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from the president



A new year is synonymous with new resolutions. At Eastern Virginia Medical School, we are resolved to be the most community-oriented medical school in the nation. Throughout the school's 37-year history, community service has been a guiding force in our daily efforts. With our new vision statement in place, we strive to give back to the community that made this school possible.

No matter what the job, the role or the department, everyone at EVMS has an equal part in moving us forward and in elevating us to new levels of achievement (see page 8).

The new year brings exciting changes in health care, and we're embracing those opportunities. Our EVMS Health Services physicians and health professionals are implementing a new kind of practice model known as the Patient-Centered Medical Home (see page 28).

Later this year, EVMS will open the doors to its new medical education and research building. This building will transform the campus with state-of-the-art technology, flexible classroom space and expanded research labs for our scientists. More importantly, the new building will allow us to expand the physician assistant program by 60 percent (see page 20) and increase the MD class by 30 percent.

Education doesn't end at graduation. Our Office of Continuing Medical Education (CME) keeps physicians and other health-care providers on and off the EVMS campus apprised of the latest technologies, breakthroughs in research and innovations in patient care (see page 16). CME allows EVMS Health Services and health-care providers across the nation to continue delivering high-quality patient care.

I hope in 2011, you will resolve to join us in our efforts to bring our vision to life. As always, thank you for your support of EVMS.

Harry T. Lester

President

PATIENT-
CENTERED
MEDICAL
HOME

28

I2 Student in
Afghanistan



Teaching. Discovering. Caring.™

MPH PROGRAM

to lead statewide public-health training center

The Eastern Virginia Medical School/Old Dominion University (ODU) master of public health (MPH) program is leading a statewide initiative to train current and rising public-health professionals.

The Commonwealth Public Health Training Center (PHTC) is funded by a five-year, \$2.5 million grant from the U.S. Health Resources and Services Administration. It brings together all the state's graduate programs in public health and family-medicine residency programs, the Virginia Department of Health (VDH) and the Virginia Public Health Association (VAPHA) to focus on key initiatives essential to a highly trained public-health work force.

David O. Matson, MD, PhD, director of the EVMS/ODU MPH program, and Christine C. Matson, MD, chair of the EVMS Department of Family and Community Medicine, lead the program.

"We need to have a cadre of highly trained professionals working in the public-health system. Historically, a substantial number of those employees have no specific training in the discipline. Our goal is actively to bring training to them," Dr. David Matson says.

Creating a unified training and education structure is an important step toward addressing health inequities and strengthening the public-health infrastructure, which is expected to shoulder greater responsibilities following this year's approval of federal health-care reform. The new center also will focus on global-health concerns that merit greater research attention.

"I am extremely excited by this opportunity because the public-health work force is aging and carrying a greater burden each year. Grants like these are needed to support and build public-health infrastructure in Virginia," says A. James English Jr., MSc, associate professor in ODU's School of Community and Environmental Health and associate director of the EVMS/ODU MPH program.

State Health Commissioner Karen Remley, MD, MBA, says community partnerships are key to keeping Virginia healthy. "This grant will allow us to collaborate with Eastern Virginia Medical School and Old Dominion University as we collectively work to ensure our public-health professionals are highly skilled so that they can meet a wide range of health needs around the state," she says.

All the center's training activities will include

education on health equity, which Dr. Remley says will help the commonwealth focus on populations that experience poorer health outcomes.

C. Donald Combs, PhD, vice provost of planning and health professions at EVMS, says, "The center is an important example of EVMS' long-term strategy of developing partnerships to address pressing community needs — in this instance strengthening the commonwealth's public-health work force."

The center will have five core initiatives:

- Providing training for VDH employees throughout Virginia.
- Enhancing the public-health knowledge of family-medicine residents.
- Strengthening the education pipeline for the public-health work force.
- Integrating the needs of the medically underserved into all training initiatives.
- Hosting statewide training conferences to promote education and collaboration among public-health professionals.

Continued on page 7

Public health students learn to use GPS units before a door-to-door health survey.





Judith Taylor-Fishwick leads the effort to make homes healthier and safer for Norfolk youth.

HOME SAFE HOME

HUD grant allows EVMS-led program to make homes healthier and safer for Norfolk asthma/allergy patients

Reducing asthma and allergy triggers in patients' homes is the goal of an \$875,000 grant the U.S. Department of Housing and Urban Development awarded Eastern Virginia Medical School.

Judith C. Taylor-Fishwick, MSc, assistant professor of pediatrics, is leading the Consortia for Healthy Homes in Norfolk (CHHN), which focuses on asthma, air quality and household safety.

In late October, the study began recruiting 125 Medicaid patients between the ages of five and 12 based on referrals from the allergy clinic at Children's Hospital of The King's Daughters. Cynthia Kelly, MD, clinical director of the project and director of research within the EVMS Department of Pediatrics, oversees the clinic.

In mid-December, environmental experts began assessing homes to identify indoor asthma triggers and safety hazards, including dust, pollen, mold, mildew and pests. Families also receive help to manage their children's asthma medications.

"This unprecedented approach allows us to explore the connection between health and

home," Mrs. Taylor-Fishwick says. "Not only are these children clinically assessed, but we visit their homes and teach their families what can be done to improve their quality of life."

"Not only are these children clinically assessed, but we visit their homes and teach their families what can be done to improve their quality of life."

EVMS is one of 25 recipients of the award nationwide and is the only site in Virginia to receive funding for this cycle of the HUD Healthy Homes Program. The school is working with 14 organizations in Norfolk, including Old Dominion University, Norfolk State University, the City of Norfolk, the Norfolk Redevelopment and Housing Authority (NRHA) and the Norfolk Resident Association.

Environmental experts from partner organiza-

tions provide training in healthy-home practices to organizations across Hampton Roads. Families receive a variety of easy-to-implement tips, as well as more extensive suggestions, to make their homes healthier. Simple solutions may include using impermeable mattress covers for children who are allergic to dust mites. More complicated solutions are needed for houses with significant mold damage that require referral to the NRHA for repair or replacement.

"If there are cockroaches, we seal holes. If the roof is leaking, we make amendments to the roof. If there's no air conditioning, we look at ways to improve the humidity level so as to reduce dust-mite load," Mrs. Taylor-Fishwick says. "We take dust mite and cockroach allergen samples and analyze them to see how we can reduce the allergen load and follow up to see if we've brought those levels down."

A similar project conducted in Newport News several years ago was successful in making homes healthier and safer for children. □

For tips on reducing household allergens, visit www.evms.edu/magazine.



School of Health Professions

AT RECORD ENROLLMENT

If the corridors of Lewis Hall feel a little more crowded than they used to, there's a good reason: they are. Enrollment in Eastern Virginia Medical School's School of Health Professions has risen to a record 432 students, more than 10 percent greater than last year.

The school's growth didn't happen by accident; it was planned. The program's directors spent the past several years refining their respective curriculums to ensure they are as strong as possible.

"We're comfortable growing because we know the underlying programs are strong," Vice Provost for Planning and Health Professions C. Donald Combs, PhD, says. "We're definitely not doing growth for growth's sake. We're doing it because we think we're doing a good job and we think there's a need for the types of professionals we train."

Numerous factors are contributing to expanding class rolls. For one, many people strengthen their résumé by taking classes or getting advanced degrees when the economy sags as it has in the

past two years. Also, those looking for a job that pays well and gives them a chance to make a real difference in others' lives might look to EVMS' health professions programs.

But by far the most important factor is that they're all strong programs, Dr. Combs says.

For instance, the joint EVMS/Old Dominion University Graduate Program in Public Health was chosen to lead a statewide training initiative (see story page 4). Students in the EVMS surgical assistant program, known as one of the most rigorous in the country, have maintained a 100 percent first-time pass rate on their certification exam over the last eight years, and the Master of Physician Assistant (MPA) Class of 2010 continued that program's streak of besting the national average on the physician assistant exam.

That burgeoning reputation of excellence is what drew first-year art therapy and counseling student Paige Scheinberg to EVMS. To her, the program's emphasis on clinical experience, art processes and art and psychology education was an important factor.

"Many of the alternative programs around the country focus on one of these three factors," she says, "but the program here at EVMS strives to find a balance so that we come out of the program competent in art therapy and counseling as a whole."

Dr. Combs says the School of Health Professions' growth is "beginning to have an increasing impact on the flavor of the institution." He says EVMS continues to explore ways to broaden interactions and camaraderie between the medical and health professions students.

The rate of growth likely will taper in coming years as programs hit capacity (with the exception of the MPA program, which will grow by 60 percent with the completion of the medical education and research building). At the end of the day, the programs are focused on how well the students fare. They track how competitively they rank with other schools on national exams and whether they're able to find jobs quickly.

"We're not going to grow too fast to put those things at risk," Dr. Combs says. □

DR. CUBIC HONORED *for integrated care training*

Barbara Cubic, PhD, associate professor of psychiatry and behavioral sciences, received one of psychology's top awards, the 2010 Cummings PSYCHE Prize from the American Psychological Foundation (APF), for establishing a new training model that puts psychology interns side by side with primary-care residents.

The approach teaches rising psychologists to work at the fast pace of a busy family physician's office and produces doctors well versed in mental health. Dr. Cubic pioneered the "integrated care" training program that EVMS has been using for more than a decade.

"Integrated care is one of the leading models that's coming out of the health-care reform," Dr. Cubic says. "We're producing the work force that will actually know how to work together in these new models that health-care reform is trying to move towards. We were doing it a little bit before anyone else was doing it."

The award, which carries a \$50,000 prize, was presented through a partnership of the APF and the Nicholas and Dorothy Cummings Foundation. The foundation's co-founder, Nicholas Cummings, PhD, ScD, has been a strong advocate of integrated care.

"Barbara's work parallels his work, so it seemed like a perfect match," says J.D. Ball, PhD, professor of psychiatry and behavioral sciences — and the person who nominated Dr. Cubic for the award. "She's done so much to accomplish all this for EVMS."



J.D. Ball, PhD, left, nominated Barbara Cubic, PhD, for the PSYCHE Prize.

"We're producing the work force that will actually know how to work together in these new models that health-care reform is trying to move towards."

The integrated model works by placing psychology interns in clinical settings alongside doctors training in EVMS family-medicine

residencies and their supervising physicians. The up-and-coming psychologists and doctors see the same patients at the same time in the same setting. This allows psychologists to learn the medical vernacular and to provide quick consults and recommendations on mental-health issues. The doctors learn to spot symptoms and behaviors that should trigger a conversation with the psychologist.

"It's the future," Dr. Ball says. "This is where the federal government wants to take mental-health service delivery — into the office of pediatricians, family doctors and primary-care physicians."

In addition to implementing the new training method, Dr. Cubic sought outside funding to help expand the program and won some of the first-ever grants awarded by the U.S. Health Resources and Services Administration for psychology education. Her efforts have netted total grant funding of about \$1.5 million over the past decade.

Nicholas Cummings, PhD, ScD, praised Dr. Cubic in an article published in the American Psychological Association's magazine *Monitor*.

"One of the excellent things about Barbara is her ability to get funding for integrated care, and she is very talented and tireless in that regard," Dr. Cummings said. "She is a triple-threat person — not only an excellent clinician, but also an excellent researcher and writer." □

MPH PROGRAM

continued from page 4

Through partnerships between academic centers and public-health leaders in the state, trainees will conduct studies of health issues that typically are not the focus of high-quality research. Because collaboration is essential for effective public-health programs, center trainees will work in teams, including groups conducting global-health research.

"We believe this cross-disciplinary approach and

global and community-health exposure enhance the leadership potential for persons completing our training programs," Dr. David Matson says.

Ruth Bernheim, JD, MPH, president of the VAPHA and director of the University of Virginia Master's of Public Health Program, called the initiative "a remarkable step for public health in Virginia.

"For the first time, it brings together the Virginia Public Health Association and its associated master's of public health programs with the VDH and schools of medicine to launch public-health education for the work force. It's an extraordinary bringing together of people to take a major leap forward," she says. "We are grateful to EVMS and ODU for providing leadership on this effort." □



MISSION, VISION, *Values*

mission:
POSSIBLE



Keynote speaker Kevin Grigsby of the AAMC.



STRATEGIC PLAN SETS NEW STANDARD: *community focus, world impact*

EVMS rolled out its new strategic plan in September with a renewed commitment to the community that brought life to the institution.

“Our entire strategic plan is aimed at one thing: transforming Eastern Virginia Medical School into the most community-oriented medical school in the nation,” President Harry T. Lester told the audience of 1,500 EVMS and EVMS Health Services faculty, staff, students and residents gathered at the Ted Constant Convocation Center at Old Dominion University.

School leaders focused on highlights of the

plan, dubbed “Mission: Possible,” and used the unprecedented school-wide gathering to encourage the audience to embrace the school’s core values — excellence, collegiality and integrity — and to take a hand in achieving the school’s mission (To learn more about the mission, go to www.evms.edu/MissionPossible).

President Lester described the strategic plan as a roadmap for the future as he highlighted some of the key goals: world-class research on ailments prevalent in Hampton Roads; cooperative agreements with health-care providers, as well as local colleges and universities; top-notch

graduates who want to remain and practice in the region; and cultural diversity across the institution.

“We know that changing the world begins with changing Hampton Roads,” he said. “Eastern Virginia Medical School will have a community focus and a world impact.”

Dean and Provost Gerald J. Pepe, PhD, told the audience that the school is poised to grow, but it will require a clear focus on what’s best for the institution to make it happen.

“To enable that growth, to ensure we meet our full potential as an academic health center, we

Mission

Eastern Virginia Medical School is an academic health center dedicated to achieving excellence and fostering the highest ethical standards in medical and health professions education, research, and patient care. We will strive to improve the health of our community and to be recognized as a national center of intellectual and clinical strength in medicine.

Vision

Eastern Virginia Medical School will be recognized as the most community-oriented medical school in the nation.

Values

Three core values drive our daily efforts:

- **Excellence:** We determine with our stakeholders what is valuable and hold ourselves to high performance standards that fulfill our promises.
- **Collegiality:** We serve our community and one another, building strong and mutually supportive relationships. We work as a cooperative, united team to further our purposes of education, research and patient care.
- **Integrity:** We strive to maintain the highest ethical standards and accept accountability for all we do and say.

Key Initiatives

Visit www.evms.edu/MissionPossible/ to learn more. □

must embrace change,” Dean Pepe said. “We must continue to mature as an organization. We must abandon silo mentalities and put EVMS first.”

Like the other speakers, he closed with a tag line heard repeatedly during the day: “I am EVMS.”

Claudia E. Keenan, chief of staff, guided the school through the 15-month strategic-planning process. She stressed the need for widespread support of the plan as she laid out the seven long-term goals and told the

Continued on page 35

THREE EXECUTIVES *join Board of Visitors*

Three local business leaders have joined the Board of Visitors of Eastern Virginia Medical School.

New to the board are Frank Batten, Jr., Bruce L. Thompson and Richard C. Zoretic. The Board of Visitors is the governing body of EVMS.

Mr. Batten was appointed to the board by the Virginia House of Delegates. He is chairman and chief executive officer of Norfolk-based Landmark Media Enterprises, LLC. Landmark owns Dominion Enterprises, television stations in Nashville and Las Vegas and daily newspapers in Norfolk and Roanoke, Va. and Greenville, N.C.

Mr. Batten has held a variety of editorial, sales and management positions at Landmark publications. He is a former president and publisher of The Virginian-Pilot and also worked as an Associated Press reporter in London.

He holds a bachelor's degree in history from Dartmouth College and an MBA from the Colgate Darden Graduate School of Business Administration at the University of Virginia. In addition to his service on the EVMS board, Mr. Batten is on the Board of Visitors of Old Dominion University, and a member of the Board of Directors of the Access College Foundation.

The EVMS Foundation appointed Mr. Thompson to the EVMS board. He is CEO of Gold Key/PHR Hotels & Resorts and has been a leader in the travel industry for more than 25 years.

Mr. Thompson has served on the boards of a number of public and private tourism and development organizations. He is a director of the American Resort Development Association, the Virginia Beach Resort Area Advisory Commission, Resort Leadership Council and Virginia Beach Festivals Committee.



Frank Batten, Jr., MBA



Bruce L. Thompson



Richard C. Zoretic

He chaired Gov. Robert F. McDonnell's Transition Team for Film and Tourism and was recently appointed to the Governor's Economic Development and Jobs Creation Commission. He served for seven years on the Governor's Travel Services Advisory Board. A long-time supporter of the Virginia Beach Neptune Festival, he was crowned King Neptune XXXVIII in 2010.

Mr. Thompson has received a number of philanthropic and community-service awards for his support of research for and awareness of ALS, a neurodegenerative condition also known as Lou Gehrig's disease.

Mr. Zoretic was appointed to the EVMS Board of Visitors by the Virginia House of Delegates. He is executive vice president and chief operating officer of Amerigroup Corporation. He is responsible for health plan operations in 11 states,

and he oversees the company's Healthcare Management Services, Healthcare Delivery Systems, Medical Finance and Customer Service operations.

Mr. Zoretic also was appointed to chair the board of EVMS Health Services, the medical school's physician practice plan.

Mr. Zoretic began his health-care career with MetLife's Group Life & Health operations, where he held a series of positions of increasing responsibility over a 13-year period. Prior to joining Amerigroup in 2003, he was an executive with UnitedHealth Group and a management consultant in Deloitte Consulting's health-care practice.

Mr. Zoretic holds an undergraduate degree in finance from Pennsylvania State University. He currently serves on the Boards of FACT (Families of Autistic Children of Tidewater) and the Cape Henry Collegiate School. □

Ben T. Cuffee receives a standing ovation as he accepts the President's Award for Excellence.

EVMS SERVICE AWARDS

honor outstanding faculty and staff

The first annual EVMS Service and Recognition Awards Ceremony was held Nov. 4 at the Norfolk Waterside Marriott to honor the commitment, milestone years of service and outstanding achievements of faculty and employees.

"Eastern Virginia Medical School has become a leader in the community because of the leaders on our campus," said EVMS President Harry T. Lester. "Today, we take the opportunity to honor our employees for their continuing support of our mission and for being living examples of our core values."

This year's award recipients included Rick F. Lowrey, mailroom supervisor in materials management, President's Award for Outstanding Achievement; Josephine Y. Pendleton, associate director of compliance, President's Award for Collegiality; Ben T. Cuffee, housekeeping staff, President's Award for Excellence; Carolyn B. Schaffer, supervisor of clinical support services at the EVMS Jones Institute, President's Award for Integrity; and Robert F. Williams, PhD, director of the Office of Technology Transfer, President's Award for Community Service.

Recipients of the Dean's Faculty Awards held in

June were again honored at the event. Beginning in 2011, the Dean's Faculty Awards will be given at the EVMS Service and Recognition Awards Ceremony.

This year's Dean's Faculty Award recipients included Jean E. Shelton, MD, professor and chair of physical medicine and rehabilitation, Outstanding Faculty; Wendy M. Gunther, MD,

"Eastern Virginia Medical School has become a leader in the community because of the leaders on our campus."

assistant professor of pathology and anatomy, Achievement by Community Faculty; John A. Ullian, PhD, director of faculty development, Achievement in Institutional Service; Richard R. Drake, PhD, professor of microbiology and molecular cell biology, Achievement in Teaching in the Basic Sciences; Russell L. Prewitt, PhD, professor and interim chair of physiological sciences, Achievement in Mentoring; and two

Dean's Rising Star winners, Aurora Esquela-Kerscjer, PhD, assistant professor of microbiology and molecular cell biology; and Serina A. Neumann, PhD, associate professor of psychiatry and behavioral sciences.

Faculty and staff members were honored for their length of service to EVMS with pins. More than 250 employees have worked at EVMS longer than five years. Six have been with the institution for more than 35 years: Sandra Huband, administrator in the dean's office; Kerrie S. Shaw, librarian; Tany C. Hassell, administrative coordinator for business and financial information systems; Patricia B. Williams, PhD, professor of physiological sciences; Carrie L. Johnson, health services information systems computer operator; and Sharon M. Corbus, office manager in otolaryngology.

"Your years of service have played a vital role in creating the academic health center that EVMS is today. Thank you for helping to make EVMS a wonderful place to work," said Dean and Provost Gerald J. Pepe, PhD. □

To view a complete list of award recipients and photos from the event, visit www.evms.edu/magazine.

From psychiatry to sauce:

Rich Davis enjoys retirement after making a splash in the food world

Editor's note "Where Are They Now" is a periodic feature designed to catch readers up with former faculty members.

Of the many multi-talented physicians and educators who have walked the halls of Eastern Virginia Medical School, perhaps none wears the title of Renaissance man better than Rich Davis, MD.

After serving as the school's first associate dean and spending years practicing medicine as a child psychiatrist, Dr. Davis took the surprising step into food development by creating K.C. Masterpiece, the nation's top-selling brand of barbecue sauces.

His journey from white coat to chef's toque began in the early 1970s when EVMS was in its fund-raising and development stage. Dr. Davis came to the school at the behest of his friend, EVMS's first dean, Robert "Bob" Manning, MD.

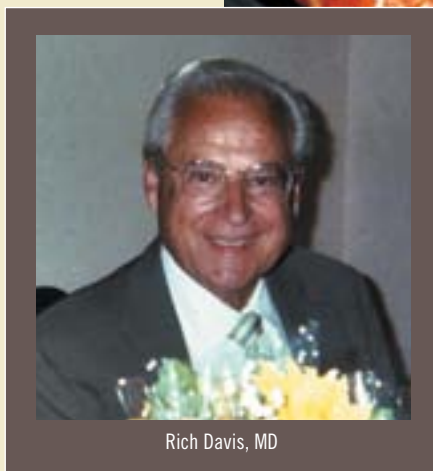
"Bob said, 'How would you like to come to Norfolk? We're starting a new medical school that will instill the idea that human feelings and emotions are as important as medical facts,'" Dr. Davis recalled. "I accepted."

The notion of graduating compassionate physicians skilled in both the art and science of medicine appealed to Dr. Davis as a psychiatrist. The concept was vital to his decision to accept the offer.

As associate dean for academic affairs, Dr. Davis played a pivotal role in transforming that concept into a practical curriculum.

In a paper on the "major philosophical roots of this multi-rooted institution," Dr. Davis wrote:

"Among the several stated goals of this new school was the establishment of a personalized learning experience for the medical student, with particular sensitivity and support for a more



Rich Davis, MD



meaningful educational experience in medical humanities, if you will, support directed toward formally accepting the responsibility for educating medically compassionate, as well as medically scientific, physicians."

After proudly helping to establish this holistic approach to education ("a rare occurrence successfully translated intact, into reality," he wrote), Dr. Davis spent two years as dean at the North Dakota School of Medicine. He then

returned to his home state of Missouri where his story takes a tasty twist.

Ever the scientist, Dr. Davis took his talent to the kitchen where he discovered a knack for concocting condiments. One was a combination of mustard and ketchup that he called Muschup. However, the one that really took off was K.C. Soul Style Barbecue Sauce, later named K.C. Masterpiece, which is a blend of ingredients designed to enhance the richness of slow-smoked ribs, Kansas City's signature dish.

"My two sons and I started peddling the stuff to restaurants," he recalled, explaining that they were successful regionally but foresaw difficulty taking it to the next level. "I sold (the rights to the name) to Clorox, oddly enough, which took it national."

Dr. Davis credits his success to being surrounded by excellent cooks.

"My mother was an outstanding cook, and my dad was a great outdoor cook who could really build a fire. And my wife is a marvelous cook. I was blessed with that," he says, explaining his comfort in the kitchen. "I've created other things, like salad dressing, and everybody seemed to like them. That's been my work fun — or fun work."

The Davises retained the rights to the name K.C. Masterpiece to open restaurants and ran a sizeable chain before selling those as well.

At 84, Dr. Davis is enjoying retirement by spending time with his wife of 58 years, Colleen, and their four children and 10 grandchildren. □

Student shadows doctors

IN WAR-TORN AFGHANISTAN

Second-year medical student Maliha Nowrouz got an up-close view of physicians at work in Kabul, Afghanistan, last summer during an emotional, two-week journey that reaffirmed her desire to be a doctor.

Ms. Nowrouz traveled with her father, who was born and raised in Afghanistan. Ms. Nowrouz, who can speak one of the country's native languages, had never seen Afghanistan. Given her busy schedule and the nation's unstable security situation, she didn't know when she'd have another chance to visit.

Thanks to a connection at the Ali Abad Cardiac Research Center, Ms. Nowrouz was able to shadow doctors, watch surgeries and other procedures, comfort a 15-year-old patient before a lifesaving heart operation and talk with cardiologists in training at the affiliated Kabul Medical University. She also visited the nearby French Medical Institute for Children.

Both medical facilities are lifelines for Afghans with no doctors in their hometowns and without money for trips out of the country for care.

"There was one man whose feet were blistered and completely cracked because he had walked so far," Ms. Nowrouz says. "It looked as if it were hard for him to even stand. The need is so great. It was very energizing and reaffirming to me in my own studies. Sometimes you get preoccupied with all your coursework and academics, but this gave me a jolt. It reminded me why I am doing this."

The trip also took Ms. Nowrouz beyond the largely negative newspaper headlines about Afghanistan. She saw surgeons in Kabul perform complicated heart surgeries and rally past challenges such as power outages. She watched male and female students walk through a bustling medical school courtyard where, her guide told her, dead bodies from insurgent attacks had once littered the grass.



Maliha Nowrouz poses with her father in front of Kabul Medical University.

"You expect people to rebuild, but actually *seeing* it is still amazing," she says. "There are just a lot of people trying to work hard and raise their families. The doctors I met wanted me to know that good things happen in Kabul, too, not just bad."

As an American, Ms. Nowrouz did have to take some security precautions. She wore a headscarf and long, non-form-fitting pants and shirts on

Continued on page 35



MEET CHANDA HILL: EVMS Values Award winner for excellence

Chanda Hill, a research compliance coordinator, is a living example of the EVMS core value of excellence. A staff member in the Office of Research since 2006, Ms. Hill is charged with reviewing animal-use protocol and maintaining compliance of the EVMS animal research program with federal, state and local regulations.

Whether it is reminding her co-workers to complete required tasks, coordinating training opportunities or responding to questions and requests in a timely manner, Ms. Hill enriches

the lives of her co-workers with her great attitude and organizational skills.

"Chanda makes it easier for me to meet my obligations, remain compliant with relevant regulations, and keep my animal research program running smoothly," says Diane M. Duffy, PhD, associate professor of physiological sciences.

"She is truly one of the gems at EVMS, and she deserves to be recognized as such." □

To learn more about Chanda Hill, view her video on www.evms.edu/magazine.

EVMS recognizes faculty, staff, students and residents that are living the core values of excellence, collegiality and integrity in this new addition to the EVMS Magazine.



Dr. Alexander Levitov demonstrates a hand-held ultrasound machine for medical students and residents.

NEW BOOK *prepares physicians* for WIDESPREAD *use of ultrasound*

Primary-care physicians are about to get a new weapon to battle disease and speed diagnosis.

Pocket-sized ultrasound machines are making their way into daily use, says Alexander B. Levitov, MD, a professor of internal medicine who has written a book on the subject.

The hand-held ultrasound device represents the first advance in diagnostics since the stethoscope became the standard tool of trade for physicians about the time of the American Civil War.

Dr. Levitov believes the day is close when physicians will adopt this easy-to-use tool, and it will go into widespread use. "I think in three to five years, they will become commonplace," he says.

Dr. Levitov, a critical-care physician and expert in the use of ultrasound, is prepared for that eventuality. His new book, "Bedside Ultrasound in Clinical Medicine," guides physicians in the use of the machines. It was published in partnership with the American College of Physicians.

"This is the first all-inclusive guide to the use of bedside ultrasound in clinical medicine," says Jerry L. Nadler, MD professor and chair of internal medicine at EVMS. "It will be a great resource for our medical students, residents and other faculty."

Ultrasound use traditionally has been limited to examining the heart and monitoring fetal development. But the machines — which peer inside the body and instantly provide valuable information — can be used to examine the entire body, literally from head to toe.

Continued on page 36

New EVMS Hand Center *provides multidisciplinary care* *for patients with hand problems*

There are 27 bones in the hand and wrist, all supported by an intricate combination of tendons, ligaments, muscles and nerves. This complex appendage is vulnerable to a range of injuries and diseases from fractures and cysts to carpal tunnel syndrome and numbness.

Because we depend on the use of our hands so much, injuries and disorders can be particularly disruptive. That's why the new Eastern Virginia Medical School Hand Center, located in the Department of Surgery in Hofheimer Hall, is combining the efforts of multiple specialties to provide comprehensive multidisciplinary care for patients with hand problems and help patients regain the highest level of hand function as quickly as possible.

The streamlined approach provides a continuum of care for all patients suffering from hand problems throughout the course of their diagnosis, treatment and recovery.

Doug Trzcinsky, MD, assistant professor of plastic and reconstructive surgery at EVMS and a board-certified plastic surgeon with special training in hand surgery, initiated the program to better serve both his surgical and non-surgical patients. Because of the complex nature of the hand and the wide range of hand-related problems, determining the best form of treatment often requires input from specialists in several disciplines, including physical therapy, sports medicine and pain management.

"Hand function relies on intricate mechanical relationships of the joints, tendons, ligaments, muscles and nerves of the upper extremity and the central nervous system," Dr. Trzcinsky says. "Any disruption in the equilibrium can affect the normal use of the hand. We, therefore, employ various specialties to manage our patients so that we can optimize their outcome."

Dr. Trzcinsky is teaming up with Peter Gonzalez, MD, assistant professor of

physical medicine and rehabilitation at EVMS and a board-certified physiatrist specializing in sports medicine and neurophysiologic testing. Dr. Gonzalez also recently established EVMS Sports Medicine.

A clinical psychologist is available to address pain-management and psychological issues that could impair a patient's recovery. Additionally, two board-certified plastic surgeons experienced in hand disease and injury, support the Hand Center, ensuring patients with work-related injuries or from urgent-care centers and primary-care offices



can be seen quickly. Convenience is another benefit of the multidisciplinary approach as patients can access the expertise of multiple physicians at the Hand Center with one phone call.

"We have on-site, certified hand therapists who will customize a therapeutic plan in conjunction with our doctors for optimization of his or her hand function recovery," says Dr. Trzcinsky.

The EVMS Hand Center physicians are also full-time faculty members at the medical school, and Dr. Trzcinsky says their involvement in teaching and research "helps us provide our patients with cutting-edge technology and the latest treatment modalities that are available." □

To contact the EVMS Hand Center, call the EVMS Department of Surgery at 757.446.8960.

EVMS OPENS NEW SLEEP CENTER

EVMS is opening a new sleep-medicine facility that will offer diagnosis and treatment, as well as host research and education programs related to sleep and sleep disorders.

The EVMS Sleep Center, located in the new Fort Norfolk office building in downtown Norfolk, will open later this month. The EVMS Division of Sleep Medicine will continue to operate the existing facility in Sentara Norfolk General Hospital.

“This broadens our reach to patients suffering from sleep problems,” says J. Catesby Ware, PhD, chief of sleep medicine. “The location in a medical office building also brings us closer to referring physicians and the hallway consults that are an important part of medicine.”

The Division of Sleep Medicine, located within the EVMS Department of Internal Medicine, has been a leader in sleep medicine for 30 years. It was instrumental in establishing the first sleep center in Virginia and the second on the East Coast to

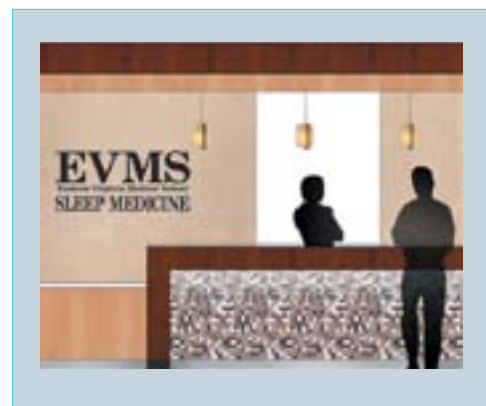
be accredited by the American Academy of Sleep Medicine.

The new facility was designed with a focus on patient comfort and convenience. It offers easy access with reserved parking for patients on the fifth floor of an adjoining garage, just outside the office entrance.

There are other conveniences, too. In the hospital, loudspeakers can disrupt sleep, so sound engineers were brought in to help block exterior sounds in the Fort Norfolk facility. The facility will be open most nights.

Three board-certified sleep-medicine specialists and two experienced nurse practitioners care for patients. They specialize in the diagnosis and treatment of sleep disorders, including insomnia, excessive daytime sleepiness, and unusual behaviors during sleep.

Unlike most sleep centers, the EVMS program undertakes extensive clinical research, a process that can benefit patient care.



“By doing research, we can more quickly apply the innovation to our own patients,” Dr. Ware says.

For instance, the researchers are helping evaluate a new type of sleeping pill that targets a chemical in the brain known as hypocretin. Scientists recently discovered that people with narcolepsy are missing this brain neurotransmitter. □

To learn more about the center or the clinical research studies underway there, call 757.625.0172 or e-mail sleep@evms.edu.

EVMS BREAST CENTER AT PRINCESS ANNE

Taking a team approach to breast cancer treatment

More than 4,500 women in Virginia are diagnosed with breast cancer each year. To meet the needs of those in Hampton Roads, EVMS Health Services opened a multidisciplinary breast center at the Sentara Princess Anne Campus in October.

The EVMS Breast Center is devoted to seeing breast cancer patients on Mondays and offering all the specialties necessary for treatment including

oncology, radiation and reconstructive plastic surgery during that time.

Eric C. Feliberti, MD, surgical oncologist and assistant professor of surgery at EVMS, is the center's director. He works closely with cosmetic plastic and reconstructive surgeon Lambros K. Viennas, DDS, MD, assistant professor of surgery, and Joseph Baisden, MD, PhD, assistant professor of radiation oncology, to ensure that patients receive specialized care tailored to their individual needs.

“This center is unique in our area because a woman can come to this office and in one visit be evaluated, get a second opinion and be seen by all the specialists necessary to develop a treatment plan,” Dr. Feliberti says.

“The typical scenario is that a patient diagnosed with breast cancer has to make up to four different office

visits with specialists. This center offers a more thorough, efficient way to evaluate patients. It's an all-in-one operation.”

The necessity of such a comprehensive center is all the more apparent following a statement released earlier this year by the American Society of Plastic Surgeons, in partnership with the American Society of Breast Surgeons, which recommends that breast-cancer patients seek coordinated treatment by a team of specialists who can address all aspects of the illness and recovery phases.

That same release noted that 70 percent of women eligible for breast reconstruction are not informed of their reconstructive options by a referring physician.

Dr. Feliberti says that it is imperative that women are aware of their options and have the ability to discuss those options with all specialists on their care team.

Because women are concerned about the life-threatening aspect of the disease, as well as

Continued on page 37



Surgeon Eric Feliberti, MD, left, and plastic surgeon Lambros Viennas, MD, are part of the team that provides complete care for women with breast cancer at the Princess Anne practice.

A NEW WAY OUT *of depression?*

Traditional treatments for anxiety and depression aren't the best answer for every patient. Medications can have side effects that some find intolerable, and for others, they simply don't work.

EVMS' Department of Psychiatry and Behavioral Sciences has launched a program that offers patients an alternative. Tuesday Burns, MD, assistant professor, and Serina Neumann, PhD, associate professor, share insight on the treatment, called Transcranial Magnetic Stimulation.

What is Transcranial Magnetic Stimulation (TMS)?

TMS is a non-invasive treatment for multiple psychiatric illnesses. TMS utilizes cutting-edge technology to alter brain function in a similar manner to medications and electroconvulsive therapy (ECT), but in a more focused, tolerable and effective manner.

What conditions does it effectively treat?

TMS has been found to be effective in the treatment of depressive disorders, anxiety disorders (such as obsessive-compulsive disorder, post-traumatic stress disorder and generalized anxiety disorder), psychotic disorders and other cognitive disorders (attention-deficit hyperactive disorder, autism-spectrum disorders, and dementia).

How does it work?

Using an MRI-strength magnet, the TMS device generates a magnetic field which passes through the brain unimpeded. This magnetic field produces a pow-



Tuesday Burns, MD



Serina Neumann, PhD

erful, focused electrical current that causes a therapeutic effect in the cortex of the brain. Much like ECT (but without the pain, risks and possible complications), this current re-balances dysfunctional circuitry in the brain. In essence, TMS allows us to push the "reset button," leading to more effective neurotransmission with subsequent reduction in mood and anxiety symptoms.

Does it hurt?

TMS is generally pain free. Patients may experience a tapping sensation on their scalp during the treatment. While this can be uncomfortable, few patients report pain.

How long is the course of treatment?

The course of treatment will vary with the symptoms being treated. A course of treatment for major depression can last up to seven weeks. Obsessive-compulsive disorder (OCD) may only require two weeks of treatment with TMS. Patients receive treatment for approximately one hour a day Monday through Friday.

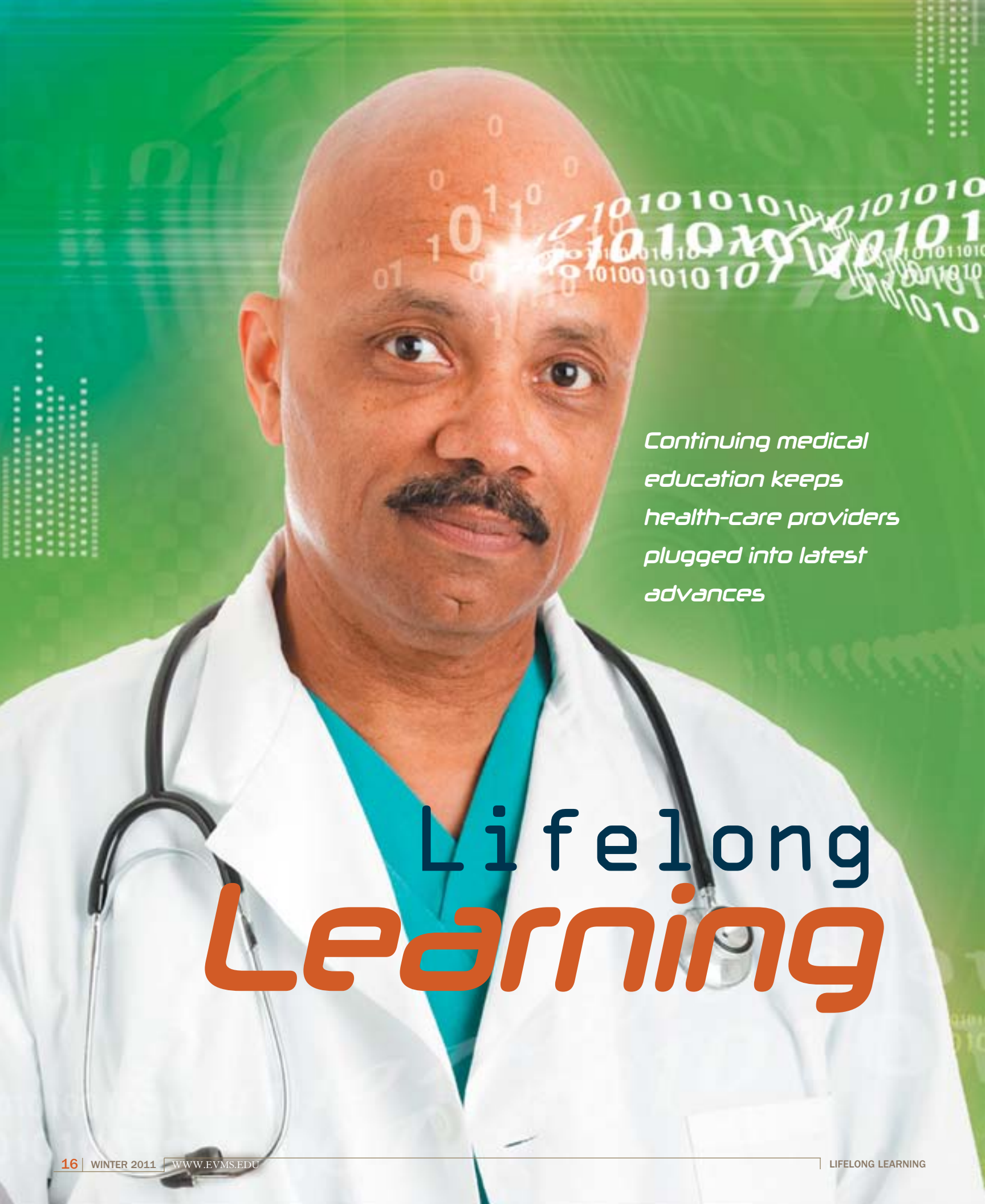
Are there any side effects?

As noted above, TMS is generally pain free. Unlike psychotropic medications and ECT, systemic side effects are rare. In fact, patients will often note an improvement in memory and cognition – both of which can be significantly impacted by ECT. In some cases, patients will experience mild headaches or muscle pain after the procedure. Less commonly, patients will report a persistent ringing in their ears (tinnitus); ironically, research has also shown TMS to be an effective treatment for tinnitus. In very rare cases, seizures can be a side effect. When patients are screened appropriately and precautions are taken, this risk is extremely minimal. Patients can drive themselves to and from appointments without difficulty.

Why not just take medication? Is TMS safer?

While psychotropic medications have evolved significantly over the years, they are not effective in every patient, nor are they always tolerable. Many patients who seek out TMS do so because medications alone have not worked for them. Others have developed intolerable side effects. As noted previously, TMS has few systemic side effects as it targets a specific region of the brain. Unlike medications, which can affect gastrointestinal, cardiovascular, kidney and liver systems, TMS restricts its mechanism only to the cortex of the brain.

Though there is much to be discovered and learned about TMS, it is proving to be an invaluable neuroscience tool and treatment modality. □



*Continuing medical
education keeps
health-care providers
plugged into latest
advances*

Lifelong *Learning*



When physicians finish residency, they are at a peak, not in terms of professional experience, of course, but in knowing the very latest technologies, treatments and research on the diseases they will encounter in practice.

From then on, that knowledge is at risk of a downhill slide without a commitment to lifelong learning — attending classes and conferences, reading published studies and interacting with top experts in a specialty. That ongoing learning is what Eastern Virginia Medical School's growing Continuing Medical Education (CME) program is all about. Its single goal is to keep health-care providers, especially local ones, as close to that early peak as possible.

"If we can keep the latest independent, evidence-based information in front of them, we help physicians stay at their personal professional best," says Drucie Papafil, director of continuing medical education. "We want doctors to make the best possible decisions for their patients over multiple decades from the time they graduate medical school to the time they retire. It's a huge responsibility, but we're up for the challenge."

CME programs help doctors, nurse practitioners, nurses, physician assistants and other caregivers improve their medical knowledge, treatment skills and relationships with patients, as well as teach them how to effectively manage the business side of their offices. State licensing boards, medical specialty societies, hospitals, insurance companies and other organizations also require health-care workers to collect a certain number of CME credits on a regular basis to stay in practice.



An overflow crowd of medical professionals turned out for an EVMS conference on diabetes in September 2010. Participants took part in a series of workshops (top left) and earned CME credits for attending.



"We want doctors to make the best possible decisions for their patients over multiple decades from the time they graduate medical school to the time they retire."

— Drucie A. Papafil, director of continuing medical education



Physicians from across the mid-Atlantic took part in the EVMS-sponsored diabetes CME event.

EVMS was awarded full accreditation in 1975 by the national Accreditation Council for Continuing Medical Education, whose member organizations include the American Hospital Association, the American Medical Association and the American Board of Medical Specialties. The CME program has received that same accreditation status every four years since then.

EVMS offers credits through a wide variety of programs: lectures sponsored in partnership with area hospitals, case presentations, conferences, interactive discussions, hands-on demonstrations and skill workshops. It jointly sponsors events with numerous outside national and international organizations from Hampton and Old Dominion universities to the American Dermatological Association and the Bangladesh Medical Association.

Coordinating 15 to 20 conferences per year, EVMS handles content, promotion, meals, registration, revenue and expenses. In September alone, the school planned five events that attracted more than 430 total participants. A single program on pediatric otolaryngology covered more than 20 different topics: common speech and language disorders, care for tubes that drain mucus away from the eardrum, snoring in children, pediatric ear, nose and throat emergencies and many more.

In a typical month, the school offers about 50 CME-credit programs that draw more than 1,500 participants, including EVMS' own full-time faculty and volunteer community physicians. In a year, more than 16,000 caregivers receive CME credit from EVMS, Mrs. Papafil reports.

"We definitely are growing as we identify more ways to educate physicians," she says. "In addition, a lot of people who work with us

want to keep working with us, which is a nice compliment."

Aurelius Brantley, MD, who practices family medicine in Franklin, Va., is one such person. In practice for more than 30 years, Dr. Brantley has relied on CME programs to help him deliver high-quality care to his patients. In September, he attended a conference on diabetes, where he called every speaker "absolutely first-class."

"Medicine is such an evolving science," Dr. Brantley says. "There's nothing static about medicine as there is with, say, history. It's so different than it was 10 years ago or even five years ago. If you don't keep up, you just get way behind. These EVMS programs really are an excellent resource for local physicians, who now don't need to go way out of town to get the information they need."

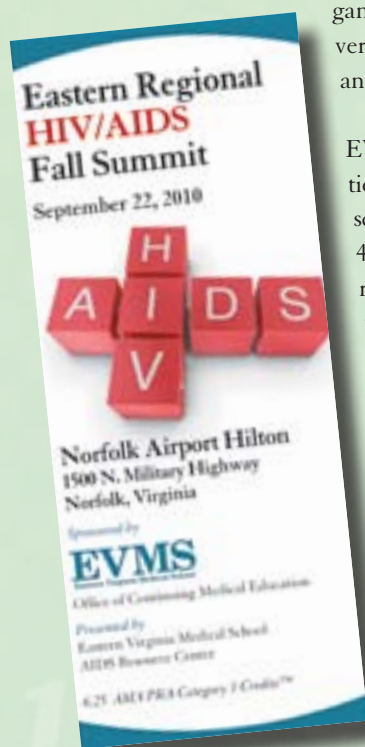
Mrs. Papafil, along with two CME coordinators and an administrative support coordinator, regularly review area health statistics to pinpoint problems and set topics for grand rounds and single- and multi-day conferences. These topics range from discussing professionalism in e-mail communication with patients to physicians venturing into the wilderness to practice emergency medicine with limited resources.

They also consider new medical information, electronic medical record reports and "hot topics" in the media that patients will want to discuss with their doctors. Planned programs have focused on obesity, regional HIV/AIDS treatment and geriatrics. "We are always looking for ways to improve outcomes in local health care," Mrs. Papafil says.

A two-day conference on diabetes, held in September and planned as the first in an annual series, filled all 200 spots (about 20 more people wanted to attend). In addition to local physicians, "Turning the Tide on Diabetes" brought in caregivers from across Virginia, as well as Maryland, North Carolina and South Carolina, to review the latest research on diabetes and other endocrine disorders.

EVMS hopes to hold annual updates for providers, perhaps coordinating those with events that target diabetic patients and their families, says Joseph Aloï, MD, clinical director of the Strelitz Diabetes Center at EVMS and a conference organizer. He spoke to conference participants about obesity management and studies on vitamin D supplementation for patients with diabetic nerve damage.

"We do best when we share what we know and learn with other providers, raising the quality of care of all patients in the Hampton Roads area," he says. "A major forum of sharing current updates and information is through CME.



It is part of our mission to care for patients, teach and to research novel therapies for diabetes and other endocrine disorders.”

Another popular conference is the annual Mid-Atlantic Ultrasound Symposium in OB/GYN, which marked its 13th year in November. The two-day gathering typically draws 200 clinicians and sonographers from across the region, as well as from Wisconsin, Florida, New York and Arizona. Participants delve into two- and three-dimensional sonography that can diagnose complicated conditions, such as fetal cardiac and central nervous system disorders, renal and intestinal malformations and ectopic pregnancies.


“We invite specialists here who are world experts,” says Alfred Abuhamad, MD, chairman of obstetrics and gynecology and director of maternal-fetal medicine. “It gives all of us at EVMS, as well as local doctors, the opportunity to listen to international-caliber speakers and apply what we hear to our own work. It certainly helps in enhancing skills in ultrasound.”

One challenge for the CME program is to reach doctors of all ages, who may have very different learning styles. “The oldest generation of physicians learns by lecture and feels most comfortable in that methodology while the youngest are group learners who are comfortable with technology,” Mrs. Papafil says. “CME incorporates all these different teaching methodologies.”

Telemedicine is one way to include everyone, no matter where they practice. EVMS grand rounds, where medical problems and treatment options are presented, are currently broadcast to locations in rural Virginia, including the Eastern Shore, and soon to much of eastern North Carolina and other parts of the Mid-Atlantic region.

“By viewing these live at outlying locations, the attendees have the opportunity to still ask questions of the presenter via the computer,” Mrs. Papafil says. “This also affords our rural physicians the opportunity to stay abreast of the latest medical information to take better care of their patients.”

Michael Margolius, MD, a 12-year director of the Eastern Shore Health District, has high praise for the grand rounds he has seen and only wishes the transmission equipment allowed for more broadcasts. “They broaden your base as a clinician,” Dr. Margolius says. “You feel more fulfilled and less isolated. I can’t begin to explain how much it’s needed because a doctor can’t read up on everything. Opportunities like these can only



Aaron Vinik, MD, PhD, a specialist in diabetic neuropathy, speaks at a CME conference he helped organize in September 2010.

“We invite specialists here who are world experts. It gives all of us at EVMS, as well as local doctors, the opportunity to listen to international-caliber speakers and apply what we hear to our own work.”

— Alfred Abuhamad, MD, chair of obstetrics and gynecology

make you more aware of what’s going on in medicine.”

The CME program is constantly evolving. One area currently under development is “Internet Point of Care,” in which physicians can link to the EVMS library as they make clinical decisions about a particular patient. Once logged in, a doctor can ask questions based on the case and review articles and other resources. “We can direct them to online sites we’ve identified as good places for reliable, evidence-based medicine,” Mrs. Papafil says. “At the same time, as a bonus, they can get a little CME credit.”


All of these efforts have made CME an important strategic asset for EVMS as it works to improve care for the ultimate health-care consumer, the American public. People expect their doctors to offer the best possible care and treatment options and to produce the best possible patient outcomes — without bias or influence from drug and medical-device companies, Mrs. Papafil says.

“CME is a change agent,” she says. “In other words, CME is an effective means to bridge the gap between today’s care and what care should be.” □

For more information about EVMS Continuing Medical Education programs, visit www.evms.edu/cme.



Keshia Avant
PHYSICIAN ASSISTANT STUDENT



Then-PA-student Jenny Alindogan attends a job fair to learn more about employment opportunities. She graduated in 2010. There is tremendous demand for physician assistants in an array of medical specialties.

Why this
White Coat *is*
red hot

Physician assistants are in high demand



Students Renee Winston, left, Keshia Avant and Melvin Palmer practice clinical techniques in a hands-on workshops.

The EVMS **PA** educational program

DIDACTIC PROGRAM

1ST SEMESTER

- Mechanisms of disease
- Clinical anatomy for health professions
- Legal medicine and medical ethics
- The art and business of medicine and the PA profession
- Clinical assessment I

Before applying to Eastern Virginia Medical School's Master of Physician Assistant program, Andrew Gray — like many of his fellow students — thought about going to medical school. But ultimately, Mr. Gray saw too many advantages to becoming a physician assistant, or PA, to pass up a program that is growing rapidly as demand for PAs surges nationwide.

"Everywhere you look, people are hiring," says Mr. Gray, president of the 2011 class. "It is such a good fit for me because you can really concentrate on patient care, and at the same time you're also allowing the MDs to have more time to spend with their patients. I feel as if PAs have a huge role to play in terms of access to quality care for people all over the country."

Physician assistants, licensed to practice a wide range of medical tasks under the supervision of MDs, represent one of the fastest-growing health careers in the nation. PAs have become even more crucial due to a potentially dangerous shortage of doctors, an aging population and a significant increase of people with medical insurance under recently-enacted health-care reforms.

EVMS' 27-month, PA program is stepping up in response. Founded in 1999, the program has graduated 394 students to date, about two-thirds of whom have stayed to practice in Virginia. This past year, 1,400 people applied for just 50 spots.



Physician assistant students interact with children at a community health fair.

EVMS now has committed to increasing its class sizes 60 percent by 2015.

"The demand for physician assistants right now is just huge," says Thomas G. Parish, DHSc, PA-C, director and associate professor for the physician assistant program. "Compared to MD programs, we have the ability to put people into practice much sooner. It used to be that PAs were almost an afterthought in the national health-care conversation, but now they really seem to be at the forefront."

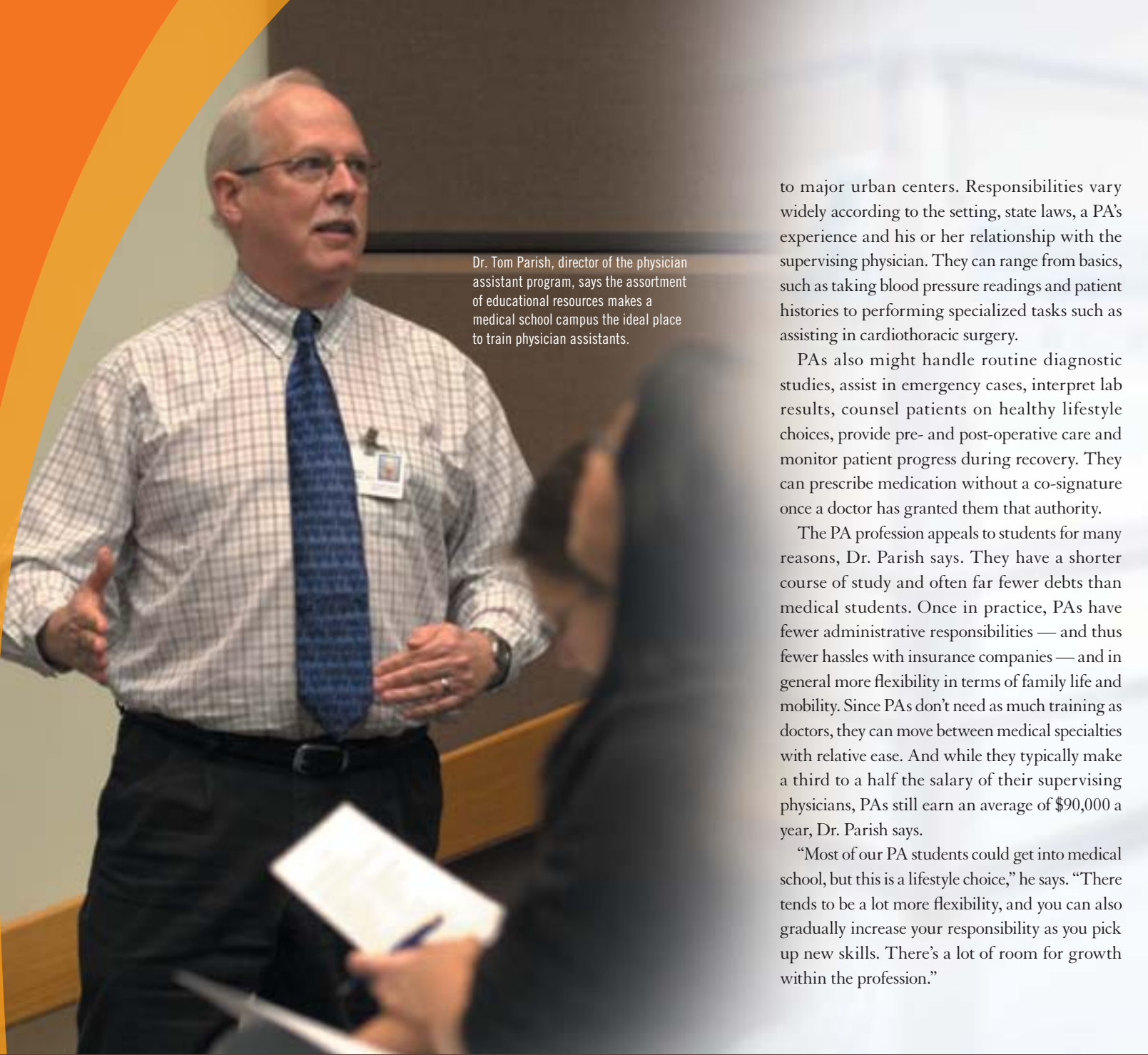
Physician assistants work in hospitals, private practices, clinics and many other medical facilities and serve everywhere from remote rural practices

Once in practice, PAs have fewer administrative responsibilities — and thus fewer hassles with insurance companies — and in general more flexibility in terms of family life and mobility.

2ND SEMESTER

- Clinical pharmacology I
- Clinical skills and therapeutics I
- Psychosocial elements of community wellness
- Introduction to clinical medicine I
- Clinical assessment II



A photograph of Dr. Tom Parish, a middle-aged man with glasses, wearing a light-colored checkered shirt and a blue tie. He is standing and gesturing with his hands while speaking to a group of students. One student in the foreground is holding a white envelope or piece of paper. The background is slightly blurred, showing an indoor setting with wooden paneling.

Dr. Tom Parish, director of the physician assistant program, says the assortment of educational resources makes a medical school campus the ideal place to train physician assistants.

to major urban centers. Responsibilities vary widely according to the setting, state laws, a PA's experience and his or her relationship with the supervising physician. They can range from basics, such as taking blood pressure readings and patient histories to performing specialized tasks such as assisting in cardiothoracic surgery.

PA's also might handle routine diagnostic studies, assist in emergency cases, interpret lab results, counsel patients on healthy lifestyle choices, provide pre- and post-operative care and monitor patient progress during recovery. They can prescribe medication without a co-signature once a doctor has granted them that authority.

The PA profession appeals to students for many reasons, Dr. Parish says. They have a shorter course of study and often far fewer debts than medical students. Once in practice, PAs have fewer administrative responsibilities — and thus fewer hassles with insurance companies — and in general more flexibility in terms of family life and mobility. Since PAs don't need as much training as doctors, they can move between medical specialties with relative ease. And while they typically make a third to a half the salary of their supervising physicians, PAs still earn an average of \$90,000 a year, Dr. Parish says.

"Most of our PA students could get into medical school, but this is a lifestyle choice," he says. "There tends to be a lot more flexibility, and you can also gradually increase your responsibility as you pick up new skills. There's a lot of room for growth within the profession."

3RD SEMESTER

- Clinical pharmacology II
- Clinical skills and therapeutics II
- Intro to epidemiology and evidence-based medicine
- Introduction to clinical medicine II
- Clinical assessment III

4TH SEMESTER

- Problem-based clinical reasoning
- Patient counseling and patient education
- Fundamentals of surgery
- Medical writing for physician assistants
- Introduction to clinical medicine III



Physician assistants often work with what are known as standardized patients, people trained to portray patients for teaching purposes. From left are students Marie Nave, Matthew Strand, Britney Emons and John Larsen with standardized patient Peter Yanson.

Forbes.com recently ranked PA studies as number one in the category of “Best Master’s Degrees for Jobs.”

Another advantage is job security. The number of PA positions nationwide is projected to jump 27 percent in the 10-year period from 2006 to 2016 compared to 10 percent for the total number of jobs, according to the Bureau of Labor Statistics. And that growth is picking up steam. In fact, the number of PA jobs could increase by 50 percent between now and 2020.

In 2009, CNN and Money Magazine ranked the PA profession as number two in their “Top Ten Best Jobs in America” list, based on pay, growth prospects and job satisfaction (systems engineer took the top spot). In addition, Forbes.com recently ranked PA studies as number one in

the category of “Best Master’s Degrees for Jobs.”

Fears of a significant doctor shortage are fueling the growth. According to one estimate from the Association of American Medical Colleges, the nation will have 150,000 fewer doctors — 46,000 of them primary-care physicians — than needed by 2025. As doctors from the baby boomer generation prepare to retire, medical schools are working hard to produce more graduates. EVMS, for example, is in the midst of an \$80 million project to expand its campus and increase medical school enrollment by 30 percent.

But MDs alone won’t solve the problem, and health-care reform has only further raised the

profile of PA programs. President Barack Obama has recognized physician assistants as important members of care-giving teams as more people get health insurance and look for people to care for them, particularly at the primary-care level. In a busy family medicine practice, a PA might handle many of the younger, healthier patients to free up doctors for more complex cases.

The new health-care law offers incentives to encourage more people to enter medical professions, as well as a 10 percent Medicare pay boost for primary-care doctors. PA training

CLINICAL CURRICULUM



5TH SEMESTER

- Intro to clinical practice
- Supervised practice in family medicine (4 weeks)
- Supervised practice in pediatric medicine (4 weeks)
- Supervised practice in internal medicine (8 weeks)



The EVMS program is committed to preparing its graduates to care for diverse patient populations, handle a variety of acute and chronic conditions and serve as leaders in clinical, academic, administrative and research environments.

Physician assistant graduates trade in their short white coats for the full-length version in a ceremony that signifies the transition from student to practitioner.

programs also anticipate more opportunities for federal funding as the reform continues to take shape.

EVMS is one of more than 140 training programs for PAs nationwide, but only about 20 of those are located on a medical school campus, Dr. Parish says. “Students here have so many advantages in terms of resources.”

The seven-semester course of study includes 15 months of classroom studies in core subjects such as anatomy, microbiology, pharmacology,

pathology and medical ethics. For the next 12 months, students do eight clinical field rotations in a range of specialties, much as a medical student would. However, they aren’t required to complete an internship or residency.

In addition to earning their master’s degrees, physician assistants must complete 100 hours of training every two years and go through a national recertification process every six years, under guidelines from the American Academy of Physician Assistants. About 75,000 PAs were

6TH SEMESTER

- Supervised practice in emergency medicine (4 weeks)
- Supervised practice in general surgery (4 weeks)
- Supervised practice in women’s health (4 weeks)
- Supervised practice in specialty medicine: cardiology, neurology, psychiatry or orthopedics (4 weeks)

7TH SEMESTER

- Supervised practice in elective(s) (8 weeks)
- Primary care preceptorship (6 weeks)
- Leadership: research and service

Sarah Hooff, left, a member of the physician assistant class of 2010, celebrates at the white coat ceremony with 2009 graduate Stacey Shayder.



PA Program Enrollment 2001-2015

2001 —
first class of 27
graduates

2007 —
first enlarged class of
52 graduates

2015 —
first class of 80
graduates expected

“PAs will never take the place of doctors, but there are so many small communities that can’t afford to hire a lot of doctors — or doctors can’t afford to live there because of the debts they have to pay off.”

—Matt Strand, president of the
PA class of 2012

in practice nationwide in May 2010, according to the academy.

The EVMS program is committed to preparing its graduates to care for diverse patient populations, handle a variety of acute and chronic conditions and serve as leaders in clinical, academic, administrative and research environments. The medical school also aims to increase access to primary care for underserved populations.

That last goal, in particular, helped attract student Matt Strand to the PA program. Mr.

Strand, a father of two, is from Wyoming where he saw first hand that many rural communities are in desperate need of health-care professionals.

“PAs will never take the place of doctors, but there are so many small communities that can’t afford to hire a lot of doctors — or doctors can’t afford to live there because of the debts they have to pay off,” says Mr. Strand, president of the Class of 2012. “If you can have one doctor overseeing several PAs, it just makes a lot of sense. You could really increase people’s ability to find the care they need. The idea of working on a team also appeals to me. Several minds are usually better than just one.”

Applicants to the PA program at EVMS must have a bachelor’s degree — many have majored in a science. The average accepted student also has two years of prior paid health-care experience, often working as a paramedic, respiratory therapist, X-ray technician or nurse. In fact, many of the earliest PAs were former medical corpsmen who wanted to use their skills in civilian life and emerged to help fill health-care gaps in the mid-1960s, particularly in primary care.

Matt Strand has a bachelor’s in exercise physiology and has worked in a physical-therapy

clinic and as a pharmaceutical representative. Mr. Gray worked for six years as a firefighter and paramedic in Portsmouth. While Mr. Strand would like to go into family practice, Mr. Gray is leaning toward pediatric oncology. But both students like knowing that they could change course down the road if they want.


“It’s nice that should my family dynamics change, I can find the specialty and job that are the best fit for me, whether it’s cardiology, family medicine or orthopedics,” says Mr. Gray, who is newly married and hopes to start a family. “Really, I feel like I’ll be able to go into just about anything I want and contribute.”

EVMS faculty, staff and students are extremely supportive of each other, the PA students say. The program is fully accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). Only graduates of an ARC-PA-accredited program are eligible to sit for the national certification examination. First-time pass rates at EVMS averaged 93 percent between 2006 and 2010.

“We are very proud of this program,” Dr. Parish says, “and we look forward to expanding its reach to more students.” □

BEGIN PRACTICE





THERE'S no place like *(the patient-centered medical)* HOME

EVMS JOINS REVOLUTIONARY TRANSFORMATION OF PRIMARY CARE

Primary-care physicians are quickly becoming an endangered species in the medical world. The Association of American Medical Colleges (AAMC) forecasts a shortage of 45,000 primary-care doctors in the next decade while approximately 60 million Americans lack access to basic primary care.

A primary-care physician serves as the first point of contact for a patient with undiagnosed health issues. He or she also provides or coordinates continuing care of varied medical conditions, not limited by cause, organ system or diagnosis.



PRIMARY CARE by the NUMBERS

- ▶ 60 million Americans lack adequate access to primary care.
- ▶ 64 percent of Americans live in rural or inner city locations designated as health professional shortage areas.
- ▶ 954,000 physicians in the U.S. are practicing medicine.
- ▶ 30 percent of physicians in the U.S. practice primary care.
- ▶ 1 in 3 physicians is currently over the age of 55.
- ▶ 49 percent of visits to physician offices in 2006 were made to primary care physicians.
- ▶ 45,000 is how many more primary care physicians we need by 2020 to account for population growth and physician shortage.
- ▶ 62 percent of medical schools report initiatives encouraging primary care.
- ▶ 21 minutes is the average time of an office visit with a primary care physician, according to an Archives of Internal Medicine study.
- ▶ 75 percent of health-care spending in the U.S. is on individuals with chronic conditions.
- ▶ 2 out of 3 Americans believe the health care system should place more emphasis on chronic disease preventive care.

This information was gleaned from information provided by the AMA, AAMC, CDC, and HHS.

Christine Matson, MD, chair of family and community medicine, is hoping to reverse that trend, not only by increasing the number of primary-care doctors but by transforming the nature of primary-care medicine itself.

“Strong primary-care infrastructure is the foundation of an effective health-care system,” she says. “It leads to improved quality, improved access to care and decreased costs.”

However, in today’s health-care world, the primary-care system is not nearly as robust as specialized care. In fact, 50 years ago, half of U.S. physicians were in primary care. Today, it’s just 30 percent. And astoundingly, only 8 percent of medical school graduates enter family medicine.

Explanations abound for this trend, but most experts agree that the current fee-for-service payment structure for physicians is partly to blame. Primary care simply pays less, and compensation focuses on the quantity of patients. In turn, many patients lack a personal or long-term relationship with their doctors and are, therefore, more likely to turn to specialists when they have specific health needs or go to urgent-care centers and emergency departments. The AAMC describes this phenomenon as “medical homelessness.”

The result is fragmented medical care with health services provided piecemeal by a collection of unrelated providers. Without a coordinated approach, patients are often vulnerable to over- and under-treatment at increased cost and lack



Robert L. Ringler Jr., MD, assistant professor of family and community medicine, examines a patient at Portsmouth Family Medicine.

“Strong primary-care infrastructure is the foundation of an effective health-care system. It leads to improved quality, improved access to care and decreased costs.”

— CHRISTINE C. MATSON, MD

basic preventive care, management and follow up.

A new care-delivery model that has been widely accepted as a way to transform the primary-care system is the Patient-Centered Medical Home (PCMH). The PCMH is a concept for primary care that focuses on providing comprehensive,

coordinated and continuous care in one setting.

First introduced in 1967 by the American Academy of Pediatrics as a way to care for children with special needs, the “medical home” is predicated on the belief that centralized care



Christine C. Matson, MD

and a continuous relationship with your physician can help you manage your health more effectively than by episodic or illness-oriented care.

“The biggest difference in the medical home concept from traditional primary care is that it takes a proactive and team-based approach to the

management of the patient,” says Robert Ringler Jr., MD, assistant professor of family and community medicine. “There is a strong emphasis on continuity of care with a single provider or a care team.”

“A PCMH is a medical practice where you are known,” adds Dr. Matson. “It’s a practice that values relationships.”

The PCMH concept has evolved substantially since its introduction, but in 2007, leading physician organizations and societies established principles that define a medical home, including ongoing patient-physician relationships, a team-based approach, coordination of care with specialists, an emphasis on quality outcomes, enhanced access to care and revised payment structures.

The AAMC also released a position statement in March 2008 officially supporting the concept but calling for more research in order to fully understand if and how the PCMH model can truly improve outcomes and lower costs. EVMS is participating in several projects related to the PCMH. Bruce Britton, MD associate professor of family medicine was awarded a Pre-Doctoral Training in Primary Care grant from the Health Resources and Services to create a Simulated Community Health Center, using the PCMH model in community health care center settings.



Dr. Matson also worked with colleagues to create an Electronic Health Record (EHR) Laboratory to help students get hands-on experience with EHRs and how to use them to improve care, an essential part of the PCMH model.

Some challenges face the implementation of the PCMH model as it requires a transformation of thinking for doctors and patients. Dr. Matson says doctors need to accept accountability for the complete care of a patient and focus on improving health and outcomes above everything else. "It's a covenant with the patient to provide care that is based on the best scientific evidence and the patient's preference and values to achieve the best health outcomes for the patient, rather than personal gain," she says.

While it seems like a common-sense approach, Dr. Matson says there are many outside influences that affect patient care, including advertising and inducements from pharmaceutical companies to use their products, as well as pressure from a payment structure for physicians that incentivizes the quantity of patient visits instead of better patient outcomes. The PCMH model requires revising payment structures, but it is unclear what changes will be made and, more importantly, how.

Mark Lyles, MD, MBA, senior director of health care affairs for the AAMC, says changing the payment system is one of the biggest hurdles in implementing a PCMH.

"In order to provide a primary-medical home, whether that is for primary care, specialty care or a coordination of all the above, it does require extra resources beyond just a single or multiple physicians," he says. "It requires the team-based approach, including nursing, ancillary care, administrative support, patient coordinators, et cetera. Most primary care medical home models are predicated on having some additional resources to help pay for and coordinate the care for both simple and complex patients."

He says physicians and medical schools around the country support the concept of a PCMH as a way to improve overall health but are hesitant to embrace changes to the payment structure as it is difficult to adapt and hasn't been fully proven.

He likens changing a business model in practice to changing a car's combustion engine to a hybrid while driving 55 miles an hour. "So it's challenging, and it does involve the dichotomy of business models during that interim when you're trying to bridge the two," he says.

As reform promises changes in the delivery of health care in America, primary care is at the forefront. While the largest part of health reform is to expand insurance coverage, it also aims to bring costs under control in part by improving the infrastructure of primary care. The new Patient Protection and Affordable Care Act of 2010, signed into law in March 2010, has a key provision that is meant to "rebuild the primary-care work force."

The Obama Administration has dedicated \$250 million in new funding to expand the primary-care work force. One part of the law includes funding and loan repayments for primary-care doctors

and nurses in underserved areas. In addition, the Affordable Care Act has a provision that aims to modify payments to physicians based on value and quality of care, not volume of patients. That provision doesn't take effect until Jan. 1, 2015.

Physicians and faculty at EVMS are not waiting that long. They have been slowly transforming their primary-care practices to the PCMH model and soon will apply for PCMH recognition from the National Committee for Quality Assurance (NCQA). EVMS will be only the third physician practice with PCMH recognition in Hampton Roads and one of less than 60 in Virginia.

In order to qualify for PCMH recognition, EVMS must meet a series of criteria regarding patient communication, electronic medical record use and tracking, management of care with preventive services and care plans, support for patient self-management, and other tracking and performance requirements. Dr. Ringler has been coordinating the team that is preparing the application and says the implementation of the electronic medical records five years ago really facilitated the transformation.

"Many of the changes we're implementing in the medical home could not be accomplished without

"The biggest difference in the medical home concept from traditional primary care is that it takes a proactive and team-based approach to the management of the patient. There is a strong emphasis on continuity of care with a single provider or a care team." — ROBERT RINGLER JR., MD

the data-gathering and comparison tools contained in the electronic medical record," Dr. Ringler says.

Some of the important things EVMS physicians can now track are how often patients see their primary-care provider, how quickly physicians respond to patient questions and how many patients require language translators. Electronic medical records also provide up-to-date patient data and resources for physicians who are watching trends



The PCMH model establishes primary-care physicians, such as Bruce Britton, MD, associate professor of family and community medicine, as the point-person for their patients' care.

in their patients' medical histories and even the progression or improvement of diseases.

A major goal of the transformation of primary care is that the system eventually will be better equipped to address some of the nation's most

sometimes some of the most effective, like a good diet, regular exercise, smoking cessation and limitation of alcohol use."

Dr. Ringler says that the traditional "doctor's orders" technique of dictating care is not as effective as working with the patient to determine barriers, suggest small goals and follow up to support the patient's efforts. This type of interaction and follow up can't be done with a 15-minute office visit. It requires the comprehensive approach found in a medical home. EVMS physicians have already started implementing ways to approach primary care in a comprehensive way, by expanding the use of electronic medical records, emphasizing a team-based approach, and following through with patients to improve outcomes and change unhealthy behaviors.

Today, EVMS is furthering the PCMH concept through education by preparing family medicine and internal medicine residents — tomorrow's primary-care physicians — with knowledge and experience in a medical-home environment.

"My goal for resident graduates is that they will be able to develop and implement the PCMH," says Dr. Matson. "It's the essence of good primary-care practice." □

EVMS alum wears two hats: physician and vintner

For Milt McPherson, MD, winemaking is both an art and science, just like medicine.

Dr. McPherson, a 1980 EVMS graduate, still practices critical care in Lumberton, N.C., at the Southeastern Regional Medical Center, but he views winemaking as a new challenge.

"I like using what I learned as an undergraduate — being able to rattle test tubes and play with pipettes — things I haven't done in 40 years," Dr. McPherson says. "It's cool to get back to the science again."

Like people, vineyards are at risk from disease — many of them fungal, he explains. Dr. McPherson recalls attending a vintner's conference with his wife, a former nurse. "They were talking about how to treat these diseases, and she leans over to me and says, 'It's just like rotating antibiotics!' I said, 'You're right!' It's pretty challenging."

"But it is an art, too," Dr. McPherson says. "There is something about developing your style that each winemaker has to figure out. I'm still in the process of it, but I'm having a lot of fun."

Dr. McPherson and his wife, Sandy, first opened Hunting Creek Vineyards in April 2002 with just 300 plants.

After raising their children in Concord, N.C., the couple moved to a farm in Halifax County, Va.

They knew they liked the idea of being country farmers but had not determined what crop to grow. Avid wine enthusiasts, they ultimately settled on grapes.

Originally planning to start a grape farm only, the McPhersons intended to experiment with making wines for just themselves and close friends, but they quickly learned that being a country grape farmer is not the most lucrative enterprise.

"Our goal initially had been to grow the best grapes we possibly could and sell them," Dr. McPherson says. "We then realized that it is hard to make a profit with that plan."

The first batches of wine from their early crops were a big hit with their friends, leading the pair to change course and expand their business to include winemaking as well. Producing just 180 cases, the winery started as a small operation in 2008 with their first offerings available in fall, 2009.

"The thing I really like about it is the process of taking something from the dirt to a glass. I love making a wine my friends will enjoy. It's fun."

Virginia wines don't have the best reputation, he confides. "But I like to surprise people."

"Pure Luck," a Viognier, is Hunting Creek's only white wine, but the McPhersons have several reds they call the sin series — Temptation, Indulgence



Milt McPherson, MD, at the inaugural Chesapeake Wine Festival.

and Decadence. "We figured once you go through the sin series, you've got to have Repentance," quips Dr. McPherson. Aptly named, their sweet red is a Bordeaux with a splash of cranberry.

Dr. McPherson says that for the most part, he and his wife run a two-person operation. However, the harvest and processing of the grapes could only be accomplished with the help of friends and family. So, each year they host a harvest party during which they share food, drinks, and fun while working with their loved ones.

Dr. McPherson believes that focusing on southwest Virginia's potential as wine country might help stimulate local business. "I'm hoping that I'll be able to introduce high-school kids to growing grapes in Halifax County. We've been devastated by the loss of textiles and tobacco. It'll never be Napa, but maybe it can help the economy of this area." □

ALUMNI INFORMATION *Send your class notes and news to Alumni@evms.edu*

SAVE THE DATE:

April 16, 2011
Annual School of Health
Professions Alumni
Banquet, Norfolk Yacht &
Country Club, 6:30 p.m.

May 13, 2011
White Coat Retirement
Ceremony.

August 5-7, 2011
MD Alumni Reunion
Weekend celebrating the
classes of 1976, 1981, 1986,
1991, 1996, 2001, 2006.

Have you updated your Alumni profile lately? Visit www.evmsAlumni.com to make sure your information is current.

EVMS recruits Student Ambassadors

EVMS has launched a program in which EVMS students serve as representatives at school events for important constituent groups, including members of the local community, prospective students, donors and alumni.

The Student Ambassadors will help improve the quality of the medical school through leadership, service and a direct partnership with the offices of the president, dean and external affairs, says Melissa Lang, director of alumni relations and advisor to the program.

"These students are a prestigious group," Mrs. Lang says. "They are informed about the school's direction and major initiatives and exhibit the highest level of professionalism. With their training, they are working to advance EVMS' mission to become the most community-oriented medical school in the country."

"I joined the Student Ambassador because I wanted to be an advocate for our school," says second-year MD student, Katherine J. Smith. "I want to show our alumni we are continuing the traditions they helped create, and demonstrate to the local community EVMS' spirit and traditions. Most importantly, I joined the Student Ambassadors because I am proud to be an EVMS student!"

The inaugural team of Student Ambassadors



Student Ambassadors attended the EVMS Donor Reception in November to speak with donors and share their learning experiences at EVMS.

was selected based on academic achievement and recommendations. This year, 15 students were chosen from both the School of Medicine and School of Health Professions. They are:

- Joshua Brotman, MD — 2013
- Katie Davenport, MD — 2013
- Jonathan DeLong, MD — 2013
- Ruth Garland, MD — 2012
- Shamina Green-Mitchell, Biomedical Sciences, PhD — 2012
- Chris Hoedt, MD — 2013
- "Sunny" Jha, MD — 2012
- Stephanie Krebs, MD — 2014
- Timothy Neary, MD — 2013
- Viann Nguyen, MPH — 2012
- Daniel Parker, MD — 2013
- Shira Sachs, MD — 2013
- Laura Sartori, MD — 2012
- Katherine Smith, MD — 2013
- Zrria White, MD — 2012 □

STRATEGIC PLAN

continued from page 12

crowd they would be hearing more soon about the key initiatives necessary to achieve the strategic plan.

"We picked the theme for today's event for a reason," she said. "We believe this mission is possible to achieve. But it will require that each and every one of you actively participate in making this vision a reality.

"I am accountable for the success of this plan," she said, adding, "You are accountable for the success of this plan. We are accountable to each other and to our community for achieving these goals and completing our 'mission.'"

Guest speaker Kevin Grigsby, DSW, senior director of organizational leadership

development for the Association of American Medical Colleges, echoed that theme.

Dr. Grigsby said he was impressed with the faculty, students and employees he met during a visit to campus to learn about the EVMS culture. He praised the school for its integrity and commitment to the community.

"EVMS has the unique tradition, history, culture and work force — and resources — to make this happen," he said of the school's mission to become the nation's most community-oriented medical school.

But he warned that change will be difficult to achieve.

"When I visited, I heard people talk about EVMS in terms of the way 'things were in the

past' and the way 'things are now.' It's almost as if someone is describing two different organizations — and in a sense, that is the case," he said. "The culture has changed.

"I urge you to embrace your culture and its many desirable characteristics as you create a compelling future for your organization and for yourselves," he said.

In his concluding remarks, President Lester said the timing is right to "do something truly special for this school and for this community.

"You are the right team. This is the right time," he said. "Together we can ensure that Eastern Virginia Medical School is the most community-oriented school in the nation." □

HAMPTON ROADS COMMUNITY FOUNDATION

continues EVMS support with

\$1 MILLION GRANT

Joshua P. Darden, Jr.

Photo by Glen McClure

The Hampton Roads Community Foundation (HRCF) has continued its long-standing support of Eastern Virginia Medical School with a five-year, \$1 million grant that will go toward construction of the school's new medical education and research facility.

With this contribution, HRCF has given more than \$3 million to EVMS. Its support dates back to the 1960s with a grant to help start the school. EVMS now is in the midst of an \$80 million project to expand its campus and update facilities, a crucial part of its commitment to increase the size of medical school classes by 30 percent and physician-assistant classes by 60 percent.

The Association of American Medical Colleges (AAMC) projects that in order to ward off a major shortage in health care providers, these increases are urgently necessary.

"We need more doctors and health-care providers, and it's going to take EVMS to meet that need," says Joshua P. Darden Jr., a retired business leader and member of the HRCF Board of Directors.

"This gift is very important to our effort to combat the physician shortage locally, statewide and nationwide," says G. Robert Aston Jr., president and chairman of the EVMS Foundation Board of Trustees. "We can only solve that problem by educating more physicians and health-care professionals, and that is the purpose of this new building. The Hampton Roads Community Foundation has proven once again that it is an extremely valuable asset and partner in the school's ability to meet the community's needs."

HRCF also has provided \$828,000 in total scholarship funds to 100 medical students, including seven currently enrolled.

"The school is in the best position it has ever been in," Mr. Darden says. "The school has a fine faculty, excellent leadership and a strong pool of qualified applicants."

HRCF, the result of a 2010 merger between The Norfolk Foundation and The Virginia Beach Foundation, is the largest grant and scholarship provider in southeastern Virginia. The organization manages charitable funds started by individuals, families, businesses and foundations.

Over the past five decades, it has awarded more than \$140 million in grants and scholarships to nonprofit groups and students, including \$15 million in 2009 alone.

Ensuring the region has excellent health care has been a long-time focus for the foundation, says Angelica D. Light, its president and CEO. With an aging population and a large number of physicians approaching retirement, educating an increased number of quality health-care professionals is more critical than ever, Ms. Light says. □

SCHOLARSHIP RECIPIENTS AND DONORS *come together for Scholarship Reception*

"In this place, the dead rejoice at teaching the living."

A high-school student came across these words above the anatomy lab door while visiting Eastern Virginia Medical School on a field trip. The words touched her so deeply that when she returned home to Suffolk that evening she wrote the phrase on a sticky note and stuck it on a door. It remained there for years.

That high-school student is now in her second year of medical school at EVMS. Nicole L. Whatley's life-long passion for helping others is becoming a reality due in large part to the L.D. Britt, MD, Scholarship she received.

"The scholarship has relieved my financial burden, made me less apprehensive of specializing in family medicine and made me more determined than ever to practice in Suffolk," Ms. Whatley says.

Scholarships play a vital role for medical students. At the end of medical school, the average student-loan balance is \$160,000. During the three-to five-year residency program, resident salaries range from \$45,000 to \$50,000, less than what many people believe.

The debt students accrue in four years is intimidating and can ultimately affect their decisions about what specialty to choose and where to practice, says Thomas W. Fuller, MD Class of 2012.

Second-year medical student Falishia Sloan



says, "Scholarships are beneficial because they help expand the pool of students who even consider medical school as an option for higher education. Money and socioeconomic status in general should be a non-issue when it comes to pursuing one's professional dreams, and scholarships help make this a reality."

Hundreds of scholarship recipients and scholarship donors will have the opportunity to come together Jan. 12, 2011, at the inaugural Scholarship Reception held at the Norfolk Yacht and Country Club. Donors will get to hear from current students and alumni about the impact that their gifts have made not just in the students' lives, but also in the community. Most importantly, students will get to say "thank you" to donors who have made their dreams a reality.

"EVMS has always strived to train outstanding physicians who are and will be a part of the Hampton Roads community. Offering scholarships to medical students is critical in attracting talent and rewarding the deserving," says Vandana Patel, MD, scholarship donor and president of the American Association for Physicians of Indian Origin. □

For more information about EVMS scholarship funds, visit www.evms.edu/magazine.



Middleton (far right) with son Buzzie and sister Lois Burns in Copenhagen.

"Den mother" *helps future generations* *of EVMS students*

Dorothy M. Middleton learned that EVMS medical students make ideal tenants soon after she began renting apartments at her building on Redgate Avenue in Ghent. Since the EVMS students were either studying or at school, Ms. Middleton took on the role of "den mother."

Ms. Middleton passed away in 2007, but her generous spirit of caring continues with the gift of her \$3.2 million estate.

"She was adamant that she wanted to leave her estate to a charitable organization. After soul-searching and realizing what medicine had done for her children and the importance of doctors and their research, she realized that by donating to EVMS she could keep giving to future generations," says family friend, Claus Ihlemann.

The Dorothy M. Middleton Endowment will award a full scholarship every year beginning with the entering MD Class in 2011 — the first full-ride scholarship ever given at EVMS.

"Mrs. Middleton's generous gift to the school enables us to relieve the financial burden of medical school. It will be a life-changing gift to many deserving students," Director of Development Connie Hedrick says. □

Student shadows doctors

continued from page 12

the streets. She was careful not to follow a set routine each day, which could have made her vulnerable to kidnapping or robbery. Nervous about her safety on roads, she left dusty and crowded Kabul just once when she went to see the beautiful streams, trees and flowers of the Afghan countryside.

Ms. Nowrouz, a member of the student-run Global Health Council at EVMS, is interested in practicing medicine abroad someday. She is leaning toward a residency in internal medicine/pediatrics, so she can care for people of all ages should she be the only physician in a community. The doctors in Afghanistan who gave up

lucrative career opportunities elsewhere to care for the poor inspire her.

"I feel so lucky I had this opportunity," she says. "I felt such a connection to the place. I had grown up hearing beautiful stories about it, and now I know for sure they are true." □

IN FOCUS

Photos from the Donor Appreciation Reception, Towne Point Virginia Wine Festival, Haunted Hallway and Service & Recognition Awards Ceremony.



1. Nancy Fishback, PhD, chair of anatomy and pathology, was honored as an outstanding example of the EVMS faculty and staff who contribute to the Annual Fund.
2. Hampton Roads Partnership President Dana Dickens, EVMS President Harry T. Lester, Director of Student Community Outreach Teresa W. Babineau, MD, speak with student ambassador and third-year medical student Sachin "Sunny" Jha during the donor reception.
3. Virginia Ferguson (pictured) was honored for her support of the Glennan Center for Geriatrics and Gerontology, for which she provided start-up funding. Her friend Rob Goodman was recognized at the event on her behalf.
4. EVMS students hosted the school's annual Halloween event, Haunted Hallway, on Oct. 29, giving children from two Norfolk schools a fun, safe evening of trick-or-treating. From left to right are medical students Eric Stashko, Meredith Clary and Kathryn Webb.
5. (Left to right) Molly Smith, MD '01; Maureen Kelleher, art therapy and counseling student; Devon Schick, MD '10; Julie Standley, CONRAD director of finance; President Lester; and Melissa Lang, director of alumni relations, at the Town Point Wine Festival in October.
6. At the inaugural Service & Recognition Awards Ceremony, Neel Krishna, PhD, left, and his wife, Lauren Keim, enjoy a laugh with Kari Bos, second from right, and Ed Johnson, PhD.

NEW BOOK *prepares physicians*

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And as the sizes and prices of ultrasound machines continue to shrink, more and more physicians are using the technology as part of their daily practices.

"The bedside ultrasound is increasingly becoming a clinical tool that allows the interaction between doctor and patient to become much more sophisticated," Dr. Levitov says.

The portability of the smaller machines makes them a "great equalizer" in the provision of care, he says. "They can be taken into less affluent communities, and it allows the practitioner to make a diagnosis on the spot."

Medical schools are moving to include instruction on bedside use of ultrasound. Dr.

Levitov's book, which he illustrated himself, was recently translated into Italian.

Expert use of ultrasound, Dr. Levitov predicts, "will be the defining skill for the next generation of physicians." □



MLK JR. Day — January 17, 2011

The 25th annual Dr. Martin Luther King, Jr. Day celebration will be held Monday, Jan. 17 from 6 p.m. – 8:30 p.m. in McCombs Auditorium. This event is free and open to the public.

Mansbach Lecture — February 10, 2011 (5:30 p.m. – 7:30 p.m.)

The annual Mansbach Lecture will be held on Feb. 10 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 Martin J. Blaser, MD, Chair of the Department of Medicine, Frederick H. King Professor of Internal Medicine and Professor of Microbiology at NYU School of Medicine. For more information, call 757.446.6070.

Association of American Physicians of Indian Origin of Hampton Roads Gala — February 12, 2011

The Association of American Physicians of Indian Origin of Hampton Roads AAPI-HR is hosting their second annual gala event, "For the Love of Giving" at the Half Moone Cruise and Celebration Center in Norfolk, Va. The event benefits scholarships at EVMS. For more information, visit www.aapihr.org.

Enhancing Diversity in Medicine: Campus Visitation Day — March 26, 2011

The annual Visitation Day program is designed for current university undergraduates interested in pursuing a career in medicine. Participants will have an opportunity to tour campus facilities, participate in mock admission interviews and speak to panels of current medical students and residents. The deadline for registration is March 18. For more information, visit www.evms.edu/minority.

Health Professions Alumni Association Banquet — April 16, 2011

The HP Alumni banquet and officer induction will be on April 16 at the Norfolk Yacht and Country Club. All EVMS School of Health Professions alumni and Class of 2011 graduates are invited to attend.

Mike Cavish Golf Tournament — April 18, 2011

In memory of community leader and local restaurateur Mike Cavish, the 13th annual Mike Cavish Golf Tournament will be held at Elizabeth Manor Golf & Country Club on April 18 at 12 p.m. All proceeds from the tournament benefit the Strelitz Diabetes Center. To reserve your spot or receive more information, call 757.446.6070 or visit www.evms.edu/cavishgolf.

EVMS Charity Golf Classic — May 24, 2011

This exclusive charity golf tournament will be held at Bayville Golf Club on May 24 at 12 p.m. All proceeds benefit the EVMS Foundation, which supports the school's mission of teaching, discovering and caring. For more information about sponsorship or registration for this event, please call 757.446.6070.



Team approach to breast cancer

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how it will affect their appearance, knowing all the options available is paramount. With new oncoplastic breast-surgery treatment, women know that the cancer is being taken care of while preserving their appearance.

"Oncoplastic breast-surgery techniques allow us to remove breast cancer in such a way as to

preserve or enhance the appearance of the breast. In addition to taking out the tumor, we can, for instance, do a reduction on both breasts. Or we can remove the tumor and lift the breast, all as one operation. It's a different way of thinking about breast cancer," Dr. Feliberti says, noting that a federal mandate ensures that women

undergoing reconstructive breast surgery are entitled to surgery on both breasts, even if only one is affected.

For more information, visit www.evms.edu/magazine or call 757.689.8139. □

EVMS HEALTH SERVICES



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.

Our physicians are full-time teaching faculty at EVMS. Physicians in training (residents) and medical students are an extension of our practice. The integration of our practice with EVMS resident physicians and students enhances your care and provides an academic advantage unique to our group.

Schedule your next appointment
with EVMS Health Services.

P.O. Box 1980 □ Norfolk, VA 23501-1980 □ 757.451.6200
www.evmshealthservices.org