

# CHILDHOOD Obesity:

*Changing the Shape  
of Our Future*

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A **BOLD**  
Vision for  
the Future

The Looming  
Residency  
**SHORTAGE**



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**EVMS**  
Eastern Virginia Medical School

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A BOLD  
VISION

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OBESITY

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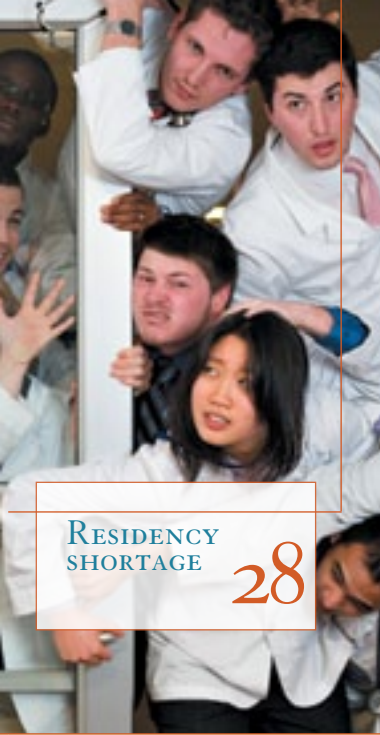
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### from the president



Throughout its 37 years, EVMS has enjoyed tremendous success. We've trained thousands of outstanding doctors and health professionals and made life-altering discoveries. This school has inarguably changed this region for the better, but it has also had its share of struggles. At times in our past, financial pressure and a management structure that allowed for conflicts made it hard to look far beyond the immediate fires. However, that's no longer the case. Our solvency is not in question, and campus leaders share the belief that EVMS is ready to take the next step — ready to shift our mindset from surviving to thriving.

We've spent the past year forging a strategic plan that lays out a clear path for our growth and development into a world-class academic medical center (see page 14). The plan calls for a fundamental shift in the way we operate, and though some of the changes could be uncomfortable, they will make it possible to fulfill the promise envisioned by our founders. We owe it to our students, our faculty and staff, our patients and our supporters to be the best institution possible. This plan sets us on that course.

The strategic plan and the changes it brings are investments in the future of this great school. They will help us reach new levels of excellence. It's exciting to think what we can achieve in the coming years.

One thing that will remain unchanged, though, is our commitment to this community. In fact, the new plan firmly establishes our vision of making EVMS "the most community-oriented medical school in the country." The community started this medical school, and that relationship remains at the heart of everything we do.

Thank you for your support and for joining us on this journey.

Harry T. Lester

President

Teaching. Discovering. Caring.™



# PEPE TO HEAD *research efforts*

## His transition begins strategic succession-planning process

**E**astern Virginia Medical School will soon begin the search for its next dean following the decision by current Dean and Provost Gerald J. Pepe, PhD, to transition into a new role championing research efforts at the school.

Dr. Pepe's move signifies the institution's growing emphasis on research. It also creates an opportunity to begin developing a leadership-succession strategy, one that allows the school to capitalize on opportunities while continuing to focus on the high-leverage goals set out in its recently approved strategic plan (*see story p. 14*).

His new role will allow Dr. Pepe to focus exclusively on strengthening EVMS' research infrastructure — an effort that has been a priority throughout his six years as dean. His title, the timing of the transition and other related details will be part of the succession-planning process.

The process also will involve the Board of Visitors and others from both inside and outside the institution. EVMS has contracted with Chicago-based search firm Heidrick & Struggles to help

*Dr. Pepe's move signifies the institutions growing emphasis on research.*

establish the plan. A search committee for the next dean will be appointed in the coming months.

Dr. Pepe will remain as dean until a successor is named.

"I'm proud of the really outstanding growth EVMS has experienced during my time as dean. Now, I have the opportunity to build up our

research programs and infrastructure and spend the upcoming years of my career focusing on one of my passions — research," Dr. Pepe said.

Bolstering EVMS' research enterprise is a key element of the new strategic plan and a point of emphasis for President Harry T. Lester. Building that aspect of the school's operations will speed the flow of new discoveries from the laboratory to the patient bed, and it will allow EVMS to deepen its focus on the community's most pressing health needs.

"Dr. Pepe has been a strong partner throughout my time at EVMS," said EVMS President Harry T. Lester. "He's a committed leader and a top-notch scientist. Dr. Pepe has been NIH funded for over 30 years. That's the gold standard. I can't think of anyone better to take research at EVMS to the next level." □

## Department of Defense awards EVMS

# \$1 MILLION TO DEVELOP

## new approach to reversing Type 1 diabetes

### Results could have broader application to other autoimmune diseases

Imagine you are blowing up balloons in a room full of people with pins. How long would your balloons last? That's the analogy David Taylor-Fishwick, PhD, associate professor of internal medicine and director of Eastern Virginia Medical School's Cell, Molecular and Islet Biology Laboratory, often uses to describe his research to find new therapies that could ultimately lead to a functional cure for Type 1 diabetes.

Dr. Taylor-Fishwick and his team of researchers at EVMS' Strelitz Diabetes Center, have been awarded a \$1,076,250 grant by the Department of Defense (DoD) Peer Reviewed Medical Research Program to develop new ways of reversing the underlying causes of Type 1 diabetes, an autoimmune disease in which the body's immune system attacks the insulin-producing beta cells in the pancreas.

"Type 1 diabetes is unique among autoimmune disorders in that the body does not automatically replace these cells once they are destroyed," Dr. Taylor-Fishwick explains.

Current treatments, such as insulin injections, help patients maintain normal blood-sugar levels but don't prevent the serious health problems associated with diabetes such as blindness, nerve damage, heart disease and kidney failure.

Now back to the balloon analogy. "The challenge in reversing Type 1 diabetes is to regenerate the beta cells and at the same time stop the body's autoimmune attack," Dr. Taylor-Fishwick says. "We're blowing up the balloons — creating the new cells that are making insulin — but we're not going to create very many in that room if everybody is popping them with pins. The pins represent the immune system, which we believe is a key component in that negative environment."



From left to right: Jessica Weaver, PhD, postdoctoral fellow; David Taylor-Fishwick, PhD, associate professor of internal medicine and director of the Cell, Molecular and Islet Biology Laboratory; Margaret Morris, PhD, research assistant professor; Kendall Leone, research associate.

Dr. Taylor-Fishwick's research on beta-cell regeneration has focused on INGAP (Islet Neogenesis Associated Protein), branded as Exsulim, the breakthrough discovery made by Aaron I. Vinik, MD, PhD, director of research at the Strelitz Diabetes Center, and Lawrence Rosenberg, MD, PhD, of McGill University. The INGAP gene stimulates the growth of insulin-producing beta cells in the pancreas, allowing an individual to regenerate his or her own cells without the need for donated cells, which the body may reject.

Now that the center's scientists have established that they can effectively regrow beta cells, the DoD grant will fund the next phase in the team's research — finding a way to neutralize the immune system's attack.

"The main emphasis of this grant is to build on the successes that we've had," says Dr. Taylor-Fishwick. "It looks like we can make those balloons, but we need to do something to neutralize the pins, so that when the cells do grow, they enter a stable environment — a room full of balloons with no pins."

In this next stage of their research, Dr. Taylor-

Fishwick and his team will test several experimental drugs developed by Jerry Nadler, MD, chair of internal medicine and director of the EVMS Strelitz Diabetes Center. The compounds are designed to modify the autoimmune response and stabilize beta cells. The goal is to develop these compounds into an oral pill that, when used in conjunction with INGAP, may help create a combination therapy that reverses Type 1 diabetes. If successful, their findings may also prove useful in developing treatments for other autoimmune diseases such as lupus and rheumatoid arthritis.

"The Department of Defense, through its Congressionally Directed Medical Research Program, is especially interested in research to combat autoimmunity," Dr. Taylor-Fishwick says. "So part of our work is to block the process of autoimmunity that occurs in diabetes. We are using a drug called Lisofylline (LSF) and related molecules to block interleukin-12, a protein that triggers the autoimmune response. By targeting interleukin-12 signaling, we hope to redirect the immune system, but not wipe it out." □

# EVMS SURGEON

## *leads disaster* MANAGEMENT TRAINING

**W**hen a disaster hits, frantic eyes turn to the people in white coats. Doctors play an irreplaceable role in helping an area cope with and recover from a widespread emergency. However, the skills needed to deliver effective care to hundreds or even thousands of victims in the midst of calamity are not necessarily covered in medical school.

The public takes it for granted that doctors know how to manage mass-casualty events, says Leonard J. Weireter, MD, professor of surgery and an EVMS Health Services surgeon.

“Physicians, by and large, think somebody else will handle it. But in reality, they could be called on any given day to respond to a disaster,” he says. *[For instance, see the story on Dr. Abuhamad’s experience in Haiti on p. 10]*

The American College of Surgeons (ACS) Committee on Trauma Ad Hoc Committee on Disaster and Mass Casualty Management, chaired by Dr. Weireter, has created a program to help equip more physicians with the specialized skills needed to manage a large-scale disaster or emergency. The Disaster Management and Emergency Preparedness (DMEP) course, of which he is one of 11 co-authors nationwide, is an eight-hour program designed specifically to accomplish this goal.



Leonard J. Weireter, MD

Catastrophic events call for specialized knowledge outside of what a top-flight physician normally sees. Even for emergency physicians and trauma surgeons, the types of injuries can be vastly different from those they treat day to day.

The pressure wave from a major explosion, for instance, can wreak havoc on the body in ways that might not be obvious if the treating physician doesn’t know what to look for. A patient pulled from a collapsed building can have subtle injuries that, left unchecked, could have lethal consequences days later.

The goal of the one-day class is to teach physicians the difference between disaster and mass-casualty response and what they do every day. It emphasizes critical management concepts such as incident command, triage and the

importance of planning, training and drilling.

“It will teach you, philosophically, how a disaster differs from what we do every day. It’s as much philosophy as it is physiology,” Dr. Weireter says. “If you know some vocabulary and some concepts, you’re at least a leg up.”

Dr. Weireter has taught the course across the country and has presented it to members of the American and Germany military. His involvement also adds a unique element to EVMS’ physician-training programs. Senior residents at EVMS can take the course, making those doctors a community asset wherever they practice — be it Hampton Roads or beyond.

“This learning opportunity is truly invaluable for our residents,” says Linda Archer, PhD, associate dean of graduate medical education. “This is one of those areas where a small amount of planning can be of tremendous benefit. The concepts Dr. Weireter teaches could save scores of lives here and elsewhere.” □

# EVMS PHYSICIAN

## *selected top faculty member in Virginia*

A highly regarded EVMS physician is the first-ever recipient of the Clinical Faculty of the Year award given by the Virginia chapter of the American College of Physicians (ACP).

Mark C. Flemmer, MBChB, associate professor of internal medicine, received the award at a Jan. 23 ceremony in Norfolk. The award recognizes dedication to teaching as well as demonstrated skill and accomplishment in the education of medical students, residents or other physicians.

“This award is a great honor and credit to your dedication to education and a recognition by your students and peers,” says Paul Florentino, MD, lieutenant governor of the ACP’s Virginia chapter.

Jerry L. Nadler, MD, Mansbach professor and chair of internal medicine at EVMS, nominated Dr. Flemmer for the award.

“I can honestly and enthusiastically state that Dr. Flemmer is the most knowledgeable, outstanding educator I have ever had the pleasure to work



Award recipient Mark C. Flemmer, MD, second from right, poses with colleagues, from left, Jerry L. Nadler, MD, James G. Dixon, MD, and Thomas J. Manser, MD.

with,” wrote Dr. Nadler, who joined EVMS two years ago from the University of Virginia. “Dr. Flemmer is truly a remarkable physician who

## AMERICAN MEDICAL ASSOCIATION *leadership award*

A second-year Eastern Virginia Medical School medical student was selected as one of only 30 individuals (including 20 students) nationwide to receive the American Medical Association (AMA) Foundation's 2010 Leadership Award. The award was presented during the annual AMA National Advocacy Conference's Excellence in Medicine Awards ceremony in Washington, D.C., March 1.

Sachin "Sunny" Jha was honored for his academic performance as well as his involvement in community service and various medical organizations. The award provides medical students, residents/fellows and early-career physicians from around the country with special training that will help develop their skills as future leaders in medicine and community affairs.

Mr. Jha, active on political-action committees of the AMA and the Medical Society of Virginia, was encouraged to apply for the award by several of his peers in the AMA.

For Mr. Jha, the road to his medical career was not always clear. Despite interests in politics and civil service, he realized medicine offered the kind of transformative impact he sought.

"Civil service affords one the opportunity to improve the human condition on a macro level, but I found that medicine is more personal and allows me to affect change at a micro level as well," Mr. Jha says.

So, after graduating from the University of California, Berkeley, Mr. Jha enrolled in the Medical Masters program at EVMS, and then the EVMS MD program.



EVMS medical student Sunny Jha, second from right, receives his award from AMA President James Rohack, MD, as AMA Foundation President Richard Hovland, left, and Freda Lewis-Hall, MD, chief medical officer for Pfizer Inc., look on.

Mr. Jha is a member of the American Medical Association Political Action Committee Student Advisory Board, serves as a Student Council Executive, and is a member of the AAMC Organization of Student Representatives. He recently coordinated a group of fourth-year medical students in forming a new student-run free clinic at EVMS. As a founding member of the Society of Global Health Researchers, Mr. Jha says it is his goal to empower others and help them achieve their dreams.

"At this critical time in our nation's health system reform efforts, encouraging leadership in the medical profession is more important than ever," said Richard Hovland, president of the

AMA Foundation. "I am confident that these exceptional individuals will provide a strong voice in the medical community to improve health-care delivery in the United States."

Paul F. Aravich, PhD, professor of pathology and anatomy, wrote in Mr. Jha's recommendation, "To paraphrase George Bernard Shaw, Sunny sees things that never were and asks why not. He has an authentic calling to serve the greater good coupled with a track record of health-care leadership unrivaled by American medical students. In fact, I would call his fire-in-the-belly and his health-care leadership skills nothing less than inspirational. As such, Sunny is very much the student-who-is-teacher." □

is highly admired by patients, medical students, residents, fellows and his colleagues."

A native of South Africa, Dr. Flemmer earned his medical degree at the University of the Witwatersrand in Johannesburg. He completed fellowship training in internal medicine, cardiology and infectious diseases. He is board-certified in internal medicine and geriatrics.

Although Dr. Flemmer conducts training for his peers at state and national meetings and regularly contributes to departmental lectures, his primary educational focus involves students and residents. Dr. Flemmer joined the EVMS faculty in 1993 and sees patients as a physician

with EVMS Health Services.

It is the morning report meetings, during which faculty critique and instruct students and residents as they discuss patient care, where Dr. Flemmer excels.

"Morning report is the most important educational setting for future internists and internal medicine clerkship students," Dr. Nadler says. "In this setting, which instructs, challenges and inspires learners, Mark has no peer."

Medical students have voted Dr. Flemmer their favorite clinical teacher on three occasions, and residents have given him their highest teaching award five times.

"Dr. Flemmer always emphasizes current literature as well as pertinent physical exam findings," wrote one resident in support of the award. "He truly is an amazing teacher and clearly cares deeply about his patients. I also appreciate his honest approach."

Thomas J. Manser, MD, associate professor of internal medicine and division chief for general internal medicine, says the teaching award is a natural fit for Dr. Flemmer.

"I'm delighted but not surprised that Dr. Flemmer has received this prestigious award," Dr. Manser says. "When it comes to student and resident teaching, he is a true superstar." □

# NEW PROGRAM AIMS

## to fill gap in **AUTISM CARE**

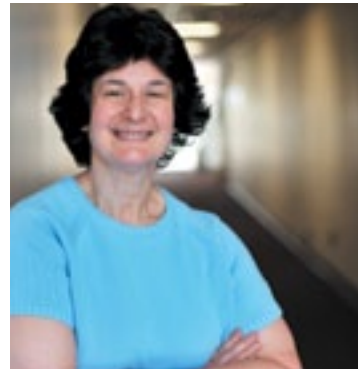
There is a tremendous emphasis today on the early diagnosis and treatment of autism, particularly for children younger than school age. But as those children grow into teenagers and beyond, the pool of resources shrinks drastically.

Eastern Virginia Medical School's Department of Psychiatry and Behavioral Sciences began filling that need in February with a new program specializing in the assessment and treatment of adolescents and young adults with Autistic Spectrum Disorders. The program, directed by Maria R. Urbano, MD, associate professor of clinical psychiatry and behavioral sciences, is focused on those in the vulnerable transition age around 14.

"The population of children that has been identified over the last 10 to 15 years is getting older, and there's not really a comprehensive resource for them to turn to," Dr. Urbano says. "After leaving the school system, there's no comprehensive program dedicated to this age group."

The EVMS program capitalizes on the unique capabilities of an academic medical center. Doctors at institutions focused on both patient care and research have ready access to the latest science and treatments not always available to the general public. EVMS psychiatrists are targeting new medical treatments as well as community-academic partnerships. Being based at a medical school also allows the program to include expertise from across the spectrum of providers, from internal medicine to art therapy, which can be particularly helpful for ASD patients who struggle to communicate verbally.

"We're doing evaluations and providing



Maria R. Urbano, MD



Steven I. Deutsch, MD, PhD

treatments that cannot be provided elsewhere in the community," says Stephen I. Deutsch, MD, PhD, professor and chair of psychiatry. "We'll have a team that can meet and develop a real multimodal, multidisciplinary treatment plan. We're going to provide services to fill that gap that occurs very abruptly."

Having a program that can serve as a bridge from pediatrics will help maintain a continuity of care that can enhance the long-term development of people with ASD. John Harrington, MD, associate professor of pediatrics and director of general academic pediatrics at Children's Hospital of The King's Daughters, has extensive experience treating children with ASD

in Hampton Roads, and he has heard the questions as families look for places to turn as their children grow older.

"They age out of the public schools, and the question becomes, 'Where do they go?' For many people, the answer is: 'I don't know,'" Dr. Harrington says.

While some of the clinical aspects of care take place in-house at EVMS, Dr. Urbano has built a network of community resources where patients can find help with non-medical needs, such as social skills and driving. This allows the EVMS program to serve as a clearinghouse of ASD resources.

"There are a lot of different resources for the younger population, but when you look at it, there aren't as many resources for people in that transition age and for young adults," says Angel Barnhill, resource director for the Tidewater Chapter of the Autism Society of America. She says there is a great need for programs such as the one at EVMS. □



*Pain*

## is the common **ENEMY**

Patients of all ages come to the EVMS Spine Center seeking relief from a common enemy: pain.

"We see a lot of patients with chronic pain, mostly from arthritis and nerve injuries," explains Antonio Quidgley-Navares, MD, director of the center. "They may have been in pain for months or years."

The goal of the Spine Center, located within the Department of Physical Medicine and Rehabilitation, is to help patients improve their quality of life.

"We prefer to try to fix the problem with physical therapy, medication or injections," Dr. Quidgley says. "If that's not possible, then we work to manage the pain."

The center often undertakes treatment plans in collaboration with other physicians in the area, such as an orthopedic surgeon or neurosurgeon.

Many patients with chronic pain are unable either to work or do the kind of work they would like to do. The center is unusual in that it employs a psychologist, Brittany Canady, PhD, who helps patients cope with these difficulties through the use of cognitive-behavioral therapy and other techniques. "She gives patients alternatives to popping a pill," says Dr. Quidgley.

For more information about the Spine Center, call 446-5915. □





## *EVMS professor tells parents*

# to “BOOST ’EM *in the back*”

Because new parents are concerned about the safety of infants riding in the car, they take precautions to make sure safety seats are installed properly. Four years later, that sense of fear may wane.

Kelli England Will, PhD, a clinical psychologist and associate professor of pediatrics at EVMS, thinks familiarity and the rarity of serious car accidents make parents complacent about the risk.

Dr. Will’s research indicates parents care about their children’s safety but that they don’t understand the importance of a booster seat — especially during a crash. Dr. Will researched the different types of messages used to convince people in public-safety campaigns and concluded a threat-appeal message for a video about booster seat use would be most effective.

Threat-appeal messages are intended to create anxiety. They are carefully crafted to motivate an audience to do something or, in certain cases, to stop doing something.

“They can be very ineffective sometimes, and it really matters what the topic is and who the

audience is,” Dr. Will explains. “For booster seats, the audience needed a kick in the pants. There were lowered expectations of vulnerability by parents of booster-seat-age children.”

Booster-seat-age children are between 4 and 8 years old.

When Dr. Will started this line of research in 2001, 5 percent of booster-seat-age children were in booster seats. Now that number is up to 37 percent, which is still quite low, Dr. Will says.

Dr. Will created an emotional reaction with a disturbing video of a mother putting her son into the back seat of a minivan without a booster seat. The boy appears to be about 5 or 6 years old and is wearing his safety belt when the car crashes into another at an intersection. The force of the crash sends the child to the hospital.

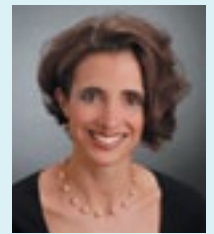
“I wanted to compile all the myths about booster seats and address cost and how to get a child into the seat,” Dr. Will says. “But first I needed to get them to pay attention, and that’s the key to what makes the video work.”

*Continued on page 34*

## *Board of Visitors*

# WELCOMES NEW MEMBER

The Eastern Virginia Medical School Board of Visitors recently welcomed new member Christine W. Prillaman, MD, to its ranks.



Christine Prillaman, MD

The EVMS Foundation appointed Dr. Prillaman to a three-year term as a delegate to the board.

Dr. Prillaman adds additional representation from the Peninsula to the school’s governing body and will serve on the Academic Affairs Standing Committee.

A longtime EVMS supporter, Dr. Prillaman is a community faculty member and assistant professor of internal medicine. She currently practices with the Virginia Oncology Associates Peninsula Division in Williamsburg.

“Dr. Prillaman is an extraordinary individual who will provide significant leadership to the EVMS Board of Visitors,” says Robert Aston, chairman and president, EVMS Foundation Board of Trustees.

Dr. Prillaman is a board-certified medical oncologist with privileges at Mary Immaculate Hospital, Riverside Regional Medical Center and Williamsburg Community Hospital.

A Phi Beta Kappa graduate of the College of William & Mary, Dr. Prillaman completed her internship and residency in internal medicine at the University of Virginia Health Sciences Center and a two-year fellowship at the University of Virginia in hematology and oncology.

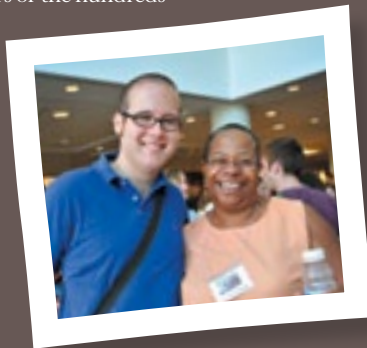
As a community leader dedicated to patients with cancer, Dr. Prillaman is an active member of the Williamsburg Community Hospital Tumor Board, a former member of the Williamsburg Community Hospital Ethics and Cancer Committees, as well as a former board member of Hospice Support Care of Williamsburg. □

## STAFF SPOTLIGHT: VERA POTTS “Everybody’s Momma”

Vera Potts has so many children she has lost count. Whether it is the innumerable foster children she has taken in for more than 30 years or the hundreds of EVMS students she has guided, Ms. Potts has impacted the lives of everyone who has been under her protective wing.

Ms. Potts has been a part of the EVMS family for more than 20 years — working for EVMS Health Services, obstetrics and gynecology, and pathology and anatomy before taking on the position of student programs coordinator for the Office of Student Affairs.

“Ms. Potts, in so many ways, has filled the motherly void that so many of us experience. She is genuinely warm, caring and an invaluable resource to EVMS,” says Sharrell Cooper, MD Class of 2012.



Her responsibilities extend far beyond any job description. Ms. Potts constantly gives encouragement and support to all of her “children” — just part of the reason she’s known as “everybody’s momma.”

“My mother has always told me to treat people how you would want to be treated, and you will be rewarded,” Ms. Potts says. “Rewards have come my way because I have always wanted a lot of children, and these students are just that for me. I love them just as much as they love me.”

Go online to [www.evms.edu/magazine](http://www.evms.edu/magazine) to see a video profile of Ms. Potts and more Staff Spotlights. If there is an EVMS staff member you would like to see featured in the Staff Spotlight, contact [news@evms.edu](mailto:news@evms.edu). □

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Paula M. Swartz, administrative support coordinator for Masters in Public Health



Romi L. Query, administrative support coordinator for the Jones Institute for Reproductive Medicine

**Staff Spotlight is a new addition to EVMS Magazine that will feature Eastern Virginia Medical School staff members who are making a difference both in the EVMS community and beyond.**

## EVMS community responds to crisis in Haiti

EVMS faculty, alumni and students responded to the suffering in Haiti with an outpouring of generosity.

After the quake, Junia Kairys, PA, a 2003 graduate of the EVMS Master of Physician Assistant program, rushed to the country with her husband, a surgeon, to care for the injured. “Words cannot explain the horrific scenes seen there,” says Mrs. Kairys, a native of Haiti.

Alfred Abuhamad, MD, chair of obstetrics and gynecology, was in Haiti teaching health-care providers in the use of ultrasound when the January earthquake struck. He and the other volunteer physicians in his group declined an opportunity to evacuate and instead remained in the country to care for victims.

Dr. Abuhamad was among several faculty members who shared their experiences before, during and after the earthquake with the EVMS



Dressed in t-shirts designed by their classmates, EVMS students perform at a Haiti-awareness event.

community at *Hearts for Haiti: An evening for Haiti awareness* on March 15.

At the event, students, faculty and staff discussed ways to get involved in the long-term development and rebuilding of Haiti, including participating in a global relief effort through t-shirt sales.

EVMS students created the shirts, carrying the message “Medical Students United For Haiti,” and

recruited representatives from over 40 medical schools to sell the shirts for a minimum donation of \$15. Proceeds from the sales (at last count, more than \$11,000) are being donated to Partners in Health, an established medical-relief organization with a history of providing primary care in Haiti.

“The shirts provide an opportunity for students at different schools to connect and bond by wearing the same shirt for the same united purpose,” says Jon DeLong, a first-year medical student.

EVMS administration is absorbing the cost to vaccinate and provide the necessary medications to faculty and staff members who are volunteering to provide medical care in Haiti. Community faculty members traveling to Haiti are also able to receive the vaccination at no cost.

For more information about the EVMS’ continued effort to rebuild Haiti, visit [www.evms.edu/magazine](http://www.evms.edu/magazine). □



# CONSTRUCTION PROJECT

*promises transformation of*  
**EVMS CAMPUS**

After years of planning and preparation, dramatic changes are underway on the EVMS campus.

Workers from the Newport News construction firm W.M. Jordan Company, Inc. are busy transforming what was once a parking lot into a four-story, 100,000-square-foot building for medical education and biomedical research. The project includes extensive renovations in the adjacent Lewis Hall and Brickell Library. Connecting the old and the new will be a campus green that will bring much-needed open space to the medical center.

EVMS is working with a “dream team” on the project. W.M. Jordan has over 900 projects to its credit, including several health-care and higher-education buildings. For architectural services, the school has contracted with a pair of highly regarded firms. Norfolk-based Hanbury, Evans, Wright, Vlattas + Company has designed a series of local higher-education buildings and is experienced in the design of energy-efficient structures. Massachusetts-based Ellenzweig has designed buildings at a number of prestigious universities, including Harvard, Stanford and the University of Virginia, and brings extensive expertise in state-of-the-art medical facilities.



Extensive use of glass in the first floor lobby and throughout much of the building decreases the need for artificial lighting.

“We feel like we have the best combination of builder and architectural team for this type of mixed-use education and research building,” says Mark Babashanian, EVMS vice president for administration and finance, who oversees the project.

The undertaking promises a visual transformation of the EVMS campus, both inside and out. One of the most obvious components is the lawn — something the architects felt strongly about.

“We had the idea that it would be wonderful for EVMS and the entire medical center that the new

building help create and define a new green space that would add some nice, soft relief,” says Michael C. Lauber, president of Ellenzweig. “The project includes a big, wide grassy space and some more intimate space where you figure people can have lunch, enjoy a nice conversation and gather under some shade trees.”

The new building itself — which will add much-needed research space and allow the school to expand its MD and physician assistant classes to prepare for an expected shortage of health-care

*Continued on page 34*

# *EVMS appoints new*

## CHIEF OF POLICE AND PUBLIC SAFETY

### *Lisa Pryse leads rollout of new EVMS Campus Police Department*

Eastern Virginia Medical School has named a veteran law enforcement official to head its new police and public safety department.

Lisa Pryse came to EVMS following an 18-year tenure at WakeMed Health and Hospitals in Raleigh, North Carolina, where she served as the chief of campus police and public safety. She is also a former lieutenant for the North Carolina State University Police Department and worked as a patrol officer with the Raleigh Police Department.

Chief Pryse's duties at EVMS include directing all law enforcement and security operations, disaster preparedness and recovery, as well as joint activities with federal, state and local law enforcement.

In recent years, incidents at universities such as Virginia Tech and Northern Illinois University have raised the specter of violence on campus, and the EVMS administration has elected to enhance the scope of the existing security office in an effort to ensure the safety and well being of EVMS students, patients, faculty, staff and visitors.

"While the risk of serious violence on campus remains quite low, the ideal time to review our system and ensure that best practices are being observed is before there is ever a problem," says Mark Babashanian, vice president for administration and finance. "Incidences of crime on the EVMS campus are extremely rare — an admirable track record for a school in a city the size of Norfolk. But it is important that we are properly prepared to respond to any threat our campus may face."

Mr. Babashanian notes that other institutions, such as Old Dominion University and Norfolk State University, have a campus police force. Senior leadership believes EVMS should follow suit.

"A campus police force offers faster response times and a greater familiarity with campus buildings than city officers," Mr. Babashanian says. "We've hired Chief Pryse to spearhead the transition and are confident that she will prove a valuable asset to the EVMS community."

In addition to her extensive experience in an academic health-care environment, Chief Pryse is



EVMS Chief of Police Lysa Pryse and Public Safety Supervisor Dorothea Walker study security camera feeds from the EVMS Police and Public Safety video control room.

dedicated to bringing innovative safety and security practices to campus. For instance, Chief Pryse has installed green lights in the back windows of all security and police vehicles that constantly flicker while the vehicle is in use.

"The lights draw the eye," Chief Pryse explains. "They make officers a more visible presence on campus. It lets people know where officers are if they need help and it is a deterrent to criminal behavior."

Comparable measures at other schools, such as Duke University, have yielded successful results.

The new chief also is applying for grants with the hope of funding additional safety features, such as strategically placed emergency phones that will allow users to immediately reach a public safety officer on duty.

"For students coming to EVMS from schools that have had violent incidents, a common question is, 'What safety and security measures do you have in place? How are we being protected?'" Chief Pryse says. "I intend to be able to tell them that we take every precaution to make the campus as safe as it can possibly be.

"Full-service law enforcement agencies on campuses have proven to be a functional solution, and at EVMS, sworn police officers will be working side by side with our public safety officers and with the full collaborative support of the Norfolk police to serve the campus," she says.

The new officers will have full police authority and arrest powers, and their primary jurisdiction will include the Eastern Virginia Medical Center and adjacent roadways. Public safety officers — formerly referred to as security officers — will assist police by patrolling campus and providing escorts.

The implementation process will be incremental to allow time to secure grants that can assist in funding new equipment, with the ultimate goal of full deployment in approximately three years.

"We couldn't be happier that Lisa Pryse has accepted these new challenges. She is well qualified and is well-versed in EVMS' needs," Mr. Babashanian says. "We are proud to have her leading our team and protecting our campus community." □

# The ABC(DE) of Skin Cancer

Of the three types of skin cancer — basal cell carcinoma, squamous cell carcinoma and cutaneous malignant melanoma — basal cell carcinomas are the most common, with nearly a million new cases diagnosed every year in the United States. But they also are the least aggressive and rarely spread beyond the skin. However, malignant melanoma, the least common type, accounts for the majority of skin cancer-related deaths today. The disturbingly high occurrences of cutaneous melanoma raise a significant public health concern. It is estimated that one out of 50 Americans born in 2010 will be diagnosed with melanoma —

**The ABCDE acronym helps patients and physicians identify the troublesome features for areas of concern. This method uses these clinical characteristics: asymmetry, border irregularity, color variegation, diameter larger than 6mm and evolving (changing), to improve the diagnosis.**

the most serious type of skin cancer — during their lifetime. This fact, along with the poor prognosis of advanced stages of disease, highlights the importance of early diagnosis and treatment.

Self-skin examination (SSE) is essential to the early detection of melanoma. One study found that SSE, practiced by only 15 percent of research participants, was associated with the reduced risk of melanoma and decreased the risk of advanced disease. SSE involves a thorough evaluation of the entire skin surface. The ABCDE acronym helps patients and physicians identify the troublesome features for areas of concern. This method uses these clinical characteristics: asymmetry, border irregularity, color variegation, diameter larger than 6mm and evolving

(changing), to improve the diagnosis. Patients should aim to perform SSEs on a monthly basis. While SSEs are a valuable tool, physician-performed total skin examinations are necessary to compensate for areas that patients may be unable to examine, i.e., the back.

There are no randomized trials studying the effectiveness of screening in the prevention of death from melanoma. Because of this, formal guidelines regarding skin screenings in the setting of melanoma are non-existent. The American Cancer Society recommends, “all adults receive a baseline total skin cancer screening from a clinician with subsequent skin examinations at the clinician’s discretion.”

In 2009, the United States Preventive Services Task Force stated that there was insufficient data to recommend for or against routine skin cancer screening by primary care physicians.

Future studies addressing how often skin exams should be performed and who should perform them are needed. However, until formal guidelines are available, it is important that patients perform monthly SSEs and practice sun-safe behavior. In addition, patients should visit either their primary care provider or a dermatologist for a total skin exam.

Patients can find additional information on how to perform a SSE and the ABCDE criteria at the website for the American Academy of Dermatology: [www.aad.org](http://www.aad.org). □



Our guest columnist this issue is Valerie M. Harvey, MD, assistant professor of dermatology and an EVMS Health Services physician. Dr. Harvey is a board-certified dermatologist whose areas of expertise include melanoma, ethnic skin and health disparities.



# A BOLD VISION

**EVMS breaks new ground  
with strategic plan**

**T**his is a story about words, or, more accurately, the power that flows from their proper combination.

Mark Twain once tried to explain the phenomenon. “The difference between the almost right word and the right word,” he wrote famously, “is really a large matter — it’s the difference between the lightning bug and the lightning.”

In an organization planning its future, it can be the gap between trance and transformation.

For the past year, leaders at Eastern Virginia Medical School have been meeting weekly to find just the right combination — the words that, cobbled together, lay a foundation for growth and success.

A few paragraphs on paper capture a total reexamination of the culture, the mission and the values of a medical school unlike any other in the United States.

The plan lays out a blueprint for how this institution moves from feisty adolescence into an adulthood that maintains its special character while clearing the way for the type of excellence that needs no qualifiers.



**“We’re not the Cleveland Clinic. We’re not Mayo. We’re not interested in opening a place in Florida. We’re Hampton Roads. It’s ours.”**

PRESIDENT HARRY T. LESTER

“We do three things,” President Harry T. Lester says, “We teach. We do research. We see patients.”

So the school hired a consultant and put everything on the table. It wasn't easy. There were false starts and a need to revisit why EVMS was born and what makes it special. Finally, there was consensus.

“This is our plan for what we want,” Mr. Lester says. “Our mission is what we think we are about. Our vision is what we want to be known for. The strategies are how we want to get there.”

The key lies in that vision statement, one that gestated nine months before being ripped apart and recast with the help of the students, doctors, scientists and staff who call the institution home. It states simply:

“EVMS will be recognized as the most community-oriented medical school in the nation.”

Those are carefully chosen words.

Not community-based. EVMS already stands out in that small cadre of medical centers.

Not community-funded. EVMS requires much more if it is to achieve its goals of research and clinical innovation.

Instead, community-oriented. An institution that intends to lead the world in research for the ailments most prevalent outside its own doors. An institution that reaches out and cooperates with health-care providers and centers of learning in Hampton Roads. An institution creating top-notch doctors and other health-care professionals who want to remain and practice here. An institution where students and faculty enjoy community service.

The message is reinforced by the mission statement, which declares the school “will strive to improve the health of our communities, and to be recognized as a national center of intellectual and clinical strength in medicine.” And it is implemented in seven long-term goals and 15 key initiatives designed to make sure this is no paper plan to be stuffed away on a shelf.

“Our school is 36 years old,” says Claudia Keenan Hough, vice president for external affairs, who is responsible for instigating and implementing the plan. “We haven't done a deep-dive look at who we are or a ‘where we want to go’ plan that wasn't born out of crisis.”

Once a vision emerged, the rest fell into place.

The mission statement led to goals and some serious discipline on the choice of the initiatives.

“We are not capable of doing everything,” Mr. Lester says. “We've got to pick out the things we think are most important and why they are. The things that aren't working, we're going to quit doing.”

He points to an example that happens all the time in academia. A program starts with a grant. Soon the grant money is gone, and you have a dilemma: “Are we going to get rid of these programs because we don't have the money, or will we keep the program and have a little less to spend on something else?”

He says the new plan provides the framework to stay focused on our goals.

## **The school “will strive to improve the health of our communities, and to be recognized as a national center of intellectual and clinical strength in medicine.”**

“It really narrows the focus of the medical school,” says Susan Taylor Hansen, an environmental attorney who chairs the Strategic Planning Committee on EVMS' Board of Visitors and was in the core group that drafted the plan.

According to Mrs. Hansen, the school's leaders focused on a single premise: If you want to be excellent at something, figure out what you do well and what the community needs.

Hampton Roads has unusually high rates of diabetes, obesity and cancer. So EVMS has been ramping up its research efforts in those areas, recruiting nationally known scientists and focusing on the types of research that can quickly be translated from lab bench to bedside. In the process, the school has gained national attention.



It's all part of the plan.

“We're not the Cleveland Clinic. We're not Mayo. We're not interested in opening a place in Florida,” Mr. Lester says. “We're Hampton Roads. It's ours.”

That's what the students, teachers and clinicians said was missing from the first draft of the new vision statement, which sought only to be the best medical school in America among its peer group.

“We were two-thirds of the way through the year, and we tossed out the vision,” Mr. Lester says. He lunches with students regularly and asks them why they chose EVMS.

“Every single time, the students say they come here because we're known for our community service,” he says.

The group that accredits medical schools recently created a special award for community service for EVMS. It never qualified for the normal recognition, Mr. Lester says, because the school didn't have an office to direct community service.

“We don't make the students do it, they lead the charge,” he says. “That is just pure community.”

Bruce Bradley, a member of the school's Board of Trustees, went through a similar strategic planning process while serving as publisher of *The Virginian-Pilot* newspaper. The answer there as well was to focus on what was already a strength — local news and service to the community.

To make sure EVMS stays on track, every key initiative is tied to milestones, metrics and measurables, Ms. Hough says. The trick is to measure the right things.

“Had we continued to compare ourselves only







**Soon EVMS will be gearing up, increasing medical-school classes by 30 percent and physician-assistant enrollment by 60 percent to meet a need for more caregivers in the area. The new strategic plan will help us select students and faculty who best fit our mission.**

to the handful of community-based medical schools in the country, we wouldn't have had much of a challenge.

"We were always one of the best," Ms. Hough says. "It would just be patting ourselves on the back all the time."

EVMS will benchmark itself against a dozen top institutions, places like UC Davis School of Medicine and the Texas A&M College of Medicine.

Soon EVMS will be gearing up, increasing medical-school classes by 30 percent and physician-assistant enrollment by 60 percent to meet a need for more caregivers in the area.

The new strategic plan will help EVMS select students and faculty who best fit the mission.

"The type of people you try to recruit as medical students," Mr. Bradley says, "are those people who have a tendency to want to be more engaged in the community and give back to the community even more."

This involves culture change, which Mr. Lester describes as "the scariest thing on our list."

It's also the number one goal, the one from which all the others flow.

"A lot of companies, when you go to work on the first day, they tell you what their values are," he says. "These are the things we stand for. The culture change involves getting people to think about, talk about our values."

Or, as Ms. Hough puts it, "We have to make sure everyone is living and breathing this."

Every goal has concrete initiatives. One calls for integrating educational technologies into the medical and health-professions curricula. EVMS intends to examine how it teaches, not only students but faculty and the health-care professionals who rely on it for continuing medical education.

"Students are learning differently now than five years ago," she says. "The expectations of what they need to know are different. We have to adapt our technical culture to their needs and teach our faculty how to teach in a way that is palatable and usable to the next generation of students."

Another calls for strengthening research by integrating the studies into clinical growth plans. It's called translational research, and it means that what you discover in the lab is quickly incorporated into patient care. Two of the school's recent initiatives — scaling up research on prostate cancer and diabetes — are honing in

on key community needs and emphasizing work that can quickly move from bench to bedside.

One study is exploring a protein marker that might be able to tell doctors when a cancer is slow growing and doesn't warrant risky surgery. Another is looking at ways to restore the genes that create insulin and reduce or eliminate a diabetic's lifelong need for injections.

A key goal will be strengthening relationships with area hospitals and schools. EVMS is unusual in that it does not own a hospital and is not part of a university. It is closely affiliated with Sentara Healthcare but also works with the other medical centers in the state.

"We're not an island out here," Mr. Lester says. "We have to do business with the hospitals, the other universities. We just need to work harder to do better."

That could help provide a better financial base for the school. EVMS is one of the nation's youngest medical schools and has succeeded despite being chronically underfunded.

"EVMS was founded by the community for the community," Ms. Hough says. "We've always been a little scrappy."

Matt Breitenberg, president of Straight Path Management Inc., the consultant who helped EVMS forge its plan, says improving financial stability is a key for EVMS as it grows.

When you look at its peer group, he says, many of those academic health centers have been around 100 years longer than EVMS and have huge endowments, plus they have their university or hospital to help with fund raising.

Even so, Mr. Breitenberg says, "If you look at that peer group, EVMS really stacks up well."

He believes that will only get better as the school implements its plan. The school will conduct quarterly sessions to assess progress and tweak goals.

"This really is a transformational plan," he says.

That's made all the difference for Mrs. Hansen. She predicts a stronger financial position, easier accreditation and "a smoother operation overall" thanks to this plan and the thinking behind it.

"There's no sense investing this kind of time unless the intention is really to stretch and take this school to the next level," she says.

She's confident this plan will do just that. □





# Childhood **Obesity**

The shape of our nation's  
future health



**I**t's been described as an epidemic, a chronic disease and the biggest health-care challenge of our generation. Obesity, one of the leading causes of preventable death in America, is quickly affecting our country's most important resource — our children.

With nearly two-thirds of adults in Virginia overweight or obese, it's no surprise kids are following suit. A third of Virginia's youth fall into the overweight or obese category, putting them at an elevated risk for obesity in adulthood, as well as a range of serious health conditions, including diabetes, high blood pressure and heart disease.

"If the trend of increasing childhood obesity rates continues, it is alarming that this generation of children could be the first to live fewer years on average than their parents," Virginia's health commissioner, Karen Remley, MD, says.

A former Virginia Beach pediatrician and former EVMS School of Health Professions faculty member, Dr. Remley has seen the rising obesity rates firsthand. "Since 1983, when I started practicing, I have watched children getting heavier and heavier, at a younger and younger age," she says. "I have had innumerable discussions with families and patients about what we could do to help."

Today, Dr. Remley is helping on a much larger scale, leading the Virginia Department of Health with initiatives to increase awareness and develop programs aimed at curbing the upward trend.

Nationally, efforts to combat childhood obesity are finally gaining traction with the support of First Lady Michelle Obama, who announced in February the ambitious goal of solving the challenge of childhood obesity within a generation.

"The physical and emotional health of an entire generation and the economic health and security of our nation is at stake," Mrs. Obama said in a released statement regarding the new plan. "This isn't the kind of problem that can be solved overnight, but with everyone working together, it can be solved. So let's move."

In close collaboration with its pediatric partners at the Children's Hospital of The

**According to data from the Centers for Disease Control and Prevention (CDC), 31 percent of Virginia's youth are overweight or obese, putting the commonwealth just a hair under the national percentage. Of that group, four out of five will go on to become obese adults.**



Kings Daughters (CHKD), Eastern Virginia Medical School is becoming a national leader in childhood obesity research and education, and is jointly working on effective health-management programs for children throughout the Hampton Roads community and the Commonwealth of Virginia. Obesity, diabetes and metabolic disease are among the medical school's primary areas of focus for research, as part of the Strategic Initiative for Research Development conceived by Gerald J. Pepe, PhD, dean and provost.

"We are thrilled to have the support and leadership of EVMS," says Donald Lewis, MD, chair of pediatrics for EVMS, vice president of academic affairs at CHKD, and a vocal champion of the cause. "President Lester and Dr. Pepe have been enthusiastic supporters of this mission."

According to data from the Centers for Disease Control and Prevention (CDC), 31 percent of Virginia's youth are overweight or obese, putting the commonwealth just a hair under the national percentage. Of that group, four out of five will go on to become obese adults.

"This may be one of the turning points from a public-health perspective," Dr. Lewis says. "We always grow up thinking, 'We're going to live long, and we're going to be healthier and more secure than our parents.' But this generation of children is going to live a shorter life than their parents. It's frightening."

**"It's hard for bedside clinicians and all of us to have that discussion about obesity because people don't want to use that word, because they think of it as being a hurtful word. But it's something we just all need to be honest about."**

*— Karen Remley, MD  
State Health Commissioner*

## **Defining and Diagnosing Obesity**

One of the primary challenges from a physician standpoint is simply a matter of identifying and labeling obesity in children. The word "obese" carries a certain stigma, as many still think of it as a physical description, not a scientific definition.

Of course, the CDC offers a straightforward system for determining obesity in children — comparing the patient's body mass index (BMI) against the average weight and height for that age group and sex. Anything at or above the 85th percentile is considered overweight, while anything at or above the 95th percentile is considered obese.

Christine Matson, MD, chair of family and community medicine at EVMS, says physicians are often reluctant to label patients obese, and she is currently tracking how often they actually make the identification.

“We confirmed what others have shown,” she says. “That it’s not identified in the record, even half the time.” She says more research needs to be done about the stigma around obesity terminology and how it affects patient-doctor relationships and effectiveness.

Dr. Remley says, “It’s hard for bedside clinicians and all of us to have that discussion about obesity because people don’t want to use that word, because they think of it as being a hurtful word. But it’s something we just all need to be honest about.”

Beyond the exam room, Dr. Lewis says acceptance by parents is the most important and most challenging step in combating childhood obesity.

“Very often, when you have a heavy kid, you have a heavy parent. That’s why a family intervention is so important,” he says.

### From Individual Health to National Epidemic

“I think people see obese or overweight children and think, well that’s a loved child. That they must love them if they’re feeding them so well,” says Dr. Lewis. “But they’re not thinking in terms of the real consequences of obesity.”

Those “real consequences” include high blood pressure and Type 2 diabetes — a combination Dr. Lewis calls “a deadly duo of complications” — both of which are affecting children at younger and younger ages.

“When I was in medical school almost 30 years ago, they didn’t teach Type 2 diabetes in children because it never happened,” he says. “And now it’s common and a consequence of obesity.”

There also is an increasing number of adults with Type 2 diabetes that are already experiencing complications because they developed the disease as a child, says Jerry L. Nadler, MD, professor and chair of internal medicine and director of the EVMS’ Strelitz Diabetes Center.

“There could be an epidemic of heart disease in these young adults since heart attack risks start well before diabetes is actually diagnosed,” Dr. Nadler says. “This is a major problem since many of the currently available medications to treat diabetes do not reduce heart disease risks.”

Children also are developing other risk factors for cardiovascular disease early in their lives, most notably high cholesterol. In a CDC study of 5- to 17-year-olds, 70 percent of obese children had at least one risk factor for cardiovascular disease — the nation’s leading cause of death. Additionally, half of that group had two or more risk factors.

But the consequences don’t stop at diabetes and heart disease. Obese children are also more likely to develop asthma,



## The ABCs Of BMI

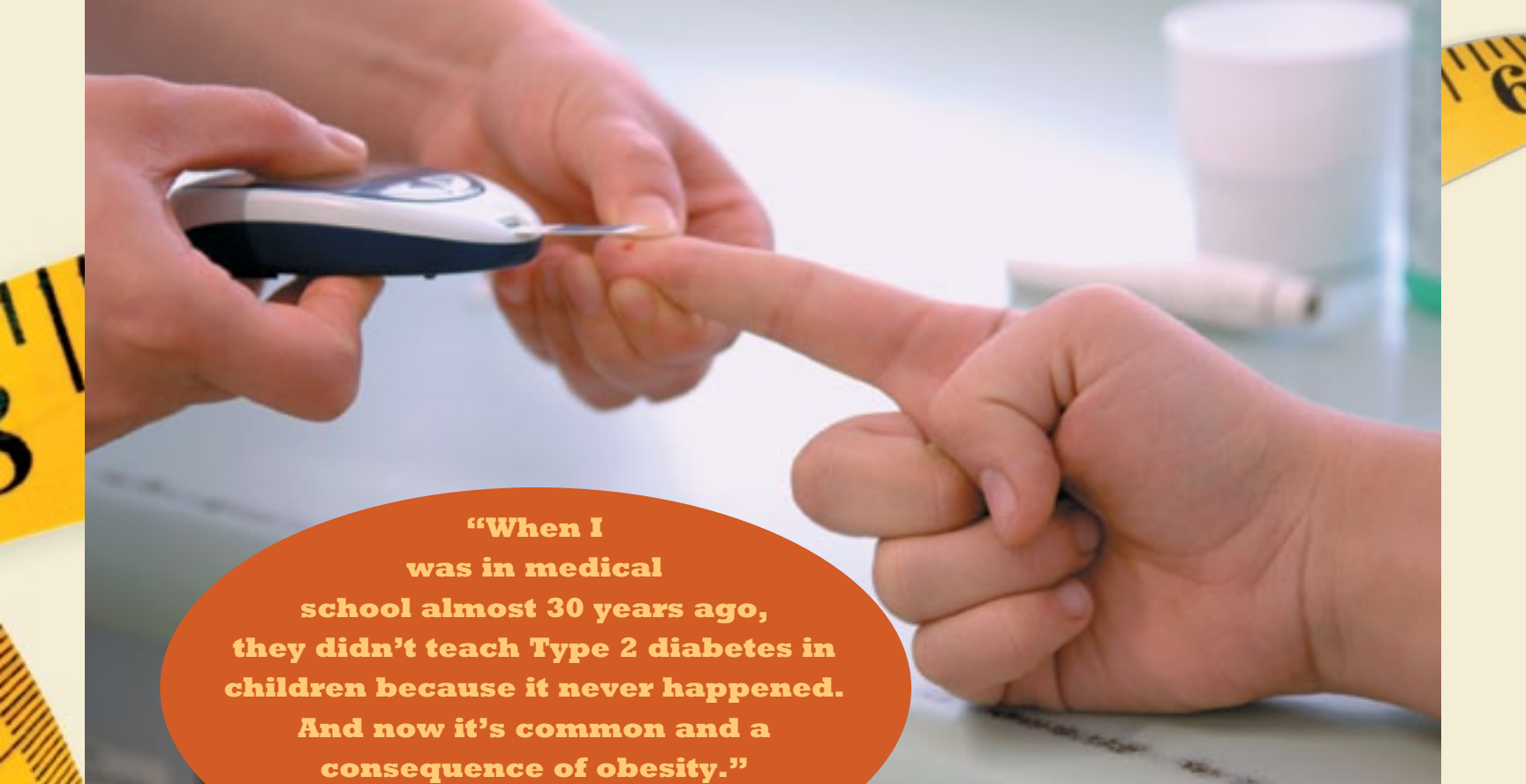
Body Mass Index (BMI) is a number doctors use to determine if a patient is underweight, overweight or obese. For adults, BMI is calculated using one’s height and weight in a simple equation:

$$\frac{\text{Weight (in pounds)}}{(\text{Height} \times \text{Height (in inches)})} \times 703$$

A BMI below 18.5 is considered underweight, while anything above 25 is considered overweight. A BMI of 30 or above is considered obese.

For children, calculating BMI is a bit more complicated, as age and gender must be considered. The BMI is calculated using the same equation as above, but it is then plotted on a growth chart and given a percentile ranking. Anything above the 85th percentile for that age group and gender is considered overweight, and anything above the 95th percentile is obese.

Recommended by the Centers for Disease Control and Prevention as well as the American Academy of Pediatrics, BMI screening is a valuable tool in determining a healthy weight for children and adults alike. While BMI cannot be used to diagnose obesity, it can be a first step in assessing a child’s health, diet and physical activity habits.



**“When I was in medical school almost 30 years ago, they didn’t teach Type 2 diabetes in children because it never happened. And now it’s common and a consequence of obesity.”**

— Donald Lewis, MD  
Chair of EVMS Pediatrics

sleep apnea, liver disease, some cancers and psychological issues, like depression.

While obesity in children has heartbreaking consequences from an individual standpoint, from a public-health perspective, childhood obesity has even graver costs.

Patti Kiger, MEd, instructor of pediatrics in the Division of Community Health and Research at EVMS, sees cause for concern in the overweight and obesity statistics. Costs of chronic disease are a real issue. “Our health-care system will implode under the burden if it isn’t ready,” she says.

A state-level health-care study conducted by the CDC and the Research Triangle Institute found that health-care costs attributable to obesity exceeded \$1.6 billion in 2003, or roughly 5.7 percent of the state’s total health-care spending. Taking into account increasing health-care costs, and a growing population of obese adults and children, it’s safe to say that number is only going to grow.

### Identifying Causes and Solutions

Fortunately, the Virginia General Assembly is aware of these discouraging statistics and last year voted to expand the Virginia Tobacco Settlement Foundation to include efforts to fight childhood obesity. They renamed the organization the Virginia Foundation for Healthy Youth. State Sen. Ralph S. Northam, MD, a pediatric neurologist and EVMS assistant professor of

pediatrics, initiated the change and now sits on the Board of Trustees with Ms. Kiger and some of the commonwealth’s leading child-health advocates.

As the Virginia Foundation for Healthy Youth develops strategies to raise awareness and prevent obesity in children, it becomes apparent that widespread changes are needed to combat this dangerous trend.

“Focusing on childhood obesity one child at a time is like trying to take the fizz out of a bottle of ginger ale one bubble at a time,” Ms. Kiger says. “We have to also take a public-health approach and target whole communities and change those environments to be places where children only have healthy choices.”

One obvious approach to curb obesity in adults and children is to change the way we eat. In the past few decades, the average American diet has grown progressively higher in sugars and fats and lower in vegetables and fruits. According to the Bureau of Labor Statistics, sweets have become cheaper and more prevalent while fresh produce has become almost twice as expensive in the past three decades.

Meanwhile, adults and children are less physically active. Fewer children walk to school, parents don’t feel safe allowing their children to play outside after school, and technology has enabled children to be entertained without moving anything but their thumbs.

“It used to be that you exercised and didn’t know it,” Dr.





Remley says. “Now you set aside a time and pay to exercise. I think for us to be successful long-term as a society, we have to figure out a way to have exercising be free and something that you don’t necessarily think about, but just do.”

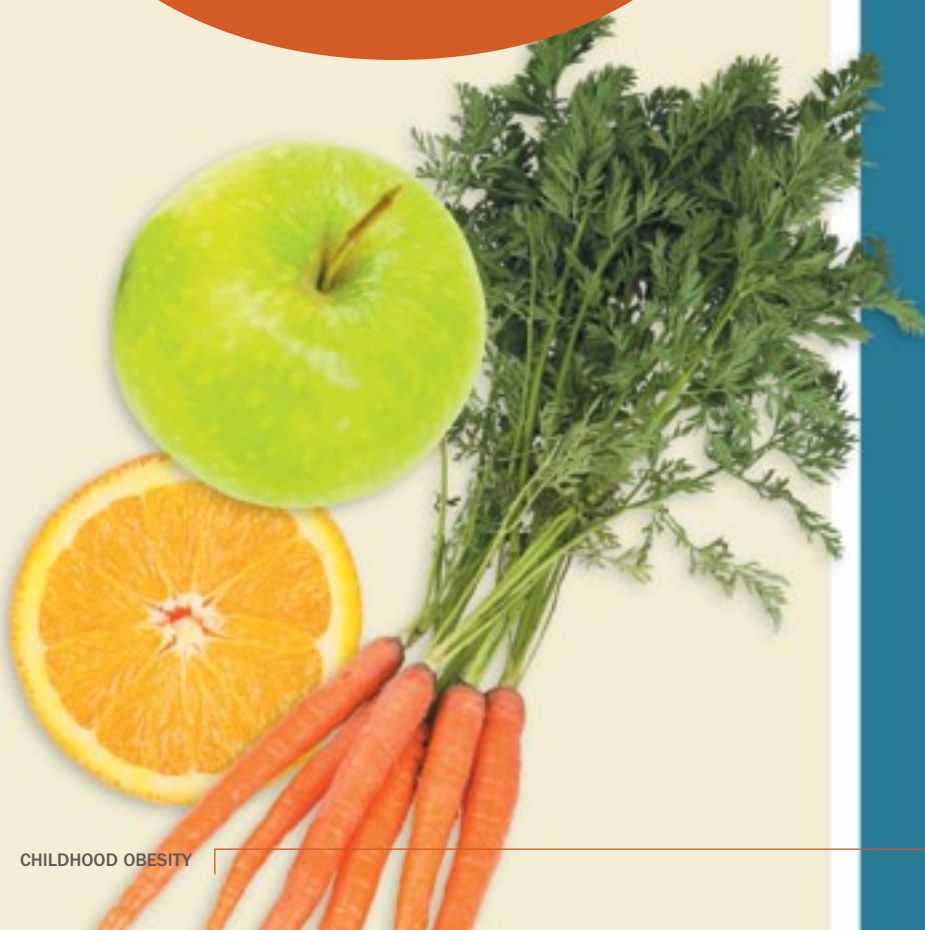
Providing access to healthy foods and opportunities for exercise are both community-wide initiatives that local governments can employ, according to a CDC report, “Recommended Community Strategies and Measurements to Prevent Obesity in the United States.” The report documents 26 specific ways states and communities can help foster a healthier environment.

“If the city and region can employ the CDC guidelines, we can make a big difference from a community perspective,” says Dr. Lewis, who soon will be presenting the report and other childhood obesity information to the Norfolk City Council, at its request.

Part of Michelle Obama’s “Let’s Move” campaign involves providing low-income neighborhoods better access to healthy

**“It used to be that you exercised and didn’t know it. Now you set aside a time and pay to exercise.”**

— *Karen Remley, MD*



# Childhood Obesity by the Numbers

**1 out of every 3** children in Virginia is overweight or obese

**1.6 billion** dollars are spent on obesity-attributable health care each year in Virginia

**20 percent** of Virginia schools offer brand-name fast food for students

**25 percent** of low-income children ages 2 to 5 in Virginia are overweight or obese

**30 percent** of individuals diagnosed as obese each year are children

**40 percent** of Virginia’s fourth graders are overweight or obese

**62 percent** of Virginia adults are overweight or obese

**70 percent** of cardiovascular disease is related to obesity

**154 percent** is how much overweight and obesity rates in Virginia climbed from 1990 to 2004

**10,000** is the number of food-related advertisements aimed at children each year



**“The first step at home is recognition that this is a problem that requires intervention. If we don’t get past that, nothing’s going to happen.”**

— Donald Lewis, MD

foods, improving the quality of school lunches, and expanding the President’s Physical Fitness Challenge.

Unfortunately, a solution to the obesity epidemic isn’t just a matter of exercise and diet. New studies suggest that the onset of childhood obesity can begin well before any poor eating or exercise habits could possibly set in.

In a 2008 study, John W. Harrington, MD, associate professor of pediatrics; Vu Nguyen, a third-year medical student; and Lawrence Pasquinelli II, MD, associate professor of clinical pediatrics, found that obese children typically started gaining excess weight in infancy. In studying a group of overweight children, the researchers found that half the children became overweight at or before the age of 2, and 90 percent of them were overweight by age 5.

Other research indicates that even prenatal factors can lead to childhood obesity. Dr. Matson says a sugar-rich diet during pregnancy can affect the child’s risk for obesity. Similarly, Dr. Remley is focused on the relationship between infant mortality and childhood obesity, and how factors during pregnancy affect the future health of the baby.

“A lot of the things we recommend people do to have a healthy, normal baby also prevent obesity,” she says.

For this reason, most experts agree that educating parents on what they can do from pregnancy through adolescence to preserve their children’s health and wellbeing is really at the core of any possible solutions to the obesity epidemic.

“The changes have to occur at home,” Dr. Lewis says. “The first step at home is recognition that this is a problem that requires intervention. If we don’t get past that, nothing’s going to happen.” □

To find tips for preventing childhood obesity and video interviews, go to [www.evms.edu/magazine](http://www.evms.edu/magazine).

# Not So Sweet

## The link between obesity and soda

**C**heap, prevalent and flavorful, sodas and sugary drinks have become a staple in the American diet. The increased use of high-fructose corn syrup since the 1970s has made these high-calorie drinks inexpensive and readily available, from schools to sporting events.

“We’ve made everything from corn – from cereals to corn syrup – a substance engineered to be six times sweeter and much less expensive than sugar,” says Patti Kiger, MEd, instructor of pediatrics in the Division of Community Health and Research at EVMS. “Sugar used to be used carefully because it was so expensive and its cost was protected by the U.S. as a way to support developing countries that grew sugar cane. When corn syrup was created, all bets were off. That sugary taste is in everything.”

Unfortunately, these sweetened beverages also have zero nutritional value and plenty of calories – a dangerous combination that can contribute to weight gain and other health issues. In fact, several studies have linked the increased consumption of high-fructose corn syrup, particularly in sodas and sugary beverages, with the dramatic rise in obesity in the last 30 years.

“This is usually the first area in which to focus behavior change,” says Phyllis Woodson, MS, a registered dietician and certified diabetes educator at the EVMS Strelitz Diabetes Center. “It is easy to drink excess amounts of sugared beverages, to not feel full afterwards and to have a decreased desire or appetite for more healthy foods.”

Most experts agree a first step in addressing childhood obesity is to remove soda machines from the schools as some divisions already have done. But some community initiatives are taking this even further. Ms. Kiger started the Eastern Shore Health Coalition to address rising obesity rates in children and adults on the Eastern Shore, which has

the highest rates in the commonwealth. Pending funding from a CDC grant, the coalition is planning a series of policy changes, including eliminating all advertising to children for unhealthy foods and sodas, particularly in schools.

This includes the scoreboards on football and baseball fields, which are often sponsored by soda companies in exchange for serving their drinks at the sporting events.

Ms. Kiger says, “It’s a win-win for Pepsi, but I don’t know how well it works for the kids.”





# THE LOOMING BO




*A health-care  
provider shortage  
is coming*

INCREASED  
residency positions  
must be part of  
THE SOLUTION

# BOTTLENECK

**T**he country is on the verge of a severe physician shortage. While the obvious answer to the problem might seem to be upping medical school enrollment, the issue goes much deeper and advocacy groups and medical schools are rushing to address it.



By 2025 the country could face a shortage of 124,000 to 159,000 physicians, according to the Association of American Medical Colleges (AAMC). And with Congress considering a government-run health-care plan, physicians will be in even more demand.

EVMS and other medical schools across the country are taking steps to increase enrollment, but that's not enough given the bottleneck in the system. A medical school graduate is a doctor, but he or she can't practice without completing a residency. It can take seven to 14 years to educate a new doctor, which is why the AAMC and other advocacy groups are pushing for reform.

Gerald J. Pepe, PhD, dean and provost, is leading the school's effort to combat the looming physician shortage, with plans to increase MD class size by 30 percent and physician assistant class size by 60 percent. But, in the end, it still comes down to residency-position funding.

"We can increase a class size here in medical school, but if we don't increase the number of places where they can do a residency, we haven't solved anything," Dr. Pepe says.

It's a complicated issue with many sides, but one of the main roadblocks to quelling the shortage lies in funding for residency positions at teaching hospitals, or graduate medical education (GME), as it is also known. Medicare funds most residency positions, but Congress capped the number of federally funded slots in 1997. Over the last 13 years, that number has not changed.

"When they decided to increase class size, the concept was to create more physicians," says Linda Archer, PhD, associate dean for graduate medical education and the designated institution official at EVMS. "But if you don't create more residencies, all you're doing is pushing international students. It doesn't affect the final outcome. All you're doing is changing the face of the workforce."

Dr. Archer says one of the biggest concerns about the impending physician shortage is the shortage in primary care. The only way for a residency position to be funded other than by Medicare is by a hospital, but Dr. Archer said hospitals are more likely to fund residency positions in the procedural-based specialties, which generate income, rather than family medicine.

"Residency is the gate keeper to practice," Dr. Archer says. "Without it you have all of these people standing in the pasture."

According to Edward S. Salsberg, senior director for the Center for Workforce Studies at the AAMC, the vast majority of international graduates stay in the U.S. to practice, making them an important part of addressing the physician shortage.

Mr. Salsberg says the AAMC is advocating multiple avenues to address the problem.

"We need to increase the physician supply through graduate medical education," he says. "But that's only one half of what's needed. The other half is to deliver services efficiently and effectively."

How did we get to the edge of a physician shortage?

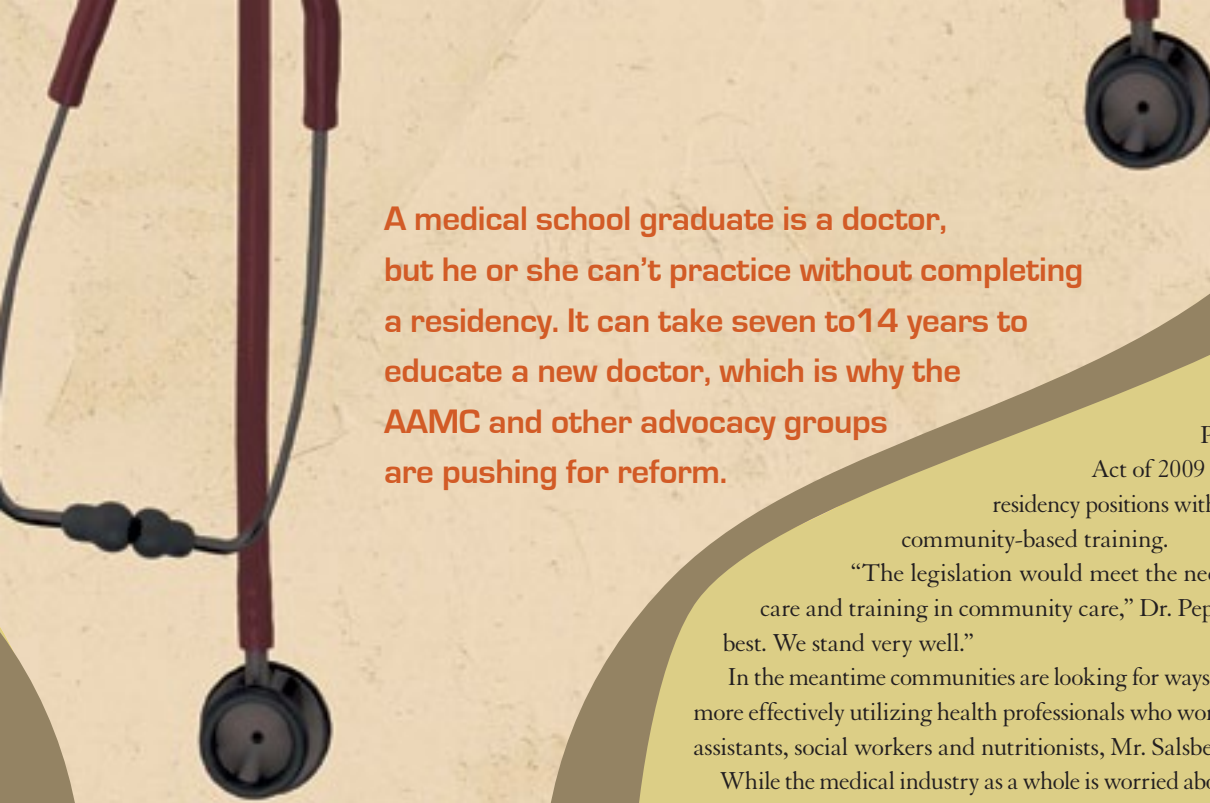
Mr. Salsberg says budget concerns and a sense of more than enough physicians lulled the industry into a state of comfort for a while.

"There are some people who for years believed we were going to have more than enough physicians and that we didn't need to pay more for training because we were going to have enough," Mr. Salsberg says. "The belief in the shortage came about in 2005. And there are still some people that are not convinced."

Couple the naysayers with an extremely tight budget and you've got a fight on your hands for increased funding.

A bill was introduced in Congress in May 2009 to address the physician shortage.

It may offer some particularly good news for schools that focus



**A medical school graduate is a doctor, but he or she can't practice without completing a residency. It can take seven to 14 years to educate a new doctor, which is why the AAMC and other advocacy groups are pushing for reform.**

on community health, like EVMS. The Resident Physician Shortage Reduction Act of 2009 would expand Medicare-funded residency positions with preferences for primary care and community-based training.

“The legislation would meet the need with preferences for primary care and training in community care,” Dr. Pepe says. “That’s what EVMS does best. We stand very well.”

In the meantime communities are looking for ways to deal with the lack of doctors by more effectively utilizing health professionals who work with patients, such as physician assistants, social workers and nutritionists, Mr. Salsberg says.

While the medical industry as a whole is worried about the shortage, medical students, in particular, have expressed concern.

“It doesn’t affect me as much as it does med students in their third or fourth year who are busy applying [for residencies],” says Eric Chow, president of both the first-year MD class and second-year Master of Public Health class.

For now, they are looking for ways to be competitive when the application process rolls around. For Mr. Chow, this means pursuing hobbies and interests that he enjoys, but that will also demonstrate his well-roundedness on an application.

“I’m mainly concerned with just getting through the academics at this point,” Chow says. “But [the shortage] is always in the back of my mind as something to be concerned about.”

Arun Chhabra is president of the third-year MD class at EVMS. He says he and many of his classmates are most concerned about how large-scale health care reform will affect their careers in the future.

“We’re worried more that there won’t be residency positions in the specialties we pick. But the big shift in health care reform will affect everyone regardless of the specialties we choose,” Mr.

Chhabra says. “The majority of people are certain they are going to have a residency spot.” □

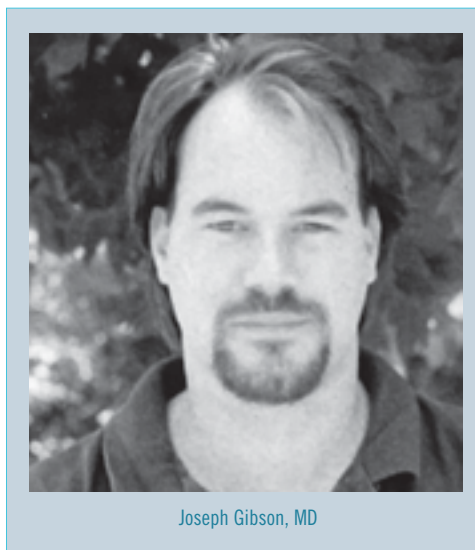
# EVMS Alum Donates Organs SAVES LIVES

**O**n Dec. 30, 2009, EVMS alum Joseph Gibson, MD, an emergency physician at Banner Good Samaritan Medical Center in Phoenix, Ariz., saved the lives of four people, but it wasn't through his work in the emergency department.

Tragically, Dr. Gibson was struck by a car while jogging with his wife near their home in north Phoenix, and he later died in the hospital of traumatic head injury. His vital organs were donated, per his request, giving four fortunate people a new lease on life.

"Even though we closed the year with feelings of deep sadness and sorrow for the loss of a special person, we can toast the new year that there are others out there who will see another sunrise because Joe cared," wrote Dr. Gibson's colleague Richard Watts, RN, emergency/trauma clinical director at Banner Good Samaritan Medical Center, in a note to staff and friends of the hospital. "May they use the extra time given to them to make this world a better place — just like Joe did."

On Dec. 31, hospital staff, family and friends gathered at Dr. Gibson's hospital room at John C.



Joseph Gibson, MD

Lincoln Hospital to celebrate his life and share thoughts, memories and stories. A memorial service took place Jan. 2 in Scottsdale, Ariz.

Dr. Gibson graduated from Eastern Virginia Medical School in 2000, and subsequently served three years as a dive medical officer in the U.S. Navy. He was trained in emergency medicine at Lincoln Medical and Mental Health Center in

Dr. Gibson believed in the power of organ donation to save lives, and because of this, four people have another chance at life.

According to the United Network for Organ Sharing, an average of 18 people die every day for the lack of available organs for transplant, while another name is added to the national organ transplant list every 11 minutes. Just one organ donor can save up to seven lives.

Are you an organ donor? Ensure your status goes beyond the designation on your driver's license — talk with your family about the decision and make sure you are a registered donor. Learn more about organ donation at [www.Save7Lives.com](http://www.Save7Lives.com) or [www.OrganDonor.gov](http://www.OrganDonor.gov).

the Bronx, N.Y.

Until his untimely death, he was living in Phoenix, working as an emergency physician with Emergency Professional Services, P.C., at Banner Good Samaritan Medical Center. Only 38 years old, Dr. Gibson is survived by his wife Jennifer, his parents Edward and Julie Gibson, and his siblings, Jannet, John and Julie. □

## ALUMNI INFORMATION *Send your class notes and news to [Alumni@evms.edu](mailto:Alumni@evms.edu)*

### SAVE THE DATE:

**June 12, 4 PM** Charlottesville Alumni Wine-tasting. Join EVMS on the Veritas Vineyard Wine tasting Mezzanine and stay after for live music under the stars!! <http://veritaswines.com/events.php>

**August 13-15** MD Alumni Reunion Weekend. Enjoy social and professional networking, lectures, medical school updates and a variety of summer activities.

**October 16** Town Pointe VA Wine Festival. Join us in the EVMS Chalet.

Have you updated your Alumni profile lately? Visit [www.evmsAlumni.com](http://www.evmsAlumni.com) to make sure your information is current.



# On Call

## *EVMS alum and professor*

### SWAPS WHITE COAT FOR BULLETPROOF VEST

Sometimes Jeff Yates' office is a crime scene. Mr. Yates is an assistant professor with Eastern Virginia Medical School's Master of Physician Assistant (PA) program and, as a member of the department of surgery, he provides critical care. While being a professor sounds like a fairly quiet job, Mr. Yates also suits up in SWAT gear to provide tactical medical care to the Special Operations Division of the Portsmouth Police Department. That division consists of the SWAT team, marine-patrol unit, dive team, narcotics special-investigations unit and responds to any situation involving a higher-than-normal risk to police officers and the public, such as the execution of warrants, barricaded suspects or hostage situations.

"When a situation arises, I respond to the incident, dress in my tactical uniform, and provide medical care to all of those individuals involved in the situation," Mr. Yates says. "Because of specialized training and equipment, we are able to render medical care to ill and injured patients in an uncontrolled or unsafe environment, where local EMS providers are not allowed."

Time is of the essence in these situations, Mr. Yates says, who moved to Hampton Roads in 1996 following a paramedic career in Minnesota. His team has to stay close to the situation so they can intervene as quickly as possible to save lives. He graduated from the PA program at EVMS in 2003 and came to work for the program in 2006. Mr. Yates' wife, Beth Winke completed her residency at EVMS in 1996 and has a local private practice.

"When I lived in Minnesota, that was the beginning of medicine and tactical police work," Mr. Yates says. He helped organize a tactical-medical team in the mid-1980s after a narcotics unit issued a warrant and an officer was shot in the neck and died — not from bleeding, but because no one opened his airway.



EVMS Assistant Professor Jeff Yates, MPA, center, with members of the Portsmouth Police Special Operations Division. Mr. Yates was nominated for America's Most Wanted All-Star Awards for his life-saving actions during a 2008 shoot out.

He was a paramedic on the scene and from there devised a plan for a team that would be on hand to provide medical care immediately rather than be called to the scene after the fact. When he moved to Hampton Roads, Portsmouth did not have a tactical medical plan for high-risk situations and asked Mr. Yates to assemble a team. He has since received a number of awards and medals from the Portsmouth police and fire departments for assisting during dangerous operations and saving the lives of both officers and suspects.

In February 2009, Mr. Yates and his team were involved in a situation where two officers were shot. As the team continued to be fired upon, Mr. Yates stopped the bleeding and evacuated the officers.

"That really shows how close we are when we provide medical care," Mr. Yates says. "Time is

important, and we can't sit blocks away waiting for something to happen."

Becoming a physician assistant through EVMS was a great career decision, he says.

"The education here at EVMS is spectacular and the resources that are available to any student are second to none," Mr. Yates explains. "You have a wealth of PAs and physicians very willing to educate you and allow you to become the best possible health-care provider you can be."

The physician assistant program at EVMS is similar to that of physicians, Mr. Yates says. A physician assistant has autonomy when evaluating patients, ordering tests and coming up with a diagnosis, but is supervised by a physician. CNN Money ranked physician assistants second in its list of the Top 50 Best Jobs in America in 2009. □

# CONSTRUCTION PROJECT

## *promises transformation of EVMS CAMPUS*

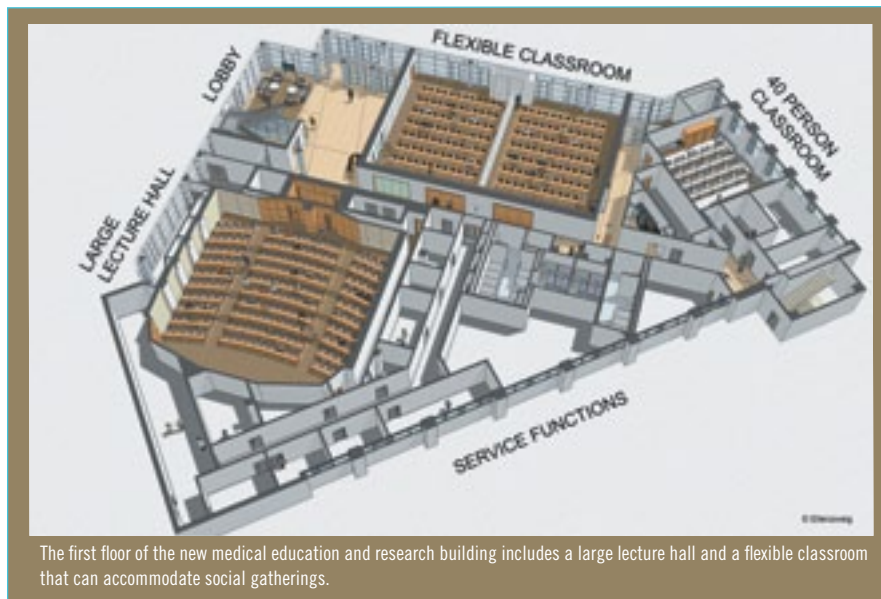
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professionals — will blend into the campus through a careful mixture of materials.

“We did want the building to be contextual in the sense that it responds well to its immediate neighbors,” Mr. Lauber says. So there is a predominance of bricks on the sides facing Colley Avenue and the parking garage along Raleigh Avenue. On the other two sides, there is substantial use of cast stone, a visual acknowledgement of the similar material used on the Brickell Library.

Some subtle design elements attest to the building’s energy efficiency. For instance, on the south and west sides of the building, horizontal and vertical sunshades will block sunlight and reduce the cooling load during the summer. In fact, the building will be LEED silver certified, a nationally accepted benchmark for the design, construction and operation of high-performance green buildings.

In designing the interior of the new building, the architects met frequently with a variety of EVMS groups to discuss various aspects of the design. The first-floor lobby will have an open feel, thanks to liberal use of glass on the exterior. One of two ground-floor lecture halls offers flexible space that can accommodate large gatherings and provides easy access to the lawn.



The first floor of the new medical education and research building includes a large lecture hall and a flexible classroom that can accommodate social gatherings.

The second floor provides a new home for the Theresa A. Thomas Professional Skills Teaching and Assessment Center. Mr. Lauber says the center will include more exam rooms than are available currently in the Andrews Hall location. The design includes space for a yet-to-be-funded virtual-reality environment. The remainder of the second and third floors will hold classrooms for health-professions and medical students, an instructional lab and office space. The fourth floor will be dedicated research space with facilities for as many as 60 scientists.

The renovations planned in Lewis Hall and the Brickell Library are primarily intended to make the space more student friendly as the school prepares

for the larger classes.

A new entrance will be added to the rear of the library to link the new building to the library and the adjoining Lewis Hall.

Upstairs, the second-floor area of the library now taken up by book stacks will be converted into study space and small-group classrooms. “As the library goes more electronic, they don’t need as much physical space,” Mr. Babashanian explains.

In the large area to be vacated when the School of Health Professions moves to the new building, EVMS is creating a substantially larger and more useful space for students to relax. The space will include a relocated bookstore, café, student lounge and recreation area.

The main corridor in the first floor of Lewis Hall will get a facelift, with new flooring and ceiling tiles and a fresh coat of paint; the administrative offices on the first floor of Lewis Hall will get a similar makeover, according to Mr. Babashanian.

All work is slated for completion by July 2011. □

For more about the new building, visit [www.evms.edu/magazine](http://www.evms.edu/magazine).

## EVMS PROFESSOR TELLS PARENTS

### *to “boost ‘em in the back”*

*continued from page 9*

The video is being circulated throughout California and Virginia. Over the past two years, the video was distributed to 386 organizations and has been viewed by more than 250,000 people in Virginia alone. The California Office of Public Health translated the video into Spanish and distributed more than 1,600 copies to various departments throughout the state.

Grants from the Obici Healthcare Foundation and the Virginia Department of Motor Vehicles fund the project. Dr. Will and her team recently produced public-service announcements to air on local television stations and uploaded the video, along with information and statistics, to their [website www.boosterseats4safety.org](http://www.boosterseats4safety.org).

“Knowledge does little to motivate behavior

change. Just look at obesity and smoking cessation — just knowing French fries and cigarettes are bad for you doesn’t motivate change,” Dr. Will says. “I chose the threat approach because I needed parents to have that emotional awakening before they heard the information and took it to heart.” □

To see the video, go to [www.evms.edu/magazine](http://www.evms.edu/magazine)

Ed Brown with family members at the 2009 Cookout for the Cure.

## ED BROWN'S 'COOKOUT FOR THE CURE'

*was signature event in a lifetime of leadership*

**E**VMS benefactor and trade-union leader Ed Brown Sr. was the kind of guy best described as low-key and under-the-radar — until he was ready to get down to important business or to cut a deal. Then he would “eat you alive” with his competitiveness and brilliance.

So says his friend of 42 years, Curt Maddox, who says he admired Mr. Brown so much, that he told him that he would like for his own son to be like him.

“It was the greatest compliment I could think of,” says Mr. Maddox, who visited his friend during the long illness that preceded his death on Feb. 5. “He was such a tremendous man.”

Mr. Brown was known at EVMS for raising more than \$700,000 over the past 15 years from the annual “Cookout for the Cure,” which supports research at the Strelitz Diabetes Center. Slated this year for June 17 at Fleet Park on Norfolk Naval Base off Hampton Boulevard, the event brings together cooking teams from longshoremen and union trades, as well as not-for-profit entities and groups like Norfolk State University, to compete for bragging rights and prizes as top grillers in various food categories.

The public benefits from the taste extravaganza, buying tickets ranging in price from \$10 to \$25 to indulge in beef, pork, chicken and fish dishes, plus a variety of side dishes. Upwards of 1,000 people attend

the event, and the trade unions kick in sponsorship money as well.

And the entire thing was Mr. Brown’s brainchild.

“His mother had diabetes, so he came up with the idea for the cookout in her honor,” says his wife of 49 years, Yvone Brown. Mattie Brown Briscoe, Ed’s mother, was a Norfolk native, as was Ed. Ed and Yvone later moved to Virginia Beach. “He always wanted to do something to benefit others — he was a community person.”

There was another reason for Mr. Brown’s project, too. “So many individuals in the union — and in general — are affected by this disease, and he wanted to help find a cure,” says Tommy Little, currently completing Mr. Brown’s term as general vice president of the Atlantic Coast District of the International Longshoreman’s Association.

Mr. Brown, 82 when he died, marshaled his influence with local longshoremen to make the cookout a continual success. He began his career in 1956 as a longshoreman “unloading ships from the hold,” says Mr. Maddox, who was Norfolk State University’s vice president of operations



EVMS President Harry T. Lester visits with Ed Brown at last year’s Cookout for the Cure event.

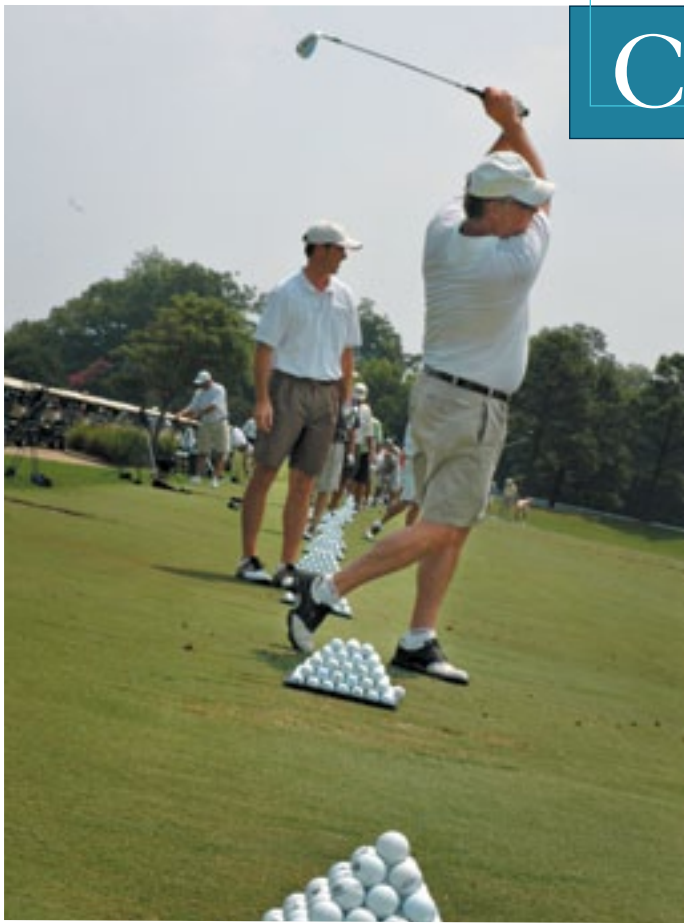
before he retired.

Because of his leadership ability, Mr. Brown quickly rose in the ranks of the ILA to president in 1968. In 1986 he was elected international vice president of the Port of Hampton Roads, serving as general vice president of the Atlantic Coast District.

His professional and community work went far beyond job titles. It included appointments to negotiate international contracts, special envoys on trade missions, civil rights committee work and governor appointments for service on boards, including the Board of Visitors of Norfolk State University where he served as secretary. □

# Charity golf classic

## *supports worthy cause*



Golfers warm up at the 2007 EVMS Golf Classic, which supports research and patient care.

Many of the area's most influential leaders in business and medicine will take time off May 25 to support a worthy cause.

The event is the EVMS 2010 Charity Golf Classic. It will be held once again at the prestigious Bayville Golf Club in Virginia Beach.

"Eastern Virginia Medical School is an integral part of the region's health care network," says Jim Izard, a member of the EVMS Board of Visitors and chairman of the EVMS Golf Classic. "Not only is the school a source of highly trained medical and health professionals, but EVMS doctors see more than 1,000 patients daily, and EVMS scientists are conducting groundbreaking research.

"The school depends in part on support from the EVMS Golf Classic to continue its efforts that touch the lives of countless people in our area and beyond," he says.

Proceeds from the event support a broad range of educational, research and patient care programs at the school.

Major sponsors include Taylor Johnson Group Risk Management Services, a member of the TowneBank family; Virtexco, a general contractor with offices in Virginia and North Carolina; and Prudential Towne Realty/TowneBank.

Other sponsorship opportunities remain. Call the EVMS Office of Development at 446-6070 to learn more. □

## *Run for Your Life ... Again*

Traumatic injuries are the leading cause of death among people age 1 to 45, and one out of every three people will be affected either directly or indirectly by trauma.

A traumatic injury is a life-threatening occurrence, either accidental or intentional, that causes injury. The most common traumatic injuries include car accidents, falls and assault.

Care at a designated trauma center increases the chance of survival by 25 percent. At Sentara Norfolk General Hospital, EVMS Health Services doctors staff one of only five Level 1 trauma centers in Virginia and the only one in Hampton Roads.

In order to increase the community's awareness of trauma injury and prevention, trauma surgeon and EVMS assistant professor of surgery Scott Reed, MD, organized the first EVMS Trauma: Run for Your

Life 5K in 2009.

"Last year we had 198 runners, which was awesome for a first-time event. There was a great showing from the community and EVMS in terms of the educational component. There were dozens of EVMS medical students and residents who did a lot of work to make the race a success," Dr. Reed says.

Trauma: Run for Your Life 2—the second annual 5K Run/Walk & Children's Fun Run sponsored by Sun Trust will be held at 9 a.m. Saturday, May 22, 2010. The race will take place in and around the grounds of EVMS and Sentara Norfolk General Hospital and is open to runners and walkers.

The race will be followed by a Community Education Exposition featuring a variety of family-friendly safety exhibits, including car-seat checks and tours of medical-emergency vehicles. The expo is free



Runners participate in the inaugural EVMS Trauma: Run for Your Life 5K.

and open to the public.

"This is so much more than a race. *Trauma: Run for Your Life* is a wonderful way for the community to learn about trauma prevention at a fun, family-friendly event," says Tommy Rueger, president and CEO of SunTrust Bank-Hampton Roads.

For more information about *Trauma: Run for Your Life 2*, visit [www.evms.edu/traumarun](http://www.evms.edu/traumarun). □

## IN FOCUS

Photos taken at Match Day, Campus Visitation Day, the student retreat and the AAPI "For the Love of Giving" gala.



5



Each spring, graduating medical students across the country learn where they will spend the next several years training as medical residents, the final phase of their education before they can practice medicine independently. It's called Match Day, and EVMS students have created a way to vent some of the anxious energy — costumes.

1. Carrying on the spirit of the winter Olympics, fourth-year medical student Jonathan Van de Leuv dressed up as a U.S. hockey player. 2. Tim Bunton, dressed as a character from "Lord of the Rings," celebrates with some of his fellow soon-to-be medical school graduates during Match Day. 3. Emily Mullet, left, and Andrew Parker celebrate with their classmates as they each learn where they will undertake residency training over the next few years. 4. Vinita Knight embraced the "Characters Welcome" theme of Match Day by dressing up as a M&M candy. 5. Erika Chambliss and Daiana Radac speak to prospective minority students during the campus visitation day hosted by the EVMS Office of Minority Affairs. 6. Students Rosanna Couture, Sarah Wachter, Kasey Jackson, Kevin Belen, Laura Srouji, Sarah Michalowski and Mary Shelton take part in a trivia competition during the student retreat. 7. Heather Charboneau, left, assistant director of annual giving for EVMS, receives a \$10,000 donation to support EVMS scholarships from Bindya Shah, Dr. Rajnish Dhawan, president of the Association of American Physicians of Indian Origin of Hampton Roads (AAPI-HR), and Dr. Apurva Patel. EVMS was the beneficiary of AAPI-HR's inaugural gala For the Love of Giving held February 13 at Half Moone Cruise and Celebration Center in downtown Norfolk.

### Trauma Run — May 22, 2010

The second annual Trauma: Run for Your Life 5K Walk/Run and Children's Fun Run takes place at 9 a.m. May 22. Beyond a fun run, the event features a community education exposition that includes tours of ambulances, medical evacuation helicopters and fire trucks, car seat checks and face painting. Various exhibits will be available to teach adults and children alike ways to prevent traumatic injuries.

### EVMS Charity Golf Classic — May 25, 2010

The EVMS Charity Golf Classic will be held May 25 at the region's premier golf destination, Bayville Golf Club, in Virginia Beach. All proceeds from this exclusive golf tournament will benefit the EVMS Foundation, which supports the institution's most pressing needs.

### Cookout for the Cure — June 17, 2010

The Hampton Roads Shipping Association and the International Longshormen's Association will host the 16th annual Cookout for the Cure at Fleet Park from 4 to 8 pm.

The cookout features a grilling competition with teams from throughout the area, as well as children's activities and musical entertainment. All event proceeds benefit the EVMS Strelitz Diabetes Center.

### Dean's Faculty Achievement Awards — June 24, 2010


This annual event honors faculty members who have been selected by their peers in recognition of their outstanding achievements as members of the Eastern Virginia Medical School faculty. This year's event will be held at the Norfolk Yacht and Country Club.

### Wine, Women and Fishing — August 14-15, 2010

The 8th annual Chesapeake Bay Wine Classic Foundation sponsored tournament will be held at the Southside of Rudee's Inlet. Women of all levels of fishing experience are invited to participate! Proceeds from Wine, Women and Fishing benefit breast cancer research at EVMS. For more information, visit [www.cbwc.org](http://www.cbwc.org).

### Turning the Tide on Diabetes Day with the Norfolk Tides — August 22, 2010

Join EVMS and the Norfolk Tides baseball team at Norfolk's Harbor Park August 22 at 6:15 p.m. and help Turn the Tide on Diabetes. The Tides will be playing the Durham Bulls and \$4 of every ticket sold through EVMS (not the Harbor Park Box Office) will benefit the EVMS Strelitz Diabetes Center. For more information or to purchase tickets, visit [www.evms.edu/tides](http://www.evms.edu/tides) or call 757-446-6070.



**THE 16th ANNUAL**  
**Cookout**  
**FOR THE CURE**

*Benefitting the EVMS Strelitz Diabetes Center* □ **June 17, 2010**  
presented by the **International Longshoremen's Association** and **Hampton Roads Shipping Association**

## Family-Friendly, All-You-Can-Eat Barbecue and Entertainment!

Come out to Fleet Recreation Park in Norfolk (*Hampton Boulevard at 90th Street*) where grill teams compete for the title of

***best barbecue in Hampton Roads.***

**Sample it all and vote for the best!**

**Thursday, June 17, 4-8 p.m.**

To purchase your tickets  
or enter a grill team, call  
**757.446.6070**  
or email [brandtsa@evms.edu](mailto:brandtsa@evms.edu).

**EVMS**  
Eastern Virginia Medical School  
**THE STRELITZ  
DIABETES CENTER**



Advance tickets are \$20 for adults, \$15 for military, students and seniors, and \$10 for kids 4-12. Children under 4 are FREE. Tickets include unlimited food, drinks, and free parking!

*In Memory of Mr. Edward L. Brown, Sr.*

International Vice President of the International Longshoreman's Association and Vice President Port of Hampton Roads/ILA