

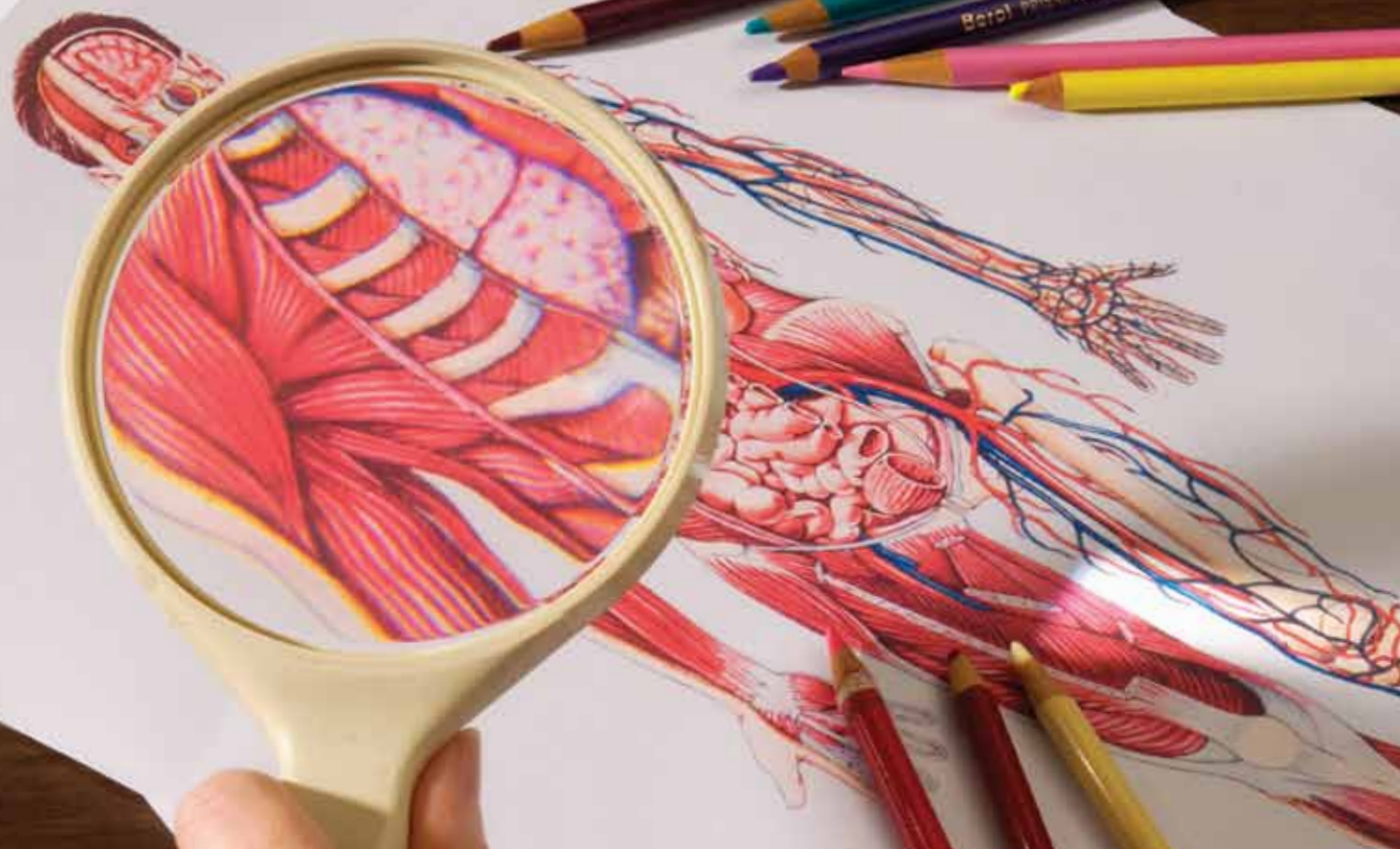
SOUTH CAROLINA

SUMMER 2011



# MEDICINE

University of South Carolina School of Medicine



Medical sleuthing:  
Diagnosing what ails you

DEAN'S MESSAGE

CELEBRATING 30 YEARS

Richard A. Hoppmann, MD | Dean, School of Medicine



In 1961, South Carolina was an extremely unhealthy state. Among the 50 states and the District of Columbia, South Carolina ranked 51st in life expectancy, second in infant mortality and 49th in the ratio of doctors to population. In response to this dire situation, a group of physicians began the long process of championing the cause to open a second medical school at the University of South Carolina.

After more than a decade of studies, debates and controversy, the dream of opening a new medical school at USC became a reality in 1974, with the first class enrolling in 1977. The medical school was made possible because of the relentless hard work and support of some very special people, including **Donald Saunders Jr., MD, John R. Harvin, MD, Frank Owens, MD**, and many others. The fervent quest to bring talented future physicians and health care providers to the University is what has kept the medical school on the path of leadership in the areas of medical education, patient care and research.

One of the main premises for creating the new medical school was to provide for the medical needs of South Carolina, especially in underserved areas. This year marks the 30th anniversary of the first graduating class and our continued pursuit to fulfill our mission. Today, more than 53 percent of graduates practice in South Carolina, and nearly 26 percent practice in rural areas.

With primary care as the founding focus of the medical school, more than 47 percent of our graduates pursue careers in primary care medicine. However, as the needs of our state evolve, so has the focus and training of our medical students. Through our extensive rotation options and faculty physician expertise, our students have the opportunity to explore a variety of medical specialties. We also expose our students to technological advances in medicine, including the integration of ultrasonography throughout the four-year curriculum.

This issue of *South Carolina Medicine* takes a look back at the Class of 1981, including comments from a few of those graduates and the faculty who taught them. You can also discover how our scientists are delving into translational research to combat the debilitating effects of multiple sclerosis; the methods our physicians use to diagnose their patients' maladies; and a detailed look at our distinctive plastination and Gift of Body programs.

As you read through this issue of *South Carolina Medicine*, please take note of the strong foundation of our past and the strategies we are implementing to embrace the opportunities to secure our future.

Richard A. Hoppmann, MD

Dean

University of South Carolina School of Medicine

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“The curriculum speaks to what needs to be done with a focus on the clients and the respect they deserve.”

JOSH RICHARDSON

**When Josh Richardson enrolled in the master’s in rehabilitation counseling degree program at USC’s School of Medicine, he knew he’d found the right fit.**

“The mindset of the program is really refreshing,” said Richardson, 25, who is also pursuing a certificate in psychiatric rehabilitation and working full time as a clinical counselor at an assistive mental health facility.

“The empowerment of the client has resonated with me. The curriculum speaks to what needs to be done with a focus on the clients and the respect they deserve.”

Richardson, a University of South Carolina psychology graduate, likes the program’s philosophy that a disability “doesn’t reside within a person, but is actually in the environment, which is a lot easier to fix.”

Richardson is only one of a long line of students who have discovered the diverse curriculum and caring philosophy that characterizes the Rehabilitation Counseling Program, a fixture at the medical school since 1994.

Rehabilitation counseling at USC has a focus on functioning and full potential reintegration in the community, whether it’s in the form of jobs, school enrollment, home, or family life, said **Kerry Lachance**, Ph.D., LPC/S, CRC, director of the Rehabilitation Counseling Program.

“Other more traditional programs look at the illness and diagnosis, whereas we look more at the capacity and possibility of an indi-

REHABILITATION COUNSELING  
CONSIDERS CAPACITY AND  
POSSIBILITY, NOT JUST  
ILLNESS AND DIAGNOSIS.

# a field of opportunities

vidual, and that appeals to a lot of people—students, faculty, and most importantly, to persons with disabilities,” Lachance said.

Based in the Department of Neuropsychiatry and Behavioral Science, the rehabilitation counseling program embodies a multi-disciplinary field. Students learn about medical aspects of disability and human body systems, as well as psychological and social factors affecting recovery.

What makes the Department of Neuropsychiatry an especially good academic home for the program is its additional emphasis on psychiatric rehabilitation, which draws on interactions between students and psychiatrists and places students in the Department of Mental Health for internships.

“Bringing counseling and rehabilitation together is what makes rehabilitation counseling a specialty,” Lachance said.

Rehabilitation counseling students must complete 48 hours of coursework leading to a master of rehabilitation counseling degree, though most students take up to 60 hours to fulfill requirements to become licensed professional counselors.

In addition to completing a counseling practicum of 150 hours in an agency setting, master’s students complete a 600-hour rehabilitation internship in which they function in the same specialty areas as a professional rehabilitation counselor, including assessment, evaluation, job placement and occupational analysis.

“We are a very applied program, and we want to make sure our students can hit the ground running in being able to perform the functions of rehabilitation counselors,” Lachance said. Students are trained to work with people with all kinds of disabilities, including physical disabilities resulting from accidents or traumas, cognitive and developmental disabilities or psychiatric disabilities.

The program is accredited by the Council on Rehabilitation Education; graduates are eligible to sit for the Certified Rehabilitation Counselor exam. Passing the exam earns a nationally recognized credential required to work in certain rehabilitation settings, such as the Veterans Administration.

The program’s enrollment of about 55 full-time equivalent students has almost doubled in the past five years, in part because of the infusion of long-term training grant scholarships from the Rehabilitation Services Administration of the U.S. Department of Education.

The program’s overarching strategic approach, Lachance said, is to train students to view clients as people with skills and attributes while assessing their desire to work, their interests and abilities, knowing the job market well, and making note of when and where good matches are made.

“We’re therapeutic counselors who help people build on their existing capacities and navigate barriers—remove the things that stand between them and the desires they have,” Lachance said.

Apart from the usual review of academics, past experience, and GRE scores, “we also look at degree candidates’ personal statements, and meet them during an interview to get a feel for how they’ll do in the program and what they will contribute to the profession,” Lachance said.

The program’s faculty is trained not only in rehabilitation counseling but also in mental health counseling. Included in the faculty’s ranks are those whose first careers were in business and whose backgrounds “inform the whole process of individual career development and addressing employers’ needs and concerns,” she said.

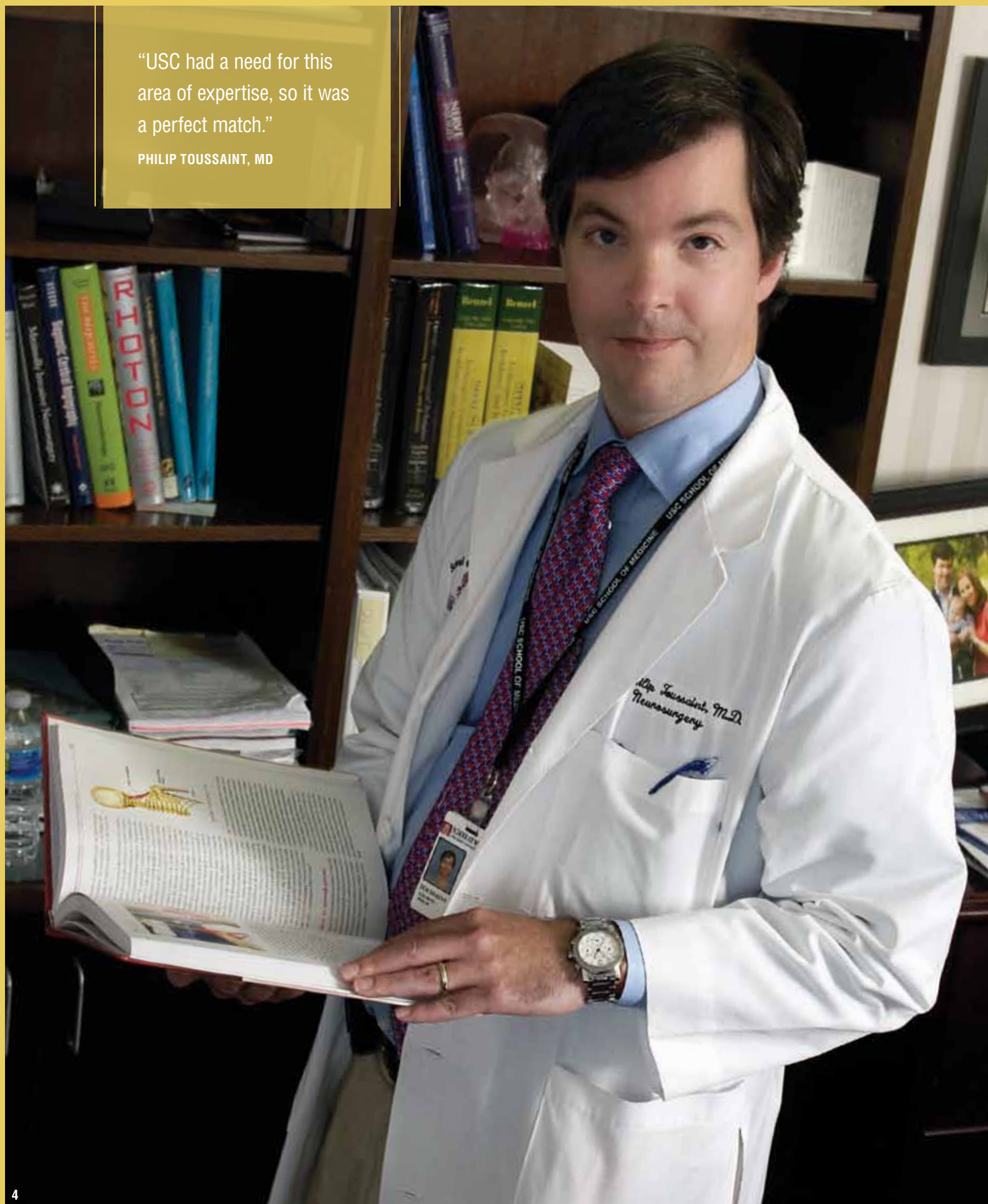
In addition to the backgrounds they bring to the program, “many of the faculty have worked as case managers, rehabilitation specialists, and mental health counselors,” Lachance said. “It helps to be taught by people who have direct experience.”

Which is what Josh Richardson, the master’s student who works at an assistive mental health facility, appreciates the most.

“Imagine having a job where you can take things that happen during the day to a team of professionals where you can dissect and disassemble them and get feedback and advice,” Richardson said. “It’s a terrific opportunity to learn.” ■

“USC had a need for this area of expertise, so it was a perfect match.”

PHILIP TOUSSAINT, MD



# nerves of steel

REPAIRING DAMAGE TO ONE OF THE BODY'S MOST COMPLEX NERVE BUNDLES.

## **From spinal and brain surgery and peripheral nerve damage repair, Philip Toussaint, MD, sees a bit of everything in his neurosurgical practice in University Specialty Clinics.**

But one of his particular interests is neurogenic thoracic outlet syndrome, especially concerning the brachial plexus, a complex, large bundle of nerves that supplies the upper extremities.

Sometimes the nerve bundle can become entrapped—pinched by bones, muscles, or tendons—and, as Toussaint explained, “the goal is to go in and release that entrapment, take the pressure off the nerves.”

Thoracic outlet syndrome is not Toussaint’s only area of expertise, but it is perhaps his most specialized.

“It’s definitely a void I’ve been able to fill for this area,” he said. “You have [similar specialists at] Emory University in Atlanta and Duke University [in Durham, N.C.], and I’ve gotten a lot of referrals throughout the state.”

A native of Clinton, S.C., whose father was a family practice physician, Toussaint attended the College of Charleston and the Medical University of South Carolina before heading to Loyola University in Chicago for his residency.

In 2004 he joined the U.S. Army Reserves, drawn by the fact that “most developments in neurosurgery in the 20th century were made by Army neurosurgeons, especially peripheral nerve surgery. I’m kind of following in their footsteps.”

He’s also treading on some rather new ground. Understanding the anatomy of the brachial plexus is every medical student’s challenge, Toussaint said: “It’s kind of the equivalent of taking organic chemistry as pre-med student. If you can make it through the brachial plexus and learn it all, that means a lot.”

Actually performing surgery on that nerve bundle is a different thing altogether. Few people take on the task of learning such a complicated surgery, and many health care professionals are not even aware of the specialty.

Toussaint has been fascinated with brachial plexus surgery since his residency at Loyola. Patients would be referred with nerve compressions at one level, but their complaints of pain were in a different anatomical location. Toussaint saw many cases that left him and his mentors guessing.

During his residency, he completed a peripheral nerve fellowship at the University of Pennsylvania in Philadelphia, and that’s where Toussaint learned about thoracic outlet syndrome. He thinks a lot of those former patients might have suffered from it.

“Not many people know about it. Some people don’t believe in it. But the patients are miserable,” Toussaint said. “So I learned how to do the surgery to relieve this pressure on the nerves, and a majority of patients get significantly better.”

Last year, a patient came in complaining of neck pain. After an examination, Toussaint found no problems with her neck. But when she explained that she had experienced miserable pain

for 10 years, Toussaint decided, after further investigation, that the best remedy for her pain would be to perform surgery for thoracic outlet syndrome. Immediately after surgery in the recovery room, she was pain free.

Being able to bring that kind of relief to patients is a major reason Toussaint came to University Specialty Clinics, he said. He also wanted to return to his home state and live within driving distance of both the coast and the mountains.

“USC had a need for this area of expertise, so it was a perfect match,” he said. “The reason why I love neurosurgery is because it’s diverse. In one day I can remove a brain tumor, take a disc herniation off of a nerve in the neck or the back, and do a decompression of a nerve in a third patient in the same day. Completely different parts of the body.”

Toussaint recently operated on one of Palmetto Health Richland’s own nurses for a condition called cervical rib syndrome, which is an extra rib emerging from the seventh cervical vertebra and which can compress the lower portion of the brachial plexus. In this particular case, the nerve pressure caused atrophy and loss of function in the patient’s hand.

“And it just comes on,” Toussaint said. “Her right hand had just withered away,” but surgery and rehabilitation can remedy the problem.

There’s no doubt Toussaint has already helped many through his work at University Specialty Clinics. He often has his hands full with a busy schedule, but he loves the work—even though it routinely means having to deal with a bundle of nerves. ■



“Our long-term goal is arriving at an understanding of how the constituents in botanical dietary supplements like resveratrol can suppress inflammation and how the mechanisms act.”

PRAKASH NAGARKATTI, PH.D.



Davitt Mrelashvili, MD



Prakash Nagarkatti, Ph.D.

SCIENTISTS ARE CONSIDERING TRIALS  
TO TEST A PLANT-BASED COMPOUND  
FOR TREATING MULTIPLE SCLEROSIS.

# RX for MS?

**Several high-powered medications have been formulated to treat the symptoms of multiple sclerosis (MS), an incurable autoimmune disease that attacks the central nervous system and plagues 400,000 Americans.**

But red grapes—or more specifically, resveratrol, a substance found in red grapes and some other plants—might provide a promising treatment protocol and with fewer side effects.

Current medications used to treat MS often “decrease the body’s immune mechanisms in order to suppress the immune system’s attack on the brain [that occurs in MS],” said **Davitt Mrelashvili**, MD, an assistant professor of neurology at the USC School of Medicine who sees several hundred MS patients annually.

Finding another treatment is behind proposed clinical trials with Mrelashvili’s patients in collaboration with **Prakash Nagarkatti**, Ph.D., a Carolina Distinguished Professor in the School of Medicine’s Department of Pathology, Microbiology, and Immunology, and other colleagues in the School of Medicine.

The group has received Institutional Review Board (IRB) approval to begin clinical studies this spring. After the in-vitro studies are complete, IRB approval will be sought for clinical trials.

Using a five-year, \$6 million grant from the National Center for Complimentary and Alternative Medicine of the National Institutes of Health (NIH), Nagarkatti, with **Narendra P. Singh**, Ph.D., **Udai P. Singh**, Ph.D., **Lorne J. Hofseth**, Ph.D. (S.C. College of Pharmacy), **Robert L. Price**, Ph.D., and **Mitzi Nagarkatti**, Ph.D., have been studying

ways that botanical dietary supplements can effectively suppress inflammation, which plays a key role in MS.

In particular, the researchers have published papers on the beneficial effect of resveratrol on MS, as well as other inflammatory diseases such as colitis. And they have an interest in what effect resveratrol might have on hepatitis and lupus, and as an overall anti-aging agent.

“Our long-term goal is arriving at an understanding of how the constituents in botanical dietary supplements like resveratrol can suppress inflammation and how the mechanisms act,” Prakash Nagarkatti said.

Preliminary experiments on laboratory mice have shown that resveratrol suppressed the clinical symptoms of MS and identified how resveratrol mediated the effect and the receptors through which it acts. That’s led to the next step of proposals to take the research from bench to bedside, and talks with Mrelashvili about enrolling his MS patients in further study of clinical benefits derived from resveratrol.

“We have the clinicians who can take care of these patients and be able to provide us with the samples to see whether these compounds can really suppress inflammation in the patients,” Nagarkatti said. “We’re generating preliminary data that will confirm our experimental observations leading to further insights into prevention and treatment of the disease. Such studies are strongly encouraged by NIH institutes such as the National Center for Complementary and Alternative Medicine.”

There are about 80 different autoimmune or inflammatory diseases in which the human immune system destroys cells and tissues.

“Right now, we don’t have any proper medications to suppress them or give relief to patients, and people are turning to complementary supplements,” Nagarkatti said. “Through this research we may discover some unique compounds that might have altogether new pathways of suppressing inflammation.”

Fifty percent of prescribed drugs used to effectively treat patients are derived from plant products, Nagarkatti said, which indicates that dietary supplements already being used by the public, though not approved by the FDA, represent a significant resource deserving of future study.

“It’s important to look at those plant products, which are believed to be used successfully, and through research see if we can identify certain constituents and show whether they are really effective,” he said.

The NIH is interested in randomized, controlled clinical trials of herbal products that have traditionally been given on an individual basis in India, China, and elsewhere because part of their effectiveness could be nothing more than placebo effect, Nagarkatti said.

“There has been a holistic approach to treatment with these substances, but nobody has done clinical trials or used randomized, controlled studies to properly evaluate their effectiveness,” he said. “That is why the NIH is interested in this research being done in an academic setting.” ■

INAUGURAL CLASS BUILT THE  
SCHOOL'S LEGACY AS A PRODUCER  
OF OUTSTANDING PHYSICIANS.

# first class



“I felt a lot of pressure but I had wonderful teachers. They really tried to put everything into us that they could to make us the best.” EVERLYN HALL-BAKER

**Orthopedic surgeon Randy Suarez, MD, is known for his expertise in hip and knee replacement—he’s built his medical practice on that specialty for quite some time.**

But there was a day when Suarez was also quite adept at delivering babies.

“My first rotation at the School of Medicine was in OB/GYN, and we all delivered a slew of babies right away,” said Suarez, a member of the School of Medicine’s inaugural class of students who graduated in 1981.

“That’s because it was just us; there weren’t any students ahead of us, so we received a huge amount of attention in rotations and really benefited from the hands-on training.

“The other side of it was that you had to show up—your absence in a clinic or class was very noticeable!”

Suarez, a native of South Carolina’s Upstate region, practiced in Greenville for nearly 20 years, then moved to the Midlands five years ago to join a practice at Lexington Medical Center. His memories of the one-on-one teaching experienced by the medical school’s first class are echoed by other alumni and faculty who were around when the school began.

**Kent Rollins, MD**, now a urologist in Virginia, remembered how eager the School of Medicine’s first 24 students were to get started. They had been selected from a pool of about 500 applicants

“The first class was supposed to start in 1976, but things got pushed back a year, so everyone was really energized by the time

we got going,” said Rollins, a Lake City, S.C., native. “Every class was like a tutorial. I think we learned more and got a better basic medical education—especially when we compared notes with residents who attended other schools.

**Warren Derrick, MD**, was chair of the pediatrics department when the school began, a position he would hold for 29 years.

“The first class started in 1977, but we didn’t see them until their third year, so I was busy recruiting faculty in 1978. We had three or four by the time the students were in their third year,” he said. “Those first years were more exciting than anything else I’ve ever done. I forget how many students we had, but they got the best education of any student in the country. For a while, there were more faculty than students.”

Another Class of ’81 graduate was **Everlyn Hall-Baker, MD**, the inaugural class’ only African American. Now a family practice physician in Charlotte, Hall-Baker said her strong Christian faith gave her the resolve to apply to only one medical school—USC—after graduating from Howard University in 1974. “I felt called to be a doctor by the Lord,” she said, recalling her parents’ steadfast support through the challenging first year of medical school.

“My parents kept me going in the first year of class; my daddy had to encourage me every day, and my mother wouldn’t accept defeat in my life,” she said. “I felt a lot of pressure, but I had wonderful teachers. They really tried to put into us everything that they could to make us the best.

“The school had a broad approach to teaching students to think outside the box. The patient can be your teacher, they said. Many times I’ve recommended USC School of Medicine to prospective students because of the education I got there.”

**O’Neal Humphries, MD**, a cardiologist and former dean of the school, arrived at the School of Medicine in 1979 from Johns Hopkins to become chair of internal medicine.

“There were a lot of challenges in those early years,” he said. “It was a bit unnerving when legislation was discussed to close us down.”

Humphries continues to teach two courses as a volunteer and serves on the Admissions Committee. Longtime colleague **O’Neill Barrett, MD**, joined the faculty in 1976 as an internal medicine professor and also continues to serve on the Admissions Committee. “It was an enormous undertaking to get the school off the ground,” Barrett said. Our mantra was to teach and to produce primary care physicians.”

Nearly two-thirds of the Class of ’81 chose primary care residencies, and about half of the school’s 1,826 medical degree graduates have entered primary care fields.

“We’ve turned out a good product at this school for 30 years, and it’s been heartening to see so many of our alumni stay in South Carolina or come back to practice,” he said. ■

“You can’t give anything more than yourself, and that is essentially what donors are doing.”

ERIKA BLANCK, DPT, ATC



GENEROUS INDIVIDUALS  
DONATE THEIR OWN BODIES TO  
ADVANCE MEDICAL EDUCATION.

# the ultimate gift

## **The act of donating one's body to science remains part of a centuries-old tradition in medical education.**

Now in its 34th year at the USC School of Medicine, the Gift of Body Program provides the cohort of “first patients” students see during their introduction to medical education in Medical Embryology and Gross Anatomy.

“It’s the ultimate educational gift that anybody could ever make. You can’t give anything more than yourself, and that is essentially what donors are doing,” said **Erika Blanck** DPT, ATC, a research assistant professor of cell biology and anatomy and one of the principal instructors in anatomy.

“The program gives virtually anyone from throughout the state the means to make a contribution to medical science.”

Many donors are motivated to take part, she said, because they were the beneficiaries of life-saving medical treatment and want to pay their good fortune forward. The posthumous gift of their own bodies allows donors to play a major role in the education of new generations of medical students.

Students often bond together as they interact closely with one another and with faculty while they work on cadavers in the gross anatomy lab. Those long laboratory sessions form the bedrock of their skills development and advanced understanding of human anatomy, Blanck said.

The School of Medicine uses 30-40 cadavers in its gross anatomy lab each year and receives 50-60 donations annually from a pool of 3,000 registered donors. Blanck estimates that 5 to 10 percent of bodies arriving at the

medical school are not suitable for dissection, often because the bodies have poor vascular systems or can’t be successfully embalmed.

And not all cadavers of registered donors ultimately end up at the School of Medicine. That’s because next-of-kin sometimes aren’t comfortable with the donor’s decision and rescind the agreement.

“This has to be something that everybody is completely comfortable with,” Blanck said, noting that about 50 percent of all registered donations are not fulfilled.

Donors complete a form listing their occupation, medical conditions, and other information, including specific terms of their gift and whether their body can be used at another medical school. If the donor agreement allows it, a medical school might send a surplus cadaver to another school in need.

If there are no complications that would make the person unsuitable to take part in the donation, applicants are sent documents admitting them to the program, instructions for next-of-kin, and wallet identification cards.

Blanck often asks potential donors if they have first considered becoming organ donors because organ donation saves lives. Organ donors, however, aren’t acceptable as cadaver donors because all of a cadaver’s organs must be present for instructional purposes. If a donor agrees, some of his or her organs might also be used as permanent teaching aids when the organs are found to be of extraordinary interest as educational specimens.

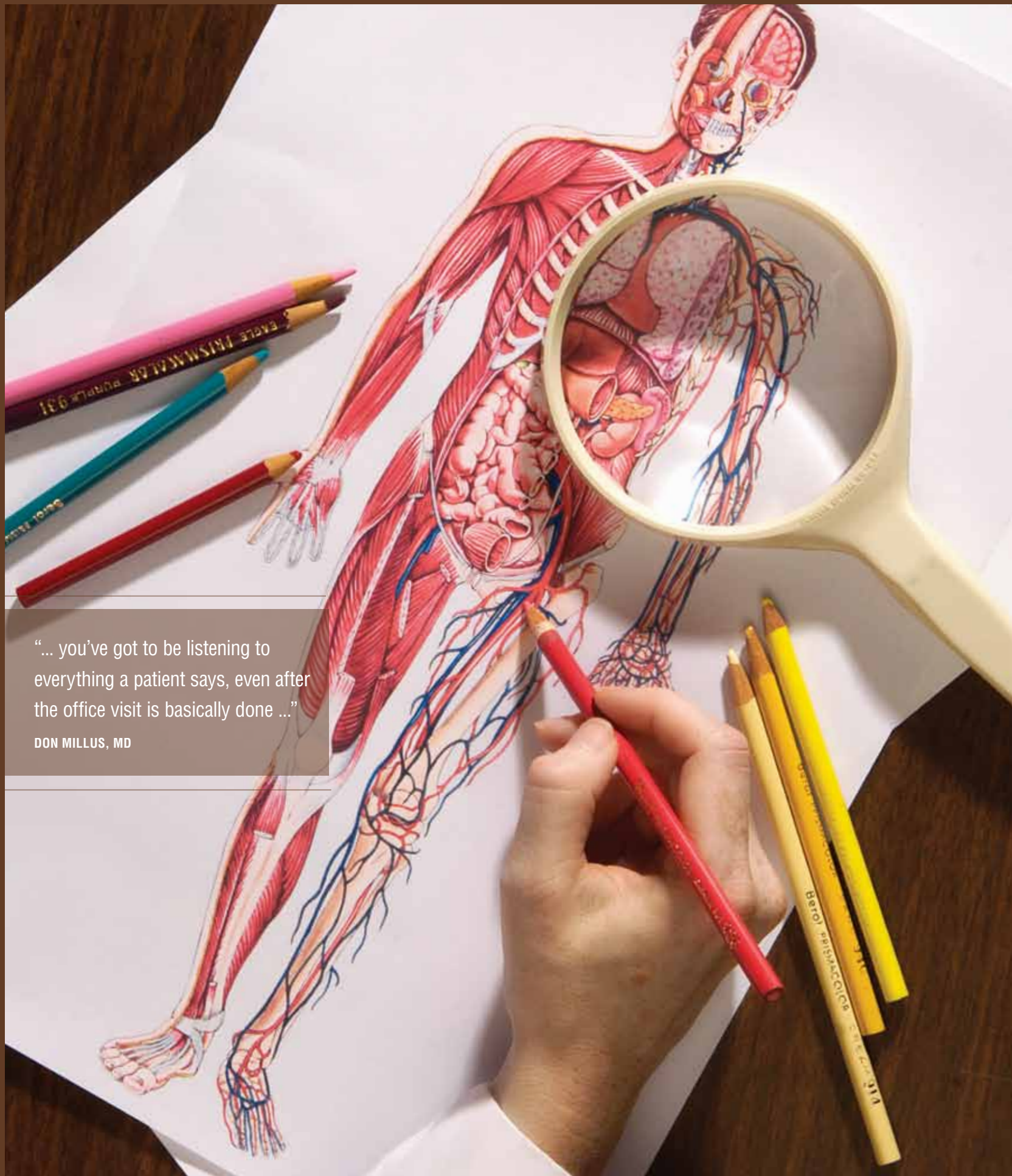
“Of all the cadavers we use each year, we usually find at least one with organs that are interesting or unusual enough to make them suitable for preservation, provided we have the donor’s consent to do that,” said **James Wells**, MD, a Columbia head and neck surgeon and co-director with Blanck of the Polymer Preservation Program.

The School of Medicine’s Polymer Preservation Program uses a silicone-based solution to preserve selected tissue in perpetuity. USC’s School of Medicine is one of a handful of medical schools nationwide that uses polymer preservation to maintain pathological and anatomical specimens.

The preservation process, which the medical school adopted several years ago and which represents a major breakthrough in medical education, allows for the “almost unlimited use of the specimens in a sanitary, socially acceptable, and semi-permanent state,” Wells said.

“Seventy-five percent of people who have donated their bodies to the School of Medicine have agreed to the use of their organs in the Polymer Preservation Program,” Wells said. “If a donor can be assured that an organ is going to some place that helps make better doctors, there can’t be anything more exciting to finish that person’s life, in my opinion.”

For more information on the Gift of Body or Polymer Preservation Program or to inquire about becoming an anatomical donor, visit <http://dba.med.sc.edu/GOB.HTM>, or call Lisa Buchanan at 803-216-3888. ■



“... you’ve got to be listening to everything a patient says, even after the office visit is basically done ...”

DON MILLUS, MD

# the art of diagnosis

DETERMINING THE CAUSE OF A PATIENT'S MEDICAL COMPLAINT CAN BE A PHYSICIAN'S MOST COMPLEX TASK.

**The patient, a woman in her 50s, had twisted her ankle while working in Iraq several months prior. She went to her doctor in Columbia when the pain persisted.**

Family physician **Don Millus**, MD, a 1992 graduate of the University of South Carolina and a 1999 graduate of the School of Medicine, didn't find anything unusual in the physical exam and recommended conservative therapy—aspirin, ice and rest—to address the ankle pain. Then there was what Millus called an 'oh, by the way' moment.

"She was getting ready to leave the office when she casually mentioned that for the past three days she'd been seeing flashes of light in her right eye," Millus said. "She wanted to know if it was anything to be concerned about. Well, seeing flashes of light is definitely a red flag."

Millus immediately phoned a local ophthalmologist for a consult. An examination revealed a vitreous detachment—not a major condition by itself, but one that can lead to retinal tearing and loss of vision if left untreated.

"I don't go half a day without a patient telling me, 'Oh, by the way...'" Millus said. "Sometimes it's a small thing unrelated to the reason why they came in; sometimes it's nothing at all."

"But you've got to be listening to everything a patient says, even after the office visit is basically done, because that might be when they tell you something that's vitally important to their health. You instinctually learn when a patient is saying something important."

Millus' experience sounds like something plucked from the pages of Jerome Groopman's *How Doctors Think* or Lisa Sanders' *Every Patient Tells a Story: Medical Mysteries and the Art of Diagnosis*. Every day, people walk into doctors' offices wanting answers for what might be the simplest or most difficult of questions: What is ailing me and can you fix it?

The correct diagnosis might be readily apparent and easily confirmed with a routine test or examination. Sometimes, the diagnosis turns out to be a common condition that presents itself in unusual, even mystifying ways. And every now and then the diagnosis might be a truly exotic one—the kind described in textbooks, but rarely seen.

So how do doctors think? How do they figure out what's really going on with a patient to come up with a solid diagnosis?

"Deductive reasoning doesn't work for every case," Groopman, himself a doctor and medical professor, writes in *How Doctors Think*. "Sherlock Holmes is a model detective, but human biology is not a theft or a murder where all the clues can add up neatly."

With that in mind, *South Carolina Medicine* talked with faculty in the Department of Internal Medicine to learn more about the process by which doctors perform that most fundamental of tasks: making a diagnosis. ■

**What's going through your mind when a patient begins talking about the reason for the visit?**

"You ask yourself, 'What are all the possibilities that could be going on?' If the symptoms are severe, you consider whether this is something that could potentially kill the patient. Basically, you're asking, 'What can I do—with a physical examination or tests—to rule out the various possibilities?'"



**Caroline Powell**, MD, assistant professor, internal medicine

"We start with a complaint from the patient. Then we come up with a list of possible diagnoses. With every test and bit of information we glean from the interview and physical exam, we're gathering data that can be a positive or negative indication for particular diagnoses. You reshuffle the deck and, often, something begins to match up."



**Stephen H. Greenberg**, MD, program director, Internal Medicine Residency Program

**What if you can't make an immediate diagnosis?**

"Many medical conditions take time to develop, and as long as it's not life threatening, you can take a watchful waiting approach. Sometimes the condition goes away by itself or symptoms appear or go away that don't fit the standard diagnostic tree for the suspected condition."

It's a matter of being obsessive in chasing down every bit of data and paying attention to detail."



**Davinder Lally Guram**, MD, associate professor, internal medicine



"The best way to learn what's wrong is to listen to patients and spend time with them. Tests aren't fool proof, and

some are invasive and carry a measure of risk. The biggest fear is not being attentive enough and letting some detail slip through the cracks."



**Gregg Talente, MD**, director, Internal Medicine Resident Clinic

"It's important, too, to remind patients that an atypical presentation of a common illness is much more common than a typical presentation of an uncommon illness. That's not only true but it can be comforting to many patients."

**Caroline Powell**

"There is always a lurking threat that you might be missing something, but maybe the one thing that mitigates that

is gaining the patient's trust so you can say, 'I don't know what's going on, but we can solve this, I think.' You can use time as your ally."



**Allan Brett, MD**, professor, internal medicine

"And you make sure the patient knows what the plan is and make them a partner in the plan."

**Caroline Powell**

### **What are key strategies doctors use to make the right diagnosis?**

"The more information we can get from our patients, the easier it is to come up with answers. It's all about probabilities. Every piece of data you have changes those numbers. Ideally, you want to narrow things down to a 95 percent probability. You have to put all of it to work—your knowledge, experience, and wisdom, your physical exam skills, and appropriate use of diagnostic testing.

"If you're with a group of doctors who care, that helps, especially if you have a group of learners who question everything. It's important to have partners who you're comfortable with—people you can rely on.

"The key to improving one's ability to diagnose is attention to detail. Everything has to have an explanation or you can't be confident in your diagnosis. But it must be said that no matter how much you defend against it, you're going to mess up at some point."

**Gregg Talente**

"If a piece of the puzzle doesn't fit, you're not satisfied with that. You have to want to know what's going on. Over time, you develop an intuition of what's important and what's not."

**Davinder Lally Guram**

"We're constantly conscious of the fact that we might be missing something important. Every time I leave an examination room, I'm asking myself, 'What did I not do?'

And sometimes, I'll remember something I didn't ask, and I'll walk back to the examination room and continue the conversation."

**Stephen H. Greenberg**

**As medical educators, it must be difficult to train medical students to learn how to make a diagnosis.**

"Residents give you another set of eyes. They might ask questions that help come up with diagnoses; they add to how we get things done."

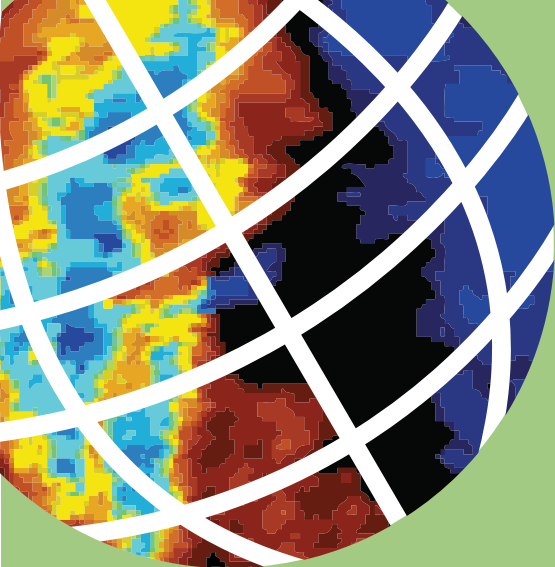
**Gregg Talente**

"And some students get it their first day in clinic. Others struggle for quite a while with making a diagnosis or knowing when it's necessary for a patient to go to the ICU."

**Allan Brett**

"One of the things that we have to teach residents—and remind ourselves—is to ask yourself, 'When is it OK to say I have enough data? I need to stop probing and testing and start fixing.'

**Stephen H. Greenberg**



# the power of ultrasound

FIRST WORLD CONGRESS  
ON ULTRASOUND IN  
MEDICAL EDUCATION

**It's quite amazing to realize that ultrasonography has evolved from Pierre Curie's discovery in the 1800s of a connection between electrical voltage and pressure on crystalline material to a fully functional and powerful handheld ultrasound device.**

The future of medical education looks bright with ultrasound technology as one of the driving forces of innovation training tomorrow's physicians and health care providers. The foundation of this idea that ultrasound will fundamentally change how medicine is taught and practiced is something Dean **Richard Hoppmann, MD**, truly embraces.

"There's no question that ultrasound impacts the quality of care, early diagnosis of disease, and the cost of delivering health care because it is safe and reliable," Hoppmann said. "We will soon have the evidence to quantify the impact."

WINFOCUS, the world's largest organization to promote point-of-care ultrasound, requested that Hoppmann and the University of South Carolina School of Medicine host the first World Congress on Ultrasound in Medical Education. Held April 29—May 1 at the Columbia Metropolitan Convention Center, the conference attracted nearly 400 physicians, medical educators, medical students and vendors from 23 countries.

"We certainly see this World Congress as a means to give Columbia and the School of Medicine worldwide exposure and attention," Hoppmann said. "The city and University can potentially be viewed as a world center for ultrasound education, research and development."

For the novice, the World Congress provided an in-depth introduction to ultrasound and was a starting point for future utilization. The experienced got the opportunity to enhance their ultrasonography skills and learn about new innovations in ultrasound. Every attendee, from medical education administrators to students, shared experiences, expertise and their thoughts on how best to incorporate ultrasound into education and clinical practice. The conference schedule included state-of-the-art plenary sessions, concurrent and abstract sessions, expert panel presentations, abstract and poster presentations, hands-on ultrasound workshops, industry exhibits, AMA PRA Category 1 Credits™ and social activities/networking.

International leaders in ultrasound technology, including GE Healthcare, Siemens, SonoSite, and other businesses provided support and participated in the congress. Many vendors showcased new developments in ultrasound, including the Vscan, a handheld ultrasound device developed by GE Healthcare; an ultrasound probe that plugs into a smartphone, developed by David Zar of MobiSante; and an ultrasound probe and software that helps doctors insert central line needles, developed by USC School of Medicine alumnus **Stephen Ridley, MD**, of Greenville-based Soma Access Systems.

Participants at the World Congress left with an invigorated sense of purpose to continue to promote the use of ultrasound in medical education and in medical practice. ■



# 2011 black tie/ white coat

RAISING FUNDS,  
CONNECTING FRIENDS

2011 marked the 10th anniversary of the Black Tie/White Coat Gala. Held at 701 Whaley on March 4, in Columbia, the gala was a huge success with more than 500 guests in attendance, including alumni, students, faculty and friends of the School of Medicine. More than \$63,000 was raised, with proceeds shared between The Free Medical Clinic and the Alumni Scholarship Fund.



1. Lively music was the hallmark of the gala.
2. School of Medicine graduate students, front row, Ying Wang and Shayna Wright, back row, Victoria Macht, Petra Mulder, Na Li, Jinyu Zhu, Andrea Roberts, Pegah Mehrpooya, and Sadiye Rieder
3. Gala Planning Committee, Class of 2011, front row, Jason Rogers, Benjamin von Schweinitz, Alex Lemons, and Peyton Toole, back row, Bhavim DeSai, Mousumi Medda, co-chair, Lauren Barron, Tim Brooks, Ray Comer, co-chair, Josh Fowler, Stephanie Pendergrass, Trevor Hray, and Keith Barron
4. Ray Comer, gala co-chair, O'Neal Humphries (former dean) and Dean Richard Hoppmann
5. Alumni and spouses Helen Stockinger, '85, and Paul Doerner; Laura Hamilton, '94, and Leon Khoury, '85
6. Guests bidding at auction
7. Medical students Andy Steadman and Hailey Woollen
8. Alumni and spouses Mitch Grunsky, '01, and Nicole Grunsky and Matthew Beldner, '01, and Tara Beldner
9. Medical students Mandy Kline and John VanDeman
10. Firdous Khan '11, Tan Khuu '12, Leon Buffaloe '08, Janny Liu '11, Alicia Snider '11, Raj Amarnath '11, and Asante Buffaloe '11
11. A gala evening of rhythm and smiles.





## SCHOOL OF MEDICINE HOSTS FIRST MILITARY MATCH DAY

For medical students, the preparation and anticipation of Match Day in March can be an unnerving, yet exciting experience. However, for those students who are attending medical school through a military-funded scholarship, matching is a different process and the results are given earlier, usually in December.

Organized by **Beth Hray**, wife of M-IV student **Trevor Hray**, a special “Military Match Day” was held Dec. 10, 2010. This special ceremony was designed to create excitement and awareness among faculty, staff, and students for the matching process for military medical students.

“Students such as my husband who are attending medical school on a military scholarship find out much earlier than typical medical students where they will go for their residency,” Beth Hray said. “Finding out is such a special and exciting moment, I thought it necessary to give all students that exhilarating feeling of opening the envelope with the results in front of a crowd.”

School of Medicine alumni and Brig. Gen. **Jim Chow**, MD (top left), Air National Guard, spoke to the attendees about the challenges and benefits of military medicine. This year’s military match day students are, above, from left:

**Adrian Bersabe**, Air Force, internal medicine, San Antonio Military Medical Center, San Antonio, Texas

**Benjamin von Schweinitz**, Air Force, deferment to civilian match

**Kyle Iverson**, Air Force, surgery, Keesler AFB, Biloxi, Miss.

**Matt Turek**, Air Force, anesthesiology, San Antonio Military Medical Center, San Antonio, Texas

**Bethany Slocum**, Navy, pediatrics, National Capital Consortium, National Naval Medical Center, Bethesda, Md.

**Trevor Hray**, Navy, family medicine, Naval Hospital, Jacksonville, Fla.

**Paul Radabaugh**, Navy, deferment to civilian match in otolaryngology



## MEDICAL STUDENTS HOST COMMUNITY HEALTH FAIR

One of the missions of the USC School of Medicine is to care for the community in which we live and work. The sixth-annual Community Health Fair, an outreach effort organized by M-III and M-IV medical students, was held March 26 on the VA medical school campus. The Department of Family and Preventive Medicine partnered with the Student National Medical Association Health Fair and the Healthy South Carolina Challenge to host the event.

The Health Fair benefits the community as well as medical students. While patients are receiving free preventive health screenings and medical advice, M-I through M-IV students had the opportunity to hone their clinical communication skills. Nearly 30 medical students were hard at work providing health screenings, including conducting cholesterol and blood pressure tests and diabetes and vision screenings. Several School of Medicine faculty physicians and residents offered free medical advice to patients and mentored the students.

“I was in the Peace Corps before coming to medical school, so helping people is my calling,” said Jason Heilemann, class of 2014, event chair. “Events like this are so rewarding because I really feel like I am giving back to the community and helping better the lives of people who need a health care champion.”

## SCHOOL OF MEDICINE HISTORY: CONTINUING A PROMISE IN PRACTICE

**A timeline of the history and achievements of the School of Medicine since 1959.**

- 1959-1963: conception of the medical school
- 1964-1972: gained momentum
- 1971: Texas Congressman Olin Teague introduced a bill co-written by S.C. Congressman W.J. Bryan Dorn to finance development of five new state medical schools, one of which would be at the University of South Carolina. The U.S. Senate version of the bill was introduced by Sen. Allen Cranston, California
- 1973: S.C. Commission on Higher Education and the state Legislature authorized USC to apply for a grant from the Veterans Administration to assist development of a medical school and provide medical care for veterans
- 1974: Teague-Cranston Act funding approved to develop USC medical school
- 1975: faculty recruitment began; first dean, Roderick Macdonald, MD
- 1976: received provisional accreditation from the Liaison Committee on Medical Education (LCME) of the American Medical Association and the Association of American Medical Colleges
- 1977: admitted first class of 24 students
- 1981: graduated first class of 22 students; medical school received full accreditation; established Ph.D. program in biomedical science
- 1985: established the master's in genetic counseling degree program
- 1991: option offered students to complete core third- and fourth-year clerkships and rotations at the Greenville Hospital System-University Medical Center
- 1994: established master's of nurse anesthesia degree program and master's of rehabilitation counseling degree program transferred to the medical school
- 1998: Established master's in biomedical science
- Today, more than 2,600 School of Medicine alumni—medical doctors, master's degree and Ph.D. graduates—practice in multiple fields of medicine and science.

## MORE THAN A HEALER OF BROKEN BONES, DANIEL “BERNIE” GREEN GIVES PATIENTS AN ATTENTIVE EAR AND COMPASSIONATE CARE

**If you have ever been treated for a broken bone at the USC School of Medicine’s Department of Orthopaedic Surgery and Sports Medicine, chances are you have met Daniel Bernard Green.**

**Among coworkers and patients, he is affectionately known as “Bernie.” He has worked in the office for 34 years, and his list of responsibilities is pretty long.**

**“I put casts on people’s arms and legs, take out staples and stitches, put on braces, help out the nurses and bring patients back,” Green said. “Actually I do a lot more, but basically that’s what I do.”**

**Since his first day on the job, Green also filled the role of motivator and inspirational leader. He’s not a doctor or a nurse—just a guy who does his job with a smile.**

**“My mama always said, ‘If you smile at the world, the world will smile back at you.’ Once you do that, God will reward you,” Green said.**

**Green’s reward isn’t a cash bonus or an extra week of vacation; it’s the response he gets from the people around him.**

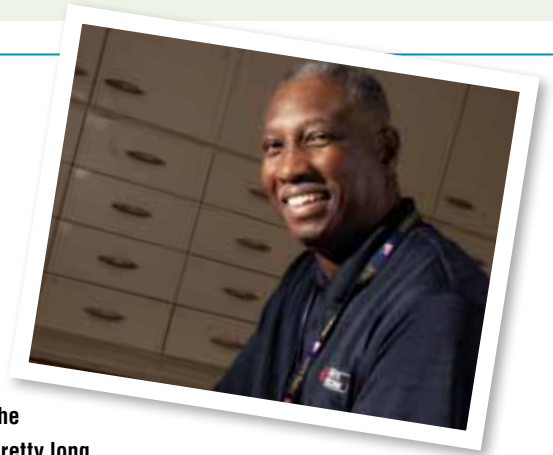
**“He found his calling,” says Danielle Manning, a USC soccer player who has worn several casts that Green applied. “He absolutely loves it to death, and you can tell it every time he comes in here.”**

**Christopher Mazoué, MD, works with Green in the sports medicine clinic. He says he’s never seen Green have a bad day.**

**“On a Monday morning, you’re a little down, Bernie has a big smile on his face. [He] tells you to cheer up and perks you up for the rest of the day,” Mazoué said.**

**Whether you are an injured athlete rushing to get back on the field, or just a passer-by in need of a few words of encouragement, Green is always there.**

**“I get a joy working with them: putting them back out in the field, seeing that they get better. Not only the athletes, but regular patients that come in. It brings joy to me.”**



## WHITE COAT CEREMONY WELCOMES THE CLASS OF 2013 INTO THE MEDICAL PROFESSION

The transition from preclinical studies to clinical health sciences marks one of the first important milestones in a student's journey through medical school. At the White Coat Ceremony held Jan. 8, 86 rising M-II medical students received their traditional white coats, signifying their achievement and entry into the medical profession.

Andy Barnes, Mandi Klein and Monica Basinger

## Calendar of Events

### **MINI-MED SCHOOL EACH TUESDAY IN OCTOBER**

October 4, 11, 18, and 25

6:30–8 p.m.

Medical School VA Campus: M-II classroom

### **ALUMNI ASSOCIATION FULL MEMBERSHIP MEETING FRIDAY, SEPTEMBER 30**

3–4:30 p.m.

Dean's Board Room, Bldg 3, 2nd floor, VA Campus

### **SCHOOL OF MEDICINE TAILGATE UNIVERSITY OF SOUTH CAROLINA VS. AUBURN**

**SATURDAY, OCTOBER 1**

Three hours prior to kickoff

ETV on George Rogers Blvd.

### **2012 BLACK TIE/WHITE COAT GALA AND SILENT AUCTION**

**FRIDAY, MARCH, 2**

7–11:30 p.m.

### **CLASS REUNIONS DINNER SATURDAY, MARCH 3**

Classes of '82, '87, '92, '97, '02, '07

6:30–9:30 p.m.

#### **Contact the Alumni and Special Events Office for more information:**

Debbie Truluck: 803-216-3303

debbie.truluck@uscmed.sc.edu

Johnny Hakim: 803-216-3309

johnny.hakim@uscmed.sc.edu

#### **Or visit us online at [alumni.med.sc.edu](http://alumni.med.sc.edu) to:**

- serve on the Alumni Board
- submit Alumni Award nominations
- submit updated contact information and class notes
- request to mentor a student



### **SCHOOL OF MEDICINE DISCUSSES FURTHER COLLABORATIONS WITH PALMETTO HEALTH**

Leaders at the USC School of Medicine and Palmetto Health in Columbia continue to meet frequently to complete work on major initiatives that will significantly impact patient care, medical education, and medical research of both parties, the community and the state.

One initiative is the creation of a new practice entity that would expand clinical services and allow hospital physicians, School of Medicine physicians, and others to practice together in a highly integrated and coordinated fashion. This collaboration would provide state-of-the-art health care while creating many new opportunities for research and education.

In addition, the School of Medicine is having discussions about joining the newly formed Palmetto Health Quality Collaborative, which is an accountable care organization that likewise offers many opportunities in multiple arenas. Another area of ongoing discussion is that of a common medical health record, which is critical to providing the best integrated care, assessment of that care, and data needed for meaningful and competitive research endeavors.

Ultimately, the results of these efforts will be better care for patients, education for an expanded number of health care trainees, and the advancement of medicine through research.



**Michael Yost, Ph.D.**, associate professor and director of research in the Department of Surgery, was one of 18 recipients of the 2011 Rising Star Award from the University of South Carolina Office of Research

and Graduate Studies. The award recognizes research and teaching expertise and outstanding efforts of junior faculty at the University. Working with surgery professors and faculty in the departments of cell biology and anatomy, chemical engineering, and mechanical engineering, Yost has spearheaded research aimed at developing tissue scaffolds for hernia repair and drug-testing tissue models; understanding the long-term complications of implants in reconstructive breast surgery; and developing a new class of emergency IV fluids for hemorrhagic shock victims.



**Lucia Pirisi-Creek, MD**, is the lead investigator for the state of South Carolina's \$16 million grant for biomedical research in the areas of regenerative medicine, biochemistry, and molecular biology. Funding comes from the

National Center for Research Resources, a division of the National Institutes of Health.



**Prakash Nagarkatti, Ph.D.**, has received international recognition for his laboratory's discovery of a link between cannabis and immunosuppression. His studies reveal that smoking marijuana can trigger a suppression of

the body's immune functions, making cannabis users more susceptible to certain types of cancers and infections. The findings also point to the possibility of using compounds found inside the cannabis plant as a treatment for a large number of additional clinical

disorders that benefit from a suppressed immune response, including arthritis and multiple sclerosis.



**Patricia Witherspoon, MD**, received the 2011 Social Justice Award for faculty. USC created the Social Justice Awards to recognize individuals who exemplify the philosophies of Dr. Martin Luther King Jr.

through their acts of community service, social justice, or racial reconciliation. Witherspoon is the medical director of the Department of Family and Preventive Medicine, an advocate for patients, and student trainer. "I like to take care of the individual patient because everyone can't advocate for himself," she said. "I am humbled that the work that I do is deemed worthy of this recognition."



**Janice Edwards, MS**, received the 2010 International Leader Award from the National Society of Genetic Counselors. As founding president of the Transnational Alliance for Genetic Counseling, she was recognized for her efforts to

foster communication and collaboration among genetic counselor educators throughout the world.



**Meera Narasimhan, MD**, has received the Indo-American Psychiatric Association's Outstanding Academician Award for excellence in academic leadership as an exemplary clinician, educator, researcher, and administrator and the

Humanitarian Award by the American Tamil Medical Association of the Carolinas for service in medicine in India and the United States. She has also been named an APA Distinguished Fellow.



**Rachel Brown, MD**, clinical associate professor, Department of Family and Preventive Medicine, received the 2011 Clinical Teaching Award from the University of South Carolina. Brown designed a medical student

training module and clinical exam to teach and evaluate how students care for adults with disabilities in primary care practice. She also made substantial improvements in the organization and quality of the clerkship program; presented work in a peer-reviewed presentation at the Society of Teachers of Family Medicine; and published a manuscript in *Academic Medicine*.



**Jeffrey Guy, MD**, assistant professor, Department of Orthopaedic Surgery and Sports Medicine, received the 2011 Physician Award for Community Service by the S.C. Medical Association. Guy founded the S.C. SMART program (Sports

Medicine for Athletes and Recreational Teams), which serves more than 25 high schools and middle schools in the Columbia area. He serves on a medical education committee for the American Academy of Orthopaedic Surgeons, on the USC School of Medicine Minority Scholarship Task Force, and on Palmetto Health Richland Children's Hospital Board of Directors.



**Hedy Zaragoza, JD**, was appointed general counsel, Director of Legal Services, for the USC School of Medicine. With substantial legal expertise in the health care industry and nursing experience, Zaragoza will lead efforts in legal

affairs and compliance. She was previously Lexington Medical Center's director of liability management.

# profiles of LEARNING

## SADIYE RIEDER

### Doctoral student makes the most of her School of Medicine experience

When Sadiye Rieder graduated from Hanover College in Indiana she was certain that she wanted to further her career and become a biomedical researcher. However, where she would study was not as clear because of one special circumstance.

“I was looking for a school that my husband and I could attend together,” said Sadiye Rieder, Ph.D., class of 2011. “He was pursuing a master’s in philosophy, while I had an interest in doctoral studies in biomedical sciences.”

The University of South Carolina was one of the schools where she and her husband were both accepted. Once she arrived on campus and began to mingle with faculty and students, she was reassured that they made the right decision. Rieder said the atmosphere was one that encouraged the exploration of new ideas and one where faculty mentorship was a key component of the program.

“Working in the labs of Drs. Prakash and Mitzi Nargarkatti was one of the most gratifying experiences of my education,” she said. “I was very fortunate to be a student under their guidance and tutelage. Not only did they help make sure I had the resources needed to succeed, but they were also instrumental in my success as a learner and future scientist.”

Rieder took full advantage of her experience by remaining involved in student activities as well as pursuing grant funding for her studies. She served as president of the Medical Graduate Student Association; a committee member on the Institutional Animal Care and Use Group, and a graduate student member of the USC School of Medicine Alumni Association board.

Many of Rieder’s research grants were funded by NIH, including her research in



the Nagarkattis’ lab on the therapeutic effects of resveratrol (found in red grapes and wine) on inflammation.

She received several awards and research grant funding, including the Morgan Newton Award, which is presented to doctoral students attending the University of South Carolina; the National Award NIH Predoctoral Grant; and the National Award for the Society of Toxicology Specialty Section of Biotechnology. She was also selected to travel extensively around the country to present her research at conferences and meetings on behalf of doctoral students at Carolina.

“Sadiye was one of the most driven and intelligent students I have ever taught in my lab,” said Mitzi Nagarkatti, Ph.D., a professor and chair of the pathology, microbiology and immunology department. “She is a natural leader whose inquisitive and intuitive character will certainly propel her career forward as a research scientist.”

Rieder landed her first postdoctoral job at the National Institute of Allergies and Infectious Diseases in Washington, D.C. There, she will work in the Cellular Immunology lab of Ethan Shevach, MD.

“When I graduated, I felt like I was leaving home,” she said.

Rieder’s story is just one of many students who credit their positive experience to the support of faculty, staff and alumni. If you have ideas or can offer your support to the School of Medicine’s programs, contact the Office of Development at 803-216-3314 or go to [www.med.sc.edu](http://www.med.sc.edu). Your help in producing successful alumni like Sadiye is always welcome! ■



**A MESSAGE FROM DR. JUDITH T. BURGIS, CLASS OF 1989**

## **PRESIDENT, SCHOOL OF MEDICINE ALUMNI ASSOCIATION**

A special thank you to everyone involved in the success of the 10th Anniversary Black Tie/White Coat Gala! If you were able to attend this year's event, then I know you will join with me in saying that it was a magnificent gathering of faculty, students and guests of medicine. It was a wonderful opportunity to mingle, sing, and dance with other Gamecocks who are making an impact in the health care field, locally, statewide, and nationally. Over the years, the Gala has continued to build momentum and raise significant funds for The Columbia Free Medical Clinic as well as for the Alumni Scholarship Fund. Additionally, the Class Reunions gave us the opportunity to celebrate a milestone—the 30th anniversary of our first graduating class from 1981. Alumni traveled from as far as California to reunite and reminisce with their classmates.

Serving on the board in many capacities has opened my eyes to the level of commitment and breadth of ideas of my fellow alumni. We are an important component to the past, present and future of the medical school. As my year as president comes to a close, I implore each of you to join me in continuing to support the School of Medicine and the Alumni Office with your talents, resources and time.

Thank you for your support throughout the year!

Judith T. Burgis, MD, President  
School of Medicine Alumni Association

# alumniNEWS

## CLASS OF 1983

- **Susan LeGrand, MD** (hospice and palliative medicine, medical oncology) was elected to the board of directors for the American Academy of Hospice and Palliative Medicine.

## CLASS OF 1984

- **Dennis Lewis Holwerda, MD** (pediatrics)—“My son, Scott, graduated from medical school in May and began his residency training at Wake Forest in internal medicine/oncology; my son, Ross, began his third year of medical school at Macon University School of Medicine in Georgia.”

## CLASS OF 1985

- **Helen Stockinger, MD** (internal medicine)—“This fall I took the trip of a lifetime. I went to Tanzania and hiked Mount Kilimanjaro, the tallest mountain in Africa at 19,234 feet. It was an awesome adventure, very challenging both physically and mentally. Here’s a picture of me on the summit.”



## CLASS OF 1990

- **Carol Heebner, MD** (pediatrics) has been with the USC School of Medicine in University Primary Care for 15 years. She was elected to the school’s Alumni Association Board at the full-membership meeting on Oct. 8, 2010.

## CLASS OF 1997

- **Cara Hahs, MD** (breast surgery)—“I have moved to Des Peres, Mo., and taken a position with St. Louis Cancer and Breast Institute.”
- **Phyllis Bryant-Mobley, MD** (adult, child, and adolescent psychia-

try) was appointed medical director at the S.C. Department of Mental Health’s William S. Hall Psychiatric Institute.

## CLASS OF 1998

- **C. Todd Crump, MD** (emergency medicine) was elected to the USC Board of Governors and will serve a three-year term.
- **Evan Lee, MD** (anesthesiology)—“My wife and I have adopted a beautiful 3-year-old girl, Maya, from Nepal. My wife and daughter have been living in Nepal for the past two months, and they will remain there until the United States grants Maya a Visa. Our local newspaper has written articles highlighting our struggles.”



- **Robert Underwood, MD** (emergency medicine), chief medical information officer for RMH Healthcare in Harrisonburg, Va., has been named a certified physician executive (CPE) by the Certifying Commission in Medical Management.

CPE certification indicates a physician has achieved professional excellence and management education, while demonstrating effective knowledge and leadership skills. “I appreciate the opportunity to continue my learning as a physician executive. Before my life as a doctor, I was very involved in management and leadership. This certification combined the best of



**CLASS NOTES: Keep in touch! Send your updates to the Alumni Office.**

**Debbie Truluck 803-216-3303, [debbie.truluck@uscmed.sc.edu](mailto:debbie.truluck@uscmed.sc.edu), Johnny Hakim 803-216-3309, [johnny.hakim@uscmed.sc.edu](mailto:johnny.hakim@uscmed.sc.edu) or online at [alumni.med.sc.edu](http://alumni.med.sc.edu)**

both,” Underwood said. In addition to serving RMH as chief medical information officer, Underwood works part-time as a physician in the RMH emergency department. He has been an active member of the RMH medical staff since 2001, and is a partner in Harrisonburg Emergency Physicians. He is a fellow of the American Academy of Emergency Medicine.

### CLASS OF 1999

■ **Anne-Marie Angelo, MS** (genetic counseling)—“My husband, Dan, and I just had a baby boy, Danny, who was born April 27, 2010. He joins his big sisters Ragan (5) and Mary Kate (2 1/2). We are still living in Southern California.”

■ **Rachel Hall, MD** (family medicine) has ventured into entrepreneurship opening Expecting Well, a maternity spa and wellness center in Columbia, S.C., in November 2010. She is teaching prenatal yoga as well as conducting and coordinating wellness educational opportunities to support growing families. Spa services are open to anyone, but she has ensured that all products used and services offered are safe during pregnancy. Services include massage, facials, body treatments, hair removal, manicures, and pedicures. She continues to teach family-centered OB care at the USC School of Medicine’s Department of Family Medicine three days per week.

### CLASS OF 2000

■ **Eva Imperial Chessick, MD** (family medicine)—Rylee Felicitas Chessick was born March 8, 2011, and weighed 6 lbs.-6 oz. and was 19 inches long. Reyna (4) is excited to be a big sister.

■ **Mary Ann Campion, MS** (genetic counseling)—“Life is treating me kindly here in Boston. Last November, Kevin and I had a baby, Mason, who is now 10 months old and full of smiles and giggles. He is the perfect ending to a busy day! I am also still enjoying my position with the BU Genetic Counseling Program, which provides a nice balance of seeing patients and teaching students. We welcomed our sixth class of students this fall!”



■ **Angela Harper, MD** (psychiatry) and **Todd Engles, MD** (‘96)—“[We’ve] opened our own private psychiatric practice in 2007 in downtown Columbia. We were two of the five founding partners—the other three were Steve Merlin, MD, Palmyra Powell, MSW, and Gayle Hickman, MSW. We have grown the practice from three physicians and two therapists to three physicians, four therapists, and one psychologist. We treat adults, children, adolescents, couples, families and addictions.”

### CLASS OF 2001

■ **Betsey Dempsey, MS** (genetic counseling)—“Since our move to Michigan two years ago, I’ve been staying home with my two little ones (James is almost 4 and Caroline is 19 months). In mid-October I’ll be returning to work two days per week, doing telemedicine counseling for MUSC’s Florence clinic from home. There’s a lot to learn about telemedicine but it is an exciting opportunity!”

■ **Marla Jurek, MS** (genetic counseling)—“We have recently relocated to Houston, Texas, due to David’s work. We are very happy to be back in Texas after almost 12 years. All the children are in school now, as Ryan is now in pre-school! As for me, I am still working with the Hawaii Department of Health Genetics Program, helping translate Disorder Fact Sheets for their Web site. Prior to our move, I was also working as an interpreter and translator for the University of Tulsa Center for Communicative Disorders. As we are now in a larger metropolitan area with some of the finest medical facilities, I look forward to growing my translation and interpreting services business!”

### CLASS OF 2002

■ **Noel Brownlee, MD, Ph.D.** (anatomical and clinical pathology)—“I am currently with Upstate Pathology PA serving Bon Secours Saint Francis Health System in Greenville. I’m also an adjunct professor of biology at Wofford College where I teach an introduction to pathology course entitled Human Disease to pre-medical and other health science students. Caroline, my wife and also a graduate of the Class of 2002, is practicing at Internal Medicine Associates of Greenville.” Brownlee was elected to the School of Medicine’s Alumni Association Board at the full-membership meeting on Oct. 8, 2010.”

■ **Leslie Frinks, MD** (psychiatry) is practicing at the USC Department of Neuropsychiatry as an outpatient psychiatrist, and serving as the assistant training director for the Palmetto Health General Psychiatry Residency Program. She was elected to the School of Medicine’s Alumni Association Board at the full-membership meeting on Oct. 8, 2010.

■ **Manisha Shroff Chikhliker, MD** (psychiatry) is practicing as an assistant professor in the Emory School of Medicine and working as

# alumniNEWS

a staff psychiatrist at Emory Student Health and Counseling Services. “I love this population of undergraduate and graduate students, and I get to work in a multidisciplinary setting. My older son is starting kindergarten this fall and my younger son is 2,” she said. She was elected to the School of Medicine Alumni Association Board at the full-membership meeting on Oct. 8, 2010.

## CLASS OF 2003

■ **Elizabeth Mack, MD** (pediatric critical care) finished a three-year fellowship in pediatric critical care medicine at Cincinnati Children’s Hospital Medical Center and a master’s of science degree in biostatistics/epidemiology. She came back to Columbia in August 2009 and is now practicing pediatric critical care medicine and is the new director of quality for Palmetto Health Children’s Hospital. She was elected to the School of Medicine Alumni Association Board at the full-membership meeting on Oct. 8, 2010.

■ **Sharon Molinari MS** (genetic counseling)—“My husband and I just had twin girls on August 20, Caroline Faith and Marie Kennedy. It is a big adjustment and we are still adjusting! I’m not sure I will ever let my mom go home!”

## CLASS OF 2004

■ **Kimberly P. Hicks, MD** (family medicine)—“I’m enjoying private practice in Lexington, S.C. I host medical students in the office. Just received the Summit Award from Lexington Medical Center. I am also a fitness instructor at The FIRM in Lexington.”

## CLASS OF 2005

■ **William David Stoll, MD** (anesthesiology)—“Mary and I are currently living in Charleston, S.C. I am on faculty in the Department of Anesthesia at MUSC. Mary is a project manager at MUSC and oversees the Environment of Care sector. We now have McLain who is 15 months old. Mary is 10 weeks pregnant with our second. Life is good, but fast.”

■ **Charlotte Appleton Shealy, MD** (internal medicine)—“I was chief resident in internal medicine and graduated residency in 2008 from Wright State University/Wright-Patterson AFB, Dayton, Ohio. I’m currently stationed at Nellis AFB in Las Vegas, Nev., where I have been the chief of internal medicine for the past year. I lead a clinic of nine doctors and 20 staff and manage both the internal medicine outpatient clinic and inpatient operations (30 beds/12 ICU and step-down beds), serving 5,000 IM enrollees and consulting for 43,000 patients (and we are planning to nearly double internal medicine enrollment in the next 18 months under my leadership). I continue a part-time clin-

ical practice and find the management aspect rewarding, diverse, and an opportunity to be creative! In 2011, I won a competition for clinical excellence for my accomplishments and innovations as a clinical leader (which had applicants from 23 bases) and in a few weeks will know if I won for the entire Air Force. I deployed to Iraq for 6 months last year where I cared for casualties of war. It looks as though I might deploy again next month to Afghanistan on a “humanitarian” mission where I will be the clinical leader of an international team project (including foreign militaries and NATO) to train Afghani doctors and administrators to run a hospital. I am now pursuing my MBA with hopes of becoming a physician executive in the future.

“My success as a diagnostician and clinical leader started with my excellent USC School of Medicine education. My education was the foundational step that has fast-tracked me in my short career to clinical excellence and leadership. Thank you USC SOM!”

## CLASS OF 2007

■ **Christina Barger Hurst, MS** (genetic counseling)—“I got married August 7, 2010. My husband, Brian, is a Birmingham native, and we continue to live in Birmingham, Ala. Also, I’ve recently changed jobs and now work as the assistant program director for the new genetic counseling training program at the University of Alabama at Birmingham. We have a busy and exciting year ahead of us, and a great first class of students. I’m excited about both these changes, and hope to see everyone soon at the NSGC reunion.

## CLASS OF 2008

■ **Courtney Riley Brooks, MD** (obstetrics and gynecology)—“Tim and I are thrilled with the birth of our baby boy, Tucker, on Sept 14,





**M.Y. Affliction performing soon at a venue near you. Four members of the band are School of Medicine alumni: Ben Paysinger, '82 otorhinolaryngology, drums; Chris Hutchinson, '96 OB/GYN, guitar; Keith Bridgers, '97 internal medicine, guitar/singer; Verne Prosser, '96 cardiology, guitar.**

2010. He weighed at 6lbs.-14 oz. I am enjoying my OB/GYN residency at Palmetto Health Richland in Columbia, S.C. Tim is a fourth-year student at USC School of Medicine and is currently interviewing for residency positions in emergency medicine.”

### CLASS OF 2009

■ **Allison Bellomo, MS** (genetic counseling)—“Hey! I am now full time at the Greenville Greenwood Genetic Center doing peds and cancer. I will be helping out with student supervision for the first time in October! I will also be learning all about enzyme replacement therapy and helping coordinate treatment for our patients.”

■ **Angelia Smith, MD** (otolaryngology)—“Residency is going well. Otolaryngology has its challenges, but I am definitely in the right specialty and program. Texas is a long way from home, but Ray and I plan to head back to the East Coast when I am done.”



### CLASS OF 2010

■ **Brandi Lanier, MD** (radiology-diagnostic)—“My family and I are currently in Spartanburg, S.C., where I am finishing my transitional year. On July 28, 2010, our daughter Annabel Drake Lanier was born, and in December 2010 my husband received his doctorate of physical therapy degree from the University of South Carolina. We are excited about moving to Memphis in June where I will begin my radiology residency.”



# alumniNEWS

## SCHOOL OF MEDICINE ALUMNI CLASS REUNIONS

This year, we celebrated class reunions for 1981, 1986, 1991, 1996, 2001, and 2006. Alumni members from the Class Reunions raised \$25,000 collectively! From California to Tennessee to Virginia, alumni from across the country gathered to celebrate their class reunions.



1. Class of 1981 - Front: Ken Compton, Dwight Reynolds, Clay Moseley, Randy Suarez, Bob Mallin, Bonnie Ramsey. Back: Larry Hill, Kent Rollins, John Simpson, Wade Collins, Bob Crane
2. Class of 1986 - Front Fred Piehl, Donald Saunders, Lisa Bryant, Tracy Roberts, Ameliann Williams, Conrad Bauknight. Back: Myles Davis, March Seabrook, Jim Wallace, Jimmy Riddle, Gabe Saleeby
3. Class of 1991 - Jeff Clevenger, Bill Bragdon, Rick Kennedy, James Oakman

4. Class of 1996 - Jason Fancey, Susan Keeshan, Beth Mathias, Ed Kimbrough, Georges Postic, Mike Ribadeneyra, Aqil Surka
5. Class of 2001 - Front: Anthony Godfrey, Matthew Beldner, Nichole Bryant, Caroline Powell, Brian Powell, Robert Ornelas, Tom Austin. Back: Robert Bradley, Amy Murray, Will Merritt, Mitch Grunsky, James McCallum, Matt Logan, Justin Swartz
6. Class of 2006 - Front: Charis Taylor, Erin Trakas, Dave Yelverton, Nik Teppara, Bobby Tran, Christina Goben, Wallissa Vaughn. Back: Andrew Sides, Ben Walker, Jon Taylor, Jason Grier, Gretchen Coady, Ian Scharrer

## 2011 ALUMNI AWARDS



### **DISTINGUISHED PHYSICIAN ALUMNI AWARD**

**Bonnie J. Ramsey, MD**, Class of '81, has dedicated her career as a psychiatrist to serving the state of South Carolina through direct patient care to the underserved, as well as teaching and mentoring medical students, general and child psychiatry residents, and family practice residents. She served in multiple leadership positions at the William S. Hall Psychiatric Institute and is a retired USC School of Medicine clinical professor. She is a 2003 Distinguished Fellow of the American Psychiatric Association and the recipient of the 2008 S.C. Individual Psychiatrists Award.



### **DISTINGUISHED YOUNG PHYSICIAN ALUMNI AWARD**

**Caroline Keller Powell, MD**, Class of '01, is the M-III internal medicine clerkship director, associate residency program director, and an assistant professor of internal medicine at the USC School of Medicine. She is the recipient of the 2007 Fellow of the Year award from the Medical University of South Carolina, the 2010 Chairman's Award from the Department of Internal Medicine, and the 2008 Faculty Teaching Award from the School of Medicine/Palmetto Health Internal Medicine Residency.



### **HUMANITARIAN ALUMNI AWARD**

**Victoria G. Andes, MD, MPH**, Class of '90, has focused on international human health and welfare for more than 20 years and has been actively involved in medical mission trips to Africa, Pakistan, Mexico, Moscow, and El Salvador. She and her husband have transitioned to Kiev, Ukraine, where they serve as World Witness missionaries and continue

to partner with the Mission to the World Church Planting Team and the Evangelical Presbyterian Church of Ukraine.



### **DISTINGUISHED DOCTORATE ALUMNI AWARD**

**Heather J. Evans-Anderson, Ph.D.**, Class of '04, is an assistant professor of biology at Winthrop University in Rock Hill, S.C., and has studied cardiac myocyte proliferation since she was an undergraduate. She uses multiple approaches to elucidate the molecular mechanisms regulating cardiac myocyte proliferation, including an in vitro, 3D primary cardiac myocyte culture system and the myocardium of the primitive chordate *Ciona intestinalis* as a model system for her studies. She is the recipient of the 2010 NIH Academic Research Enhancement Award R15 and the 2006 American Heart Association Postdoctoral Fellowship Award.



### **DISTINGUISHED MASTER'S ALUMNI AWARD**

**Greg L. Dahl, CRNA, MRC**, Class of '06, has developed and implemented various counseling programs, including a pretrial intervention program, a batterer's intervention treatment program, and working with perpetrators of domestic violence and their families. He is currently a mental health clinician at Lexington Community Mental Health Center where he has developed a program called Leaphart Place, which provides psychiatric services to a 20-unit apartment community for 18-28-year-olds.

### **DISTINGUISHED MASTER'S IN GENETIC COUNSELING AWARD**

**Maryann W. Champion, MS, CGC**, Class of '00, is the founder and director of the Genetic Counseling Program at Boston University School of Medicine. She is conducting research on the effects of methadone use



on maternal serum screening. She has produced multiple abstracts and publications and has lectured around the country and is a member of the Framingham Heart Study, Ethics Advisory Board and Genetic Alliance, and the Newborn Screening Clearinghouse Materials Working Group.



### **HONORARY LIFETIME MEMBERSHIP AWARD**

**Stanley Fowler, Ph.D.**, a retired School of Medicine faculty member, dedicated more than 28 years of service to USC's School of Medicine. During his tenure, Fowler helped to secure millions of dollars in support of medical school projects. He was the principal architect of the USC Rural Primary Care Education Project, securing more than \$3 million for the projects's three locations. He is credited with making significant strides in improved rural health care delivery and playing a major role in organizing and developing the S.C. Cancer Center, Clinical Neuroscience Center, and the video corridor connecting Charleston, Columbia, and Greenville, and the Ultrasound Institute.



### **HUMANITARIAN ALUMNI AWARD (POSTHUMOUS)**

**Luke D. "Buddy" Baxley, MD**, Class of '82, left a legacy of service statewide and in Hartsville, S.C., that was marked by humanitarianism and philanthropy. He was one of the principal forces to form the Free Medical Clinic of Darlington County where he volunteered for many years. Affectionately referred to by his patients as "the preacher doc," his bedside manner resonated with his patients. He was diagnosed in 2004 with a hereditary neurodegenerative disorder, Gertsman Straussler Scheinker, and died in 2010.



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Dean Richard Hoppmann gives Maggie Gray the much anticipated envelope! She matched in pediatrics at Palmetto Health Richland.

### **MATCH DAY 2011**

On March 17, 80 students of the University of South Carolina School of Medicine Class of 2011 joined nearly 30,000 other applicants across the country during Match Day for the much-anticipated discovery of where they would complete their residency training.

School of Medicine students matched in excellent programs in Columbia, throughout South Carolina, and around the country. Nearly 40 percent will remain in South Carolina, and 67.5 percent will enter the primary care field and areas of need in the Palmetto State, including family medicine, internal medicine, OB/GYN, psychiatry, emergency medicine, and pediatrics.