could not accurately diagnose and treat him with the rudimentary equipment available. Was it a tumor or something else?

Before the surgery: EVMS doctors were part of a team that brought Bolivian José Lopez to Norfolk to repair a bone deformity that allowed his brain to protrude into his nasal cavity.

When the team returned in 2009, Dr. Han, an ear nose and throat specialist, was able to examine José, and he too found that more advanced imaging equipment was needed to determine what exactly the mass was and how best to operate on it. José would need to come to the United States.

Once back in the states, Dr. Han turned to a network of surgeons from EVMS Health Services and Sentara Norfolk General Hospital, the hospital administration, and Mission of Hope, Bolivia to help make arrangements for José and his mother, Lucia, to travel to the United States for the surgery.

"This is a real example of how generously the folks here take care of those in need," says Dr. Han, who was among several area doctors who opened their homes to José and Lucia during their time in Norfolk. "Physicians and the hospital are donating the cost of care, but even staff in our department wanted to help and donated luggage and clothes."

After the lengthy surgery: José relaxes at the oceanfront with the family of one of his surgeons, Joseph Han, MD. He has since returned to his home.

Advanced imaging studies performed a day before surgery showed that the mass on José's face was not a tumor as originally suspected, but an encepholocele, a rare condition that affects only one in 5,000 babies. During fetal development, if the neural tube does not close completely, an opening is left in the skull. In José's case, bone was missing in his forehead and the upper bridge of his nose. The opening allowed a sac-like protrusion filled with excess cerebrospinal fluid and brain tissue to push through José's skull, causing a bulge beneath the skin.

The surgical plan involved repositioning the portion of the brain that was protruding, removing the scar tissue, inserting a shunt to redirect excess fluid from his brain to his stomach to relieve the pressure, and repairing the opening in the bones of his forehead and at the bridge of his nose.

On Oct. 15, Dr. Han; Vijay Singh, MD, a Sentara neurosurgeon; and Eric Dobratz, MD, an EVMS Health Services facial plastic surgeon, performed the delicate nine-hour surgery. Afterward, José spent two days in intensive care and then several days in Norfolk with various volunteers, including Dr. Han's family, before traveling to Charlottesville to recuperate with the Mission of Hope team.

Mother and son returned home to Bolivia a few weeks before Christmas. Dr. Dobratz says that José will continue to heal over the course of six months to a year, and after time, his face will look more like that of other children.

José's plan for when he got back home: Give school another try and get an education. □

To watch a video with more details about José's story, visit *www.evms.edu/magazine.*

EVMS exports

Cancer expertise

in collaboration with English scientists

While in Nottingham, EVMS cancer researchers met with several British colleagues, including Doug Ward, PhD, second from left. The EVMS contingent included Richard Drake, PhD, left, John Semmes, PhD, second from right, and Lisa Cazares, PhD, right. Not pictured are Dean Troyer, MD, and Raymond Lance, MD.

Cancer researchers in England have reached across the Atlantic to Eastern Virginia Medical School for guidance in their pursuit of better ways to treat prostate cancer.

O. John Semmes, PhD, director of the EVMS Cancer Biology and Infectious Disease Research Center, led a handful of EVMS colleagues recently for a week of meetings and presentations in Nottingham, England.

The visit was the first official exchange in a formal three-year agreement linking EVMS scientists and physicians with their colleagues at Nottingham Trent University (NTU). Each entity hopes to learn from the other in this international collaboration.

Officials at NTU want to expand their prostate cancer research. They sought out Dr. Semmes because of his expertise in the field of proteomics, the use of proteins as "markers" for the presence and severity of disease.

"John is well known for his work in prostate cancer and expertise in mass spectrometry," says Robert C. Rees, PhD, director of the van Geest Cancer Centre at NTU. "We have similar interests and our combined skills are complementary."

"Both centers believe that proteomic technologies will deliver valuable insights into cancer and that the results will benefit patients," Dr. Rees says. "This collaboration will speed up the discovery process."

As part of the collaboration, Dr. Semmes is a visiting professor with NTU. On his recent visit, he spoke about the latest advances in proteomics at the eighth East Midlands Proteomics Workshop.

Other members of the EVMS team also shared their expertise. Urologist Raymond S. Lance, MD, the school's Paul F. Schellhammer professor of cancer research, discussed his experience with robot-assisted surgery to remove a diseased prostate. Over the next three years, the American and British researchers expect to trade visits when they can.

Dr. Semmes says the collaboration is rife with opportunities for both institutions.

For example, U.S. doctors and patients typically are more aggressive than the English in treating prostate cancer. As a result, England experiences a higher incidence of advanced prostate cancer. Dr. Semmes wants to obtain tissue samples of some of those advanced cancers for testing and comparison.

The two schools also will share their expertise. EVMS is lending its knowledge of cutting-edge research techniques, while gaining access to English researchers with specialized capabilities and knowledge.

Each program has its own research focus.

The EVMS team is looking for combinations of proteins that can help pinpoint how aggressive a cancer is likely to be — a key piece of information as physician and patient decide on a treatment plan.

EVMS researcher John Semmes, PhD, presents an award to University of Edinburgh researcher Judith Nicholson at a proteomics workshop where Dr. Semmes was one of the keynote speakers.

Dr. Rees and his team, on the other hand, are focused on locating tumor antigens, substances produced in tumor cells that trigger an immune response. That research could lead to new, more effective treatments.

Despite their differences, they use many of the same tools and techniques. They expect to trade "markers," the protein patterns each lab has discovered that indicate the presence of cancer.

"Our labs blend together quite nicely," says Dr. Semmes. □

Emergency medicine PA fellowship

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emergency department.

"It's going to take them six months to a year to hit their stride," he says. "A graduate of this program will be ready to hit the ground running from day one. They have the experience taking care of those more critical patients."

That also means doctors can give a PA a greater degree of autonomy, allowing physicians to focus on the most serious cases.

Kara Canaan, PA, a graduate of Wake Forest University's PA program, joined the program after working for a year with EPT. She said she applied because she wanted to build on her experience with the rescue squad and be prepared to care for the most challenging patients.

"I rapidly got very comfortable taking care of minor-care patients," Ms. Canaan said, "but I felt that I needed more of a knowledge base to be able to effectively, quickly and accurately take care of the sicker patients in the emergency department."

Mr. Hricz said it is hard for PAs to get experience early in their careers performing procedures like central lines, ultrasounds and intubations.

"This training will enhance their ability to get jobs in emergency rooms and, in many cases, allow them faster advancement among their peers in the emergency departments that employ them," said Tom Parish, DHSc, PA-C, director of the PA program at EVMS. He noted that about 10 percent of PAs work in emergency medicine. □

Breast Evaluation Program

brings hope to women in Hampton Roads

Lying in a hospital bed in Sentara Norfolk General minutes before being wheeled into surgery, Debbie Bidlack's face lights up when she greets Eric Feliberti, MD, assistant professor of surgery and program director for the Breast Evaluation Program.

Ms. Bidlack is one of more than 1,000 patients that have received help from the Breast Evaluation Program. The program, formed in 2002, is a partnership of the Tidewater Affiliate of the Susan G. Komen Breast Cancer Foundation, Sentara Norfolk General Hospital and the Department of Surgery at EVMS. It provides the highest standard in medical and surgical breast care to uninsured Hampton Roads women.

After successfully battling breast cancer, Ms. Bidlack will be undergoing a procedure to remove her mediport — a device implanted into a patient's chest that channels medication directly into the bloodstream.

"Here was a working mom, the sole provider of her family, who developed a breast mass but did not have any insurance through her work," Dr. Feliberti says. "We were able to get her enrolled into Medicaid through the Every Woman's Life program, treat her with multimodal therapy for her advanced breast cancer, help pay some of her bills when she was not working because of treatment side effects, and now she's back at work supporting her family."

The rates of breast cancer diagnosis and death are higher in the Komen Tidewater Affiliate service area overall than the averages for Virginia and the U.S. Financial factors such as median income, percent of families below the poverty level and insurability have been shown to correlate with both the incidence and mortality rates of women with breast care.

Eric Feliberti, MD, talks with patient Debbie Bidlack before one of the last procedures of her breast cancer treatment.

The goal of the program is to give uninsured women a better chance at beating breast cancer by reducing the amount of time between identifying a breast problem and receiving a diagnosis and, if necessary, treatment. Services include physical examination by a breast surgeon, diagnostic imaging including mammography, image-guided biopsy and ultrasound, and follow-up care for all patients. Patients also have access to oncologists, plastic surgeons and social services when needed.

The Breast Evaluation Program is made possible through the donated efforts of physicians and providers in surgery, radiology, pathology, radiation-oncology and medical oncology.

"There are great ways to treat breast cancer," says Dr. Feliberti. "We want to make sure everyone has access to be treated." □

Abuhamad writes groundbreaking book

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For the second edition, Dr. Abuhamad collaborated with Rabih Chaoui, MD, a professor of obstetrics and gynecology in Germany. Co-writing a book with someone on the other side of the world was made possible through Internet telephone chats.

They even thanked Skype in the book "for the ease with which we (the authors) communicated several times per week across two continents."

Dr. Abuhamad's first book primarily focuses on evaluation of the normal heart. The second edition concentrates on fetal cardiography and addresses how to evaluate the fetal heart to rule out abnormalities. The book also describes how to confirm the diagnosis when faced with congenital heart disease.

"We are still at the tip of the iceberg of what we will be doing in the future," Dr. Abuhamad says. "The ability to make the diagnosis before birth has so many implications on the outcomes of those babies. If you direct delivery to the right hospital, the outcome is certainly enhanced."

The book is written in a way that is understandable to both the novice and the expert.

"The ability to come out with a book that really enhances the knowledge and expertise of sonographers and physicians in that regard will have a significant impact," Dr. Abuhamad says. □

Joshua Darden, left, congratulates EVMS President Harry T. Lester after presentation of the CIVIC Leadership Institute's Darden Award.

CIVIC INSTITUTE *presents* PRESIDENT LESTER 2009 DARDEN AWARD *for regional leadership*

Harry T. Lester, widely recognized for his role as president of Eastern Virginia Medical School, has been singled out for another of his passions: his efforts to advance regional cooperation.

Mr. Lester has received the 2009 Darden Award for Regional Leadership from the CIVIC Leadership Institute. Named for community leader and philanthropist Joshua P. Darden Jr., the award is given annually in recognition of community activism and leadership in the pursuit of regional cooperation.

"Harry's leadership is just the kind we celebrate. Compassionate, focused, incisive and bold," said Catherine M. Lewis, executive director of the CIVIC Leadership Institute.

Mr. Lester has a broad range of community interests. For instance, he is a co-founder of Lynnhaven River Now, an organization that is working to restore the polluted waterway. He also is active with a variety of other organizations, including the Chesapeake Bay Foundation, the Chrysler Museum of Art, Hampton Roads Partnership, Norfolk Foundation and Virginia Beach Vision. He was a member of the Commonwealth Transportation Board from 2002 to 2005.

The Nov. 19 awards ceremony brought praise from family, friends and associates representing many organizations. In addition to a video tribute, several speakers took to the stage, including Norfolk Mayor Paul D. Fraim and Virginia Beach Mayor William D. Sessoms, who good-naturedly fought over Mr. Lester (a resident of Virginia Beach who works in Norfolk) before they got serious.

In his introduction of Mr. Lester, Chesapeake Bay Foundation President William C. Baker characterized him as a highly capable but modest leader who has had a tremendous impact on the community.

For instance, Mr. Baker talked about the Lynnhaven River Now project. A few years ago, when Mr. Lester and a handful of others got involved, the few oysters that lived in the river were too contaminated to eat. Now it is home to tens of millions of oysters, and restoration of the river is 40 percent complete.

"While they will be the first to say that they are not finished, Lynnhaven Now has succeeded beyond our wildest dreams," Mr. Baker said.

As vice chairman of the board of Johns Hopkins Medicine, Mr. Baker also was complimentary of the progress EVMS has made under Mr. Lester's leadership. He cited several key developments, including a number of new partnerships that benefit the school.

"Harry is all about doing good for his community," said Mr. Baker.

Mr. Lester had generous praise for the individuals and the organizations he has worked with, and he told the audience that he enjoys the opportunity to make a difference.

"In my adult life, I have had the pleasure to play an active role in the Hampton Roads community. I have had so many rich experiences with so many wonderful people, particularly volunteers including many of you," he said. "Tonight's CIVIC honor with Josh Darden's name on it, with all of you in the room is more than enough to last me a lifetime."

To see the video tribute from the Darden Award, visit *www.evms.edu/magazine.* □

ADA taps EVMS expertise to address diabetes in India

India's rapid economic expansion in recent years has precipitated an explosive growth in its middle and upper classes. As a result, people are eating more and simultaneously adopting sedentary, white-collar careers. The import of a typically Western lifestyle has also brought with it a formerly Western disease, diabetes, and Indian doctors struggling to halt its progression are turning to Eastern Virginia Medical School diabetes expert Aaron I. Vinik, MD, PhD, for help.

Some physicians are attributing the meteoric rise in Type 2 diabetes throughout India, as well as the rest of the developing world, to a genetic susceptibility dubbed, "thrifty genotype." This vulnerability to diabetes is a byproduct of ancestral genes, which evolved to hoard fat when food was available in order to sustain the body in times of famine. However, as eating habits have changed, their bodies have not adjusted to process more food, and people with a thrifty genotype are packing on the pounds in their midsection — a condition now recognized as a dangerous precursor to developing diabetes.

Even more alarming, Indians tend to develop diabetes about 10 years earlier than people in Western societies, and their life expectancy after diagnosis is much shorter — only about eight years, as they are more likely to succumb to kidney or heart disease.

To address this problem, the American Diabetes Association (ADA) invited Dr. Vinik, an international authority on diabetic neuropathy, and director of

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Chairman of the Best of ADA India Committee, right, presents an award of appreciation to Aaron I. Vinik, MD, PhD.

Radiology residents *headed for prestigious fellowships*

All three EVMS radiology residents who complete their residency training in 2010 have landed fellowships with internationally renowned programs.

Their success in securing such sought-after fellowship positions is a testament to the rigor of EVMS residency training, says Linda Archer, PhD, associate dean for graduate medical education.

"Subspecialty training programs in radiology are very selective and competitive," Dr. Archer says. "The acceptance of Drs. Adeyiga, Nguyen and McMonagle into three such prestigious programs reflects well not only on their individual skills and knowledge, but also on the program which prepared them for this next phase in their professional development. We are proud of these young physicians who represent the next generation of excellence."

Adebunmi O. Adeyiga, MD, a Hampton Roads native and graduate of the University of Virginia School of Medicine, will be heading to the Children's Hospital of Boston, the primary pediatric teaching hospital of Harvard Medical School and home to the oldest and largest pediatric radiology department in the world.

"There, I'm going to have an opportunity to do it all — neuroimaging, interventional, cardiac. Since I was young, I've always known some part of my career would involve children," Dr. Adeyiga says.

Dr. Adeyiga believes her residency experience at EVMS has prepared her well. A major factor affecting her decision to apply to EVMS was the department's relationship with Children's Hospital of The Kings Daughters. "Because CHKD is the only pediatric hospital in Virginia, we get to see a lot of different cases," she says.

Vinh Nguyen, MD, came to EVMS from the West Coast. A graduate of the University of California, Irvine School of Medicine, he was initially attracted to the quality of teaching at EVMS and the reputation of the radiology faculty. This summer, he will become a neuroradiology fellow at the University of Utah School of Medicine.

From left: Adebunmi O. Adeyiga, MD; Vinh Nguyen, MD; and Scott McMonagle, MD.

The Utah program focuses primarily on head and neck imaging, and Dr. Nguyen believes that the knowledge he's gained as a resident at EVMS will help him stand out in his new environment. "The pathology is great and I think we're very prepared. We get a lot of experience here — that's what's important in both the academic world and private practice."

Scott McMonagle, MD, will be continuing his medical training as a musculoskeletal imaging fellow at Duke University School of Medicine. Dr. McMonagle received his medical degree from the University of Texas at Houston and applied to the EVMS radiology residency program because he wanted the opportunity to work with the school's radiology practice.

"Usually, you have one or the other [academic center or private practice], but EVMS has a good hybrid of the two, and we enjoy the benefits of both," Dr. McMonagle says.

He is eager to get started at Duke and is confident about his ability to excel there. "At EVMS we've had the opportunity to do more procedures than many residents," he explains. "Our program is really hands-on and, in radiology, quantity and quality matter. I have friends elsewhere who don't get near the same breadth and quality of experience I do." □

MD STUDENT HITS THE SWEET SPOT
WITH CHILDREN'S BOOK

Theresa Cruthird

Know, when, how, could, fly. What do these words have in common? All are on the Dolch word list — a list of words that need to be easily recognizable in order to be read fluently. Young readers need to learn them by sight, as many of the words cannot be sounded out phonetically.

Theresa Cruthird, a fourth-year EVMS medical student, decided to try a more creative approach when her son Zion was having trouble mastering sight words in first grade.

"There were probably other parents like me who were having trouble teaching their kids these words. Flashcards weren't working," explains Ms. Cruthird.

Using words from the Dolch word list, Ms. Cruthird wrote "Zion and the Gingerbread Man," a story about her son and his adventures with his sweet cookie friend, over the Christmas holiday break during her second year of medical school.

After seeing how much the story helped Zion's reading skills, Ms. Cruthird realized other children could benefit from her story.

She emailed the manuscript to Tate Publishing and within a few months was assigned an illustrator who helped turn her tale into a 24-page children's book. She sent the illustrator a photograph of Zion for the illustration of the title character. They communicated weekly about the color scheme and the look of the other characters. The final product exceeded Cruthird's expectations and touched her young son.

"I feel happy about reading this book. It was thoughtful that my mom wrote a book about me," Zion says.

"Zion and the Gingerbread Man" was published in January 2009 and is available at local Barnes and Noble stores and online at *www.amazon.com*.

Now in third grade, Zion's reading skills have improved dramatically — and so has his desire to read.

"Parents now have a responsibility to supplement their kids' education at home. This was a fun and interesting way to do so," says Ms. Cruthird. □

EVMS HEALTH SERVICES AT PRINCESS ANNE
is a model in PATIENT-CENTERED QUALITY CARE

Convenience is the key at EVMS Health Services' Princess Anne practice. Should you need another specialist, the referral process often is as simple as your doctor introducing you to a colleague in the same office.

Eleven physicians in six specialties share the Princess Anne office. The common facilities include a large waiting area, identical exam rooms, a surgical suite, shared nursing station, a consultation room and physician offices.

"Like all EVMS Health Services practices, our commitment to patient-centered quality health care served as the framework of our design," says James Lind, EVMS Health Services chief executive officer. "Our electronic health records (EHR) are tools that aid our physicians and providers in delivering health care that is safer, more reliable and more responsive to patient needs in a multispecialty environment. This commitment allows our practice to continue to deliver the quality health care our patients have come to expect."

Convenience was one of the driving factors when EVMS Health Services opted to open the office in the shadow of the Princess Anne Hospital now under construction, says Kelly B. Rodeheaver, administrator for EVMS Health Services. That area is one of the fast-growing sectors of Hampton Roads, and it's home to a growing number of EVMS Health Services patients.

The decision to adopt a multispecialty format also was influenced by a concern for patients.

"We saw this as somewhat of an underserved area in certain specialties," says Stephen S. Davis, MD, assistant professor of obstetrics and gynecology and one of the physicians who sees patients at the office. "This was an opportunity for us to provide more options for gynecological care out here, for instance."

The multispecialty format is popular among the school's many medical specialties, all of which have the opportunity to see patients there. By sharing overhead, the expenses for each practice are a fraction of what they would be a for a free-standing office.

In addition to obstetrics and gynecology, the office offers specialists in dermatology, physical medicine and rehabilitation, plastic surgery, reproductive medicine, surgical oncology and urogynecology. In the offices of Virginia Oncology


Plastic surgeon Lambros Viennas, MD, standing, and general surgeon Eric Feliberti, MD, are among the physicians practicing in the Princess Anne office.

continued on page 35

ROBOTIC SURGERY

In 1495, Leonardo da Vinci designed what was to be the first automated humanoid, and it is speculated that this was to be for the entertainment of royalty. It is not known whether an actual prototype was ever built.

Today, robotic technology is incorporated into our everyday life, ranging from large manufacturing assembly lines to everyday household chores. The field of medicine is no exception. Robotic applications are gaining momentum in medicine, particularly in surgery.

One of the best known and most advanced instruments is the da Vinci robotic system. Trained gynecologists now use the da Vinci system to perform a number of procedures including hysterectomy, myomectomy (for the removal of uterine fibroids), tubal reversal and sacrocolpopexy (repair of a detached uterus) as well as cancer surgeries.

With more than 600,000 procedures performed annually in the US, hysterectomy is one of the most common procedures in women's health and the most common in non-pregnant women. Traditionally, this procedure is performed through one of three routes: abdominal, vaginal or laparoscopic.

Even though the abdominal route is considered to be the most invasive, it still accounts for more than two-thirds of hysterectomies. But for most patients, a robotic hysterectomy can offer numerous advantages over the traditional approaches.

The potential benefits include: significantly less pain, less blood loss, fewer complications, less scarring, a shorter hospital stay and a faster return to normal daily activities. Potential candidates for robotic surgery are patients who can tolerate surgery, general anesthesia, a pneumo-peritoneum (gas inflation of the abdomen) and are in relatively good health.

Moreover, a hysterectomy using the da Vinci robotic system enables surgeons to perform with unmatched precision and control. It is a minimally invasive, advanced laparoscopic surgery that employs state-of-the-art robot technology and magnified 3D vision. This is important when the surgery takes place amid easily-damaged blood vessels, urinary system and nerves.

UNLIKE OPEN SURGERY THAT REQUIRES A LARGE INCISION, THE ROBOT'S INSTRUMENTS ARE INSERTED THROUGH A FEW SMALL INCISIONS.

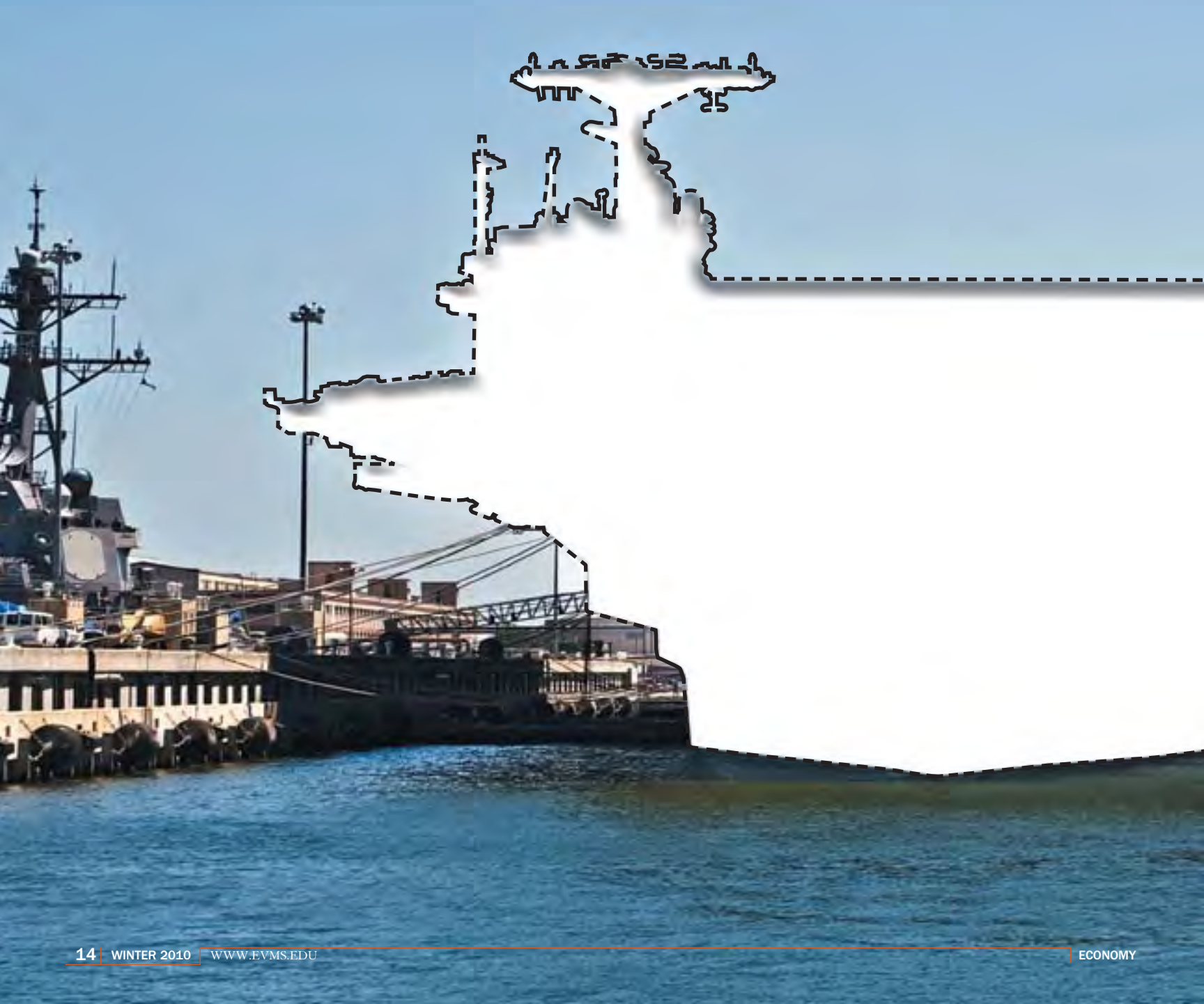
The da Vinci robotic system consists of a patient-side cart with a number of arms that contain micro-instruments. Unlike open surgery that requires a large incision, the robot's instruments are inserted through a few small incisions. The surgeon sits at a viewing and control console nearby that translates the precise movements of the surgeon's hands while filtering out even the slightest tremors. The surgeon has complete control of the robotic arms. High-definition scaled 3D images give the surgeon optimum views and allow for careful manipulation of sensitive nerves and tissues.

Not all patients are candidates for robotic surgery, so patients should talk with their doctor about the best option for them. □

Our guest columnist this issue is Khaled Sakhel, MD, a full-time assistant professor of obstetrics and gynecology with EVMS Health Services. Dr. Sakhel is director of minimally invasive gynecology and gynecologic robotic surgery at Sentara Norfolk General Hospital. Find more information about robotic surgery at www.evms.edu/magazine.

Khaled Sakhel, MD

FILLING T



THE GAP

Could EVMS keep Hampton Roads' economy afloat?

Defense spending reigns as the economic super power in Hampton Roads. The sector accounts for a wide swath of the region's economic activity, fueling tens of thousands of local jobs. But as much good as it does, Tidewater's growing reliance on that spending leaves it vulnerable.

The percentage of Hampton Roads' economy related to the military stood at about 20 percent in the 1980s. That figure bloomed over the intervening quarter century, tallying roughly 50 percent of the region's business today. The relationship served as a buffer when the economy crashed in late 2007 and sent the private sector reeling, but that reliance could quickly become a liability.

"That puts us, regionally, in a thoroughly exposed position because either defense spending could decline, or maybe taper off a bit, or there could be a change in the mix of defense spending so that the Department of Defense would spend more money on things that don't involve Hampton Roads," says James V. Koch, PhD, economics professor and president emeritus at Old Dominion University.

The region got a taste of that possibility recently when the Navy opened discussions about relocating to Florida one of the aircraft carriers based in Norfolk. Community, business and political leaders from throughout the region decried the idea. Such a move would also send away thousands of jobs and up to $1 billion in economic activity, according to published estimates.

"The question arises," Dr. Koch says, "'What can we do about that?'"

EVMS is a natural answer, he says.

"It's simply, I think, a matter of common sense if we can build on those kinds of things that will provide us with the kind of economic diversification that won't make us so dependent on defense spending in the future," he says. "It is more reliable and less volatile than lots of alternatives."

Another aspect of growing the school's economic footprint is to enhance existing programs at EVMS such as modeling and simulation, which is a natural tie-in with the defense industry.

According to Dana Dickens of the Hampton Roads Partnership, modeling and simulation has already been a big boost to EVMS and the community.

"That has been a huge economic boon to Hampton Roads, and EVMS has really embraced that industry," he says. "They have taken that technology from the defense sector and merged it into the private medical sector. That's one of our goals — to take Department of Defense technology and move it to other areas."

While the military isn't going away and Hampton Roads has plenty of other economic engines,

"We travel all over the country, and the places we see with successful economies have a big research component, and they're usually wrapped around something like EVMS."

Dana Dickens
president and CEO, Hampton Roads Partnership

Dr. Koch says making use of a gem like EVMS is a good choice.

"It would be nice to think that we're going to attract the next Microsoft to Hampton Roads, but it's not very likely," he says. "The wisest thing for us to do is attempt to capitalize on distinctive assets that we already have," he says. "We're not starting from ground zero."

In 2007, Dr. Koch conducted a study with the ODU Research Foundation titled "An Economic and Medical Springboard: Eastern Virginia Medical School." The study placed EVMS's economic impact at upwards of $711 million (a figure he currently puts closer to $750 million).

In addition to doing what it's already doing, EVMS is in the process of expanding, with a multi-million dollar building project expected to bring in more students and faculty.

EVMS President Harry Lester expects the school to add 30 percent more students thanks to a state grant of $59 million for a new building and renovation project.

The school also is growing through the recruitment of new faculty to teach and see patients and research scientists who bring public and private grant funds to the community.

The basic message that Mr. Lester has for EVMS — keep on doing what you're doing. Thankfully, the status quo in the case of EVMS is not bad.

"You can break it down to dollars and cents - over $700 million floating through the community — but it's a lot more than that," Mr. Lester says. "We do three things. We train doctors, we're in the education business in a big way. We do research, being the first to figure something out, and clinical care. We don't do just one thing."

Dr. Koch sees the new construction as another step forward for the school's economic development, and he would like to see more.

"I think we have to be really insistent that our legislators and regional leaders find more ways to make things like that occur," Dr. Koch says. "That will be an extremely valuable addition to EVMS' campus, and it's something that builds on the school that's already here. I think we have to really push our legislative leaders and our regional leaders to increase the amount of funding and support that EVMS is receiving from the state."

"This kind of economic development tends to be clean in an environmental context and it involves jobs that pay higher than average wage rates. It is more reliable and less volatile than lots of alternatives relating to defense and tourism and the port."

James V. Koch, PhD
economics professor and president emeritus at Old Dominion University

All the experts agree that looking at examples from other communities can be helpful.

"If one looks at regions around the country, there is not a single region among the top 25 or so that does not have a strong medical school and strong medical base to its economic development," Dr. Koch says. "There is simply not any region out there that has done well economically that doesn't have this medical complex, and we're relatively underdeveloped in that area. We need to recognize that this is one of the keys to our future prosperity."

Dana Dickens of the Hampton Roads Partnership echoes those sentiments.

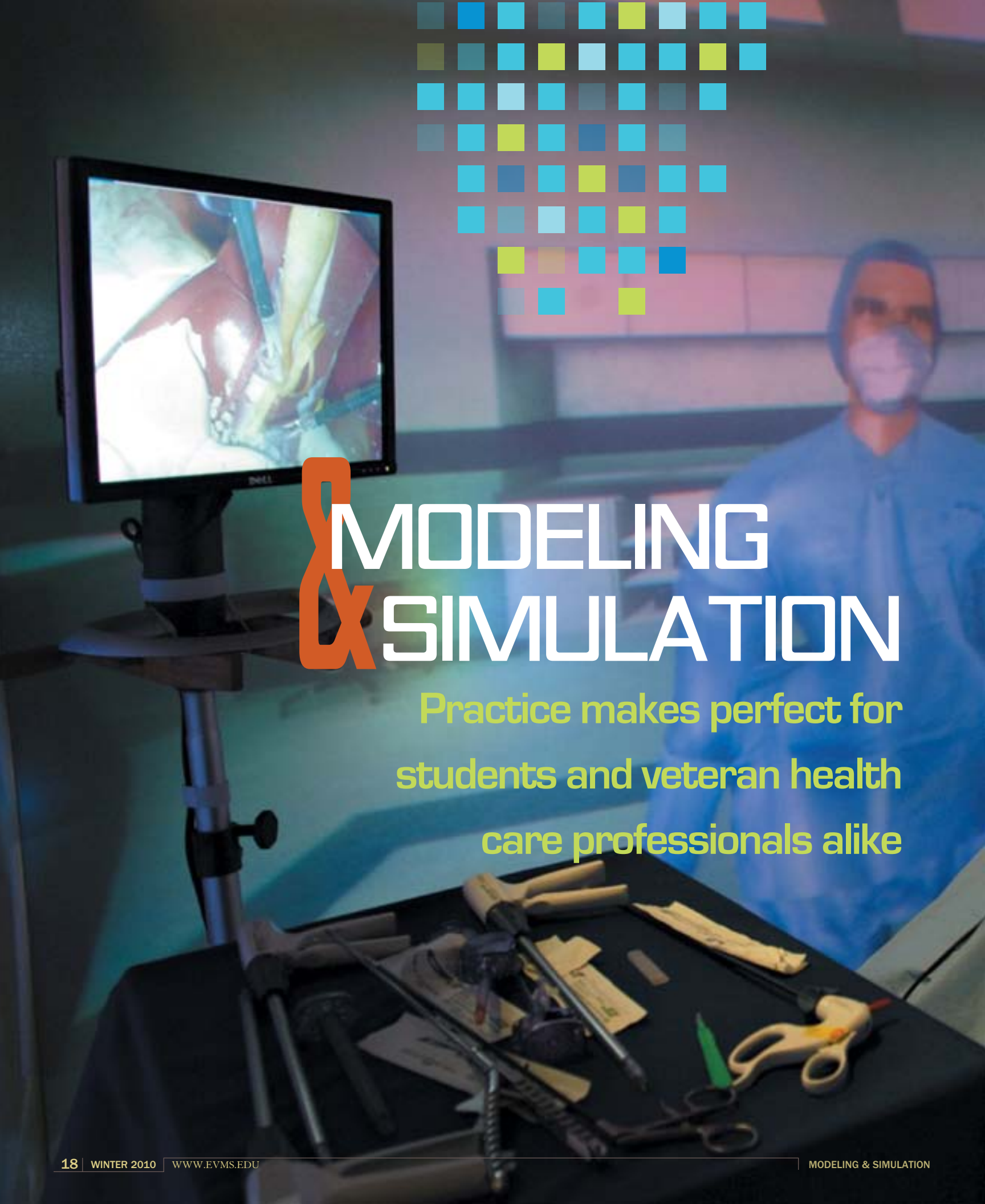
"We travel all over the country, and the places we see with successful economies have a big research component, and they're usually wrapped around something like EVMS," he says. "The more research money you can track the better, and I have to compliment the people at EVMS for the job they've done."

Building and diversifying EVMS makes good business sense for other reasons as well, Dr. Koch added.

"This kind of economic development tends to be clean in an environmental context and it involves jobs that pay higher than average wage rates," he says. "It is more reliable and less volatile than lots of alternatives relating to defense and tourism and the port. I think that's another very attractive feature of economic development that focuses on EVMS."

How critical, in Dr. Koch's opinion, is investment in EVMS for Hampton Roads economic health?

"I would have to rank it among the top two or three most important things that this region ought to do. I think that there are things to be done with transportation and related to the port, but I would have to put investment in EVMS certainly in the top three in terms of things that can actually be accomplished that really would make a difference." □



& MODELING & SIMULATION

Practice makes perfect for students and veteran health care professionals alike

EVMS Health Services surgeon Leonard Weireter, MD, demonstrates a surgical simulator in a virtual operating room. Student trainees using the system interact with simulated operating room staff in a scenario scripted by EVMS physicians and made possible by computer engineers at Old Dominion University. EVMS is including space in its new building for a similar three-dimensional CAVE. This one is located at ODU.

Vanessa Hannick isn't a model patient. Neither is Temple West nor Harry Profert.

They are "modeled" patients, an educational cadre carefully trained in simulating a sickness or in using their own bodies as classrooms.

These Standardized Patients are the people on whom students practice before they can practice medicine.

What really sets EVMS apart is its expertise in producing standard-setting standardized patients.

They are based at the Theresa A. Thomas Professional Skills Teaching and Assessment Center at Eastern Virginia Medical School, but their impact is felt far beyond the campus in Norfolk. Not only do they repeatedly work with EVMS students, they also travel to 43 schools and programs across the country, sharing their expertise with health educators who are not as far along as EVMS in medical modeling and simulation.

Few institutions are. EVMS is a founding partner, with Old Dominion University, of the National Center for Collaboration in Medical Modeling and Simulation.

Research at EVMS has included simulating the effects of and developing the best responses to mass casualties from a hurricane or terrorist attack on Hampton Roads; developing a training platform for military and reserve doctors who haven't had enough experience dealing with battlefield wounds; using simulation to teach diabetics how to improve circulation through biofeedback, and employing simulators to help older patients with daily tasks such as driving.

The school is even home to a Medical Modeling and Simulation Database, developed with the American College of Surgeons to make the latest developments in the field accessible through the Internet.

But what really sets EVMS apart is its expertise in producing standard-setting standardized patients.

The center has 101 of the "SPs" as they are called, who range in age from infants to 83.

"We have a great 7-year-old bed wetter, if you want one simulated of course," says Gayle Gliva-McConvey, the center's director since it opened in 1994. He's the youngest SP trained in a scenario. They have younger "patients," but then it's the parents who get the coaching, she says.

Don't dismiss them as actors playing a part. These folks take their missions as teachers seriously; some have even learned to get their healthy bodies to mimic the sounds of blocked arteries or a collapsed lung, all to improve their lessons.

And they are far from passive role players during the examination. While they are describing symptoms based on a scenario developed by doctors, they are compiling a mental checklist of questions that were asked – and, in many cases, the more important ones that were left out.

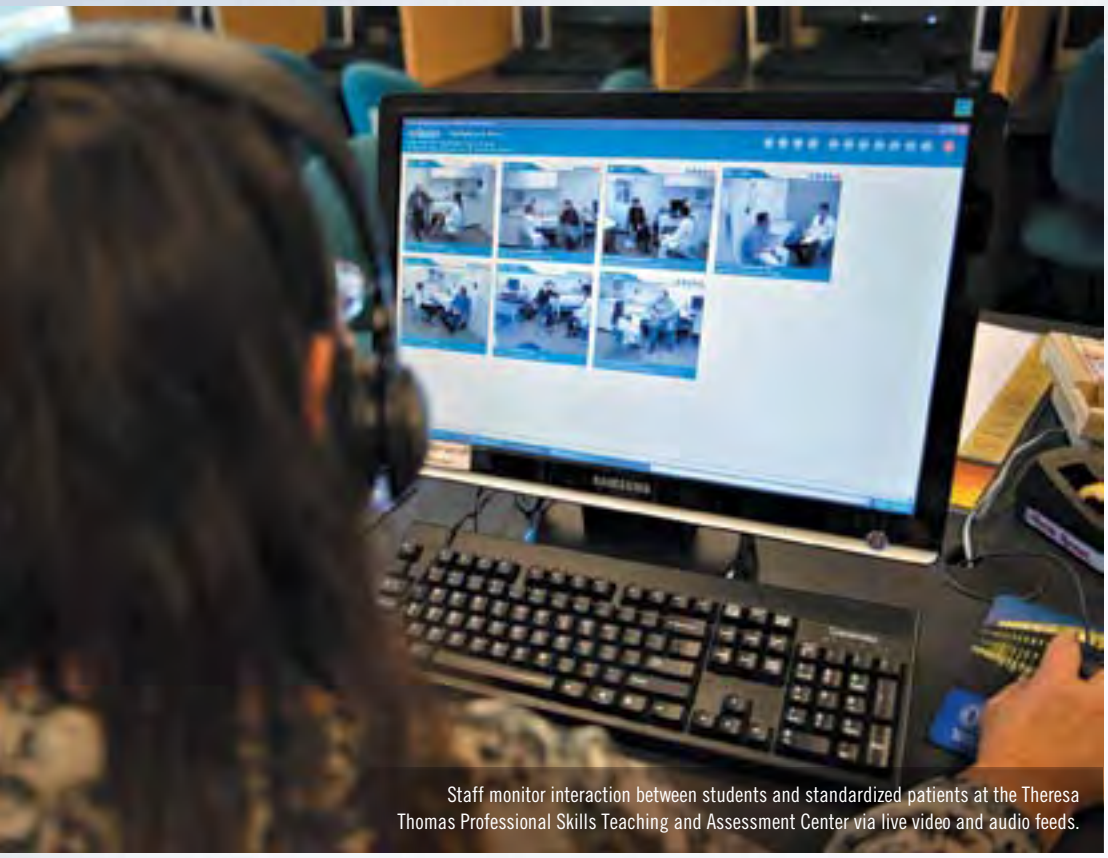
Afterward, the SPs break character and provide gentle face-to-face feedback on the student's behaviors and communications skills.

"It's never negative," Mr. Profert said. "We tell them, here's what you could have done better. Refinement in a positive way."

Mr. Profert is a retired Navy weapons specialist who was looking for a part-time job 16 years ago when he saw an ad for a patient simulator. He was in the initial batch of SPs trained at the center. At first they were known as program patients, but that sounded too computerized. Then simulated patients, which didn't quite capture the teaching element.

He eventually learned to be a Physical Teaching Associate, one who uses his own body to show medical students the basics of the physical exam.

The teaching associates don't replace anatomy or pathology classes. They augment them in a



Staff monitor interaction between students and standardized patients at the Theresa Thomas Professional Skills Teaching and Assessment Center via live video and audio feeds.

Merridee Schroeder, foreground, coordinates student experiences with standardized patients while others observe the activity in individual exam rooms for training and assessment purposes.

way books and computers and even cadavers can't approach.

"I lost two very good friends to prostate cancer," Mr. Profert says. "One had regular exams. Whoever was doing them may not have been as good as the ones I can teach."

Temple West has been an SP for about a year. She's 62 and has had a variety of jobs, from owning an antique store to teaching English at ODU. She overheard a friend talking about being an SP and called to see if she could get aboard.

"In my personal family history, there's a lot of breast and ovarian cancer that I am convinced could have been treated with better results if all of them had been caught earlier," she said. "The better that I can be at it, I feel the more breast and ovarian cancers will be caught earlier and treated more effectively."

And she's a big fan of the students. "Just about every SP would say the same thing," she said in a break for lunch. "We have a great deal of admiration for all of our learners, and we are their biggest fans."

Then it was back to work. "I have to get ready to have angina," she says.

Much more than a script is involved.

Jean M. Bishop trains the female teaching associates. It's an exacting curriculum.

"We know the anatomy. We know the clinical terms and how to couple them with the patient's terms," she says.

That attention to detail sets the EVMS program apart from others, according to Ted Warren, who administers the Education and Career Development Department for the American College of Physicians. He's been using teaching associates from EVMS at his annual meeting for a dozen years. It's one of the biggest draws to the conference, which this April will be held in Toronto.

"They're teaching, and in a lot of cases, they are giving people an amazing chance to learn new stuff," he said of the EVMS standardized patients. Doctors go in thinking they know how to give a pelvic exam, he says, and many leave after an EVMS session realizing they never had palpated an ovary correctly.

Other places have standardized patient programs, but don't focus like EVMS on the teaching and feedback, he says.

Often, when he tells doctors that the annual conference's patient instructors are from EVMS, they'll reply, "They're the best in the country," he says. "They have a reputation."

For EVMS medical students, it all starts in the first year.

"They spend half their time learning communications skills and how to take a history," says Thomas W. Hubbard, MD, JD, a pediatrician who chairs the EVMS Medical Education Committee and directs the first-year medical-student course called "Introduction to the Patient."

The teaching associates don't replace anatomy or pathology classes. They augment them in a way books and computers and even cadavers can't approach.

Then the students learn how to do a complete physical exam.

"Is the student pressing to the right depth in the abdomen to feel the liver's edge? Is the student actually feeling the ovary? Is the student listening?" says Dr. Hubbard, recounting just a few of the things students must master.

Vanessa Hannick discovered the program when she applied to the medical school. She didn't get accepted but was fascinated by the SP demonstration the school gives to applicants.

Students Kelsey Cecil, Katherine Hutson, Drew Smith and Thomas Fuller practice their interviewing skills with a standardized patient.

She plans to reapply to the medical school but became a PTA in the interim, using her body and experience to teach medical students the basics of a physical exam.

And that means the basics. Right down to which side of that shiny new stethoscope to use when listening for blocked arteries or stomach noises. (Tips: the earpieces are supposed to point forward, and the larger side, the diaphragm, is for listening to the gut. The smaller side, known as the bell, is used to hear "bruits," the whooshing sounds made by blood as it struggles to get by a blockage in an artery.)

These folks take their missions as teachers seriously; some have even learned to get their healthy bodies to mimic the sounds of blocked arteries or a collapsed lung, all to improve their lessons.

One of the key lessons she imparts is to always listen before you start probing those arteries. Their medical texts don't stress that. But if you palpate an artery before you listen for possible blockages, you could wind up breaking plaque free and cause a stroke or worse.

In the second year, the students encounter SPs portraying patients with abnormalities. "It becomes a more focused educational experience," Dr. Hubbard says, "taking all the skills they learned the first year to deal with a patient presenting with a problem."

The third year, the med students are back, this time to refine their communications skills, learn how to negotiate health care with patients and discover the importance of continuity of care, Hubbard said.

Then in the 4th year, they come to the center for a major assessment that will prepare them for the Step 2 Clinical Skills component of the U.S. Medical Licensing Exam, which now uses SPs.

All this work produces a crop comfortable with dealing with patients.

So is that just a feel-good effect, or does it have real health ramifications?

"Excellent communications substantially improves outcomes much better than a lot of our pills and medications," says Bruce S. Britton, MD, associate professor of family and community medicine at EVMS and a staunch advocate of the SP program.

"There is a difference between the knowledge of medicine and the art of medicine," he says. The SPs help teach that art.

Every year, Dr. Britton says, he asks his students if they know of a medication that can shorten the duration of a common cold.

"The answer is no, they all know that," he says. "But there is evidence that good patient interaction shortens a cold by one day."

Feedback is the key.

The critique is the most difficult and important element performed by an SP.

"The portrayal is the easy part," says Amelia Wallace, communications and standardized patient trainer. Much tougher is "figuring out how to give feedback to somebody, how to show empathy."

On her desk, a computer monitor is tuned to a feed from one of the 16 examination rooms in the skills center. A third-year medical student just finished diagnosing an SP who was mimicking a chronic illness. He felt her thyroid. With the exam

Students Drew Smith (left) and Katherine Hutson (right) hone their physical examinations skills on standardized patient Joe Brosmer under the guidance of family physician Anne Donnelly, MD.

over, Ms. Wallace begins her review.

"You showed a lot of concern for the patient as a patient," she praised him. "She wasn't here as a symptom."

Most of the time, students hear what they didn't get right, says Stacie Otey-Scott, PsyD, a primary care psychologist and associate professor in family and community medicine and in psychiatry and behavioral sciences.

The SPs can describe how they felt physically and emotionally when the student did something. If he or she was nervous, did it make the patient nervous? And they can critique without making the student feel stupid. It produces students who don't feel as intimidated in actual encounters.

"There really is no other way to get at that information unless you have a live person who is willing to share themselves, their most intimate side," Dr. Otey-Scott says.

Technology is making the training sessions ever more realistic.

EVMS and Old Dominion University's Virginia Modeling and Simulation Center joined forces in 2001 to form the National Center for Collaboration in Medical Modeling and Simulation.

The joint project has developed a Virtual Pathology Stethoscope that is programmed to produce heart and lung sounds to match the SP's supposed problem. Other work is underway to generate real-time EKG reports and ultrasound images that would display simulated problems during an exam, according to C. Donald Combs, PhD, EVMS vice provost for planning and health professions.

One entire floor of a new EVMS building that will open in 2011 has been dedicated to a new skills center. It will have space for a total immersion virtual simulation center similar to one known as the CAVE at ODU that EVMS now shares.

There will also be a separate lab, where students and physicians can develop arthroscopic and other high-tech skills on simulators. "If you want to learn how to use a da Vinci robot," Dr. Combs said, citing one of the systems used for microsurgery, "you don't want to be practicing that for the first time on a patient."

Even experienced physicians might benefit from a quick run through the simulators, he says.

"Professional athletes perform at a high skill level, but they always warm up before they perform," Dr. Combs said. "Our doctors don't, they just do it. How much faster could they do it, how many fewer mistakes would be made if before they went into an O.R. they could spend five minutes" in a simulator, he asked. "That's a good study to do."

EVMS' modeling and simulation program is among the top five of the 130 such programs in the nation, Dr. Combs says. It has made its mark with a concentration on the human simulators. Now that computers and machines are getting cheaper and better, those will be added to the mix when they support the curriculum.

Dr. Combs sees a future where the SP might be a holographic representation driven entirely by artificial intelligence.

But others believe human simulators are indispensable.

"Communication takes time, and it takes practice, and it takes working with a human being," Mrs. Gliva-McConvey says. "To look somebody in the eye and talk to them is different than looking a computer in the eye."

Then there's the physical component.

"Every body, in the sense of the physical body, is different," explained Dr. Hubbard. So not only does every SP bring their own personalities and life stories to the table, "their bodies are different. There is a wide range of normality."

What all agree on is the need for advances in technology to augment those human instructors.

"I think that we will be going toward hybrid simulation — computer and human," Mrs. Gliva-McConvey says.

"But at the end of the day, you need to know how to talk to and touch a human being. Computers will cover the sciences. There will always be the art."

Then again, she adds: "It might be a holographic doctor we're talking to — like on Star Trek." □

BECOMING A SUPER

PATIENT

FIVE TIPS FOR EMPOWERING YOURSELF AND IMPROVING YOUR CARE

So often a visit to the doctor can mean sitting quietly, answering questions and hoping the doctor figures it out. But empowering yourself as a patient with knowledge and participating in your care can give your doctor a well-informed partner in battling symptoms and improving your health.

EVMS Health Services physician Christine Matson, MD, is chair of family and community medicine at Eastern Virginia Medical School and the residency program director at Ghent Family Medicine in Norfolk. Dr. Matson teaches a course on medical interviewing at the school, and she says that one of the best approaches to improving patient care is to include you, the patient, in the process.

But you have to step up to the challenge. Here are a few areas where you can take a larger role in your care and become not just a patient — but a super patient.

BECOMING A SUPER PATIENT

1 EMBRACE TECHNOLOGY – YOUR DIGITAL SIDEKICK

Electronic medical records. Patient portals. They're all buzzwords where medicine and technology converge and the advancements are no longer limited to what goes on behind the desk. Patients can boost their health-care powers just through the tech options at a practice.

"We're at the tipping point now in terms of the importance of having electronic medical records and electronic access and asynchronous communication with physicians for the convenience of patients," Dr. Matson says. "If I can e-mail a doctor, she can get to it when she's available."

If your physician's practice offers a patient portal, which is an access point for patients to communicate with doctors and sometimes review test results and medical records and schedule appointments, it's crucial to take advantage of those amenities.

Dr. Matson says the advancements in electronic medical records have allowed physicians such as her to get a better picture of care in their practices.

"Because we have electronic data, we're able to track data more efficiently," Dr. Matson says. "I now know what percentage of my diabetic patients have had certain tests in the last year, and I can ask a diabetic educator to contact those patients who are not well-controlled. It's population-based medicine, and it's making for more informed physicians."

2 ARM YOURSELF WITH INFORMATION

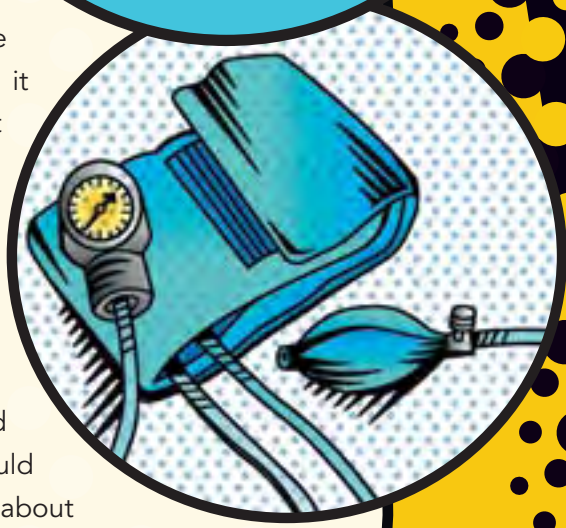
The most common thing patients bring along, especially to an initial appointment, is a list of medications. But there's much more you can do as a patient to help your physician get a better picture of your overall health.

"When we have new patients, we send them a questionnaire in advance and let them send it back to us on their own time," Dr. Matson says. "The average diabetic is on nine medications. We call it reconciliation when a patient is discharged from the hospital – we reconcile the list of what they're on with the ones we think they're on."

So often it's not what happens in the office visit that's important, but what patients are doing with their health every day, Dr. Matson says. Keeping track of data like blood pressure and sugar levels over time can help a patient see patterns immediately rather than waiting for a visit to the doctor.

"There are lots of tools. I regularly ask people who are taking high blood pressure medication to buy a cuff and take measurements at home. Those trying to lose weight need to track their calories and activity. If they have diabetes, they need to have a glucometer," she says. "It improves awareness and increases mindfulness. They're taking charge of their illness."

SO OFTEN IT'S NOT WHAT HAPPENS IN THE OFFICE VISIT THAT'S IMPORTANT, BUT WHAT PATIENTS ARE DOING WITH THEIR HEALTH EVERY DAY.



And it's not just those with chronic disease that can benefit from tracking. If you're experiencing new symptoms, such as headaches, but can't get in to visit the doctor right away, keep a diary tracking the headaches and the circumstances around them.

"I've had engineers bring in their blood pressure diary, and it's in PowerPoint with a graph," Dr. Matson says. "It's one thing for you to record sugars that day, but different to map it on a chart that shows time of day. They are figuring things out without waiting for me."

If you worry about scaring your doctor with PowerPoint presentations and data analysis, don't.

"Some doctors shrink when they see a patient come in with a list, but it's not a bad idea, because the interview becomes somewhat of a stressful event, and it's not unusual to forget something," Dr. Matson says. "The doctor should welcome a list of things you want to cover, but patients should also recognize that the doctor may need to say, 'Let's talk about them all, but what are the most important things to talk about today?'"

BECOMING A SUPER PATIENT

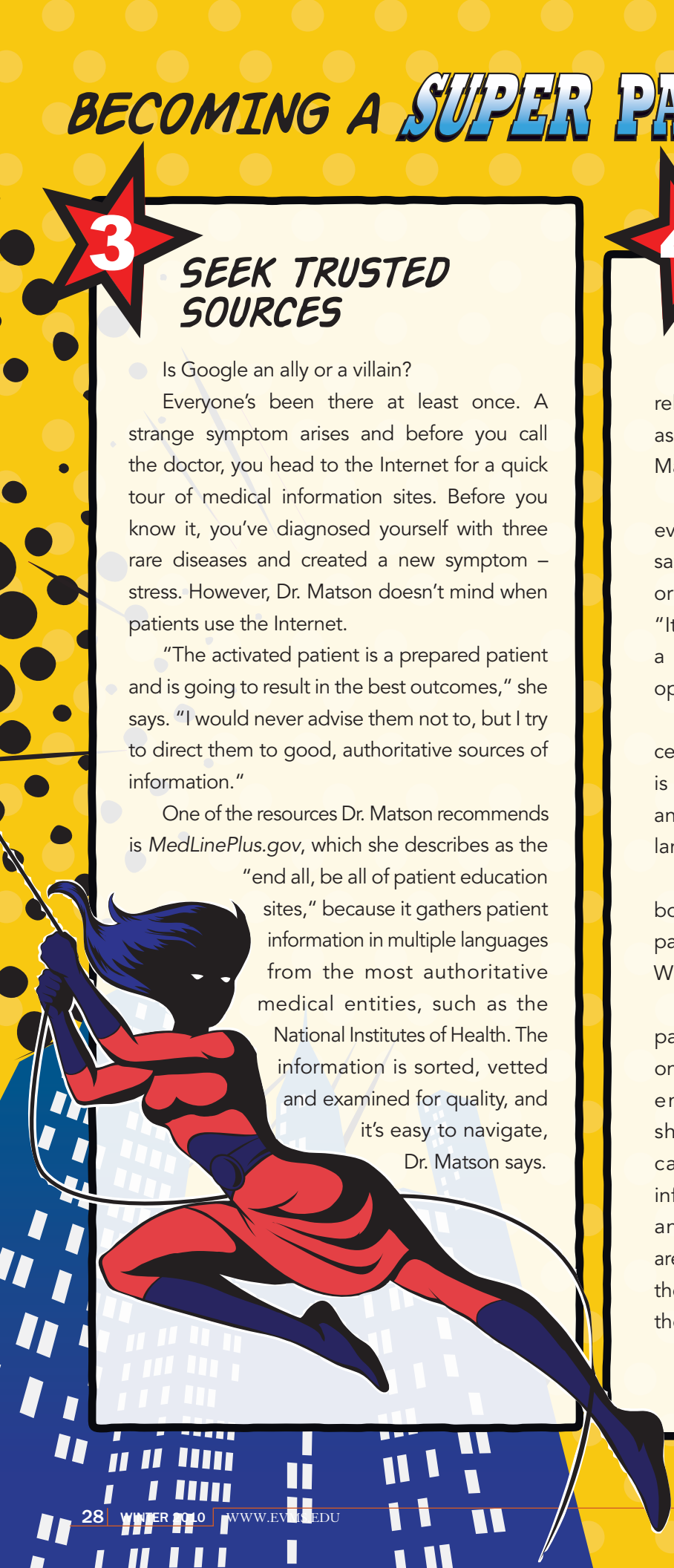
3 SEEK TRUSTED SOURCES

Is Google an ally or a villain?

Everyone's been there at least once. A strange symptom arises and before you call the doctor, you head to the Internet for a quick tour of medical information sites. Before you know it, you've diagnosed yourself with three rare diseases and created a new symptom – stress. However, Dr. Matson doesn't mind when patients use the Internet.

"The activated patient is a prepared patient and is going to result in the best outcomes," she says. "I would never advise them not to, but I try to direct them to good, authoritative sources of information."

One of the resources Dr. Matson recommends is *MedLinePlus.gov*, which she describes as the "end all, be all of patient education sites," because it gathers patient information in multiple languages from the most authoritative medical entities, such as the National Institutes of Health. The information is sorted, vetted and examined for quality, and it's easy to navigate, Dr. Matson says.



4 CALL FOR BACKUP

Once you've created a comfortable and trusting relationship with a doctor, it can feel awkward to ask for a second opinion of a diagnosis, but Dr. Matson says it shouldn't be.

"If a patient says, 'I'd like a second opinion,' every self-respecting doctor should be able to say, 'Sure. Here's another person you can talk to, or I'll help you find someone,'" Dr. Matson says. "It would make a patient question authenticity if a doctor wasn't comfortable discussing second opinions."

Dr. Matson practices and advocates for patient-centered interviewing in which she, as the physician, is focused not just on gathering medical history and symptoms but is constantly watching body language and involving patients in the discussion.

"I should be asking questions and picking up on body language," Dr. Matson says. She often asks patients such questions as "Do you have concerns? What are you thinking about?"

"It's important to understand a patient's idea of what's going on," Dr. Matson says. "An empowered patient should feel like they can volunteer that information. Feelings and understanding are important because they have an effect on their function."

5

WIELD YOUR POWERS

Patients often feel like they don't have anything to contribute during an office visit other than the occasional anecdote about a symptom, but an empowered patient makes his or her voice heard.

"You should tell the doctor what's on your mind as opposed to being passive. If the doctor doesn't get to it, that doesn't mean it's not important," Dr. Matson says. "I always encourage the idea of asking the patient what they think is going on. Even if it seems outrageous, that can be a very important clue when the problem is a diagnostic dilemma."

And tell your doctor when he or she is doing well and when he or she could be better.

"Doctors aren't gods," Dr. Matson says. "Give them feedback."

"YOU SHOULD TELL THE DOCTOR WHAT'S ON YOUR MIND AS OPPOSED TO BEING PASSIVE. IF THE DOCTOR DOESN'T GET TO IT, THAT DOESN'T MEAN IT'S NOT IMPORTANT."

Christine Matson, MD,
chair of family and community
medicine at EVMS

For Chaudhuri family,
EVMS has been the clear choice for 36 years

It would be an understatement to call education a Chaudhuri tradition, with the family boasting 14 MDs, three PhDs and a host of other degrees.

But Tapan Chaudhuri, MD, professor of radiology at EVMS, has taken this passion to a new level with three of his four children graduating from Eastern Virginia Medical School.

This past May, Deboki, the youngest child, graduated from the EVMS MD program. Two of Deboki's siblings, Lakshmi and Krishna, graduated in 1998 and 2007, respectively. The other, Madhu, has an MBA from ODU.

Dr. Chaudhuri, author of 200 publications, has worked with EVMS since its inception in 1973.

"When I was hired by EVMS' first dean, Dr. Robert Manning, I decided to work with EVMS because it was a challenge to work with a just-born medical school," Dr. Chaudhuri says. "I had other options, but I was honored and proud to be part of the team who would help grow the new medical school from infancy."

While Dr. Chaudhuri got the EVMS experience from the faculty side, his children were weighing their education decisions while observing their father's experience. He decided to encourage his children to attend the medical school because he could see the quality of education they would receive.

"[EVMS is] a place where they look at the whole person rather than just the numbers," Dr. Chaudhuri says. "That philosophy makes better, well-rounded doctors."

Krishna Chaudhuri, MD, currently in residency at EVMS in radiology, welcomed the opportunity to attend EVMS and the possibilities that came along with it.

"Most EVMS students participate in local services including free health-care screenings to local citizens and community outreach to encourage preventative medicine. It is a big part of the school and what sets it apart from other medical schools," Krishna says. "My father always emphasized how important EVMS has been to the Hampton Roads community, where my family has spent most of their lives and where I have spent my entire life."

Dr. Chaudhuri's oldest daughter, Lakshmi, and two of his other children considered a number of medical schools before selecting EVMS.

"I was brought up in Hampton and preferred a local school," Lakshmi says. "My father highlighted good things about EVMS, and the BS/MD program in medicine attracted me."

Lakshmi, from the class of '98, practices geriatric medicine in Newport News.

The most recent EVMS graduate, Deboki, is currently in his residency.

"My father encouraged me to attend EVMS because he liked the impact and the role of EVMS in the community," Deboki says. "He also knew that the people and staff at EVMS were some of the best and he felt that I would get a great education here." □

Front row, left to right: Chhanda Chaudhuri and Tapan K. Chaudhuri, MD. Second row, left to right: Madhu S. Chaudhuri, MBA; Lakshmi R. Chaudhuri, MD; Deboki N. Chaudhuri, MD; and Krishna G. Chaudhuri, MD.

Rita Fickenscher, PA, and her son, Ben Fickenscher, MD.

EVMS and Emergency Medicine are all in the family for mother and son

Ben Fickenscher, MD, doesn't call his mother "mom" anymore.

His habit of calling her by her given name, Rita, took hold when they started working as volunteers with the Virginia Beach Rescue Squad. They rode in an ambulance together for two years, responding as a team to all types of emergencies.

"Imagine being on the scene of an accident where things are going on, and somebody's saying 'Mom, I need this' and 'Mom, I need that,'" Ben says.

Their rescue squad days are far behind them now, but Ben and Rita continue to share a passion for medicine — particularly the chaotic and fast-paced environment of emergency medicine — and for their alma mater.

Rita Fickenscher is a graduate of the inaugural physician assistant class at EVMS. She serves as chief physician assistant (PA) with Emergency Physicians of Tidewater, overseeing nearly 40 PAs at all Sentara hospitals. In 2001, the same year Rita graduated, Ben began his studies in the school's MD program. He graduated in 2005, completed his residency training at EVMS and now is an emergency physician with Chesapeake General Hospital.

Neither took the traditional path into medicine. Rita always planned to become a physician, but the demands of first supporting her husband, Don, while he was in law school, and then raising a family delayed her dreams. When the family moved to Virginia Beach in the early 1990s, Rita joined the rescue squad and trained as a paramedic.

As her last of three sons headed off to college, Rita studied her own educational options. She again considered medical school but, coincidentally, EVMS was just beginning to recruit for its new Master of Physician Assistant program. Rita was familiar with the specialty and jumped at the opportunity.

Ben entered the College of William & Mary with an interest in medicine; he joined Rita on the rescue squad during his spare time. But he also pursued business as an option. After unfulfilling experiences as a recruiter and later as an assistant in a cancer research lab, Ben headed for medical school. He knew medicine was the right career choice when his contact with patients intensified.

"By the third year of medicine, when we started doing clinical rotations, it just felt right and I just got enthralled with it," Ben says. "With the patient interaction, I just really found my stride and where I wanted to be."

Their rescue squad training helped steer both into emergency medicine.

The rescue squad experience and shared time at EVMS haven't been the only time the two have crossed paths. As an emergency medicine resident, Ben trained part of his time at Sentara Virginia Beach General Hospital. By that time Rita was a seasoned member of the hospital's emergency department staff.

At the beginning of a shift, it was common for the mother and son to undergo some good-natured ribbing from other members of the medical team.

"From a seniority basis, she outranked me, so everybody made light of that," Ben recalls. "But working together was fun, it was rewarding."

For Rita, it was a rare second chance to work alongside her son.

"From my point of view, what an opportunity as a parent to be at ground level watching your child perform so well," she says.

Recently both — unbeknownst to the other — joined their respective alumni associations. Rita, who organized a PA reunion for a number of years, helped establish the EVMS School of Health Professions Alumni Association and now is president-elect of the organization. Ben is a member of the board of the EVMS Medical Alumni Association.

Neither was surprised by the other's involvement. And, although the alumni organizations meet separately, they relish the opportunity to work together — once again as colleagues — toward a common cause. □

Diabetes research *is perfect cause for*

Cavish charity golf tournament

Donna McCullough's daughters, from left, Cheryl and Adrienne, and grandson, Hampton, enjoy the Mike Cavish Golf Tournament and Dinner Party.

Most people who remember Mike Cavish recall him as a lawyer-turned-restaurateur and chef, known especially for the Judge's Chambers, a jazzy former nightspot in downtown Norfolk, and Fellini's, a casual eatery with an Italian flair that's still going strong on upper Colley Avenue.

But over the years since his untimely death on Dec. 2, 1998, Mike Cavish's name has been associated with a successful annual golf tournament that has raised more than $350,000 for the Eastern Virginia Medical School Strelitz Diabetes Center.

The tournament, which will be next held April 26 at the Elizabeth Manor Golf and Country Club in Portsmouth, is led by Mr. Cavish's sister, Donna C. McCullough; her youngest daughter, Elizabeth McCullough Kloc, and David Holmes, one of Mr. Cavish's close friends who owned the former Magnolia Steak & Seafood Co. in Norfolk's trendy Ghent neighborhood.

For Mrs. McCullough, linking Mike Cavish's name to a golf tournament as well as to diabetes research at EVMS made for a perfect connection. Her brother was a founding member of the Ghent Business Association, which already had sponsored one golf fundraiser for diabetes work at the medical school, while two members of McCullough's family — her mother and her middle daughter — had endured diabetes for many years.

Mrs. McCullough recalled her discussions with Mr. Holmes and Chris Thomas, then owner of Signs & Designs in Ghent, about naming the Ghent Business Association golf tournament after Mr. Cavish and continuing to raise money for diabetes research. "I said, 'That definitely would be my cause.' Also, it made sense for me to combine with them rather than go off on my own," Mrs. McCullough says.

The first official Mike Cavish Golf Tournament was held at the Ocean View Golf Course on May 7, 1999, six months after Mr. Cavish passed away. The tournament, which included food donated by several businesses, raised about $5,400.

Then another of Mr. Cavish's friends, Richard Levin, owner of Levin's of Virginia, which specializes in brass and iron beds, suggested that the outing also feature a dinner for its participants. The venue, of course, would be Fellini's and the event would become "The Mike Cavish Golf Tournament and Dinner Party."

"It was just the thing to do," says Mrs. McCullough, who is the retired executive director of the Franklin/Southampton Area Chamber of Commerce and now owns Fellini's. "Ever since then, we close Fellini's for the day and all our people prep, prep, prep really crazy, and then we all have a wonderful dinner after the tournament."

The event grew and has topped $20,000 for diabetes research at EVMS every year beginning with 2002.

Donna McCullough does not play, but her family is represented in the tournament by her husband, Michael McCullough, and her son-in-law, Brett Kloc, who is general manager of Fellini's.

The family's personal connection to diabetes also stays high on their minds.

"To find a cure," Mrs. McCullough said, "is the one thing I pray for every day."

Her mother, Lucille Murden Cavish, who died in 1978, was diagnosed with the disease in 1950 at age 38. "Mother had broken her pelvis and ended up in the hospital. That's how they found out she had diabetes," Mrs. McCullough says. "I was in high school at the time and I remember the lady down the street scaring the heck out of me, telling me these horror stories about how my mother was going to be sick every day of her life. She wasn't, but she did have it pretty bad."

Her daughter, Adrienne, 42, lives in Atlanta and has had Type 1 diabetes since the summer after her sophomore year at the University of Virginia. "She was home and one day opened a can of cake icing and practically ate the whole thing," Mrs. McCullough says. A medical test indicated diabetes but the doctor thought it could be controlled with pills.

Adrienne returned to college that fall but after a few weeks called home from a hospital. She had suffered an insulin attack.

"Since then, she's been on insulin and is a very, very healthy diabetic, has two wonderful children and really takes care of herself," Mrs. McCullough says. "But I was scared to death when she was pregnant."

Mrs. McCullough is proud that she can help support diabetes research at EVMS.

"What they're doing at EVMS to find a cure is really amazing. It really is. Our money is a drop in the bucket compared with the real big money that comes in with grants," she says. "But we raise more than $20,000 every year — and we're aiming even higher for the future — and I know it helps. It also honors my brother and supports EVMS. That's why it's still my cause."

The next Mike Cavish Golf Tournament and Dinner Party will be held April 26 at the Elizabeth Manor Golf and Country Club in Portsmouth. To participate, call 446-6070 or visit *www.evms.edu/cavishgolf.* □

Office of Development welcomes new staff

Two new fundraisers have joined the staff of the EVMS Office of Development.

Connie Hedrick serves as the newly appointed director of the Office of Development.

Ms. Hedrick previously worked as the executive director of the Chesapeake Regional Health Foundation. Prior to that position, she was the executive director of Bon Secours DePaul Health Foundation and chapter president for the National Multiple Sclerosis Society in Richmond.

A Virginia Beach native, Ms. Hedrick holds a BS in psychology from Radford University and a master's in social work from Virginia Commonwealth University.

She is a 2008 recipient of the *Inside Business* Top Forty Under 40 designation and serves on the boards for organizations including The Junior League of Norfolk-Virginia Beach, Hampton Roads Gift Planning Council and the Association of Fundraising Professionals.

"I am thrilled to have Connie join the EVMS family," says Claudia Keenan Hough, EVMS vice president for external affairs. "Her years of experience in the health-care sector will reinvigorate our fundraising efforts."

Connie Hedrick, BS, MSW

Megan Christopher, BA

Megan Christopher joins the Office of Development as the director of corporate and foundation relations. Contributions from corporations and foundations account for more than one-third of the total donations received at EVMS.

Ms. Christopher comes to EVMS from Pickersgill Retirement Community in Towson, Md., where she served as director of development and public relations. Previously she served as the community relations coordinator at Westminster-Canterbury on Chesapeake Bay and as the marketing coordinator for EmploymentGuide.com, an employment web site owned by Dominion Enterprises.

Ms. Christopher received a BA in journalism and public relations from Indiana University of Pennsylvania. She is an active member of the Association of Fundraising Professionals.

"Megan brings energy and enthusiasm to this brand-new position," Ms. Hough says. "Her experience in community relations will enliven our corporate fundraising efforts." □

Diabetes in India

continued from page 11

research at the EVMS Strelitz Diabetes Center to speak at the "Best of ADA India" Conference Nov. 12-15. The annual professional-education program is designed to share the latest advances in clinical research and care related to diabetes and its complications with Indian physicians.

Diabetic neuropathy in India is a major concern. Throughout the country, bare feet are a cultural norm. People remove their shoes upon entering homes, some offices and always at the temple. Farmers often go barefoot and the iconic rickshaw operators ramble through town with unprotected feet. This is problematic because nerve damage due to diabetes ruins sensation in the extremities. As a result, doctors see a parade of sores and infections that commonly go undetected – an unfortunate preamble to amputation.

"Dr. Vinik is a world-renowned thought leader in the field of diabetic microvascular complications. Since beginning the program, collaborators in India have expressed great interest in having Dr. Vinik present, and ADA was delighted he was able to participate," said Linda Cann, managing director, professional education and conventions for ADA.

Microvascular complications — those affecting the body's tiniest blood vessels and capillaries — occur when blood vessel walls become abnormally thick and weaken. They then bleed, leak protein and slow blood flow to cells, a progression that can cause nerve damage, vision loss and kidney damage. Dr. Vinik discussed the course of development, diagnosis and management of these complications with nearly 500 health care providers in Pune and Kolata, India.

"I am driven to export the knowledge and advances we have made at EVMS so that the world can be a better place for people with diabetes," says Dr. Vinik, who has been tapped by the ADA for similar trips to China and Egypt, developing countries that have also seen a sharp rise in diabetes. "Our goal is to reduce the number of amputations, falls and fractures worldwide by pursuing the forms of preventive therapy and treatments we have evolved here."

The World Health Organization projects that by 2025, three-quarters of the world's 350 million diabetics will inhabit third-world countries. Currently, prevalence of the disease among Indian adults is about 6 percent or 35 million people — a number expected to swell to more than 75 million by 2030. □

IN FOCUS

Photos taken at Haunted Hallway, Research Day, Chili Cookoff, Pediatrics Club gift wrapping, and the Annual Fund Holiday Party.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1. Every October, students take a break from their studies to host a ghoulish Halloween event, called Haunted Hallway, for local children. From left to right, medical masters students Akshay Bhatnagar and Eugene Kang and Jonathan Bouchez, MD Class of 2013, show one of the children how to play a ring-toss game. 2. Sajithya Perera, MD Class of 2012, and David Rich, MD Class of 2013, show children how to make crafts. 3. Evan Berger, medical masters Class of 2010, puts a temporary tattoo on a local child. 4. Rebecca Miller, Anh-Thu and Elizabeth Finch, all MD Class of 2012, give out candy. 5. Ruth Westcott ladles out a bowl of chili for Julie Kerry, PhD, during the annual Chili Cookoff. The event, sponsored by the EVMS Administrative Resource Council, is a fund-raiser for student scholarships. 6. Toni Hood, MD, center, co-chair of the EVMS Faculty and Staff Annual Fund Campaign, speaks with Russell Prewitt, PhD, left, interim chair of physiological sciences, and Megan Christopher, director of corporate and foundation relations, at a holiday event to honor annual fund supporters. 7. Kevin Choi, MD Class of 2012, gives a platform presentation of his research during the 21st annual Research Day. 8. Vidhi Shah, biomedical sciences PhD student, discusses her study of the potential use of electronic communication in pediatric care during Research Day. 9. Kathleen Altemose, left, and Amanda Gohlke, both MD class of 2012, wrap donated Christmas presents bound for a local family shelter. The students are members of the EVMS student-run Pediatrics Club.

Mansbach Lecture – Feb. 11, 2010

The annual Mansbach Lecture will be held on Feb. 11 in EVMS' McCombs Auditorium in Lewis Hall at 5:30 p.m. The lecture is in honor of the late Harry H. Mansbach, a widely respected and admired lawyer, civic leader and philanthropist who played a central role in the creation of EVMS. This year's featured lecturer is Carmen Camergo, MD, a research epidemiologist and Harvard Medical School professor. He is a renowned expert on the effect of Vitamin D and will be discussing the role it plays in our overall health in his lecture, "The Sunshine Vitamin: Emerging Evidence on Vitamin D, Infection and Allergy." For more information, call (757) 446-6070.

Office of Minority Affairs On-Campus Visitation Day Program – March 27, 2010

The Office of Minority Affairs invites students from regional universities to spend the day learning about Eastern Virginia Medical School. This day-long event takes place at Lewis Hall and will include a presentation on diversity in medicine and clinical skills, a tour of the school's basic educational facilities, a review of the admission selection factors and interview assessment variables, mock admission interviews conducted by members of the EVMS Admissions Committee and panel presentations by medical students and residents. The deadline for registration is March 19. Call (757) 446-5869 for more information.

Family Weekend – April 9-10, 2010

Family members of EVMS medical and health professions students are invited to take a closer look. This weekend event features interactive campus tours, hands-on exercises, and lectures on medical topics designed to give a closer look at what life as an EVMS student entails. For more information including hotel accommodations, please visit *www.evms.edu/family.*

School of Health Professions Alumni Association Banquet – April 17, 2010

The 2nd annual EVMS Health Professions Alumni Association reunion and meeting will be held at the Norfolk Yacht and Country Club. All Eastern Virginia Medical School Health Professions alumni, faculty and staff are invited to attend this special evening. Enjoy reconnecting with fellow alums and hear EVMS and School of Health Professions updates from President Harry Lester and Vice Provost for Planning and Health Professions Don Combs, PhD. Visit *www.evmsalumni.com* for event information and registration details.

Mike Cavish Golf Tournament – April 26, 2010

In memory of community leader and local restaurateur Mike Cavish, the 12th annual Mike Cavish Golf Tournament will be held at Elizabeth Manor Golf and Country Club. All proceeds from the tournament benefit the Strelitz Diabetes Center. To reserve your foursome or receive more information, call (757) 446-6070 or visit *www.evms.edu/cavishgolf.*

Trauma Run – May 22, 2010

EVMS is hosting the 2nd annual Trauma: Run for Your Life 5K Race and Community Education Exposition at the downtown Norfolk medical campus on Saturday, May 22 to raise awareness about traumatic injuries. Runners, joggers and walkers are welcome in the race which begins at 8 a.m. and will be followed by a family-friendly expo that focuses on safety and traumatic injury prevention. For more information or to register, go to *www.evms.edu/traumarun.*

EVMS Charity Golf Classic – May 25, 2010

The EVMS Charity Golf Classic returns after a two year hiatus. This exclusive charity golf tournament will be held May 25 at Bayville Golf Club in Virginia Beach. All proceeds will benefit the EVMS Foundation, which supports the school's missions of teaching, discovering and caring. For information about sponsorship or registration for this event, please call (757) 446-6070.

EVMS HEALTH SERVICES

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Associates, located in the same building, Mark S. Sinesi, MD, assistant professor and chair of the Department of Radiation Oncology and Biophysics, provides radiation oncology services. Also practicing nearby are EVMS Health Services otolaryngolgists (ear, nose and throat specialists) .

As an experiment in care, the Princess Anne office has proven a success. About 1,500 new patients have been seen during their first year with 75 percent of those new patients living within the Princess Anne area. That figure is expected to grow, Ms. Rodeheaver says, with the opening of the adjoining hospital sometime next year. □

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EVMS Health Services is a not-for-profit group supporting Eastern Virginia Medical School (EVMS). Over 150 physicians specialize in family and internal medicine, obstetrics, medical and surgical specialties as well as radiation oncology, laboratory and pathology services.

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