Second World Congress
Ultrasound in Medical Education
Sept. 27-29, Columbia, SC
The University of South Carolina School of Medicine is once again inviting the world to Columbia, S.C., to experience the Second World Congress on Ultrasound in Medical Education, Sept. 27-29. The Second World Congress promises to build upon the success of the inaugural event held in April 2011, which attracted more than 400 physicians, medical educators and medical students from 26 countries and 45 medical schools to South Carolina’s capital city.

As the world of ultrasound rapidly evolves, the Second World Congress provides a unique opportunity to bring together the leading experts in ultrasound education and clinical practice. During the three-day event, attendees will enhance their ultrasonography skills, discover new advances in ultrasound technology and map the future of ultrasound education. Whether you are a novice interested in learning more about ultrasound or a physician already using ultrasound, the World Congress promises to open your eyes to the power of ultrasound in teaching and practicing medicine.

The University of South Carolina School of Medicine has long been recognized as a world leader in ultrasound medical education. In 2006, the School of Medicine introduced ultrasound across all four years of medical school — the first medical school in the country to have a fully-integrated ultrasound curriculum. Our students train under the direction of nationally and internationally recognized faculty and enhance their skills using the latest advances in ultrasound technology.

The University of South Carolina Ultrasound Institute has introduced ultrasound into primary care practices in rural South Carolina. Through global partnerships, USC is providing ultrasound training to physicians and health care providers in facilities such as Arusha Lutheran Medical Center in Arusha, Tanzania.

Hosting the World Congress is a tremendous opportunity for the School of Medicine, the University of South Carolina and the entire Columbia community. We are proud of our ultrasound program and welcome the opportunity to showcase our school and community on a world stage.

As you enjoy this issue of South Carolina Medicine magazine, I invite you to experience the Second World Congress for yourself. We would love to see you in Sept. 2013.

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SOUTH CAROLINA MEDICINE
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The University of South Carolina is an equal opportunity institution. 12226 UCS 2/13
“There are so many little things that we do (in U.S. hospitals) that we just take for granted.”
Growing ranks of USC medical students are venturing abroad for hands-on learning opportunities and coming back with a big dose of reality and a strong prescription for appreciating what otherwise might be taken for granted.

And in spite of the hardships of providing medical care in a developing country, many students are relishing the lessons learned and the opportunities to make a difference.

**Katy Close**, M.D., a clinical associate professor of internal medicine, accompanies many School of Medicine students to Haiti, where she provided critical medical care in the aftermath of that country’s 2010 earthquake.

“When you go to places like Deschapelles, Haiti, you see abject poverty and the person who dies because they couldn’t get a bone marrow transplant or because they couldn’t keep their insulin refrigerated,” she said. “There are so many little things that we do (in U.S. hospitals) that we just take for granted.”

USC School of Medicine fourth-year students have had the opportunity to take the school’s global medicine elective for the past 10 years. The four-week elective shuttles them to locations around the world to round out their medical education.

“Involvement in international medicine gives students a different perspective on the world, as well as an appreciation of what we have here in America,” said **Richard Hoppmann**, M.D., dean of the School of Medicine. “It provides a sense of responsibility for the rest of the world, and it gives students an opportunity to enhance their medical skills, including how you can provide good care with minimal resources, as they do in many areas of the world and in some areas of South Carolina.”

Global medicine learning opportunities for USC medical students include Shoulder-to-Shoulder, which sends medical brigades to the Intibuca Province of Honduras, the third-poorest country in the western hemisphere. The Global Health Learning Opportunities Program of the American Association of Medical Colleges will send USC students abroad and welcome their international counterparts for month-long rotations in South Carolina.

This year, the School of Medicine sent its first faculty member to Mbeya, Tanzania, for a one-year post-graduate fellowship under a U.S. government-funded grant for AIDS research in Africa. **Mark Shaffer**, M.D., a clinical instructor of family medicine, will use bedside echocardiograms to diagnose and treat patients with cardiac diseases complicated by AIDS. Shaffer hopes to have twice-monthly sessions by phone or Internet with residents in the department to share his experiences. After the program becomes established, he hopes residents and students can work with him in Tanzania as well.

“I think it adds to the educational experience, and it helps create bonds among nations and institutions,” he said. “There is tremendous value to it by what students learn about themselves and the practice of medicine in underserved areas of the world.”

Medical students who study and work abroad often become inspired to enter primary care specialties or to concentrate their practice in underserved rural or urban environments, said **Jeff Hall**, M.D., the school’s global health fellowship director and assistant professor in family and preventive medicine.

For **Hailey Woollen**, an M-III student who accompanied Close to Haiti in 2008 when she was an undergraduate public health major at USC, the experience helped confirm her desire to attend medical school. It also cemented her plan to one day practice in a small town where she can play a major role in affecting health outcomes.

For **Ryan M. Connor**, an M-IV student who has gone on six mission trips to Limon, Honduras, with the Florence Ebenezer Baptist Church, the experiences have solidified his commitment to medicine, “because I saw how much we were able to help people.” But the experience also changed his perspective. “Those who have been on trips like this re-evaluate their lives and see how really good they have it,” he said. “I think it’s just a great experience, a way for us to give back in an area where the people really need help, and they can’t get it otherwise.”

**SCHOOL OF MEDICINE STUDENTS GAIN A GLOBAL PERSPECTIVE AND A BETTER APPRECIATION FOR WELL-EQUIPPED HOSPITALS.**
When Jody was a 2-year-old toddler, his chubby legs and dimpled cheeks seemed adorable. Eight year later, the cute baby fat had turned into plain flabbiness; Jody had become an obese 10-year-old with signs of Type 2 diabetes.

And he has plenty of company — 30 percent of the U.S. pediatric population is considered obese or overweight. Along with the baggage of carrying too many pounds, these children face potentially lifelong battles with Type 2 diabetes, degenerative joint disease and other weight-related ailments.

“Of course, it would be more effective to prevent rather than treat pediatric obesity. But there are successful methods to help young patients and their families,” said Lisa Knight, M.D., an assistant professor in the Department of Pediatrics and one of several practitioners at the Healthy Lifestyles Clinic at the USC School of Medicine’s Pediatric Diabetes and Obesity Institute.

The clinic is getting 10-20 new patient referrals every week for its 18-month weight management program, which accepts children and teens from age 2 to 19.

“We have three pediatric endocrine practitioners, a diettitian and a behavioral counselor, and take both a one-on-one and group counseling approach,” Knight said. “Weight management isn’t just a medical issue; it requires professionals from several fields.”

Part of the key to weight management with pediatric patients is rallying the family for support, Knight said. That means coaching parents on healthy family meals and snacks and encouraging more active lifestyles.

“In general, there’s a mismatch between caloric uptake and caloric expenditure,” she said. “A lot of kids have minimal fruits and vegetables in their diet, and they’re eating two- to three-times their caloric needs. On top of that, they’re spending too much time on computers or inside engaged in sedentary activities.”

Many of the clinic’s patients are able to normalize their weights and see improvement in blood sugar and cholesterol levels, Knight said. For those who continue to struggle with weight management issues, the clinic is planning to offer a bariatric surgery option for post-pubescent teens.

“Bariatric surgery can, over time, reduce an adolescent patient’s Body Mass Index by one-third or more and in many cases reverse Type 2 diabetes or at least reduce the medications needed to treat that disease,” Knight said. “Surgery isn’t for everyone; patients have to be in an intensive weight-loss program for six months prior and undergo psychological counseling to ensure they are good candidates for that treatment.”

A DIGITAL PHYSICIAN’S ASSISTANT

Research has shown that when primary care physicians engage in even short chats about weight management with their obese or overweight adult patients, positive results can follow.

But most family medicine doctors are either too busy to initiate such conversations or frustrated by patients who seem uninterested in shedding excess weight.
That’s why Scott Strayer, M.D., MPH, interim chair of the Department of Family and Preventive Medicine, is keen on further testing a weight-loss counseling software program that he helped develop.

“This software is a quick way to gather patient information in a busy primary care setting, and it helps determine how motivated patients are to change their lifestyle,” said Strayer, who has presented his preliminary findings to the North American Primary Care Research Group.

“Based on the patient’s responses to several questions, the physician can ask a few questions that can prove effective in weight loss interventions.”

Here’s one scenario: A patient reads questions on the computer screen that ask to quantify, on a scale of 1 to 10, how motivated he or she is to lose weight. If the patient chooses 5 or 6, the physicians might follow up by asking, “Why are you at 5 and not 8 or 9?” or “What would it take for you to move from a 5 to a 9?”

Strayer’s research has shown that those simple questions can ignite a spark of self motivation; the patient begins to buy into the idea of lifestyle change for improved health.

“When a patient comes in weighing 300 pounds, losing 10 percent of that weight would have enormous medical benefit. As primary care physicians, we have to get past the idea that someone in that condition is going to lose 100 pounds and keep it off — it’s usually not going to happen,” Strayer said.

The Science of Fat

As a neuroscientist, Lawrence Reagan, Ph.D., associate professor and vice chair in the Department of Pharmacology, Physiology and Neuroscience, takes a different focus on obesity than clinicians: he’s interested in how extra body mass affects the central nervous system.

“It turns out the effects can be dramatic.

“The more obese a patient is, the higher their Body Mass Index, the more likely they are to develop depression, and it is often very difficult to develop successful treatment strategies for these patients with comorbid depression and obesity,” Reagan said. “As a metabolic disorder, there are a lot of things going on with [an obese person’s] plasma, glucose and insulin.”

Fat cells secrete a protein hormone called leptin, which plays a key role in appetite and metabolism. When a person becomes obese, the amount of leptin increases and leptin resistance results — the body no longer responds to the leptin-induced brain circuit activation that helps regulate body weight and composition.

“Leptin is also involved in activating brain regions such as the hippocampus, which affect mood,” Reagan said. “Leptin resistance could be the causal link between obesity and depression.”

Can obese patients who are depressed or suicidal improve by losing weight? Pre-clinical studies suggest this might be true. “We’ve been able to show that with animal models — by reversing a body phenotype, you can reverse the depression symptoms,” he said. ■
“What do you mean my test came back negative?”

The patient glances at the splotchy scarlet rash covering his right arm. He shakes his head, frowns.

“That can’t be right. You sure?”

He touches his elbow, tries not to scratch.

“I’m positive something’s wrong with me. I’m itching like crazy.”

David Amrol, M.D., hears complaints like this all the time — and he’s certainly sympathetic. When a patient comes into his clinic with nagging symptoms, the director of the Division of Allergy, Asthma and Immunology at the University of South Carolina School of Medicine wants nothing more than to get to the bottom of the problem.

But he’s cleared up enough runny noses, itchy eyes and blotchy skin over the years to know that when it comes to allergies, a proper diagnosis typically requires more than a simple skin test — especially when it comes to food allergies.

Amrol’s specialties include everything from asthma, sinusitis and allergic rhinitis to dermatitis, anaphylaxis and immunodeficiency. The USC clinic he oversees, meanwhile, treats patients of all ages, suffering from all sorts of ailments. On any given day, he and his colleagues will see patients sensitive to pet dander, dust mites, pollen, pollution, medications, mold, insect stings, you name it, but allergies to nuts, shellfish and other problem foods can be among the most lethal; they can also be the trickiest to diagnose.

“For some reason, young children get milk, egg, peanut allergies — those are the big three,” Amrol said. “Sometimes soy and wheat. And if you’re going to have those particular allergies, you’re usually going to have them pretty early.

“But then as an adult you could be somebody who’s eaten shrimp your whole life when all of a sudden you get a reaction. We don’t know why that is yet. There’s something about that shellfish protein that’s different.”

Luckily, a little mystery doesn’t get in the way of a proper diagnosis.

“Foods can be weird, but that’s something we do really well here,” said Amrol, who suggests that certain food allergies might be over-diagnosed. “We don’t just do a skin test and that’s it. We take the patient’s history with the skin test. Then we may do a blood test. Then we’ll probably do a food challenge. We do a lot of food challenges here.”

Amrol’s not pitching a new reality show. He’s talking about a controlled allergen test only performed after other tests and thorough patient interviews have all but ruled out the risk of an adverse reaction.

During a food challenge, the patient is given a tiny amount of the potentially problematic food — peanuts, dairy and shrimp are common culprits — and then is closely monitored by a medical professional. If there is no reaction, doses are gradually increased every 15 to 20 minutes until a firm diagnosis can be made; if there is a reaction, medications necessary to counteract it are within arm’s reach.

“We’re also going to check you yearly, do these challenges again, see if you may have outgrown your allergy,” Amrol said. “That’s the benefit of an academic allergy center. We’re going to be a little more up to date, a little more aggressive. We don’t just say, ‘OK, you’ve got a positive skin test, avoid this particular food for life,’”

And when a patient who is convinced she is allergic to this or that food tries a few bites and doesn’t break out in hives or start gasping for breath? That’s one of the greatest rewards of Amrol’s job. It’s also welcome news for patients whose quality of life has suffered due to an earlier misdiagnosis.

“I had a woman who had been avoiding shrimp for two years,” Amrol recalls. “It was her favorite food, but she was told she was allergic. So we bring her in, do a challenge. It’s negative. She went to Captain D’s, got some shrimp, brought it back, ate it here in the clinic. We watched her for two hours and she was fine. She was thrilled she could eat shrimp again after not having any for two years.”

While allergies can be tricky to diagnose and aren’t really something that can be cured — “there’s still a lot we don’t understand about allergies,” Amrol said — they can be managed quite effectively, whether through medication or changes in lifestyle.

“A lot of what we do is education,” Amrol said. “It’s letting the patient know, ‘OK, here’s what you have. It’s not a curable disease but here’s how we can treat it, here’s a course of action. See how you feel, and we’ll see you back at the office in three months.”
“Let’s take a look at my carotid artery.”
Richard Hoppmann, M.D., presses a small transducer against a thin smear of translucent gel on the side of his own neck.

A remarkably clear image of the artery in question appears on the screen of the laptop-sized ultrasound unit. He makes a small adjustment.

“This time we will turn on the color flow. See that? You can see it pulsating. When I give this demonstration no one expects to see such a clear image from a small portable machine like this,” Hoppmann adds as he wipes the gel from his neck and retightens his tie.

“They say, ‘Gosh, I could have used this machine this morning with one of my patients.’ Then when we look at the heart with the even smaller pocket-sized device, they can hardly believe their eyes.

Though the dean of the University of South Carolina School of Medicine does occasionally give himself an ultrasound examination, he is not presently conducting any tests on himself. He’s simply showing off some of the technology his students regularly use in their ultrasound curriculum — technology that has made ultrasound one of the biggest buzzwords in the medical profession today and the USC School of Medicine is an acknowledged leader in ultrasound education worldwide.

Medical ultrasonography is hardly a new technology. Cost-effective and radiation free,
Ultrasound is a wonderful teaching tool for subjects such as anatomy and physiology and a great way to correlate basic science and clinical material. Hoppmann’s initial excitement about portable ultrasound began with a conversation with two emergency medicine physicians who had been using and teaching bedside ultrasound for several years. Drs. Pat Hunt and Tom Cook helped to establish the School of Medicine’s program in 2006. Hoppmann quickly saw just how far ultrasound imaging had come since his student days and recognized the speed at which it was continuing to improve.

“When I was in training, ultrasound images were blurry black and white images and sometimes looked like a snowstorm,” Hoppmann said. “At that time, ultrasound was used by only a few medical specialties such as radiology, cardiology, and obstetrics. But now, the quality of the images is superb, they are easier to acquire, and there are important ultrasound applications for almost every medical specialty.”

From real-time guided procedures like catheterization to the diagnosis of organ pathology, there is little that the large standard ultrasound systems can do that cannot also be done using the newer, smaller portable units, Hoppmann said. “It’s just remarkable what ultrasound can bring to the bedside.”

At the start of the ultrasound program, the School of Medicine was fortunate to establish an educational partnership with GE Healthcare, which provided the school 25 high-end laptop devices for instructional use. Since that time, with the continued support of G.E., the medical school has developed a fully integrated ultrasound curriculum across all four years of medical school — the first of its kind in the nation. The school is presently working with other medical schools across the nation and throughout the world introducing ultrasound into their curricula.

Recognizing a need for an international professional organization devoted to the advancement of ultrasound in academia, USC also organized the Society of Ultrasound in Medical Education (SUSME) in 2007. What began as an interest group quickly became a nonprofit organization, which in turn led to substantial grant support as well as interest from the World Interactive Network Focused on Critical Ultrasound (WINFOCUS), a group dedicated to the expansion of point-of-care ultrasound in critical out-of-hospital and in-hospital scenarios.

“The quality of the images is superb, they are easier to acquire, and there are important ultrasound applications for almost every medical specialty.”

In 2011, USC hosted the first-ever World Congress on Ultrasound in Medical Education which was co-sponsored by SUSME and WINFOCUS. Building on an overwhelming international response — the inaugural congress attracted more than 400 attendees from 26 nations and 45 different medical schools, as well as representatives from the World Health Organization — plans are now underway for a follow-up conference Sept. 27-29, 2013 in Columbia, which will again be hosted by the USC School of Medicine.

“The leadership from WINFOCUS looked at what we were doing and said, ‘you know, we’re going into developing countries and teaching practitioners, but you are training the next generation. We ought to be doing both,’” Hoppmann said. “It’s nice to train those who are in practice now, but if we can introduce ultrasound education into medical schools the impact long term will be much greater.”

In fact, USC is doing both. Thanks to a Duke Endowment Rural Practice grant, the school is now introducing portable ultrasound to primary care physicians in rural South Carolina, many of whom may be as far as 50 miles from the nearest ultrasound facility. And while some older physicians express reservations about tackling the new technology, Hoppmann quickly dispels their concerns. “Every physician, whether they’ve been out of medical school 10 years or 30 years, has been able to learn to use ultrasound,” he said. “We have been able to show them that if they are willing, they can certainly learn ultrasound.”

Meanwhile, back at the School of Medicine, the ultrasound curriculum continues to stay ahead of the curve. USC’s medical students still train on laptop units, particularly during their first two years, but a 2011 Fullerton Foundation grant has also funded supplemental instruction on the next-generation handheld devices in the areas of primary care — pediatrics, internal medicine and family medicine.

“One danger in using new technology can be an inappropriate level of confidence and understanding of the technology by the user,” Hoppmann said. “In academia we have a responsibility to make sure things are done right. That includes knowing when to use ultrasound, how to use it appropriately, what the images mean, and the machine’s limitations as well as our own. By the time our students finish medical school, they have a great foundation in ultrasound which can be further developed during residency. Over time, and with appropriate training and supervision, they will be able to significantly improve patient care and safety in virtually every medical specialty.”

Hoppmann, meanwhile, keeps looking to the future. He promotes ultrasound technology in developing countries and hosts visitors from other institutions eager to adopt the school’s model ultrasound curriculum. He is excited about the 2013-Year of Ultrasound campaign co-sponsored by SUSME and the American Institute of Ultrasound in Medicine to promote the widespread integration of ultrasound into medical education and practice. With appropriately trained users Hoppmann feels there is no limit to the potential good ultrasound can provide our learners and our patients.
"being married to someone who can relate to the good and the bad of your profession has strengthened our relationship."
IT DOESN’T TAKE A CARDIOLOGIST TO KNOW THAT LATE NIGHTS AT THE LIBRARY CAN STRIKE THE HEART FASTER THAN CUPID’S ARROW.

Talk to a few USC School of Medicine alumni who have married each other over the years, and it’s not difficult to diagnose the cause of some medical school matrimony:

Birds of a feather — and medical students — do flock together. And misery loves company, especially when the misery involves endless late-night studying.

Those factors have helped produce a steady march down the matrimonial aisle. “There are about 75 couples among the School of Medicine’s alumni who met while they were students here,” said Debbie Truluck, alumni director for the school.

“Fortunately for both of us, I lost — badly. At the time, I was a much better cook, and Lisa didn’t cook much of anything. That has since changed,” he said.

Because Tarek and Lisa were focused on medical school, “we had a profound common interest from the very beginning,” he said. “Frankly, you can spend time together studying without feeling guilty about it, like you might if you were dating someone outside of medical school who wanted a ‘normal’ relationship and had no interest in hanging out in the library.”

Caroline Powell, M.D. ’01, and her husband, Brian, M.D. ’01, fell in love while immersed in med school and got along quite swimmingly despite personal preferences.

“It was pretty easy to spend time together because we had the same schedule, but we respected our differences,” Caroline said. “Even in residency, we preferred not to be working directly with each other because we knew we would drive each other crazy.

“Much nicer to come home at the end of the day and talk about your day with someone who understands but wasn’t there with you for every moment.”

“Shared pain” is how Brian put it. “I feel like she understands what I am going through because she is going through it, too.”

Brian works for Columbia Nephrology Associates. Caroline is now an internal medicine faculty member at the USC School of Medicine. They agree that the intensity of medical school can force students into a smaller world. “It was our entire existence for at least the first three years,” he said.

Common bonds must run deeper than shared pain, however, for a relationship to last. A love of medicine and treating people lasts much longer than late nights studying or long hours in residency.

“Although we both said we would never marry a physician,” Tarek said, “being married to someone who can relate to the good and the bad of your profession has strengthened our relationship.”

Tarek works in pathology while Lisa is an anesthesiologist. The two live in Florence, S.C., and try not to talk shop too much at home, but they both say it’s nice to be able to share things with someone who understands.

Caroline compares what sometimes happens to actors on a movie set with what happens to couples who meet at the School of Medicine.

“You see actors who bond on movie sets, and then the relationship dissolves when that common element is done. Well, sharing careers in medicine is a lifelong common element,” she said. “You come home every day to someone who completely understands what your day was like with even the fewest words. Plus, having someone love you through medical school and residency is true love.”

—

Tarek Bishara, M.D. ’92, met his wife, Lisa, M.D. ’93, when he was an M-II and she was an M-I. “Our relationship centered around medical school because our lives centered around medical school,” he said. “Our dating effectively entailed studying with each other and going out occasionally.”

About a year after they met, Tarek challenged Lisa to a racquetball match and attached a friendly wager: home-cooked dinner prepared by the loser.
Family and preventive medicine physician is lighting a fire for smoking cessation efforts

In 1996, Scott Strayer, M.D., MPH, interim chair of the Department of Family and Preventive Medicine at the School of Medicine, made a decision that forever changed his life. He quit smoking.

Strayer calls his decision to quit a defining moment in his life. A father-to-be, he wanted to start a new chapter — free from smoking cigarettes after 15 years. The decision to quit steered Strayer towards a medical career dedicated to research and clinical practice helping smokers kick the habit.

“I’ve devoted my life to helping other people achieve the success, rewards and health benefits that I have achieved by quitting smoking,” Strayer said. He accomplishes this in a non-confrontational and non-judgmental style and trains other physicians in these techniques. He has been able to do this by securing grant funding from the National Institutes of Health and other sources to improve smoking cessation approaches in primary care.

Strayer joined the School of Medicine in September 2011. He is a board-certified family medicine physician who spent the previous 10 years at the University of Virginia Health System in Charlottesville, Va. While in Virginia, he combined his interest in smoking cessation with his knowledge of health information technology to develop the first point-of-care smoking cessation counseling handheld software.

He served as a medical faculty advisor for a nine-member consortium assembled to disseminate 2008 smoking cessation guidelines for the Continuing Education Aimed at Smoking Elimination project. The three-year, $12.5 million project studied and implemented various best practices aimed at successfully implementing the new guidelines. The efforts reached approximately 100,000 physicians and health care providers across the country — a message he now brings to South Carolina.

“One could make a conclusion that we are doing great, but what is interesting is that we could be a lot better,” Strayer said. “If we had strong workplace and smoke-free legislation statewide, we could improve our rates. Right now there are only a handful of counties in South Carolina that have smoke-free legislation in place.”

In addition to legislation, Strayer points to appropriate taxation on products and greater funding for effective prevention and cessation efforts available to everyone in South Carolina.

Strayer is passionate about providing patients the resources to quit smoking. He cites a combination of medication and behavioral support as a best practice in quitting. The medications can be prescription based or over-the-counter. He says patients must find what works best for them, whether it is a nicotine patch or taking a pill. Often a combination of medications proves effective.

Physicians can play a role in providing behavioral support, as can spouses, family members and friends. Behavioral support is inclusive and the smoker may rely on many people to fill the support role. In addition, a wealth of resources from toll-free quit lines to text-messaging programs can assist in smoking cessation efforts.

Strayer realized many health benefits when he quit smoking 16 years ago and stands ready to help South Carolinians reap the same rewards from living a smoke-free life.
SCHOOL OF MEDICINE WELCOMES CLASS OF 2016

The University of South Carolina School of Medicine welcomed 99 medical students to its Columbia campus as members of the Class of 2016. These future physicians were selected after the school received more than 3,200 applications. The following is a profile of the Class of 2016:

**Academics**
- 3.7 — average GPA
- 28 — average MCAT
- 17 — colleges and universities attended in South Carolina

**Residence**
- 83 — S.C. residents (from 20 S.C. counties)
- 16 — out-of-state students

**Majors**
- 21 — different majors
- 47 percent biology
- 11 percent chemistry

**Demographics**
- 55 percent male
- 44 percent female
- 23 — average age
- 14 percent — underrepresented minorities

NEW CHAIR NAMED FOR DEPARTMENT OF SURGERY

R. Stephen Smith, M.D., FACS, has been appointed chair of the Department of Surgery at the USC School of Medicine.

Smith obtained his medical degree from the University of Arkansas College of Medicine. He completed his general surgery residency from the University of Kansas School of Medicine — Wichita and received fellowship training in trauma and surgical critical care at St. Mary Medical Center in Long Beach, Calif.

Smith is a nationally recognized trauma surgeon with an accomplished career in medicine and military service. Prior to joining USC, he worked as system chief of the Division of Acute Care Surgery at West Penn Allegheny Health System and adjunct professor of surgery at Temple University School of Medicine. He has authored numerous peer-reviewed journal articles and has given more than 400 lectures nationally and internationally.

In 2006, he retired as a captain in the U.S. Naval Reserve Medical Corps. His military service includes working as a surgeon and medical director of the intensive care and casualty reception units on the USNS Mercy Hospital Ship during Operations Desert Shield and Storm.

“Dr. Smith brings a wealth of talent and expertise to the USC School of Medicine,” said Richard Hoppmann, M.D., dean of the School of Medicine. “Our aspiring surgeons will benefit from his distinguished career as a medical educator that spans more than 20 years. As chair of the Department of Surgery, his leadership will be instrumental in building a world-class surgery program that will serve patients throughout the state.”

Smith’s surgical expertise includes trauma, critical care, emergency and general surgery. His recent surgical interest includes thoracic trauma with a focus on chest wall injuries. Additionally, he has been involved nationally and internationally in advancing the use of ultrasound in several surgical specialties.

“I have a great deal of respect for the history of excellence at the USC School of Medicine,” Smith said. “It is an honor to join many well-respected faculty in advancing the educational, research and clinical missions of the school. I am inspired by the opportunity to train talented young surgeons, lead groundbreaking research endeavors and deliver world-class surgical care to the citizens of South Carolina.

“Through the expansion of clinical services, recruitment of world-renowned faculty, and enhancement of education opportunities, I look forward to leading the Department of Surgery into a new era of medicine.”

Smith is a fellow of the American College of Surgeons (ACS). For more than 20 years, he has taken an active role in serving ACS on a national and statewide level. He has been president of the Kansas Chapter of ACS, chairman of the ACS Kansas State Committee on Trauma and immediate past chairman of the ACS Ultrasound Users Group. He is currently a member of the ACS Committee on Trauma. He is board certified by the American Board of Surgery with a certificate of special qualifications in surgical critical care.
NEW SPORTS MEDICINE CENTER OPENS

The Department of Orthopaedic Surgery and Sports Medicine celebrated the opening of its new USC Sports Medicine Center with a ribbon-cutting ceremony and reception May 21.

The event attracted faculty, referring physicians and special guests and provided an opportunity to tour the new 3,000-square-foot center.

The ceremony also marked the debut of South Carolina’s highest powered extremity MRI. The new MRI technology features a powerful 1.5 Tesla magnet — comparable to a magnet in a full-body MRI system. The technology provides clear, quality images for physicians diagnosing soft tissue injuries while delivering greater comfort to patients than a traditional full-body scan.


The new USC Sports Medicine Center is located at Two Medical Park, Suite 104. To schedule an extremity MRI appointment, call 803-434-5742.

PALMETTO HEALTH/ SCHOOL OF MEDICINE NEUROLOGY RESIDENCY PROGRAM RECEIVES ACCREDITATION

The Accreditation Council for Graduate Medical Education has approved a new neurology residency training program at Palmetto Health and the USC School of Medicine.

The four-year accreditation allows the USC School of Medicine’s Department of Neurology, Palmetto Health Richland Hospital and the Dorm VA Medical Center to develop a neurology residency program that provides comprehensive training for future physicians.

“Receiving accreditation is a significant accomplishment for the Department of Neurology,” said Richard Hoppmann, M.D., dean of the USC School of Medicine. “Future residents will join an emerging program that promises to provide a wealth of educational, clinical and research opportunities.”

“We are delighted that the ACGME has approved our request to add a neurology residency program at our institution,” said Katherine Stephens, Ph.D., M.B.A, FACHE, vice president for medical education and research at Palmetto Health. “Resources invested in the neurology program will further strengthen our graduate medical education programs and will add to our ability to provide comprehensive neuroscience services at Palmetto Health and the University of South Carolina.”

The Palmetto Health/USC neurology residency program becomes only the second accredited program of its kind in South Carolina.

Souvik Sen, M.D., M.S., M.P.H, FAHA, chair of the Department of Neurology at the USC School of Medicine, said establishment of the program fulfills a critical need for trained neurologists in the state.

“Neurologists care for a variety of health conditions including stroke — the third-leading cause of death among South Carolinians,” Sen said. “Our residency program will attract many young, talented physicians eager to begin their careers and provide exceptional, life-saving care to patients in need. Training neurologists in South Carolina will go a long way to fulfill the need for neurologists in the state.”

Residents joining Palmetto Health/USC will train under the direction of Sen, an internationally recognized stroke neurologist who is a Smart State Stroke Chair. He joined the School of Medicine in 2010 and played an instrumental role in developing the first Stroke Center in the Midlands of South Carolina. The Stroke Center at Palmetto Health Richland and USC School of Medicine is a multidisciplinary program that provides 24/7 life-saving care using state-of-the-art technology and the latest advancements in stroke diagnosis and treatment.

Recruitment will begin soon to fill three positions as inaugural residents of the Palmetto Health/USC School of Medicine neurology program. The residents will begin their four-year residency programs in July 2013.
The USC School of Medicine Ultrasound Institute organized a free stroke screening for more than 100 South Carolinians during the eighth-annual Ollie Johnson Memorial I-95 Health Fair in Santee Aug. 3.

Using ultrasound technology, volunteers from the School of Medicine and Palmetto Health screened participants to detect the potential for stroke, one of the leading causes of death in South Carolina. The non-invasive procedure examined individuals’ carotid arteries, the blood vessels in the neck that deliver oxygen-rich blood to the brain. Blockages and plaque formation in the carotid artery can lead to stroke.

As a national leader in ultrasound education, the Ultrasound Institute provided ultrasound screenings for participants and education about the important risk factors for stroke such as hypertension, smoking, elevated cholesterol and lifestyle.

This year marks the first time the School of Medicine participated in the I-95 Health Fair. U.S. Sixth District Congressman James Clyburn hosts the annual health fair named in honor of Ollie Johnson who passed away from cancer and heart disease in 2010. Johnson was one of the founders of Congressman Clyburn’s annual golf tournament that raises funds for student scholarships.

BRIGADIER GENERAL VISIT HIGHLIGHTS SCHOOL OF MEDICINE’S JOINING FORCES WELLNESS WEEK ACTIVITIES

School of Medicine alumni and Brigadier General Jim Chow, M.D., spoke to more than 50 School of Medicine students during a special Veteran’s Day event held Nov. 12.

Chow’s visit was one of three events for medical students during Joining Forces Wellness Week, a time designated to educate School of Medicine students and future physicians how to provide care for our military veterans as they return from active duty. Chester Jean, M.D., chief of psychiatry at Moncrief Area Community Hospital in Fort Jackson, S.C., spoke to a group of students, and 20 enlisted personnel from Fort Jackson, who are interested in the health care fields, were given a tour of the School of Medicine. The week of activities were aimed at improving the training of medical students in dealing with health issues such as post-traumatic stress disorder, mild traumatic brain injury and post-concussion syndrome.

A decorated veteran and physician, Chow serves as Air National Guard Assistant to the United States Air Force Surgeon General for Operations and Policy. He shared experiences from his nearly three decades of service as an Air National Guard reservist and recounted military and humanitarian missions throughout the world including visits to Honduras, Guatemala, Haiti and the Middle East. He encouraged students to develop strong relationships with faculty and attending physicians and to look for opportunities to serve their country through medicine.

A 1985 graduate of the School of Medicine, Chow serves as clinical associate professor of Dermatology, Dermatologic Surgery and Surgery at the USC School of Medicine. He is a practicing partner with the Columbia Skin Clinic and a recipient of the Order of Palmetto, the highest civilian honor in South Carolina.

Several USC medical students who are military reservists were in attendance for Chow’s presentation. Those in uniform included U.S. Army reservists Garrett Holder, Paul Selle, Adriel Dizon and D.J. Fredericks, along with U.S. Navy reservist Meg Maultsby.
Meera Narasimhan, M.D., chair of the Department of Neuropsychiatry and Behavioral Science, was one of seven Columbia-area women recognized by the National Alliance on Mental Illness S.C. chapter for her efforts to assist those dealing with mental illness. Narasimhan was presented with the organization’s Visionary Award during a ceremony at the Capital Senior Center Ballroom in Columbia, S.C.

Ruth Riley, M.S., AHIP, director of library services at the University of South Carolina School of Medicine, has been appointed assistant dean for executive affairs at the School of Medicine. She continues in her role as director of library services, a position she has held since joining the School of Medicine in 2000.

Lindsie Cone, M.D., associate professor of family and preventive medicine and medical director for Palmetto Health Richland’s hyperbaric medicine program, was recently recognized with the Craig Hoffman Memorial/Charles W. Shilling Award. The award is presented annually by the Undersea and Hyperbaric Medical Society and recognizes the outstanding contributions in hyperbaric medicine teaching and education.

Bob Price, Ph.D., research professor in the Department of Cell Biology and Anatomy and director of the Instrumentation Resource Facility, has been elected as a fellow of the Microscopy Society of America. The designation recognizes senior distinguished members of the society who have made significant contributions to the advancement of the science and practice of microscopy. The Microscopy Society of America recognized Price and 10 other 2012 fellows during the Microscopy & Microanalysis annual meeting held in Phoenix.

Christine Turley, M.D., was appointed chief medical officer of Health Sciences South Carolina and professor of clinical pediatrics in the Department of Pediatrics at the USC School of Medicine. She also serves as Office of the Dean advisor for the School of Medicine Office of Clinical Affairs. She is board certified by the American Board of Pediatrics.

Janet L. Fisher, Ph.D., associate professor in the Department of Pharmacology, Physiology and Neuroscience, presented “The Effect of Striipientol on GABAA Receptors,” at the Fourth Biennial Professional and Family Conference for Dravet Spectrum Disorders in Minneapolis, Minn. Dravet syndrome is a rare but devastating epilepsy disorder that begins in children at about six months of age. Patients are resistant to treatment with most available epilepsy drugs, and they continue to have frequent and prolonged seizures that prevent their normal development. Fisher’s work characterized a new drug, Striipientol, which was effective for patients with Dravet Syndrome in clinical trials.

David D. Mott, Ph.D., and Janet L. Fisher, Ph.D., associate professors in the Department of Pharmacology, Physiology and Neuroscience, were published in the September issue of the Journal of Neuroscience. Their research found that a newly discovered set of proteins in the brain, called Neto proteins, interacts with kainate receptors and alters their function. Changes in the levels of Neto proteins in the brain could thereby alter excitatory transmission and contribute to neurological disease.

Moss Blachman, Ph.D., assistant dean of continuous professional development and strategic affairs, has been promoted to associate dean in the same area. Since joining the School of Medicine in 1996, he has significantly expanded and improved the school’s continuing medical education and faculty development programs. He also serves in several national leadership positions in determining the future of continuing medical education. Prior to joining the School of Medicine, he taught 23 years in the University of South Carolina’s Department of Political Science.
**CATCHING UP WITH ROBERT SABALIS**

Former associate dean for medical education and academic affairs returns to South Carolina

On a late summer afternoon, Robert Sabalis, Ph.D., former associate dean for medical education and academic affairs at the USC School of Medicine, walked into the Orangeburg, S.C., medical office of Greg Singleton, M.D., a family physician and 1989 graduate of the School of Medicine.

Sabalis asked one of Singleton’s staff members to tell the doctor that “the man who accepted him into medical school is waiting in his lobby.” Moments later the doctor entered the waiting room to reconnect with a man who was instrumental in establishing his career in medicine.

Few observers would have known that it had been more than 20 years since Singleton and Sabalis had seen each other. Yet, the mutual respect shared by both men is evident. The unexpected meeting conjured memories of the School of Medicine and an admission by Singleton that he had conducted an Internet search seeking information on Sabalis’ whereabouts.

“It was very touching to know 20 years later, I still had an impact on him,” Sabalis said. “While time and distance have interfered, people still remember you, and that means a lot.”

Reunions with former students have always meant a lot to Sabalis. From 1978 to 2000, he served various administrative roles within the School of Medicine including oversight of admissions, curriculum, financial aid, student affairs and student records. During his tenure, more than 1,100 aspiring medical students graduated from the School of Medicine — all of whom were impacted in some way by Sabalis’ guidance.

Early in his career, Sabalis recognized that as a medical school administrator, he must pay attention to the emotional influences in a student’s life. He attributes his training in psychology and intrusive nature as important qualities in understanding where students were coming from and the challenges they faced. Often, during meetings in his office or on recruiting trips throughout the state, students would open up to him about personal struggles and noteworthy achievements. Two decades later, he fondly recalls the stories and cherishes the experiences that molded many young medical students into the successful physicians they are today.

“Truth be told, all of the students were smarter than me,” Sabalis said. “But they needed someone to listen to their concerns and validate their skills to make it through medical school. I filled that role.”

During his 22 years at USC, Sabalis gained a greater appreciation for the importance of a quality medical education and the leadership responsible for maintaining the integrity of the school. He saw up close how small class sizes and a personalized approach to teaching medicine benefited students — two qualities of the USC School of Medicine that he often iterated during recruiting trips to meet prospective students.

He feels fortunate to have worked for three deans who were committed to “doing the right thing, at the right time, for the right reasons.” And most importantly, he came to understand the School of Medicine’s greater purpose in meeting the health needs of South Carolinians.

“We had a responsibility to take South Carolina’s best students and train them to give back to the people who pay their education,” Sabalis said. “State universities are supposed to advance the state’s needs and help the economy grow.”

This mentality followed Sabalis when he left USC in 2000 to join the Association of American Medical Colleges (AAMC). Staying true to his belief that medical education works, he has served AAMC in several positions, most recently as director of the Liaison Committee on Medical Education (LCME) Surveys and Team Training and as LCME assistant secretary at the AAMC. He travels the country meeting with academic leadership, faculty and students at medical schools seeking initial or continuing LCME accreditation.

His teams’ careful evaluations assess how well medical schools are selecting and training students, implementing programs and developing curriculum among other criteria.

While his calendar remains full with upcoming site visits to medical schools in various states, Sabalis is adjusting to a new chapter in his life — retirement. He recently accepted a reduced role with AAMC that allows him to work from his home.

In July, Robert and his wife, Ray, moved from Washington, D.C., to Orangeburg. The couple bought a house built by Ray’s grandfather in the 1950s. For decades the home has been a gathering point for many family celebrations. As third-generation owners, the Sabalis want to carry on family traditions and allow future generations of family members to enjoy the same experiences.

“I hope this home continues to be a family gathering place,” Sabalis said.

The return to South Carolina also presents new opportunities for Sabalis to connect with former students. A recent trip to the Upstate provided him the opportunity to drive through several communities with doctor’s offices. He admits to carefully reviewing signs to identify any USC graduates. He never rules out a chance encounter with a former student.

“I want to express that I am so proud of them, and I hope that my tenure helped them to achieve their goals,” Sabalis said. “My time at USC was a privilege and pleasure that I will never forget.”
The School of Medicine has been awarded a $10.1 million grant from the National Institutes of Health to establish a new national center for research on the use of dietary supplements to treat inflammation.

Inflammation is a double-edged sword. Although essential for helping tissues recover from infection and injuries, it’s also a common thread woven through the origin and development of nearly every malady — from stroke and cancer to allergies and heart attacks.

“The immune response is there to protect you against infection, but we now know that lingering, low-grade inflammation is a serious problem,” said Prakash Nagarkatti, Ph.D., Carolina Distinguished Professor and USC’s vice president for research. “It can lead to cancer, obesity, hypertension, diabetes, heart attacks and Alzheimer’s. Almost all of the clinical disorders are, in some way or another, connected to inflammation.”

Over the past several years, work at the School of Medicine, supported by a $6 million grant from NIH, has identified the underlying mechanisms by which a range of dietary supplements reduce inflammation.

“This research has paved the way to obtain additional support from NIH that is aimed at preventing and treating chronic inflammation,” said Nagarkatti, who will serve as director of the new center. “We believe that achieving that could completely revolutionize the treatment and prevention of clinical disorders.”

The Center for Dietary Supplements and Inflammation, funded by a $10.1 million, five-year grant through the NIH Center of Biomedical Research Excellence program, will be housed at the medical school. The interdisciplinary center will be co-directed by Mitzi Nagarkatti, Ph.D., chair of the school’s Department of Pathology, Microbiology and Immunology.

The center will help in the recruitment and training of at least 16 faculty members. Its faculty researchers will encompass many schools and colleges, including the School of Medicine, the Arnold School of Public Health, the College of Arts and Sciences, the College of Engineering and Computing, the S.C. College of Pharmacy and the College of Nursing.

Angela Murphy, an assistant professor in the School of Medicine’s Department of Pathology, Microbiology and Immunology, has been named one of 15 Breakthrough Stars by the University of South Carolina’s Office of Research for 2013. The Breakthrough Stars award is reserved for assistant and associate professors across the university who have demonstrated outstanding success in research, teaching and scholarly productivity. Murphy, who earned a Ph.D. in exercise science from the university, studies diet from the university, studies diet and its relationship to cancer. She’s especially interested in the effects of chronic low-grade inflammation — a side effect of high-fat diets and obesity — and its propensity for spawning cancerous tumors.
Todd Crump sees people when they’re most vulnerable: sick and worried, and the ER is the only option. Todd has only a few seconds to establish a trusting bond and to let his patients know he will do all he can to help them. It’s times like these when he relies on his USC School of Medicine training, where he learned not only the science of health care but also the humanity of a smile and a kind word.
A stroke can strike without warning, and the consequences can be deadly. Preparing for the unexpected is not always possible, but rest assured that should you or a family member suffer a stroke, excellent care will be available thanks to the resources of the University of South Carolina School of Medicine. Advances in ultrasound and stroke management at USC are just two of the resources that we should appreciate today and in our time of need. These and other advances in medicine affect our neighbors, friends and families.

At the School of Medicine, we are family — a family that needs the support of its members, so that we can help others. The School of Medicine has touched and supported every one of us in some aspect of our lives and assisted greatly in the development of our careers. Now is the time to support our School of Medicine family.

USC recently embarked on a $1 billion capital campaign and alumni giving is essential to reach the goal. Will you help? Physicians make incredible differences in the lives of every patient we treat. This effort is appreciated and applauded, but we can easily do more. Today, the four-year medical school tuition for S.C. residents is more than $133,000. This places an incredible burden on students, and we need your donations to the School of Medicine to help future physicians who will be taking care of us, as well as those we love. No amount is too small, and any amount is very much appreciated.

In addition to the monetary donations, there are many other ways to give back. Serve on the Alumni Board; attend great events like the Black Tie/White Coat Gala and School of Medicine tailgate; honor fellow physicians by nominating them for alumni achievement awards; make suggestions on CME programs; or mentor a student. Remember, no donation of time or money is too small and even the smallest donation creates possibilities that would not otherwise exist.

Emilie “Leigh” Ziegler Bartlett, M.D., FAAP
We want to preserve our history in photos, and your help is needed. Please send us your favorite photos from your time at the School of Medicine. We might display the images on campus or use them in future publications highlighting our history. Please email digital images to Matt Splett, director of marketing and communications, at matt.splett@uscmed.sc.edu. If you prefer to mail printed photos, contact Splett by email or phone 803-216-3302 to make arrangements for their return.

CALENDAR OF EVENTS

ALUMNI BOARD MEETING
FRIDAY, MARCH 8
3-4:30 p.m.
Humphries Board Room, Bldg. 3
Second floor, VA Campus

BLACK TIE/WHITE COAT GALA AND SILENT AUCTION
6-11:30 p.m.
701 Whaley Street
Columbia, SC 29201

2012 Alumni Award recipients will be recognized at the gala. Submit your 2013 Alumni Award nominations at alumni.med.sc.edu.

CLASS REUNION DINNER
SATURDAY, MARCH 9
6-9:30 p.m.
Hilton Columbia Center
924 Senate Street
Columbia, SC 29201

CLASSES CELEBRATING REUNIONS:

Register by contacting
Debbie Truluck
at 803-216-3303 or
debbie.truluck@uscmed.sc.edu

MATCH DAY
FRIDAY, MARCH 15
Noon
The Zone at Williams-Brice Stadium
School of Medicine students learn their residency match.

COMMENCEMENT
FRIDAY, MAY 10
12:30 p.m.
Koger Center
1051 Greene Street
Columbia, SC 29201

SEND US YOUR SCHOOL OF MEDICINE PHOTOS

We want to preserve our history in photos, and your help is needed. Please send us your favorite photos from your time at the School of Medicine. We might display the images on campus or use them in future publications highlighting our history. Please email digital images to Matt Splett, director of marketing and communications, at matt.splett@uscmed.sc.edu. If you prefer to mail printed photos, contact Splett by email or phone 803-216-3302 to make arrangements for their return.
CLASS OF 1981
- Thomas J. Goldschmidt, M.D. (neurology, psychiatry, addiction medicine), was appointed to a three-year term on the Florida Bar Grievance Committee of the Seventeenth Circuit in Fort Lauderdale. He was also certified as a Florida Supreme Court Civil Circuit Mediator.

CLASS OF 1983
- Gregory Branham, M.D. (facial plastic surgery) — “I can’t believe that it is coming up on 30 years since graduation. Hope to see everyone at our 30th! I just published a textbook entitled Facial Soft Tissue Reconstruction. It is in a series of texts that together comprise a comprehensive text for facial plastic and reconstructive surgery. It covers the basic skin anatomy and the physiology of wound healing, suture materials and closure techniques as well as specific soft tissue reconstructive techniques for each subunit of the face. It is an excellent resource for residents, students and physicians who deal with soft tissue injuries, cancers, etc., on the face. This would include ER physicians, ENT and plastic surgery residents.”

CLASS OF 1984
- John Hutto, M.D. (cardiology), completed his first year on the S.C. Department of Health and Environmental Control board. His oldest daughter is now engaged, and he continues to enjoy his part-time position as chief medical information officer at the Regional Medical Center of Orangeburg and Calhoun Counties.
- David Stroud, M.D., FACOG, (OB/GYN), received the University of Missouri Rural Track Award for Distinguished Community-Based Faculty. He was nominated by two medical students from the University of Missouri School of Medicine who completed clerkships with Stroud at Missouri Delta Medical Center in Sikeston, Mo. The award recognizes faculty who excel at educating future physicians in a community hospital setting.

CLASS OF 1989
- Thomas C. McFadden, M.D. (plastic surgery), is serving as president of the S.C. Society of Plastic Surgery and as a member of the Council for State Affairs in the American Society of Plastic Surgery, an organization that oversees and provides directional support for regulatory matters concerning plastic surgery nationwide.

CLASS OF 1995
- Keels Jorn, M.D. (internal medicine/obstetric medicine) — “I am still with Mayo Clinic as I have been since residency in 1995, but as of summer 2012 I am working with Mayo Clinic’s Medallion Program, a ‘concierge’ or ‘retainer’ medicine program. I am still a primary care doctor but for a much smaller panel of patients than in my previous position, allowing me much more time to spend with each patient. My new patients are often very complicated, but with this program, I finally have the time to spend with them that they (and I) deserve.”

CLASS OF 1999
- Edward Middleton (rehabilitation counseling) — “Since retiring, my life has basically been non-stop doing a little travel, more time with my family and more involvement with my church. I went to Hawaii a few months ago (my mom, my daughter and me) and my son finished up his MBA at Georgia Southern University. I’m scheduled to go to India soon to start an alcohol and drug training and education program in collaboration with my church and organizations in Bangalore. Life is good!”
CLASS OF 2000

■ Tripp Bell, M.D. (diagnostic radiology), joined USC School of Medicine as an assistant professor of clinical radiology in September.

■ Trevar Chapmon, M.D. (physical medicine and rehabilitation), and his wife, Jill, welcomed a new baby, Elijah James Chapmon, on June 28, 2012.

CLASS OF 2001

■ Stephen F. Ridley, M.D. (emergency medicine), was named the 2012 Jack H. Warren Emergency Physician of the Year by the S.C. College of Emergency Physicians.

CLASS OF 2004


CLASS OF 2005

■ Blake Long, M.D. (internal medicine), received the American College of Physicians (North Carolina chapter) Volunteerism and Community Service Award in February. He has been the volunteer medical director of the DEAC Clinic, a free clinic started by medical students at Wake Forest School of Medicine. As medical director, he is responsible for student supervision, the development of health outreach and screening programs and recruitment of new volunteer faculty. He currently is an assistant professor of general internal medicine at Wake Forest.

■ Joyce Lee-Iannotti, M.D. (neurology) — “I am currently employed in the Departments of Neurology and Pulmonary Medicine at the Mayo Clinic Arizona in Phoenix. I am a neurologist, board certified in stroke and sleep medicine. I am married to Christopher Iannotti, M.D., a private practice neurosurgeon, and we have a 15-month old daughter, Sofia. I am so grateful to the School of Medicine for everything and attribute my success today as a physician to my medical school training.”

■ Tenley Murphy, M.D. (primary care sports medicine) — “Brett (‘09) finished up as chief resident in internal medicine at Greenville Hospital System this year and will be staying on as a hospitalist. Addie will be attending many Clemson events with us, as I continue to practice sports medicine at Clemson University.”

CLASS OF 2006

■ Andrew Delmas, M.D., (hematology/oncology) — “My wife Emily, also class of 2006, and I moved to El Paso, Texas over the summer. I am working as staff hematologist/oncologist at William Beaumont Army Medical Center after I complete fellowship at Walter Reed National Military Center in Bethesda, Md.”

CLASS OF 2009

■ Edward L. Barnes, M.D. (internal medicine), married Stephanie Lena Girard on April 28, 2012, in Chapel Hill, N.C. He is serving as chief resident in internal medicine at the University of North Carolina Health Care System.

■ Angela Natili, M.D. (otolaryngology), Correction: The summer 2012 edition of South Carolina Medicine magazine incorrectly stated that Ray and Angela Natili were married in Reno, Nev. Ray and Angela were married in April 2011 at Caesars Palace in Las Vegas.

■ Scott Weitzel, M.D., (anesthesiology), returned in June 2012 from a seven-month deployment to Afghanistan with the 2nd Battalion, 9th Marines. In Aug. 2012, he started residency in anesthesiology at Naval Medical Center Portsmouth in Portsmouth, Va.
TAILGATE ENJOYED BY MORE THAN 150 SCHOOL OF MEDICINE SUPPORTERS

Before watching the University of South Carolina defeat football rival Georgia, more than 150 friends, family and alumni from the School of Medicine gathered together for the annual fall tailgate on Oct. 6. The event provided an opportunity for alumni to connect with former classmates and faculty and enjoy the pregame festivities around Williams-Brice Stadium.

View photos from the event at: uscschoolofmedicine.smugmug.com


Bottom: Lisa Bishara, M.D., ’93, and Tarek Bishara, M.D., ’92

USC SCHOOL OF MEDICINE ALUMNI ASSOCIATION BOARD

2013 Alumni Board Members

March Seabrook, M.D. Past President
Leigh Bartlett, M.D. President
James McCallum, M.D. Vice President
Elizabeth Haile, M.D. Secretary
Eva Imperial Chessick, M.D. Treasurer

New Voting At-Large Board Members (Four-Year Term)

Paul Aitchison, M.D. Columbia, S.C. Diagnostic Radiology 1995
Allison Aitchison, MGC Columbia, S.C. Genetic Counseling 1995
David Amrol, M.D. Columbia, S.C. Allergy/Immunology 1998
Paul Rush, M.D. Laurinburg, N.C Orthopaedic Surgery 1982
David Stone, M.D. Florence, S.C. Allergy/Immunology 1992
Heather Evans-Anderson, Ph.D. Rock Hill, S.C. PhD 2004

SUPPORT THE S.C. MEDICAL ALUMNI CHALLENGE

The S.C. Medical Alumni Challenge is entering its final months, and the USC School of Medicine needs your support to defeat the Medical University of South Carolina School of Medicine

The first-ever S.C. Medical Alumni Challenge concludes June 30, 2013. The organization with the highest percentage of giving from physician alumni wins and secures bragging rights for the year.

With every cash, pledge and deferred gift of any size, you are contributing to the long-term financial health of your alma mater and helping USC to outperform MUSC. Your contributions can fund student scholarships, support medical breakthroughs and new technology and sustain the historic mission of the School of Medicine.

To make a donation, visit giving.sc.edu/givenow.aspx (all gifts are tax deductible). You can also contact Mechelle English, senior director of development, at 803-216-3314 or by email at Mechelle.English@www.uscmed.sc.edu.

Watch March Seabrook, M.D., Class of 1986, share a special video message explaining why your support is needed now more than ever before at med.sc.edu/news.06.27.12.asp.

Interested in serving on the Alumni Board? Please contact Debbie Truluck at debbie.truluck@uscmed.sc.edu.
WHAT YOU NEED TO KNOW ABOUT PLANNED GIVING

Q: What are planned gifts?
A: A planned gift is any gift, made in lifetime or at death, as part of a donor’s overall financial and/or estate planning.

Q: Why is planned giving important to physicians and other health care professionals?
A: Planned gifts allow donors to give back in a way that maximizes the benefit to the charitable organization, the donor and the donor’s family. In some cases, these gifts can be structured to provide tax deductions during high income earning years when they are most needed while providing income in retirement when it will be taxed at a lower rate.

Q: What types of planned gifts exist?
A: There are three types of planned or deferred gifts: (1) outright gifts that use appreciated assets as a substitute for cash; (2) gifts that provide income or other financial benefits to the donor in return for the contribution; and, (3) gifts payable upon the donor’s death.

Q: What are the tax benefits of planned gifts?
A: A donor can contribute appreciated property, like securities or real estate, receive a charitable tax deduction for the fair market value of the asset, and pay no capital gains tax on the transfer. Donors who establish a life income gift receive an immediate tax deduction for the remainder interest in the gift. Depending on the type of gift, the lifetime payments might include a combination of ordinary income, capital gains income (typically taxed at a lower rate) and tax-free return of principal. Gifts payable to charity upon the donor’s death, such as a bequest or a beneficiary designation in a life insurance policy or retirement account, do not generate a lifetime income tax deduction for the donor, but they are exempt from estate tax.

Q: What is the most appropriate time in one’s life to make a planned gift?
A: Gifts of appreciated property and bequests are appropriate at any age. The timing of other gifts will depend on your personal circumstances. Consult your financial advisor or attorney to determine the most advantageous time for you.

Q: How can I make a planned gift or receive more information?
A: Please contact the School of Medicine Office of Advancement at 803-216-3314.
Alumni Weekend

JOIN US FOR THE BLACK TIE/WHITE COAT GALA AND CLASS REUNIONS DINNER

The School of Medicine welcomes alumni and friends to Columbia for Alumni Weekend, March 8-9. The annual Black Tie/White Coat Gala returns to 701 Whaley Street for an exciting evening of entertainment with heavy hors d’oeuvres, music provided by Liquid Pleasure and a silent auction. All proceeds from the gala will support the School of Medicine Scholarship Fund and The Free Medical Clinic.

Alumni and guests from the classes of 1983, 1988, 1993, 2003 and 2008 are invited to reunite at the Columbia Hilton for the Class Reunions Dinner. The evening includes dinner, program and lots of reminiscing.

To purchase tickets, go to btwcgala.med.sc.edu or contact Debbie Truluck at 803-216-3303.

6 p.m., Friday, March 8
Black Tie/White Coat Gala

6 p.m., Saturday, March 9
Class Reunions Dinner