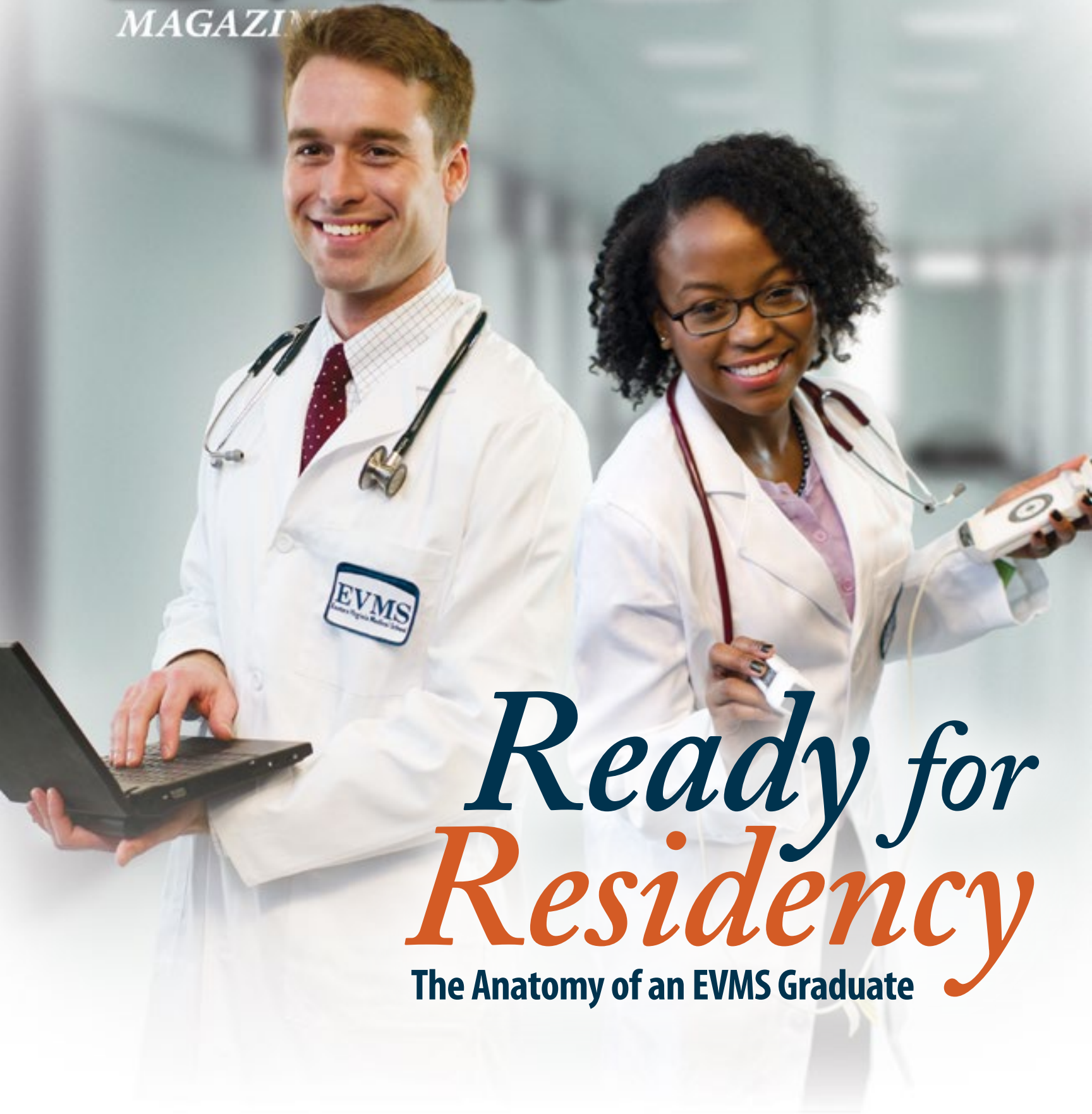


EVMS

MAGAZINE



Ready for Residency

The Anatomy of an EVMS Graduate

EVMS

MAGAZINE

upcoming events

May 17

Commencement

The EVMS graduation ceremony begins at 10 a.m. at Norfolk Scope. Related events, including the military commissioning ceremony, white coat ceremonies and receptions, take place earlier in the week. For details, visit evms.edu/commencement.

June 24

EVMS Charity Golf Classic

All proceeds from this event, held at Virginia Beach's premier Bayville Golf Club, benefit the EVMS Fund. For more information, go to evms.edu/golf.

August 8-15

New Student Orientation

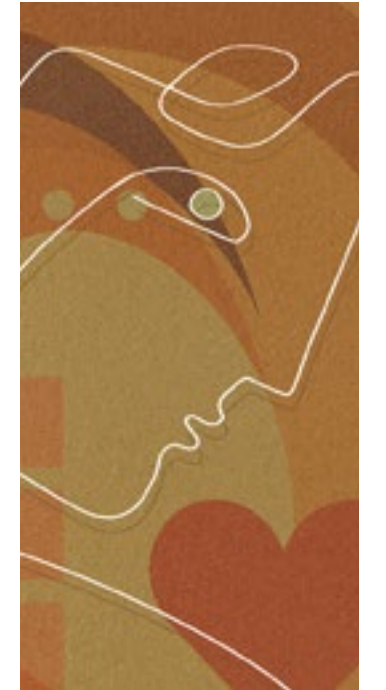
EVMS welcomes a brand-new class of medical and health professions students during an activity-filled week with events such as Community Impact Day, President's Picnic, MD White Coat Ceremony and more. For details, visit evms.edu/education/student_orientation.



EVMS MD graduates are well prepared for the next phase of their education.



Get healthier with tips for Women's Health Month (May) and Men's Health Month (June).



Teamwork, communication and compassion provide quality-of-life care.

features

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EVMS graduates excel in the fast-paced and intense world of medicine, placing them ahead of the learning curve.

18 Health tips for every wo/man

There's no better time than now to start leading a healthier life with guidance offered by EVMS experts.

24 Palliative care

Fulfilling patients' wishes about quality of life is the primary goal of palliative care, whether the wish is less pain, less stress, more mobility or even more fun.

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FOR EVMS GRADUATES, THE SKY'S THE LIMIT.

SO WHAT BETTER PLACE TO CAPTURE THEIR SUCCESS THAN IN THE CLOUD?

When it comes to graduation coverage, the sky's also the limit thanks to our digital graduation edition of EVMS Magazine.

Look for your graduate in our special summer issue, jam-packed with graduation coverage and downloadable photos of EVMS commencement activities.

Visit evms.edu/subscribe to sign up. Then we'll send you an email when the special graduation issue is live.



OUR VISION: Eastern Virginia Medical School will be recognized as the most community-oriented school of medicine and health professions in the United States.



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EVMS' growth over the last four decades

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fromthePresident



As I write this, students in the EVMS Class of 2014 are about to graduate and embark on the next phase of their careers, and I congratulate them. For medical students on their way to becoming physicians, that next phase is residency training in their specialties.

Based on the feedback we hear from residency directors and our former graduates, I am proud to report that EVMS graduates are some of the best prepared in the nation. In our feature story on page 14, you will discover why the EVMS approach to educating future physicians produces graduates who are more than ready for residency.

Once they are practicing physicians, most will eventually find themselves in the challenging position of striving to help patients with serious, chronic or progressive diseases. These situations are never easy, but the growing field of palliative-care medicine is making a difference in many lives. Our story on page 24 explains not only how palliative care differs from hospice care, but how it improves the quality of life for patients who are seriously ill.

As the health-care community learns more about what causes serious illness, we also learn more ways to prevent it. In Hampton Roads, who better to provide guidance on staying healthy than the EVMS scientists who conduct groundbreaking research and faculty members who train future health professionals? In honor of Women's and Men's Health Months in May and June, our experts present health advice for both sexes (page 20).

With our 40th-anniversary year coming to a close, I would like to reiterate our appreciation for your ongoing support. Thank you for helping EVMS evolve into the cornerstone of our community's health care. Rest assured that we remain dedicated to safeguarding the health of your family, friends and loved ones for the next 40 years and beyond.

Sincerely,

Richard V. Homan, MD

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Celebrating
40 YEARS
1973-1974 to 2013-2014

In only 40 years, EVMS has grown from 27 students attending school in a converted

nurses' dormitory into a thriving academic medical center that's become the cornerstone of health care in southeastern Virginia. Below are some comparisons that reflect the growth between the entering classes of 1973-74 and 2013-14.



Alumni practicing in Hampton Roads
Then **0**
Now **1,930**

Degrees offered
Then **1** (as well as 1 certificate program)
Now **13**

Square footage
Then **38,000** – in one building
Now **1.5 million** – in 14 buildings

Entering Class
Then **27** students
Now **304** students
MD program: minority students
Then **4%**
Now **15%**



All programs: female students
Then **23%**
Now **61%**



Active grants and contracts
Then **0**
Now **321**



Multi-center study confirms benefits of Nuss Procedure

In 1987, Donald Nuss, MD, then a Professor of Surgery and Pediatrics, was in surgery at Children's Hospital of The King's Daughters when he had a brainstorm. While performing the highly invasive Ravitch procedure to correct a sunken-chest deformity known as pectus excavatum, he was struck with an idea for a much simpler procedure.

His idea evolved into the minimally invasive Nuss Procedure, in which a slender, curved-metal bar is inserted beneath the ribs to pop the chest into the proper position and keep it there until the patient's bones reshape into the new configuration. Just a few years later, the Nuss Procedure was accepted worldwide as the surgical standard of care for this dramatic chest deformity that affects thousands of children every year.

Just a few years later, the Nuss Procedure was accepted worldwide as the surgical standard of care for this dramatic chest deformity that affects thousands of children every year.

"Only two revolutionary operations have been developed in pediatric surgery in the last 40 years," says Robert Kelly, MD, Professor of Surgery. "The Nuss Procedure is one of them."

In December, the *Journal of the American College of Surgeons* published the final report of a 12-year multi-center



study of the procedure. Dr. Kelly, its lead author, says the results confirm the Nuss Procedure's improvement to cardiopulmonary function, as well as its anatomical benefits.

Eleven other leading medical centers — including Boston Children's Hospital, Johns Hopkins University Medical Center, Cincinnati Children's Hospital and the Hospital for Sick Children in Toronto — took part in the study.

"There was a tremendous amount of collaboration," Dr. Kelly says, "not only among the medical centers but also among disciplines. The study involved surgeons, lung specialists, radiologists,

nursing staff and even body-image specialists."

Two other EVMS faculty members also participated: Michael Goretzky, MD, Professor of Surgery, and James Paulson, PhD, Associate Professor of Pediatrics. Dr. Kelly says he's grateful, too, for the ongoing support of L.D. Britt, MD, MPH, the Edward J. Brickhouse Chair in Surgery and Henry Ford Professor of Surgery, as well as the late Donald Lewis, MD, former Chair of EVMS Pediatrics based at CHKD.



Donald Nuss, MD, developed the minimally invasive Nuss Procedure to correct the sunken-chest deformity known as pectus excavatum.

"Dr. Kelly spent an enormous amount of time on this study," adds Dr. Nuss, who retired in 2009. "He did an excellent job on it." □



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Gayle Gliva-McConvey has helped spread standardized patient model worldwide

Gayle Gliva-McConvey began 2014 on a whirlwind as she traveled from San Francisco to Singapore to spread the word about standardized patient (SP) education, her passion of nearly 40 years.

Ms. Gliva-McConvey, Director of Professional Skills Teaching and Assessment at the Sentara Center for Simulation & Immersive Learning at EVMS, was acting in her capacity as President of the Association of Standardized Patient Educators (ASPE), an international, professional organization she helped to establish. During her two-year term, she spoke at conferences around the world and helped develop SP programs in China, Puerto Rico and Moldova.

She has been a central figure in standardized patient education since she was a student at McMaster University in Ontario and began working for the late neurologist Harold Barrows, MD, who is recognized as the father of the field.

“At first, it was an innovative teaching tool,” she says of the standardized patient model. “And 50 years later, it’s a proven methodology.” All U.S. medical schools now use SPs to teach physical examination skills and bedside manner.

Thomas Hubbard, MD, (MD ’76), JD, MPH, Director of the Simulation Center, credits Ms. Gliva-McConvey as a pioneer



Gayle Gliva-McConvey

in the industry.

“Since Gayle started the EVMS program, it has grown to an enormous size, along with other centers throughout the country,” he says. “Gayle’s work has given her and the center a national and international reputation.”

Jan-Joost Rethans, MD, PhD, of Maastricht University in the Netherlands is another fan.

“For me and for many colleagues, Gayle is the one who always knows perfectly in which direction the community of SP educators should go...,” he wrote in an email. “She is a very inspiring colleague who gives constructive feedback. She is very competent in role modeling all sorts of SP-simulations and is a true star.”

Karen Lewis, PhD, Administrative Director of the Clinical Learning and Simulation Skills Center at the George Washington University School of Medicine and Health Sciences, is the current ASPE President.

“Gayle has been a mentor to many of us across the country,” she says. “She is so very active and has so much energy and such a positive attitude. Those are the skills we value very much as we try to reach new members. She’s a real asset to our profession.” □

Early faculty member was engaging teacher for generations of students

Nicholas D’Amato, MD, Professor Emeritus of Pathology and Anatomy and one of the school’s early faculty members, died Dec. 23.

Dr. D’Amato became involved with EVMS more than 40 years ago as he was nearing the end of a distinguished career in the U.S. Navy. He worked with residents and medical students while Chief of Pathology at the Naval Regional Medical Center Portsmouth and at DePaul Medical Center and later as Assistant Medical Director for LifeNet.

The school recognized his contributions with an honorary degree and with the Dean’s Faculty Award for Achievement by Community Faculty. In letters of recommendation accompanying the award nomination, faculty, students and graduates alike praised him for his intellect, enthusiasm, affable



Nicholas D'Amato, MD

manner and commitment to the success of his students.

Jennifer Campo, MD, (MD ’98), remembers Dr. D’Amato as an engaging and friendly teacher.

“I remember when he taught the bone section in pathology class,” Dr. Campo says. “He would say something like ‘now this is really important’ or ‘this would be a good question for a test and I would know because I wrote the question.’”

A scholar of medical history, he was the author of a three-volume collection on the subject. He helped establish and served as Director of the EVMS History of Medicine division.

The Nicholas A. D’Amato, MD, Memorial Lecture has been established in his memory. To support the lecture, visit evms.edu/givenow or call 757.446.6070. □



At a conference workshop, Bonnie Dickinson, right, instructs Ann Poznanski, MD, PhD, of California Northstate University School of Medicine, and Ben Kalu, MD, of Liberty University. The conference drew participants from around the globe.

EVMS hosts world audience at ultrasound conference

They came from Turkey, Saudi Arabia, London and across the U.S. — all educators sharing a common interest in ultrasound education.

They were among more than 90 individuals participating in the second annual Conference on Ultrasound in Anatomy and Physiology Education March 21-22 at EVMS. Sponsored by the Society of Ultrasound in Medical Education (SUSME), the conference emphasized the importance of ultrasound education for medical and health-professions students and offered practical advice to help educators begin or enhance their training efforts.

Among those greeting the crowd was Richard Hoppmann, MD, Director of the Ultrasound Institute at the University of South Carolina School of Medicine and founder of SUSME.

“How we teach and practice medicine in the 21st century is changing,” Dr. Hoppmann told the audience, “and ultrasound is going to play a major role in that.”

Craig Goodmurphy, PhD, Associate Professor of Anatomy and Pathology and Chair of the event organizing committee, was pleased with the turnout. “It provided us the chance to share our facilities, our experiences and our excitement about the past, present and future of ultrasound education,” he said.

EVMS was among the first schools to incorporate ultrasound education into the medical curriculum and is home to nationally known ultrasound experts.

For instance, Alfred Abuhamad, MD, the Mason C. Andrews Chair in Obstetrics and Gynecology, Chair of Obstetrics and Gynecology and Vice Dean for Clinical Affairs, is immediate past president of the American Institute of Ultrasound in Medicine and author of two books on fetal echocardiography. Barry Knapp, MD, Associate Professor of Emergency Medicine, is founder and former director of the EVMS Emergency Medicine Ultrasound Fellowship and has extensive experience teaching ultrasound. Alexander Levitov, MD, Professor of Internal Medicine, an authority on bedside ultrasound has written several major clinical ultrasound textbooks. □



See video from the ultrasound conference at evms.edu/magazine.

Alfred Abuhamad, MD, leads national group set on improving pregnancy mortality rates

Alfred Abuhamad, MD, Chair and Professor of Obstetrics and Gynecology and Vice Dean for Clinical Affairs, has been tapped to lead the newly formed Council on Patient Safety in Women’s Health Care. The council, which is made up of the nation’s leading women’s health organizations, aims to improve patient safety in women’s health care by sharing best practices that can save lives.



Alfred Abuhamad, MD

“The Council on Patient Safety in Women’s Health Care is a collaborative effort with the goal of continually improving patient safety in women’s health care through a multidisciplinary approach that drives culture change,” says Dr. Abuhamad, who is also the Mason C. Andrews Chair in Obstetrics and Gynecology and Council Chair.

Over the past century, maternal mortality in the United States has decreased substantially primarily due to the ability of sterile techniques, antibiotics and the ability to do Cesarean sections, Dr. Abuhamad says. However, over the past several years, physicians started to see an uptick in maternal deaths during pregnancy or childbirth.

“Currently, several states report on maternal mortality,” Dr. Abuhamad says. “The sad aspect of this is that data have shown that about half of the mortality associated with childbirth can be prevented.”

The council has launched a website, Safe Health Care for Every Woman (safehealthcareforeverywoman.org), which aims to provide national standardized protocols that would lead to a reduction in morbidity and mortality in pregnant women.

“We really need to make sure women do not approach pregnancy or delivery with a fear that their lives can be jeopardized,” Dr. Abuhamad says. “We need to do everything we can to ensure that labor and delivery is a safe event.”

Over the course of the next three years, the council will look into sharing safety bundles that tackle various morbidity and mortality issues for pregnant women, Dr. Abuhamad says. The first will look into postpartum hemorrhage and ways to identify it early, provide a checklist for standard management and care and ensure debriefs are taking place afterward.

“The council has brought together nurses, midwives, physicians, patient-safety specialists and industry partners to realize our vision of safe health care for every woman,” Dr. Abuhamad says. “Together, we improve care.” □

“Healing Our Communities” is theme of 30th annual MLK regional breakfast

EVMS and the Urban League of Hampton Roads, Inc., teamed up to put on the 30th Annual Dr. Martin Luther King, Jr. Community Leaders’ Breakfast Jan. 20 at the Renaissance Portsmouth Hotel and Waterfront Conference Center in Portsmouth. The event drew more than 600 attendees.



Cynthia Romero, MD (MD '93), then serving as Commissioner of Health for Virginia, was among the speakers for the MLK event. With her, from left, are Richard Homan, MD, President and Provost of EVMS and Dean of the School of Medicine; Mekbib Gameda, Vice President of Diversity and Inclusion; guest speaker Mark Nivet, EdD, Chief Diversity Officer with the Association of American Medical Colleges; and Derwin Gray, MD, a member of the EVMS Board of Visitors.

Addressing the day’s theme of “Healing Our Communities,” guest speaker Mark Nivet, EdD, Chief Diversity Officer with the Association of American Medical Colleges, told the audience that the U.S. is falling behind other nations in education. As an example, he cited China, which each year has more students who score the equivalent of perfect scores on the SAT than the U.S. has students graduating from high school.

To be competitive, he said, communities must work to create fair and equal opportunity for all.

“It’s not about being excellent and diverse,” Dr. Nivet said. “It’s that we can’t be excellent without diversity.”

“Some people have staircases to opportunity,” Dr. Nivet added. “Some have escalators to opportunity. The role of our community-based institutions is to turn the staircases to opportunity into escalators to opportunity.”

Honorary event Chair Cynthia Romero, MD, who was Virginia Health Commissioner at the time of the event and is a 1993 graduate of EVMS, had similar words of encouragement. She said that through collaboration and cooperation, we can find creative solutions, reach beyond barriers and seek innovative strategies to achieve health equity.

“Together,” she said, “we can heal our communities one disparity, one family, one person at a time.”

The annual breakfast event also was the occasion for presenting the Community Leaders’ Awards, which honor the legacy of Dr. Martin Luther King, Jr. The recipients were:

- Fredda Bryan, Community Health Advisor/ Associate Director, American Cancer Society
- Dr. Carlos Campo, President, Hispanic Education Alliance
- Gail Easley, Executive Director, Crispus Attucks Cultural Center
- Sharon McDonald, Former Commissioner of the Revenue, City of Norfolk
- Kevin Turpin, Director, Life Enrichment Center of Norfolk
- Boo Williams, Founder, Boo Williams Sportsplex

In addition to EVMS, other academic sponsors of the Urban League’s 30th annual breakfast included Norfolk State University, Old Dominion University, Regent University and Tidewater Community College. □

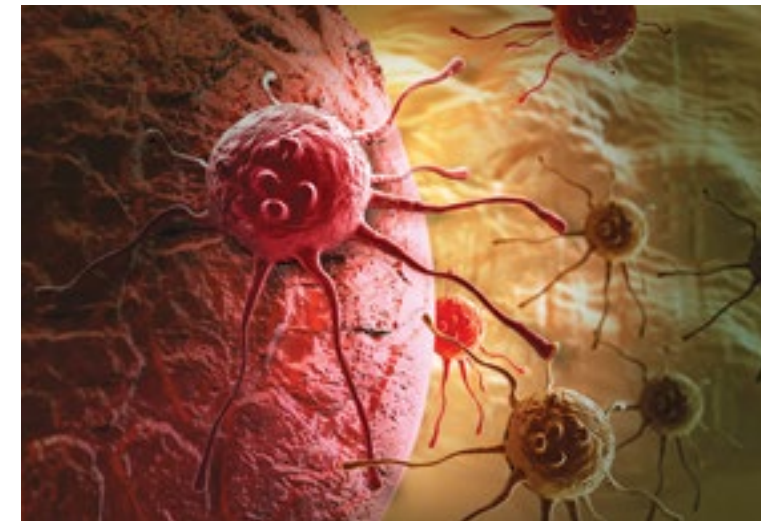
EVMS Tumor Board: A multidisciplinary approach to treating complicated cases

When facing cancer, people need to have all of the options available for treatment. But about 20 years ago, that wasn’t the case, according to Daniel Karakla, MD, Associate Professor of Otolaryngology-Head and Neck Surgery.

“When I was a resident, surgery or radiation was the mainstay treatment for tumors,” Dr. Karakla explains. “Multimodality treatments weren’t really an option.”

But as things evolved in the mid ’90s and early 2000s, physicians realized the need for patients to have the option of organ preservation. That was when doctors at EVMS — experts in their respective specialties — established a tumor board to review cases. Thirteen years later, the multidisciplinary group continues to meet weekly.

“If you were to sit in,” Dr. Karakla says, “you would hear from a dentist, periodontist, radiation oncologist, medical oncologist, pathologist, hyperbaric medicine doctor, research nurse and the surgeons, all chiming in to put together the



best treatment plan for the patients.”

Without a tumor board, patients run the risk of fragmented care, he says.

“If a patient meets with a radiation oncologist one week, a surgeon the next and then a chemotherapy doctor the following week, the patient is going to be confused. Most lay people just don’t understand what their options are. So we need to have the specialists

together to develop a consensus for the patient. They might not go with it, but at least we have the best-educated recommendation for them.”

Dr. Karakla says everyone is welcome to participate — from medical students to residents who prepare and present the cases to senior physicians.

“The practitioners we have are experienced, well educated, current and as capable as at any other institution. You don’t have to leave the area to get an expert review of your case, and that is a benefit to the patient. We have it here in Hampton Roads.” □

Dr. Margaret Mohrmann, author and bioethicist, to speak at commencement ceremony

Margaret Mohrmann, MD, PhD, a physician, author and bioethicist, will deliver the keynote address at the 2014 EVMS Commencement.

The graduation ceremony is set for May 17 at Norfolk Scope. The ceremony begins at 10 a.m. and concludes a week of graduation-related activities for the 230 graduates of the School of Health Professions and the 121 new physicians in this year’s class.

Dr. Mohrmann is currently on the faculty at the University of Virginia, where she holds joint appointments in the School of Medicine and the College of Arts & Sciences (Department of Religious Studies).

Dr. Mohrmann is a graduate of the College of Charleston and the Medical University of South Carolina. After completing her residency in pediatrics at Johns Hopkins University, she returned to MUSC, where she was Director of the Pediatrics Residency Program, Medical Director of the Pediatric Intensive Care Unit and taught ethics and clinical reasoning to first- and second-year medical students. Dr. Mohrmann came to UVa in 1987 as a doctoral student in religious ethics and a part-time teacher and practitioner of primary-care pediatrics. She received her PhD in 1995.

She has received numerous teaching awards, including the UVa School of

Medicine Dean’s Award for Excellence in Teaching. She is a member of Alpha Omega Alpha, the Raven Society (the oldest honorary service organization at UVa) and Omicron Delta Kappa. In 1988, the College of Charleston gave her an honorary degree, and in 2010 she received the Outstanding Service to Medicine Alumnus/a Award.

Dr. Mohrmann is the author of *Attending Children: A Doctor’s Education* and *Medicine as Ministry: Reflections on Suffering, Ethics, and Hope* and co-editor of *Pain Seeking Understanding: Suffering, Medicine, and Faith*. □



Visit evms.edu/commencement for full details about Commencement 2014.

Physician Assistant program welcomes record incoming class

EVMS' Master of Physician Assistant (PA) Program welcomed its largest-ever class in January when 92 students took part in the annual White Coat Ceremony.

The event signifies the students' transition to junior colleagues in the field of medicine, a rite that is symbolized by donning the short white coat that identifies them as students. Clinicians who have graduated wear long coats.

"Never lose the wonder you will feel tonight putting on this jacket for the first time," said Jason Grahame, MPA, Assistant Professor and Director of Admissions for the PA program. "Never forget the responsibility associated with wearing this coat, and never take the privileges that this coat affords for granted."

The PA Class of 2016 is nearly twice the size of the one that



The White Coat Ceremony has become a ritual for the Physician Assistant program. This year's event saw a record number of new students cross the stage to receive their coats in front of family and friends.



came just five years before. Growth in the PA program, the largest in EVMS' School of Health Professions, reflects the vital role health professionals play in the delivery of modern health care. Skilled PAs are in high demand as the medical landscape evolves.

"An aging population, advances in the care we have to offer, retirement of baby boomer clinicians and increasing numbers of

Americans with health insurance," said Thomas Parish, DHSc, Associate Professor and Director of the PA Program, "will all be factors in ensuring that each of you will have excellent opportunities after graduation." □

Dr. Weireter transitions EVMS' Trauma and Critical Care leadership role to Dr. Collins



Leonard Weireter, MD

Leonard Weireter, MD, Professor of Surgery and the Arthur and Marie Kirk Family Chair, was recently appointed Vice Chair of the National Committee on Trauma of the American College of Surgeons.

The Committee on Trauma is one of the oldest and most established committees of the American College of Surgeons, the world's largest organization for surgeons. The committee has made several landmark contributions to the advancement of trauma care — nationally and worldwide — including establishment of the Advanced Trauma Life Support course.

Because of Dr. Weireter's responsibilities overseeing all regional committees, which includes all 50 states and the

international community, he will step down as Chief of EVMS Trauma and Critical Care. He led the division for 17 years.



Jay Collins, MD

General and acute care surgeon Jay Collins, MD, Professor of Surgery, has been appointed the new Chief of EVMS Trauma and Critical Care by L.D. Britt, MD, PhD, Chair and Professor of Surgery, the Edward J. Brickhouse Chair in Surgery and the Henry Ford Professor of Surgery.

Dr. Collins joined EVMS in 1998. He received his medical degree from the University of California, Irvine and completed an internship in general surgery at University of California Medical Center. He completed a residency in general surgery at University of South Alabama Medical Center in Mobile, Ala., before his fellowship in trauma/critical care at EVMS. □

EVMS, Sentara cooperate on research to minimize hospital-acquired infections

The world's largest clinical trial of copper-infused hard surfaces and linens to prevent hospital-acquired infections is now underway in Norfolk.

Sentara Healthcare and EVMS are conducting a year-long investigation at two clinical sites — the 129-bed East Tower at Sentara Leigh Hospital and 16 ICU beds at Sentara Norfolk General Hospital.

The ionized copper in the test materials — patient gowns, bed linens and towels — is supplied by Richmond, Va.-based Cupron, known for copper-infused fabrics, and Norfolk, Va.-based EOS Surfaces, LLC, which produces the copper-infused countertops, over-the-bed tables and side rails used in the new Sentara Leigh Hospital East Tower.

"We have deployed many human processes to combat hospital-acquired infections," says Gene Burke, MD, Vice President and Executive Medical Director for Clinical Effectiveness with Sentara Healthcare. "We hope these copper products will change the game by killing bacteria around the clock."

The Cupron-enhanced EOS Surfaces being used in the trial are clinically proven to kill greater than 99.9 percent of infection-causing bacteria within two hours of contact.

"Infections in the hospital, especially the intensive-care units, remain a major problem," says Jerry L. Nadler, MD, the Harry H. Mansbach Chair in Internal Medicine, Vice Dean for Research at EVMS and Chair of Internal Medicine. "We are excited about the potential for this innovative approach to reduce infections and the use of antibiotics. Even an incremental decline in infections will be tremendously beneficial."

Shivanjali Shankaran, MD, an infectious disease expert and EVMS Assistant Professor of Internal Medicine, is overseeing the linen research. Paul E. Marik, MD, Director of Pulmonary and Critical Care and EVMS Professor of Internal Medicine, is lead consultant for the study at Sentara Leigh Hospital. □



In typically outlandish costumes, EVMS graduating students celebrate news of their residency matches.

Students celebrate Match Day in style

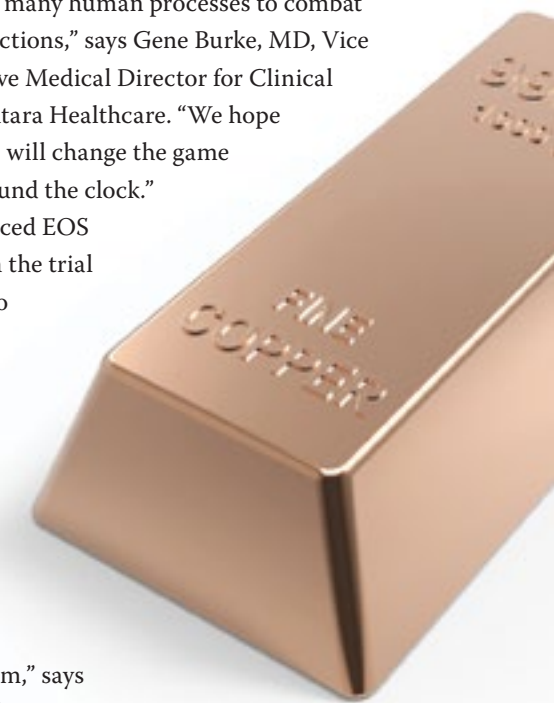
Aspiring physicians throughout the U.S. — including 120 from EVMS — learned Friday, March 21, where they will train in their medical specialties.

EVMS had a match rate of 99 percent, exceeding the rate of 94 percent for all U.S. graduates. More than 25,000 applicants learned they had earned residency positions during the annual Match Day. EVMS students maintained their unique tradition of dressing in costumes to celebrate one of the most significant days in the course of their careers.

Fourth-year medical students apply to residency positions in their chosen specialties and rank the programs according to those they would prefer to join. The programs, in turn, rank the students they prefer. □



See video and results from Match Day at evms.edu/magazine.



READY FOR Residency

EVMS MD GRADUATES ARE WELL PREPARED FOR THE NEXT PHASE OF THEIR EDUCATION

Jason Coben, MD (MD '13), had to leave campus to appreciate the value of his EVMS education.

As a senior medical student, he worked alongside newly graduated physicians — also known as interns — at a series of schools he was considering for his residency training. His clinical skills set him apart from the crowd.

“Several faculty at other institutions remarked I was out-performing their interns,” says Dr. Coben, now a family medicine intern himself at Spartanburg Regional Health System in South Carolina. He has received similar compliments in his current role.

Ron Flenner, MD (MD '89), the James E. Etheridge Jr. Distinguished Professor, is used to hearing about the quality of EVMS graduates in his capacity as Vice Dean for Academic Affairs.

“To receive a phone call from a program director bragging about our students or asking if I have any more students like them is the highest compliment I can receive,” Dr. Flenner says.

Residency directors are reluctant to publicly praise graduates from schools other than their own. But that doesn't stop them from privately admiring EVMS students. One residency director wrote to Dr. Flenner: “The EVMS students I have seen have been spectacular!”

EVMS graduates train in residency programs all over the

EVMS graduates are team players experienced in working with a variety of health professionals and trained in a culture of community service. Their patient care is guided by their hearts as well as their heads.

“EVMS students are very well prepared for residency. They are highly professional and knowledgeable, and they have excellent clinical skills.”

— James Dixon, MD

Only perfect practice makes perfect. EVMS students master critical skills through the use of cutting-edge ModSim technology and frequent simulated clinical interactions in our renowned standardized-patient program.

“I was inspired by my faculty, and through my rotations, I found mentors in medicine with whom I still interact.”

— Winston Gwathmey, MD

country, including EVMS-sponsored programs, and faculty who oversee the EVMS programs are thrilled when a graduate opts to remain at EVMS for residency training.

“We consider it an accomplishment when we match EVMS students, and it often results in boasting rights,” says James Dixon, MD, Vice Chair of Internal Medicine and Program Director for the Combined Internal Medicine/Family Medicine Residency Program. “EVMS students are very well prepared for residency. They are highly professional and knowledgeable, and they have excellent clinical skills.”

Starting their first week of medical school, EVMS students interact with standardized patients — highly trained individuals who portray patients to help the students practice physical-exam and history-taking skills — to learn the art of effectively communicating with their patients. That experience serves them well as they graduate and enter residency training.

As a first-year resident at Johns Hopkins University School

of Medicine, Mike Silverman, MD (MD '94), initially was apprehensive about his abilities.

“But almost immediately I realized that my clinical skills were as good, if not better, than most people there,” says Dr. Silverman, now Chair of Emergency Medicine at the Virginia Hospital Center in Arlington. “EVMS gave me the foundation necessary to be a successful resident in a competitive program.”

Unlike most medical schools, EVMS does not own a hospital. That has become an advantage for EVMS students who train in a variety of hospitals and outpatient clinics. In the process, they gain experience with diverse patient populations, hone their skills in the use of electronic health records and become adept at transitions of care — that potentially error-prone time when patients are handed off from one caregiver to another.

Frank Counselman, MD (MD '83), EVMS Foundation Distinguished Professor in Emergency Medicine and Chair of Emergency Medicine, has worked with graduates from many of the nation's best schools during nearly 30 years training residents.

“EVMS students are better prepared for residency training than most I have worked with,” he says, adding that the critical difference is in EVMS graduates' depth of clinical experience. They have seen a wide range of disease processes and levels of severity and have more hands-on procedural experience than students from many other schools.

“Many medical schools only have one, maybe two hospitals for their students to rotate in during the third and fourth years,” Dr. Counselman says. “This can result in



Janus Patel

Kristin Neatrou

EVMS graduates step into residency programs as valued members of the medical team. That means they spend less time on fundamentals and more time focused on acquiring specialized medical knowledge.



EVMS students benefit from early and extensive patient interaction. They begin their clinical experience in the first week of their first year and become high-functioning team members by their third year.

“To receive a phone call from a program director bragging about one of our students or asking if I have any more students like them is the highest compliment I can receive”

— Ronald Flenner, MD

With ultrasound integrated in their curriculum from the first year, EVMS graduates know the principles and applications of ultrasound imaging inside out.

multiple students following the same patient and diluting the experience.”

EVMS also is distinguished from its peers by the collaborative, supportive learning environment the school has nurtured since its earliest days.

“I was inspired by my faculty, and through my rotations, I found mentors in medicine with whom I still interact,” says Winston Gwathmey, MD (MD ’07), who went on to complete a fellowship in orthopedic sports medicine at Harvard Medical School. He’s now an Assistant Professor of Orthopedic Surgery at the University of Virginia School of Medicine and an athletic-team physician at UVa and James Madison University.

“I attribute all of the successes that I’ve had thus far in my pursuit of a career in orthopedic surgery to EVMS,” he says. “The curriculum cultivated my enthusiasm for medicine and established the foundation upon which I have built my career.”

A key experience for John Levine, MD (MD ’89), was an opportunity to participate in a cancer research project, an experience he credits with helping launch his career.

“I felt that the faculty and administration were interested in seeing me achieve my goals as a person,” says Dr. Levine, now Director of Pediatric Blood and Marrow Transplantation at the University of Michigan. “I never felt that I didn’t have someone to turn to for help or advice.”

Hanna Gaggin, MD, MPH (MD ’03), is a cardiologist, educator and clinical research scientist at Massachusetts General Hospital and an

Instructor at Harvard Medical School. She traces her research interests to time spent with EVMS faculty mentors.

“A lot of people here are Harvard bred,” Dr. Gaggin says. “But I have been able to accomplish things that they couldn’t because I think outside of the box. I learned that kind of autonomy and creativity from EVMS. That’s where things started for me.”

EVMS has been the starting point for more than 3,300 medical careers so far.

“I have the advantage of being here every day, and I see the great things that happen,” Dr. Flenner says. “I see the talent of the students. I see their altruism. I see their academic superiority. I see their tremendous clinical performance. They do great work, not only here but when they graduate. They represent EVMS in an exemplary manner at some of the most competitive programs in the country.” □

Brian Holloway

Jasmine Finch

Bonny Lee

HEALTH TIPS FOR WOMEN | EVERY **MAN**

Your parents were right, of course. Eat your fruits and vegetables. Go run around. Make friends. Stay busy. However, if you still don't trust that mom and dad knew it all, here's guidance from EVMS experts to lead a healthier life. After all, it's time. May is women's health month and June is men's health month.



SCREENING TIME

Last year, a U.S. Public Health Service task force recommended a controversial change to routine breast cancer-screening guidelines. The group now advises screening not begin until age 50 when the longstanding recommendation was to begin at 40. Eric Feliberti, MD, Assistant Professor of Surgery, understands why the recommendation changed; the incidence of breast cancer during that decade is relatively low. However, he still suggests women start being screened at 40.

“We see in practice every day a good number of women, particularly African-American women, who don’t have any symptoms and are diagnosed because of getting a screening mammogram,” he says.

Discuss the issue with your doctor to be sure you understand the risks and benefits of screening before 50. “The downside to screening is it may lead to unnecessary tests and even biopsies that turn out negative and have a cost and cause anxiety,” Dr. Feliberti says. Some consider genetic screening that should be reserved for women who have a first-degree relative — mother or sister — who developed premenopausal breast cancer or ovarian cancer. “Breast cancer can be scary and intimidating to most women,” Dr. Feliberti adds. “The best thing they can do is stay informed through their doctors. The more they know, hopefully the less anxiety they’ll have.”



BABY GRAND

Fifty percent of pregnancies are unplanned. And the best predictor of a pregnancy’s outcome is the mother’s health at conception, says Christine Matson, MD, Professor and Chair of EVMS Family Medicine and the Glenn R. Mitchell Chair in Generalist Medicine. So that means if you are of reproductive age and not using effective birth control, any doctor’s visit should be considered a pre-pregnancy visit.

Smoking and obesity, Dr. Matson says, are the leading causes of premature births. Obesity also is a leading cause of maternal deaths at delivery, as well as a risk for increased likelihood of a cesarean section. If you are overweight or obese, Dr. Matson says that planning to become pregnant should provide additional motivation to start exercising, eat healthfully and take folic acid, a supplement that reduces the risk of birth defects.

Need further incentive? Consider this: Obesity begins in the womb. If you are obese while pregnant, your child is more likely to become an obese adult.

If you are of reproductive age and not using effective birth control, any doctor’s visit should be considered a pre-pregnancy visit.

Another common misconception is that vasectomies are irreversible, especially if older than a decade. They are not.



The Boxer Rebellion



Okay, let’s get this out of the way. There are no good studies about the effect of boxers or briefs on infertility. That’s the word from Victor Brugh, MD, Assistant Professor of Urology.

What’s the best way to have the healthiest sperm? Be the healthiest you. Eat well. Exercise.

Dr. Brugh says many men think having sex more often will increase their sperm count. That’s not the case. Every other day when your partner is ovulating is the most effective.

If a man is diagnosed with a low sperm count, he can learn about options through his urologist or infertility specialist.

Another common misconception is that vasectomies are irreversible, especially if older than a decade. They are not. His office regularly reverses them.



Timing Is Everything



If you’re a man over 40, an African American or someone with a family history of prostate cancer, you should have a rectal examination and a PSA blood test at least every couple of years, says Ray Lance, MD, Associate Professor of Urology and the Ann and Paul Schellhammer Professor in Cancer Research. The blood test will determine whether a biopsy is necessary.

Dr. Lance says the recommendations for treating prostate cancer vary and may include surgery, radiation or close observation, depending upon the age and health of the patient. Younger patients are more likely to have all or part of the gland removed through robotic surgery, he notes, because it improves their long-term prognosis. While the surgical results depend upon age, more than 90 percent will recover full urinary control in six months or less, and upward of 70 percent will recover from erectile dysfunction within 18 months.

Healthy aging ought to become a priority by the time you are middle-aged. Diet and exercise are keys.



ROCK of Ages

Whether you are a man or a woman, Robert Palmer, MD, Professor of Internal Medicine, Director of the EVMS Glennan Center for Geriatrics and Gerontology and John Franklin Chair in Geriatrics, says the key to aging well is being healthy at every decade of life.

“If you are healthy at 50, you are more likely to be healthy at 60. If you are healthy at 60, you are more likely to be healthy at 70 and so forth,” Dr. Palmer says. “So healthy aging ought to become a priority by the time you are middle aged.”

Diet and exercise, which become more important as people age, are keys. He says the trick is not to do too much if you’re out of shape and you’re 60 or older. Do something more than you have been doing — even something as simple as walking a city block then two, three, four and more.

Stretching and balance exercises, like those included in Tai Chi and yoga, become important

as well. Exercise also helps improve energy, mood and memory. “The studies that have looked at cognitive function have focused more on walking,” Dr. Palmer says. “That would be my number-one recommendation.”

Because women live longer on average, screening for conditions such as osteoporosis becomes important with old age. People over 60 also should be immunized against shingles and pneumonia, as well as the flu.

Communication is an important part of prevention and quality of life. Make sure you talk to your doctor about changes as you age. There may be ways to address a variety of conditions. For instance, incontinence might be a concern, but there are treatments that can eliminate or lessen the issue.

“On the average,” Dr. Palmer says, “men and women should be able to live a good quality of life at least until the mid-80s, and some data says for women until 90.”

Have a full and well-rounded life. Unstructured time is not good for anyone. Have a plan each day.



CHANGE OF Heart

Taking care of your heart means exercising, maintaining a healthy weight, watching what you eat and avoiding smoking, says John Brush, MD, a cardiologist and Professor of Internal Medicine.

The key, Dr. Brush says, is exercising three or four times a week for about 40 minutes to get your heart rate up and break a sweat. Losing even a small percentage of your weight — perhaps five percent — will improve your cardiovascular risk factors. Match that with a restricted-calorie diet high in fruits, vegetables and fiber and low in saturated fats.

Statins, cholesterol-reducing drugs, may help decrease the risk for heart attack for those who have diabetes, have extremely high cholesterol or have suffered a heart attack or stroke. Consult with your doctor about your risk. “But the best thing of all is not having to use a statin,” Dr. Brush says. “The best thing of all is lifestyle modification. There are no side effects to natural reduction of cholesterol.”



MIND Matters

To keep your mind healthy, Stephen Deutsch, MD, PhD, Professor and Chair of Psychiatry and Behavioral Sciences and the Anne Armistead Robinson

Chair of Psychiatry, has a variation on an old saying: An idle mind is the devil’s workshop.

“Have a full and well-rounded life,” he says. “Unstructured time is not good for anyone.”

Have a plan each day. Socialize. Exercise. Engage in interests and hobbies you enjoy. “When things are fun,” Dr. Deutsch says, “they are more likely to capture your interest, and you are more likely to do them.”

Get enough sleep. If you find yourself not feeling refreshed in the morning or being excessively sleepy during the day, that’s a tipoff you’re not getting enough quality shuteye.

“You need to have a bedtime ritual,” he says. “You need to go through the appropriate stages of sleep, including REM, the deep-dream state. That doesn’t mean you may not have a night out during the week, but, in general, over the course of a month, people need to practice good sleep hygiene.”

Consult your physician if you have persistent problems with diminished motivation, diminished appetite, anxiety, sleep disturbance or recurrent intrusive thoughts. □



Palliative

Care

Teamwork,
communication
& compassion provide
quality-of-life care

In October 2011, Pam Hanna-Hawver's father, Charles Hanna, had chronic obstructive pulmonary disease and congestive heart failure. He was working, but only so he could hold onto his health insurance. Without it, he couldn't pay for his medicine.

That was before his family talked with Marissa Galicia-Castillo, MD (MD '97, Medicine Residency '00), Associate Professor of Internal Medicine and the Sue Faulkner Scribner Distinguished Professor in Geriatrics.

"The case worker we connected with the day after talking to Dr. Galicia-Castillo

helped us with paperwork that allowed Dad to qualify for free medicine," Ms. Hanna-Hawver explains. "She listened to what was important to him. Our palliative care continued with nurses helping at Dad's house and later mine, so he could be at home instead of a hospital. We even got a little help with lessening tension over fights about the TV."

Fulfilling patients' wishes about quality of life is the primary goal of palliative care whether the wish is less pain, less stress, more mobility or even more fun.

“Any patient with a progressive, chronic disease should be receiving palliative care,” notes Robert Palmer, MD, Director of the EVMS Glennan Center for Geriatrics and Gerontology and the John Franklin Chair in Geriatrics. “It’s about reducing suffering, controlling symptoms and focusing on quality of life. Health-care providers — whether they’re part of a formal palliative service or not — should share their knowledge with patients and help the patients make treatment decisions with them. They deserve to know there are options. The point of palliative care is to have a discussion.”



“It’s about reducing suffering, controlling symptoms and focusing on quality of life.”

— ROBERT PALMER, MD

The Glennan Center started working with Sentara Norfolk General Hospital in 2005 and has helped to steadily grow the palliative-care staff, which has doubled in eight years to eight full- and part-time employees.

“Palliative care works best with a team,” says Dr. Galicia-Castillo (MD ’97). “We’re a team with a social worker, a nurse, nurse practitioners and myself. I see our job as one of ‘slowing down the train’ and ‘thinking beyond’ or ‘in addition to’ medical care. We want to work alongside curative measures.”

Dr. Galicia-Castillo asks patients — often those coping with serious medical problems, including heart conditions or cancer — how to assist them. She also encourages fellow physicians and EVMS students and residents who participate in rounds to do the same. The questions include:

- Why are you in the hospital?
- What is your understanding of what is going on?
- What is the goal of your care?
- What is important to you at this stage of your life?

“We can sometimes get so fixated on this test or that treatment instead of what the patient needs,” Dr. Galicia-Castillo says. “Of course, we want to fix the patient, but if there isn’t a fix for every concern, we want to know what is most important to him or her. For example, a person with incurable cancer might want to be there for the birth of a grandchild.”

In cases of people with untreatable or terminal conditions, palliative care medicine helps them remain as independent as possible until their conditions deteriorate to the point that hospice care is necessary.

The Glennan Center also partners with Sentara Life Care, the senior-care division of Sentara Healthcare, on a palliative-care program at Sentara Nursing Center Norfolk, a 197-bed licensed nursing facility. Deborah Morris, MD, Assistant Professor of Internal Medicine, helped develop the C.A.R.E.S. Program (Caring about Residents’ Experiences and Symptoms), which brings palliative-care medicine directly to patients and their families. The team’s goals include improving symptom management, increasing communication with residents and family members, and reducing hospitalizations and procedures at odds with residents’ goals.

EVMS palliative-care medicine physicians provided learning opportunities for the Sentara staff to understand palliative-care medicine, and



“Of course, we want to fix the patient, but if there isn’t a fix for every concern, we want to know what is most important to him or her.”

— MARISSA GALICIA-CASTILLO, MD

representatives from EVMS and Sentara developed and implemented a screening process to identify residents’ palliative-care needs.

Dr. Palmer is encouraged by the programs at Sentara Norfolk General Hospital, Sentara Life Care and Sentara Medical Group, where providers are incorporating palliative-care conversations into their meetings with patients. Research shows the value of promoting palliative-care medicine to current and future physicians.

“The New England Journal of Medicine published a study four years ago. The study concluded that patients who were diagnosed with metastasized lung cancer and received a concurrent palliative-care consultation had a higher quality of life, less burdensome symptoms and lower mortality rates.”

For Ms. Hanna-Hawver, palliative-care medicine was a valuable resource that helped her family during a difficult time.

“The nurses and social workers were good sounding boards for Dad, me and my teenagers,” she says. “They found a way to make our wishes possible. I attribute Dad’s holding on for two more years largely to the palliative care.” □

Palliative Care vs. Hospice Care

According to Dr. Galicia-Castillo, palliative-care medicine provides the whole spectrum of care for patients diagnosed with a serious illness. This can mean pain and symptom control, communication and coordination and emotional support for both the patients and their families or caregivers. Palliative-care medicine can begin at any age and at any stage of the diagnosis. In palliative-care medicine, the treatments are not limited and range from conservative to aggressive and can be concurrent with curative measures.

Meanwhile, hospice care, which is a subgroup of palliative-care medicine, is used when two physicians would not be surprised if death occurred in the next six months. Hospice-care treatments are more limited. The goal is not to cure but instead focus on the patient’s comfort.

In Hampton Roads, hospice care is carried out by different agencies, Dr. Galicia-Castillo says, and is usually done in the patient’s home, the home of a caregiver, in a nursing home or assisted-living facility. Palliative-care medicine is currently only offered in a hospital setting in this area, she says. □

MPH alum stands at intersection of data, community health

Erin Holt, MPH (MPH '04), is a data wonk — or a public-health informatician, to use her words. That means she is part of a critical hub in the flow of information from laboratories and clinics to public-health decision makers who work to protect population health.



Ms. Holt serves as the Director of the Surveillance Systems and Informatics Program in the Tennessee Department of Health's Communicable and Environmental Disease Services and Emergency Preparedness Section. She leads a team that supports crucial

programs — such as communicable-disease tracking, Meaningful Use and electronic laboratory-result reporting — and facilitates communication among the health-care community.

Health informatics, in a general sense, merges elements of information and computer science with health care. It includes the methods used to gather information and the means by which those data are stored and processed. Public-health informaticians, Ms. Holt says, give public health a voice in developing standards to ensure systems can “talk” to each other and implementing and supporting

more effective, timely communication between clinical providers and public health officials, taking advantage of technology such as electronic health records.

“As an epidemiologist,” she says, “you collect data to generate information, which informs action and improves knowledge. My MPH training, with its concentration on epidemiology, was heavily focused on epidemiologic methods and analytical skill building, which has been invaluable.”

With public-health departments frequently having to do more work with fewer resources, the ability to efficiently gather information and learn more from each piece of data is absolutely critical. Ms. Holt says her time at EVMS helped develop an appreciation for the differing perspectives and needs of colleagues she interacts with on a day-to-day basis.

“EVMS enables students, at all different stages in their careers and from all different backgrounds, to interact and learn together and from each other,” she says. “The foundation I gained while at EVMS has enabled me to appreciate the need for informatics solutions and communications to improve public health in local communities and beyond.” □



In March, Alumni Relations thanked some of its most engaged alumni volunteers and donors at the Annual Alumni Appreciation Celebration at Town Center City Club. In photo above at left, from left, are George Sakakini, MD (MD '76); William Faulkenberry, MD (MD '78), and retired Dean of Students Robert McCombs, PhD. In photo at right, from right, are Jodi Wagner and Alan Wagner, MD (Ophthalmology Residency '86); Shannon McCole, MD (Ophthalmology Residency '97), Chair of EVMS Ophthalmology, and Joseph Killen, MD (MD '83).

Alumni Relations Director elected to AAMC leadership role



Melissa Lang, EVMS' Director of Alumni Relations, was elected to serve as a leader in her field on the Association of American Medical College's Group on Institutional Advancement (GIA).

Ms. Lang will serve a one-year term as the Vice Chair for Alumni Relations and Development on the

GIA's Steering Committee, a position for which she was selected by peers at AAMC-member organizations at the GIA's spring National Professional Development Conference (NPDC) business meeting. Ms. Lang's term runs until next spring's NPDC.

In addition to advising the steering committee on issues related to her field, Ms. Lang's responsibilities include overseeing alumni relations and development programming for the AAMC annual meeting and the NPDC; directing other special programs and workshops; and helping recruit alumni-affairs and development professionals for GIA membership. □

Save the Date

Join fellow alumni for the Annual Alumni Reunion Weekend Oct. 17-18, 2014. The weekend includes a cocktail reception Friday evening and, on Saturday, an EVMS Alumni chalet at the Town Point Virginia Wine Festival, followed by class-specific celebrations. Full details at www.evmsalumni.com. □

Class notes

Three EVMS alumni were honored this year by *Inside Business* as “Health Care Heroes” in Hampton Roads:

- **Health Care Leader:** Francis Counselman, MD (MD '83), Professor and Chair of EVMS Emergency Medicine and the EVMS Foundation Distinguished Professor in Emergency Medicine
- **Specialist – Cardiology:** Keith Newby, MD (MD '90), Assistant Professor of Clinical Internal Medicine
- **Advanced Practice Clinician – Nurse Physician Assistant:** Kacie Schappert, MPA, PA-C (MPA '10)

Patricia Cooper, MD (MD '78), died April 1, 2014. The Virginia Beach native served as Director of the emergency department at Norfolk Community Hospital before her retirement in 1992. She and fellow EVMS alumna Angela Mercer, MD, established the Cooper-Mercer Institute in 1990. □

Send Class Notes to alumni@evms.edu. Be sure your alumni profile is up to date at www.evmsalumni.com and like us on Facebook at [Facebook.com/EVMSAlumni](https://www.facebook.com/EVMSAlumni).



The Health Professions Alumni Board welcomed a new president and several new board members in January. Pictured, from left, are President Kerry Kruk, MS, AT-C, (AT '04); Christian Joyner, MPA, PA-C (PA '06); Lauren Morris, MPA, PA-C (PA '11); and Christina Flowers, MPH (MPH '06). Not pictured are Laura Dobbs, MS, AT-C (AT '02) and Jennifer McLeod, MPH (MPH '10).



Nine EVMS Master of Physician Assistant Program alumni came back to campus March 17 to help members of the PA Class of 2014 prepare for life after graduation. The alumni conducted mock job interviews that gave the aspiring clinicians a sense of what potential employers would be looking for in new hires. The exercise has become an annual tradition for the program. And it works; in recent years, all members of the graduating PA class have had job offers prior to commencement.



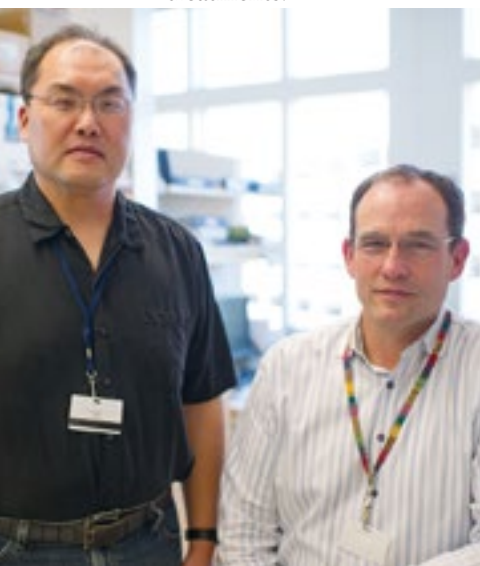
Peter Laplace, MD, (MD '99), and Amir Hajimomenian, MD, (Internal Medicine residency '93) were among several alumni who returned to campus April 15 for “Operation: MED,” hosted by EVMS Alumni Relations and Careers in Medicine. The event gives current medical students a chance to speak candidly with EVMS graduates about the day-to-day realities of practicing in a variety of specialties. This insight helps students as they decide which residency programs to pursue.



Donor's generosity will advance cancer research at EVMS

A donor who chooses to remain anonymous has made the first \$100,000 gift toward a transformational multiyear pledge that will advance cancer research at EVMS.

The gift will establish a bioinformatics program at the Leroy T. Canoles Jr. Cancer Research Center. Through the use of bioinformatics approaches, EVMS cancer researchers will be able to examine large amounts of complex data to find potential cancer biomarkers. Identifying these biomarkers is the first step toward developing personalized cancer treatments.



David Mu, PhD, and O. John Semmes, PhD.

"Understanding the specific type of cancer present in a patient and tailoring treatment to fit that patient's cancer is the centerpiece of personalized medicine," says O. John Semmes, PhD, the Anthem Distinguished Professor for Cancer Research and Director of the cancer research center. "Bioinformatics provides tools to effectively mine and analyze large amounts of data and can accelerate discovery in cancer research."

One of the first applications for the program is a joint prostate-cancer biomarker development study underway at EVMS, the University of Toronto and the Medical University of South Carolina. The new program will benefit most cancer researchers. "Informatics is indispensable for state-of-the-art cancer research," says David Mu, PhD, Associate Professor of Microbiology and Molecular Cell Biology, who is conducting lung cancer research at EVMS.

"This new program will enable us to participate in more multi-institutional studies," Dr. Semmes says, "as well as embark on more comprehensive in-house studies. It will also open the door to more grant-funding opportunities for our research."

Connie McKenzie, Director of Development, says the donor's generosity will enable EVMS to make significant progress toward personalized cancer care. "We are overwhelmingly grateful for this transformational commitment," Ms. McKenzie says. "Our researchers can now take a major step forward in improving cancer treatment in our community."

Lewis Webb, an attorney with the law firm Kaufman and Canoles, is handling the gift on behalf of the donor. "This person is a former client of Mr. Canoles," he explains, referring to the namesake of the cancer research center. "So the opportunity to make this gift to the center and keep it in the community is very special." □



To learn how to support the bioinformatics program at EVMS, call 757.446.7070 or visit evms.edu/giving.

Philanthropic Advisory Board formed to raise awareness of EVMS' vital role in the region

Charles Powers II has lived in Hampton Roads his entire life. "But I didn't really know the EVMS backstory until I joined the Philanthropic Advisory Board," says Mr. Powers, a Vice President with Bank of Hampton Roads. "I'm really impressed by how the school was founded by the community. Now that my interest is sparked, I want to help make sure EVMS is here for future generations."

Mr. Powers also has a personal reason for joining the board. In 2011, his wife, Karen, gave birth about a month prematurely to the couple's first child. "Luke spent 17 days in the hospital being monitored by EVMS doctors," Mr. Powers says. "They were absolutely wonderful, and today he's a perfectly healthy two-year-old."

EVMS' leadership created the Philanthropic Advisory Board, which is sponsored by Cox Business, in 2013. Under the guidance of board chair and longtime community leader Tommy Rueger, its 37 members serve as EVMS ambassadors in the region. To gain in-depth knowledge about various aspects of the institution, they attend experiential events, such as their recent hands-on experience at the Strelitz Diabetes Center.



Philanthropic Advisory Board members Charity Volman, second from left, and Charles Powers II, far right, talk with students T.J. Tzavaras and Joi Phillips at a February scholarship event.

There, EVMS scientists briefed members on the latest diabetes research and technology.

Charity Volman, President of SunTrust Bank's South Hampton Roads region, is another founding board member. A breast cancer survivor, she's excited about the cancer research underway at the EVMS Leroy T. Canoles Jr. Cancer Research Center.

"I wish more people had an

appreciation for what's going on at EVMS," Ms. Volman says. "It does so much more than train medical and health-professions students."

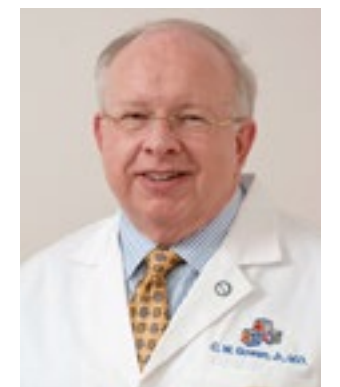
She adds that during her career she has worked in the community with current and former EVMS leaders. "I respected their endorsement of EVMS. Now it's time for the next generation to raise our hands to ensure the future of this vital academic medical center." □

Dr. Gowen honored as EVMS Foundation Chair in Pediatrics

C.W. Gowen Jr., MD, Professor and Chair of Pediatrics, has been named the recipient of the EVMS Foundation Chair in Pediatrics.

Dr. Gowen has a long history of service to EVMS and Children's Hospital of The King's Daughters, where EVMS Pediatrics is based. A neonatologist at CHKD since 1990, he joined the faculty of EVMS as Assistant Professor of Pediatrics the same year and became the Director of the joint EVMS-CHKD Pediatric Residency Program, which has trained approximately 70 percent of the region's pediatricians.

In 2006, Dr. Gowen became Vice Chair for Education in EVMS Pediatrics. In 2013, he was named Chair of EVMS Pediatrics after being appointed Interim Chair of the department in 2012. □



C. W. Gowen Jr., MD



Karen Powers examines a child mannequin in the Sentara Center for Simulation and Immersive Learning at EVMS during EVMS 101. At right is Teresa Russell of EVMS.

Guests get an overview of life as an EVMS student

The course was a whirlwind. But when it came to a close, nearly 100 guest students had earned their official “Certificate of Completion” for EVMS 101, an overview of life as an EVMS student held Feb. 19. The event connected scholarship donors with students and helped them understand the need for more scholarships at EVMS.

Through hands-on demonstrations and presentations by medical and health-profession students, event attendees learned how EVMS educates future health-care professionals. More than 60 EVMS scholarship students and student ambassadors were on hand to answer questions and relate their own experiences.

“It was fun and informative and gave an

insider’s look into students’ daily lives,” says Sally Hartman, Vice President of Communications for the Hampton Roads Community Foundation. “Getting to attend classes with the students was a real treat. My two favorite parts were visiting with students receiving our scholarships and sitting in on the standardized-patient interview during the session on bedside manners.”

Ms. Hartman adds that because the foundation is southeastern Virginia’s largest scholarship and grant provider, its staff and board members are invited to many donor recognition events. “This was one of the best I’ve attended.” □

Scholarship event guest E. Ann Stokes, left, chats with surgical assistant student Gillea David, SA '14, far right, about her training and her goals after she graduates.



EVMS teams up with Sentara Healthcare to offer the latest abdominal cancer treatment

For those suffering from cancer that has spread to the abdominal cavity, EVMS is now offering a new treatment alternative.

The treatment is called Hyperthermic Intraperitoneal Chemotherapy, or HIPEC, and is used in conjunction with Sentara Norfolk General Hospital. Surgical oncologist Eric Feliberti, MD, Assistant Professor of Surgery, administers this form of chemotherapy to patients who have certain types of advanced cancers that are typically difficult to treat. These can include colorectal cancer, ovarian cancer, gastric cancer, appendiceal cancer and peritoneal cancer.

HIPEC is used in an operative setting to kill any leftover microscopic tumor cells by bathing them directly with chemotherapy that is heated to 40 degrees Celsius to increase diffusion of chemotherapy into the cells.

“Intraperitoneal” means that the treatment is delivered to the abdominal cavity. The term “hyperthermic chemotherapy” means that a solution of anti-cancer drugs is heated to a temperature greater than normal body temperature.

“HIPEC works best for tumors in the peritoneum only and have not spread in the bloodstream to form metastasis in solid organs,

like the lungs and liver,” Dr. Feliberti says.

Before administering HIPEC, a surgeon will first use standard surgical methods to remove all visible tumors in the abdominal cavity, Dr. Feliberti says. Then, HIPEC is used in an operative setting to kill any leftover microscopic tumor cells by bathing them directly with chemotherapy that is heated to 40 degrees Celsius to increase diffusion of chemotherapy into the cells.



Feliberti

During the procedure — which lasts less than two hours — HIPEC is continuously circulated throughout the abdominal cavity. This treatment can also improve drug absorption and effect with little exposure to the rest of the body, which helps the patient avoid the typical side effects of chemotherapy.

HIPEC is used in place of more traditional intravenous chemotherapy.

“These (peritoneal) tumors are typically slow growing and thus not particularly susceptible to the killing effects of intravenous chemotherapy,” Dr. Feliberti says. “In addition, it can be difficult to get effective doses of chemotherapy to these tumors that have shed into the peritoneal cavity and do not have a robust blood supply for the chemotherapy to be effective.” □

Photos from the Health Care Heroes awards ceremony, Community Care Day, MPH research presentation, Mobile Produce Market, campus visit by the Downtown Norfolk Council, celebration of African American History Month, Campus Visitation Day and the Charity Gala of the Association of American Physicians of Indian Origin - Hampton Roads.



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1. Barry Strasnick, MD, left, Chair of Otolaryngology-Head and Neck Surgery, accepts congratulations from Inside Business Publisher Ed Powers at the recent Health Care Heroes award ceremony. Dr. Strasnick was among several EVMS faculty, staff and volunteers honored by the organization.

2. Maria Papa (Art Therapy '14) helps a child with an art project at Community Care Day, an annual student-run event that provides free health screenings and health information, as well as fun and games for children. This year's event was held at the Salvation Army in Norfolk.

3. Tara White, a second-year student in the Epidemiology track of the Master of Public Health (MPH) program, presents a poster during a recent peer-review event, which depicts the field work done for her practicum. The MPH program is offered jointly by EVMS and Old Dominion University.

4. Individuals from across the medical center turned out to shop at the Mobile Food Market sponsored by the EVMS Food is Medicine student group and EVMS Wellness Works. The market offers fresh produce each Wednesday throughout the spring and summer from 11 a.m. to 2 p.m. on the TowneBank Lawn at Lester Hall.

5. In February, EVMS hosted nearly 100 members of the Downtown Norfolk Council. During a reception before the formal presentation, Mary Miller, President and CEO of the Downtown Norfolk Council, speaks with Jackson Pope of the Hampton Roads Housing Company.

6. EVMS students observed African American History Month by celebrating the contributions of African Americans in health care. Posing with a banner sponsored by the African American Student Association are, from left, Clinton Crews, MPH, Director of the Master of Surgical Assisting Program, physician assistant students in the club: Jessica Tabb, Uchenna Ogbonna, Monique Turner, Edlemira Moore, Latasha Butler, Athanase Kawou Tuwa (kneeling in front); and Mekbib Gemedo, Vice President of Diversity and Inclusion. Not pictured is student Alphonzo Smalls.

7. A panel of EVMS medical students gave 130 visiting undergraduates insight into life at EVMS during the 20th annual Campus Visitation Day, held Saturday, March 22.

8. Several EVMS students gathered at the Association of American Physicians of Indian Origin-Hampton Roads' (AAPIO-HR) Annual Charity Gala, held recently at the Half Moone Cruise and Celebration Center. This year's theme was Mystical Masquerade. AAPIO-HR is a supporter of HOPES Clinic and EVMS' scholarship programs.



VISIT www.flickr.com/evms to view more photos from these and other EVMS events.



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