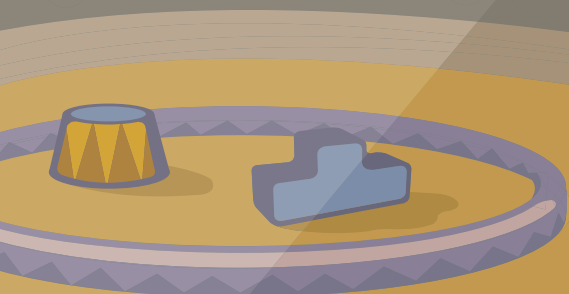


# Vanderbilt Medicine

FALL 2005



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balancing act



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## Vanderbilt **Medicine**

VOLUME 22, NUMBER III

Vanderbilt Medicine is published by Vanderbilt University Medical Center in cooperation with the VUMC Office of News and Public Affairs.

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## :: on the cover

Physicians in the 21st century will juggle many things, among them fighting burnout, paying off medical school debt and balancing their professional and personal lives.



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Medical students shouldn't have to make career choices based on their level of debt.

BY HARRY R. JACOBSON, M.D.  
Vice Chancellor for Health Affairs

## I am a doctor. I love being a doctor.

I would not trade my life for any other.

Our profession remains one of the most rewarding and fulfilling, but it also remains perhaps the most demanding. Disturbingly, however, the rewards have diminished and the demands have blossomed. This issue of *Vanderbilt Medicine* looks at the unique pressures that face practicing physicians and the growing challenges that confront the students at the doorstep of our profession.

As part of our orientation of new members for the Board of Trust, I enjoy showing just how demanding our profession is. I use a simple chart to depict the rigor and value of various professional disciplines. It shows the time it takes to achieve professional certification in various professions, the cost of the preparation for those careers and the lifetime earnings value of each.

A typical business school graduate completes his or her MBA in two years with entry-level earnings that often exceed \$100,000. For a law graduate the course work is three years long and results in starting salaries that match their MBA brethren.

A nursing student at Vanderbilt graduates with an MSN in two years and begins a career with a salary that ranges between \$45,000 and \$65,000 a year.

Medical school students will complete their coursework in four years.

They will then enter an “apprenticeship,” better known as residency, a period of intense physical, intellectual and emotional rigor. This program lasts no fewer than three years and may last as long as seven or more. Those apprenticeships pay between \$45,000 and \$60,000 a year. At the end of that seven- to 10-year training period a pediatrician might have a starting salary of \$90,000, and a surgeon, \$200,000.

If the brightest students in the country made decisions based on pure economics, they would choose business school until every slot was filled. Then they would choose law until every program was full. It would only be then that students would consider a career in medicine, and then only those careers in medicine that were the most lucrative.

Fortunately for us and for all of society, the most able students in America still choose to be doctors. And for the same reasons we did. Because it is fulfilling, it is meaningful and it offers rewards that go well beyond financial. **vm**

DEAN DIXON



## Medical student-run clinic opens doors

The Shade Tree Family Clinic, run by Vanderbilt University School of Medicine students, made its debut in October, providing much needed free health care to Nashville's medically underserved community.

The clinic, operated by VUSM in partnership with United Neighborhoods Health Services, is open Saturdays from noon to 4 p.m., and Tuesdays from 6-9 p.m., and is located in East Nashville.

VUSM students, under the supervision of attending physicians, provide urgent and chronic walk-in care at the clinic for the area's uninsured patients. The clinic also provides health education and patient referrals and acts as a "bridge" between the medically underserved community and other components of the region's health care system.

Public response to the new clinic has been strong, said second-year medical student Dana Guyer, one of the clinic's directors.

"We have been working closely with community organizations and neighborhood residents to get their input and support for the clinic. Everyone we've worked with has been incredibly positive, and from the feedback we've received it seems that neighbors think the clinic will be great for the community.

"The medical students are thrilled to be able to get out in the community and interact with patients and we're hoping that our clinic will have a sustainable impact on this community," Guyer said.

Primary funding for the Shade Tree Family Clinic came from a grant from the Newman's Own Foundation for \$35,000 over two years. The clinic also recently received a \$25,000 grant from the Rasmussen Foundation. Vanderbilt is providing financial and administrative support for the clinic, with a goal of Shade Tree becoming a vital part of the medical safety net for uninsured and underinsured patients in Nashville. **VM**

-DOUG CAMPBELL

News and happenings at  
Vanderbilt Medical Center

## Vanderbilt Medical School welcomes Class of 2009

One hundred five members of the Class of 2009, the 129th class to enter the medical school, have begun their four-year medical school odyssey at Vanderbilt University School of Medicine.

"I know you had many choices of medical schools and spent hundreds of hours making your decision, but we spent thousands of hours looking through nearly 4,400 applicants for this class," said VUSM Dean Steven Gabbe, M.D. "Forty-four folks applied for each of your positions, and we're delighted that this class has come together. We believe you are among the very best and brightest of the 16,000 students at the nation's 125 medical schools," he said.

Caroline Kim, a 2001 Harvard University graduate, said it was the student-centered atmosphere and friendliness of the faculty and staff combined with the way the medical school curriculum is organized that brought her to Vanderbilt. She had applied to several other medical schools, including Harvard, the University of Pennsylvania and Penn State, but Vanderbilt was her first choice.

After attending Harvard on an ROTC scholarship, she spent the past four years on active duty — in Korea for a year and Europe for three. She lived in Germany during the medical school application process.

"Vanderbilt extends a welcoming feeling to the interviewees," she said. "The other schools were totally about competition."

The Class of 2009 comes from 33 states, six foreign countries — Australia, Canada, Ghana, Kenya, Nigeria and Pakistan — and 60 colleges and universities. Sixteen of the students are graduates of Vanderbilt University. **VM**

-NANCY HUMPHREY



ANNE BAYNER

## Stead to hold new Bioinformatics Chair

William Stead, M.D., has been selected as Vanderbilt's first McKesson Foundation Professor of Biomedical Informatics.

Stead, associate vice chancellor for Health Affairs and director of the Informatics Center, will continue to be honored for years to come by McKesson Foundation's gift, \$2 million disbursed over the next five years. The chair is his to hold as long as he wants, and when he vacates the position it will then be called the McKesson Foundation-William Stead Chair in Biomedical Informatics.

"I cannot imagine anything that would be a greater honor than to have someone make this type of commitment to biomedical informatics and to make it in my honor," Stead said. I'm grateful and touched by that."

Stead is internationally known as a pioneer in biomedical informatics. He came to Vanderbilt in 1991 and has been the architect of the Medical Center's informatics strategy. Last year he was elected chairman of the board of regents of the National Library of Medicine, one of the National Institutes of Health and the world's largest medical library. The NLM is the primary source of funding for biomedical informatics research grants.

Harry Jacobson, M.D., vice chancellor for Health Affairs, said the chair will bolster Vanderbilt's biomedical informatics efforts.

"I can think of no better way to support future research and production of biomedical informatics than with this generous gift from the McKesson Foundation. And certainly there is no more appropriate person to honor than Bill Stead, for his dedication and foresight have pioneered this field. Patient care of the future will be more streamlined, more thorough and safer thanks to contributions from both Dr. Stead and investment from corporations such as McKesson." **VM**

-CLINTON COLMENARES

## New databank will be a trove of anonymous DNA information

The successful sequencing of the human genome several years ago opened the door for a new era in medicine, one with treatments "tailored" to fit an individual patient's genetic profile.

Crossing the threshold of this doorway will require very large-scale research efforts to find the key links between genes and disease, and between genes and drug response.

To help investigators uncover those links, Vanderbilt University Medical Center is beginning to build an anonymous database of genetic and clinical information.

"The establishment of this database will allow researchers to more effectively and efficiently conduct important genetic research, which in turn will help improve care for patients, so it's a win-win for everyone," said Gordon R. Bernard, M.D., assistant vice chancellor for Research.

The database resource will use blood that would otherwise be discarded to obtain anonymous genetic samples. These "banked" samples will be associated with clinical data extracted from medical records without information that identifies those records.

Investigators will be able to use the resource to look for patterns and parallels between patients with similar diseases or who have taken similar medications.

"We've known for a long time that individuals respond differently to drugs, and in some cases, we know the genetic reasons for these differences," said Dan M. Roden, M.D., director of the John A. Oates Institute for Experimental Therapeutics and principal investigator of the DNA Databank effort. "When we understand the genetic variations that affect drug response more fully, we will be able to avoid rare, but catastrophic, side effects, and we will be able to identify patients with the greatest chance of responding well to a particular drug therapy."

Finding patterns and parallels among the billions of "letters" of DNA — to narrow in on genes that influence drug response or cause disease — requires large numbers of samples.

"We're most interested in finding the genes that predict common, complex diseases, like diabetes, Alzheimer's disease, cancer and heart disease," said Jonathan L. Haines, Ph.D., director of the Vanderbilt Center for Human Genetics Research.

VUMC hopes to build the database at the rate of 50,000 samples per year, with the ultimate goal of having over 1 million samples, said Jill Pulley, M.B.A., director of the DNA Databank resource.

Patient blood that would normally be discarded after testing will be used as the starting material for DNA samples. A set of computer algorithms will permanently encrypt the sample identifiers. Another set of computer algorithms will remove all identifying information — for example name, address, and Social Security number — from the medical record and link the remaining anonymous clinical information to the DNA sample.

The computer programs ensure that it is not possible to determine the identity of patients from the DNA samples or clinical information. **VM**

-LEIGH MACMILLAN



DOMINIC DOYLE, MEDICAL ART GROUP

## Consortium's 'team science' approach sets sights on diabetes

An international "team science" effort to accelerate progress toward a cell-based therapy for type 1 diabetes kicked off in Nashville recently.

The Beta Cell Biology Consortium (BCBC), formed in 2001, entered its second phase with an expanded roster and enhanced operations.

Vanderbilt is home to both the Coordinating Center for the BCBC and one of the cornerstone scientific program projects. Together, the two grants, funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), will provide over \$5 million in support for the next four years, said Mark A. Magnuson, M.D., Earl W. Sutherland Jr. Professor of Molecular Physiology & Biophysics and principal investigator of both efforts.

"The Consortium is a very successful example of a 'team science' approach," Magnuson said. "A lot has been accomplished because of it. Investigators are now using the knowledge that's been gained to devise strategies that will speed the clinical transfer of this information."

The BCBC includes the "crème de la crème" of investigators in the area of beta cell biology, Magnuson said. Pancreatic beta cells are the only cells in the body that secrete insulin. Destruction of these precious cells by a person's own immune system gives rise to type 1 diabetes.

Scientists in the BCBC have a wide range of expertise in areas including pancreas development, directed differentiation of stem cells and beta cell regeneration.

The Coordinating Center for the BCBC facilitates activities of Consortium investigators spread throughout the world. "We're privileged to be able to

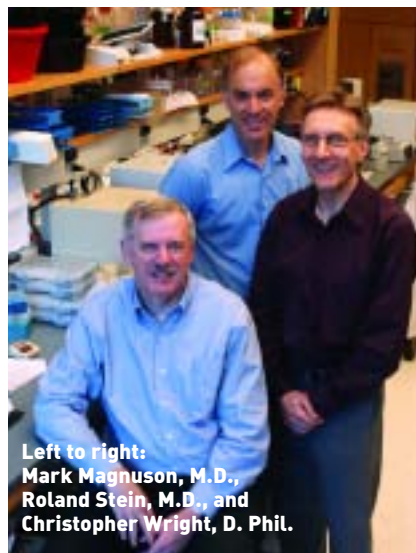
play this role in this very important area," said Magnuson, who has served as a leader in the BCBC since its founding. Magnuson built the Coordinating Center here with the assistance of Lisa Rouse, program manager, and Jean-Philippe Cartiailler, Ph.D., science writer and Web site manager.

Fifty scientists and administrators gathered at the Vanderbilt Center for Better Health for the kickoff meeting. One goal of the meeting was to have "true information exchange" between participants and to begin the planning for novel group projects.

"I liken it to throwing fruit in a blender, turning it on, and seeing what you get," Magnuson said. "It was a very intense meeting, and we made great progress."

Vanderbilt's scientific program is entering its 16th year of funding. When the BCBC got its start in 2001, the Vanderbilt group had the only existing program project grant focused on beta cells, Magnuson said. For more information about the BCBC, visit its Web site: [www.betacell.org](http://www.betacell.org). **VM**

-LEIGH MACMILLAN



Left to right:  
Mark Magnuson, M.D.,  
Roland Stein, M.D., and  
Christopher Wright, D. Phil.

## LifeFlight celebrates 20 years of service

LifeFlight, Vanderbilt University Medical Center's air ambulance program, recently celebrated 20 years of service to the community.

More than 300 people attended a dinner this summer, which honored Joseph C. Ross, M.D., who, along with John A. Morris Jr., M.D., professor of Surgery and director of the Division of Trauma and Surgical Critical Care, was one of the founders of the LifeFlight program.

"LifeFlight had its inaugural flight more than 20 years ago," said Harry R. Jacobson, M.D., vice chancellor for Health Affairs. "That first flight was a culmination of years of planning and careful orchestration that built a solid network of emergency services throughout Middle Tennessee. LifeFlight is the bridge that ties our region's emergency services network to talented and uncommonly dedicated physicians and nurses and staff of Vanderbilt Trauma."

In the past 20 years, the air ambulance program has transported more than 30,000 patients and grown from a single helicopter to a fleet of five of the most advanced twin-engine helicopters, one airplane, critical care ground transportation, neonatal care and state-of-the-art transportation and emergency communications.

LifeFlight has helicopter bases in Lebanon, Tullahoma, Mt. Pleasant (Columbia) and Clarksville, Tenn. LifeFlight serves all local hospitals and is the exclusive provider of air ambulance services for critical care patient transfers for TriStar Health Systems.

Ross, associate vice chancellor for Health Affairs, Emeritus, was named as the first recipient of the Joseph C. Ross Community Award.

Three families, each touched by LifeFlight, were also honored at the dinner. **VM**

-JERRY JONES

## Vanderbilt University Hospital celebrates 25th anniversary

Vanderbilt University Hospital, which opened in 1980, celebrated its 25th anniversary in September.

The forethought that went into the design of the Vanderbilt University Hospital that opened 25 years ago is evident in the vastly changed VUH that exists today, because the constant renewal that is necessary to keep a facility up to date was built into the hospital's design.

On Sept. 12, 1980, patients were moved from the "old" hospital building — now called Medical Center North — into the new \$65 million facility under the glare of TV lights and the smiles of employees. Members of the press were plied with gee-whiz facts such as, "In VUH there are 9,000 light switches, 14,000 electrical outlets, 2,000 public-address speakers, and 30,000 fluorescent lights."

On Monday, Sept. 15, 1980, the official dedication took place, with an official welcome issued by the one man who, more than any other, had brought the new hospital from notion to reality: Vernon E. Wilson, M.D., the truck-driver-turned-physician who, as vice chancellor over the Medical Center in the 1970s, had refused to settle for anything other than a new Vanderbilt Hospital, and led the Medical Center through some turbulent times.

Over its 25 years VUH has been repurposed, reinvented, and renewed time and time again.

It has seen, among many changes: the growth of LifeFlight, which was first located on a helipad on a hill outside the Emergency Department; the opening of a Trauma Unit, the Neurological Intensive Care Unit and most recently, the Hybrid OR; two complete renovations of the Emergency Department; and the complete relocation of Children's Hospital. **VM**

—WAYNE WOOD

DANA JOHNSON



## Study shows frogs may aid in HIV fight

A new weapon in the battle against HIV may come from an unusual source — a small tropical frog.

Investigators at Vanderbilt University Medical Center reported in the September *Journal of Virology* that compounds secreted by frog skin are potent blockers of HIV infection.

The findings could lead to topical treatments for preventing HIV transmission, and they reinforce the value of preserving the Earth's biodiversity.

"We need to protect these species long enough for us to understand their medicinal cabinet," said Louise A. Rollins-Smith, Ph.D., associate professor of Microbiology & Immunology.

Frogs, she explained, have specialized granular glands in the skin that produce and store packets of peptides, small protein-like molecules. In response to skin injury or alarm, the frog secretes large amounts of these antimicrobial peptides onto the surface of the skin to combat pathogens like bacteria, fungi and viruses.

Rollins-Smith and her laboratory neighbor Derya Unutmaz, M.D., associate professor of Microbiology & Immunology, decided it would be interesting to investigate whether any frog peptides have activity against human viruses, specifically HIV, the focus of Unutmaz's group.

They found several peptides that inhibited HIV infection of T cells, immune system cells targeted by HIV. The frog peptides also blocked transmission of HIV from dendritic cells to T cells.

Dendritic cells are the sentinels of the immune system, Unutmaz explained. These special cells hang out in the mucosal surface tissues, scanning for and destroying invading pathogens.

HIV somehow evades destruction when it is picked up by dendritic cells. It lurks inside the cells, waiting to invade the T cell with a Trojan Horse-like mechanism. The frog peptides blocked that invasion.

"This was a great surprise," Unutmaz said. "It suggests that these peptides could be very effective since the virus now has nowhere to hide." **VM**

—LEIGH MACMILLAN



# The new hysterectomy

BY NANCY HUMPHREY

Hysterectomy is the most common, non-pregnancy related surgical procedure performed on women in the United States – each year, about 600,000 are performed. More than one-third of women will have a hysterectomy by their 60th birthday.

Vanderbilt University Medical Center is one of a handful of centers offering a less invasive technique for performing hysterectomies, a relatively new surgical technique that uses laparoscopy

alone to remove the uterus, but leaves the cervix intact.

Although Vanderbilt has been offering laparoscopic supracervical hysterectomy (LSH) for the past three years, the number of women who take advantage of this procedure is growing, says Barry Jarnagin, M.D., associate professor of Obstetrics and Gynecology.

With LSH, a small laparoscope and surgical instruments are inserted through tiny incisions in the navel and abdomen to separate the uterus from the cervix. Another device dices the uterus and it is removed through one of the incisions.

The procedure is less invasive than a traditional “open” hysterectomy where an incision is made in the abdomen, and was developed to reduce pain and trauma to the pelvic area, minimize scarring and shorten recovery time. Some women go home the day of surgery, although most Vanderbilt patients stay for 23 hours, Jarnagin said.

Hysterectomies are normally performed in two ways – total, removing the uterus and cervix; and supracervical, removing the uterus but leaving the cervix in place.

The medical community’s thinking on hysterectomies has come full circle, Jarnagin said. When they were first done, before the days of antibiotics, the cervix was left intact because of the risk of infection. Then it was believed that removing the cervix was a good idea, because removing it might help prevent cervical cancer. But now, with Pap smears and other means of monitoring for cervical cancer, it’s believed that removing the

cervix may diminish sexual function in some women, and that leaving it preserves the pelvic support of the vagina.

“We know that 60 percent of women who undergo a total abdominal hysterectomy by the age of 60 will have significant pelvic support problems. It is hoped that leaving the cervix would reduce that risk,” Jarnagin said.

There are practical reasons for recommending LSH to women who meet the criteria – less pain and a more speedy recovery.

“You turn a procedure that has a significant amount of post-op pain into a procedure that has relatively little pain and reduces the risk of surgery, the risk of bleeding, infection and injury,” Jarnagin said. “The bladder sits right on top of the cervix so there’s less moving around of the bladder.” And about 1 percent to 4 percent of women have some injury to the ureter during a total hysterectomy, he said, so there is less risk of a ureteral injury.

A hospital stay for a total abdominal hysterectomy is two to four days, and women have significant discomfort and pain for several days, then limited activity for six weeks. With LSH, patients go home within 23 hours, some the same day, have minor post operative pain for one to five days, then can resume normal, non-strenuous activity within one to two weeks. Many women say they don’t even have to take a pain pill, Jarnagin said. **VM**



Hysterectomies are normally performed in two ways — total, removing the uterus and cervix; and supracervical, removing the uterus but leaving the cervix in place.



*earls of w*

## Maybe If I Hurry

TACKLING COLLEGE, MEDICAL SCHOOL AND TRAINING during the Great Depression wasn't an easy chore for anyone, especially a young woman from a tiny Wisconsin town. But Pearl Zink, M.D., a 1937 graduate of Vanderbilt University School of Medicine, isn't just any woman. Zink, Vanderbilt's first woman house officer from 1937-1939, had a 66-year career in medicine, becoming a pioneer in the diagnosis and treatment of allergic diseases, in the care of patients in long-term care facilities and in bringing hospice to the terminally ill. She chose allergies because every fall, living on a farm, she battled them herself. Retired since 2003, Zink isn't one to just sit around. At age 90, she decided to write her recollections of being a woman pioneer in the field of medicine. With Zink's permission, excerpts from her memoir are excerpted in this issue of *Vanderbilt Medicine*.

### CHAPTER 1

I'm ninety years old. NINETY YEARS OLD. Who would have believed that a little girl born on May 24, 1913, would live to be ninety years old? The year 2000 was light years away. Why to reach that she'd have to be 87. Well, here it is 2003, and here I am and I'm ninety....

I've outlived most of my classmates. I've outlived all of my close relatives except two nephews. My grandparents, my parents, two husbands, my three sisters, aunts, uncles and the only three first cousins I've ever had. So many friends, so many colleagues. So many patients, so many whose lives brushed mine....I've outlived them all.

The day of my birthday party I went early to the beauty shop. The gray-haired lady in the chair next to me said, "Well, Dr. Zink, I've finally caught you. You usually come later and I've been missing you. I came to you when I was nine years old. I was wearing sandals and my sister had painted my toenails for the first time. I was so proud of them and you told me how pretty they were. I had eczema or something." She added, "I'm sixty-five now." What a lovely birthday present. Fifty-six years later she hardly remembered why she was in my office, but she recalled that I had admired her toenails.

### CHAPTER 4

#### *Random Collections*

My little sister in the swing on the lilac tree waiting for me to come home from school...

The russet apple tree at the school boundary that provided sustenance for the trek home...

Kind Mrs. Gephardt whose warm kitchen and ginger cookies gave us the energy for the final frigid dash home. My lifelong friend, Irma, who skipped the fifth grade with me.

The books in the school library...I read them all at least once.

My mother's embroidered pillow that won a blue ribbon at the state fair.

The snow banks whose crusted tops would bear a child's weight. Cold fingers and feet...Chilblains, heavy quilts, icy bedrooms.

The long evenings, especially in winter, my parents and my sisters around the kitchen table under the light of a kerosene lamp, my mother crocheting or embroidering, homework. We were all THERE. I was secure. I was 13, eager to go to high school.

wisdom

from Pearl L. Zink, M.D.

ESKIND BIOMEDICAL LIBRARY HISTORICAL COLLECTION



ESKIND BIOMEDICAL LIBRARY HISTORICAL COLLECTION

ESKIND BIOMEDICAL LIBRARY HISTORICAL COLLECTION



**Pictured above, from left to right:** Pearl Zink's medical school class composite; Vanderbilt Hospital House Staff (Zink is third from left, front row); Hugh J. Morgan, M.D., center, with Chester M. Jones, M.D., left, and Tinsley Harrison, M.D.; and Pearl L. Zink, M.D.

CHAPTER 12

The most frequently asked Question: Why did you want to be a doctor? A woman 'n all? Way back when?" Why indeed. I have pondered that question many times. I don't know. There was only one doctor in my family, a great uncle I never knew. Perhaps I had an epiphany, an awakening, a calling. Somewhere along the line, I had a dream and from then on had tunnel vision. I didn't have the foggiest notion of what college and medical school would entail, where I would get the money, or how arduous and well nigh impossible it would be. So I plunged in. One class, after the other, one more job, one more course, one more semester, one more year. A scholarship, a loan, more jobs, help from my father, unexpected windfall. The day after graduation all the years of toil and privation coalesced into one golden moment when Dr. (Hugh) Morgan passed me in the hall, smiled, and said, "Good morning, DOCTOR ZINK."

CHAPTER 26

It was September 1933. It was my first day of Medical school. I was registered at both the University of Kentucky and Vanderbilt Medical School. Ahead of its time, Vanderbilt required an arts degree. I had completed all the required subjects, heavy on science, and lacked

only enough academic hours for a degree. Through a reciprocal agreement, I'd receive my degree in August of 1934, after a creditable completion of my first year at Vanderbilt. I was 20 years old.

My mother's small legacy, with stringent economy, had seen me through three years in Kentucky. There was possibly enough, with a job, to see me through my first year in medical school. I had found a small room with board close to the university. With my classmates, I waited in a large lecture room. We were 47 callow youths and three wary young women. We looked each other over with frank curiosity, taking stock of the 49 other individuals with whom we were going to spend the next four years.

The dean of the medical school, Dr. Waller Leathers, greeted us. He said that he knew each of us had our own reasons for wanting to be doctors and that their aim was to see our dreams come true...He stated that Vanderbilt didn't have the policy of admitting more students than they could accommodate in the clinical years and then failing the excess...It was up to us to succeed. The faculty was there to help us. He was confident of our abilities.

Then he added facetiously that we would see many shocking things in the course of our instructions and that we were allowed three faints without prejudice. If

"Why did you want to be a doctor? A woman 'n all? Way back when?" Why indeed. I have pondered that question many times.

we had them all in the first year, perhaps we should reconsider our career choice.

## CHAPTER 27

*(On being one of three women in the class)*

We were a motley crew. Perforce Alta Ashley and Alice Campbell and I stuck together. Our first few weeks were strange. At first the three of us were treated with condescension and an air of supercilious male superiority. There were many ribald jokes and gestures with sly sidelong looks to see how we were taking it. There was snickering behind our backs. We ignored them. Finally, when they saw we were there to stay, the jokes and heckling dwindled. They still teased us, but gently and with good humor. We got to know each other in a way that males and females seldom achieve. It was more than friendship. Over the next four years, I grew genuinely fond of some of my classmates. I liked most of them and heartily disliked a few. Except for Don Thurston and Alice Campbell, we were all poor. I saw my classmates wear the same shabby clothes day after day. Some of them had found jobs. I was ashamed of my poverty until I realized that none of us had much and I noticed the hole in a classmate's shoe.

## CHAPTER 28

I was broke. So was everyone else. My father was barely scraping by. The depression was at rock bottom. It was late August 1934, and almost time for me to return to Vanderbilt for my second year of medical school. I had no money for tuition or living expenses. I begged my Uncle Alfred to help me. He asked, "Where'd you get such a damn fool idea anyway? Women got no business being doctors." I told him how far I had already come, how hard I had worked, that there were two other women in my class and five in the class ahead of me. He was unmoved. "Bunch of tomfoolery," he said.

When I had given up hope, my father told me he had obtained a loan for the amount I needed. I assumed it was from the bank. I told him I would repay him

with compound interest just as soon as I had an income (I did.). With hindsight, I've always had the sneaking suspicion that Uncle Alfred bailed me out after all. I think my father went to him and persuaded him to change his mind. Uncle Alfred saved face and I went back to school on schedule. I've never known for sure.

## CHAPTER 29

I had a secret aspiration. It consumed me. I wanted to make Alpha Omega Alpha, the Phi Beta Kappa of medical schools. I knew that I had no chance at the Founder's Medal or even at the third year selection of members. I had my sights set on the selection near the end of the fourth year. I confided in no one, lest I fail and be pitied or humiliated. I studied obsessively. *Editors note: Zink was chosen for AOA during her fourth year of medical school.*

## CHAPTER 32

*(on obtaining a \$350 scholarship from the American Medical Women's Association)*

For the first time I encountered Dr. Hugh Morgan on a personal basis. He was professor of Medicine and head of the department. He was six feet four inches tall and a most imposing southern gentleman. He was a superb clinician. It took me three or four days to screw up my nerve enough to ask for an appointment to see him. I explained my situation to him, how poor I was and how much I needed help. He listened gravely, took in my threadbare appearance, then kindly said he would be glad to write a recommendation for me. His secretary told me later he had written a "strong" letter for me. I have always believed it was his recommendation that got me the scholarship.

## CHAPTER 33

*(About Hugh Morgan, M.D., who chose Zink as an intern.)*

"He cared for his students too. He cared for me, one of his lowliest admirers. He listened to a scared, poor female student who asked for his help. He gave it freely with graciousness and then paid her the signal honor of choosing her to serve

on his staff. It had taken me days to work up enough courage to approach him, but from then on he was my lodestar. Dr. Morgan shaped my life in medicine.

## CHAPTER 34

*(About graduation)*

One by one my classmates mounted the stage and came down the other side doctors. Last (but not least) I climbed the steps on one side of the stage, shook the chancellor's hand, received my diploma and descended the steps on the other side no longer MISS Zink. I had no congratulatory group to join...Alice's (Campbell) sister and her husband had come from California for the graduation. They took us out to lunch. I was 24 years old. See, Uncle Alfred, maybe it wasn't such a damn fool idea after all. I had made it and was ready for the next phase in my life.

## CHAPTER 41

I'm proud of the strong genes and principles that I inherited and acquired from my progenitors. They have given me my longevity, my intelligence, my stamina, work ethic, resiliency and determination that have made my life's work possible. I'm proud that I was the first female house officer on the staff of Vanderbilt Hospital. I started in that position with trepidation, knowing that I was the vanguard of women to come. It meant that I was opening doors at Vanderbilt and other hospitals to expand the horizons of female students everywhere. I desperately didn't want to disappoint Dr. Morgan. It was tough, but I'm glad I hung in there and did a credible job. I can't suppress a small glimmer of pride when I see the look of respect in my questioner's eyes as I tell him I graduated from Vanderbilt Medical School. **VM**



# changing paths

BY THE TIME PRESTON RUSSELL, M.D., reached his mid 50s, he made a discovery – it was becoming more difficult to keep up the pace of his medical practice. As a pathologist, he spent day after day diagnosing cases – nearly 50 a day. It was becoming a daunting task that required immediate attention.

“I found that I was not able to keep up anymore,” said Russell, a 1966 graduate of Vanderbilt University School of Medicine. “It was mentally exhausting.

“When I was 59 I decided to get out of medicine and become a full-time painter.”

Russell, 64, was the third generation in his family to go into medicine. Both his father and grandfather were physicians. Although Russell had two children, neither chose medicine as a career.

He admits that toward the end of his practice he became more stressed with the increasing case-load, malpractice suits and declining reimbursement.

“It was very much like being an air traffic controller,” he said. “You say – ‘I’m pretty proud of myself. Last year I landed 20,000 planes safely at the Atlanta airport. Only two crashed.’

“In these fields, there is no room for error. None.”

What Russell describes is very common among physicians, nurses, firefighters, policemen, teachers, social workers and others where you are in close contact with the people you serve, said Steven G. Gabbe, M.D., dean of the School of Medicine. The demands at the workplace are high, workers oftentimes have limited control over the workload and there is a lack of support.

This phenomenon is called burnout.

Although Russell left medicine before experiencing true burnout, he understands the feelings surrounding the syndrome.

“In my case, I’ve always been a painter, an artist,” he said. “I decided that the time remaining in my life I really wanted to do something else. I wanted to switch over from one career to another. I had been painting for 40 years.”

But that is not the situation for many physicians who are looking for a way out of the field.

According to a 2002 study of physicians in the United States, dissatisfaction was well documented among physician groups including primary care, surgery, infectious disease and anesthesiologists.

“Burnout is a risk among people who work with people and is related to the workplace,” said Gabbe, who authored ‘Mid-Career Burnout in Generalist and Specialist Physicians’ with Anderson Spickard Jr., professor of Medicine.

“Physicians have invested a huge amount of time, effort and money, and want to enjoy their career for decades to come. It is a huge loss to their families and society if they become so angry and frustrated that they become impaired.

“They feel like they are at the end of their rope. There is emotional exhaustion, cynicism and they feel that the work they are doing is not meaningful.”

The study states that victims of burnout can experience the following symptoms – headaches, sleep disturbances, irritability, marital difficulties, fatigue, hypertension, anxiety, depression, heart attack, drug addiction and alcoholism.

Tendencies toward burnout can begin as early as medical school and residency, Gabbe said.

“At Vanderbilt, we spend a great deal of time with our students discussing the importance of how to live well, how to keep their health a priority while in medical school so that they will have the tools available once they are practicing.

“Support is really the key,” he said. “It’s a powerful force in preventing burnout.”

Sidney Bondurant, M.D., a 1971 graduate of VUSM, agrees.

He not only practices medicine but also is a state representative in Mississippi, a reserve deputy sheriff and a novice archaeologist.

“One can only sustain that drive we had in medical school for so long,” he said. “The brain requires some diversion and each individual can usually find that ‘something’ that provides the same passion but without the responsibilities of medicine.

“I found that my diversions served me best when I was able to channel my interests into things that still serve my community in some way.”

WRITTEN BY JESSICA PASLEY  
ILLUSTRATION BY STEVEN SWIFT

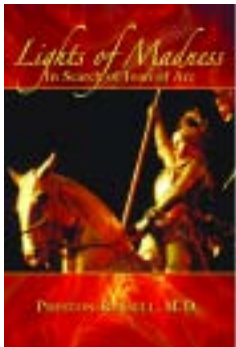
Preston Russell, M.D.



RUSS BRYANT

“I was lucky because I had a purpose and something exciting to do once I retired. I do notice a lot of my colleagues are still in medicine and they really don’t like it anymore, but they have a great fear that they don’t know what else they will do the rest of their lives.”

Preston Russell’s book on Joan of Arc.



Bondurant, an Ob/Gyn, lives in Grenada, Miss., where he sees mostly gynecological patients. Most recently, he picked up a rotation for the obstetrics side of the practice because one of his partners decided to leave the practice due to increased malpractice suits.

“Since I have been serving in the legislature, I had to cut back on my medical practice,” he said. “I knew it would require a major change in my professional life, but I enjoy it.”

Bondurant, 59, admits had he not become involved in the issue of civil justice reform that led him to run for the Mississippi House of Representatives in 2003, he would have left his career in medicine behind.

“I probably would have done something different around that time (when he became involved in running for state representative). Had I not become a part of the revolution that changed the civil justice system, I could not have tolerated being in medicine in Mississippi. I probably would have quit.”

Gabbe said that providing physicians with the right tools to prevent burnout is essential. Promoting personal

and professional well-being is a key component at all levels from medical school through retirement.

It is essential to teach those new to the medical field about burnout because they are at greater risk.

“They don’t have the support structure yet and may have unrealistic expectations about what they are trying to do and what they can accomplish. The key factors in preventing burnout are having control over your work, balance between your professional and personal life and having a supportive family/spouse/partner.

“In fact, that is the single most important factor – family.”

The opposite of a burned-out physician is one who is engaged, one who thoroughly enjoys what he or she is doing, feels his or her work is important, and has a good relationship with patients and other medical personnel.

Most physicians fall between these endpoints, says Gabbe.

Preston Russell has lived in Savannah, Ga., since 1973. Now he spends his time painting the landscape and architecture of the country. His work can be seen in the Morris Museum’s permanent collection as well as in his new book – “The Low Country: From Savannah to Charleston, Paintings by Preston Russell.” He also has turned to writing historical non-fiction. His latest book, soon to be nationally released, is on Joan of Arc. Russell uses his medical background to explore new scientific research concerning Joan of Arc’s daily messages from heaven.

Russell considers himself one of the fortunate ones.

Since 1970 he has developed a following for his art, which made his transition a little smoother in 2000, the year he left medicine.

“I was lucky because I had a purpose and something exciting to do once I retired. I do notice a lot of my colleagues are still in medicine and they really don’t like it anymore, but they have a great fear that they don’t know what else they will



do the rest of their lives. That's a tough feeling to overcome. It is frightening."

But he also commends those who are able to stay in the field because of their love for medicine. "It's something they truly enjoy," he says.

Strategies to prevent physician burnout include:

- Influencing happiness through personal values and choices
- Spending time with family and friends
- Having a religious or spiritual activity
- Caring for yourself (nutrition, exercise)
- Adopting a healthy philosophical outlook
- Having a supportive spouse or partner
- Controlling the environment and workload
- Finding meaning in work and setting limits
- Having a mentor
- Having adequate administrative support systems

Bondurant finds his peace in helping his community in diverse ways: as a physician, a deputy and a legislator.

"I get to use the knowledge and skills I learned at Vanderbilt to deliver babies and help people start their families," said Bondurant. "I get the adrenaline rush and reward of appreciation from my community when I help take a drug dealer off the streets and put him in jail. I get to see the smiles and looks of wonderment on the faces of children when I show them the artifacts of our human past and explain how the artifacts related to their lives and those who came before us.

"And I get to work in the halls of government to provide my knowledge to try to help improve the lives of all my fellow citizens of my state.

"There is something out there that will stir your passion," he advises other physicians. "You don't have to look far to find it. You will know when you find it." **VM**

## A tugboat in a storm

### Vanderbilt helps residents maintain healthy marriages

It may be one of the hardest marriages to maintain – the medical marriage – especially when one spouse is a resident physician and the other is at home, trying to handle managing the home, possibly their own career and raising children.

But, beginning this fall, Vanderbilt University Medical Center is putting a special emphasis on helping its residents maintain healthy marriages. Hosted by the Vanderbilt House Staff Alliance, and funded by the Medical Center, Harry R. Jacobson, M.D., vice chancellor for Health Affairs, and his wife, Jan, are hosting a five-part "Matters of the Heart" seminar series for residents and their spouses. The two-hour events, which began in October, included dinner and on-site childcare. The first seminar was on medical marriages and included an overview of issues and suggestions for maintaining a healthy relationship during the training years. The program is designed to provide information and spark discussion. Besides marriage, the topics include communication, intimacy, children and finances. One session will include a panel discussion of faculty members who will speak about their experiences balancing their careers and home life.

Jim Kendall, LCSW, Work/Life Connections-EAP manager, who has helped Audrey Smith, president of the House Staff Alliance, and Jan Jacobson plan the sessions, said that the medical profession deals with an inordinate amount of stress, something many other professions don't have.

Physicians work seven days a week, but they need to have some time built in for some things to give their lives a good, healthy balance, Kendall said. "You can't leave this job behind at the end of the day," he said. "If you're in the middle of a birthday celebration for your wife, and one of your patients crashes, you're responsible for dealing with that issue, and yet your family is also saying 'how come you're not available to us?' Physicians may miss some real important milestones, and they are torn between 'I need to do my job and be at the top, but I want to be a great father or mother or spouse.' The reality is there are only 168 hours in the week."

John Dixon Jr., M.D., associate professor of Medicine and medical director of cardiology outpatient services, has informally been meeting with groups of residents and their spouses for the past several years. "Being on the house staff is a very demanding time in the life of a house officer and his or her spouse," Dixon says. "There's so much being asked of them – everything they need to learn to be a physician and everything that's asked of them to be a spouse or a father. You have a young doctor who's coming home, who is worn out, and doesn't have anything else to offer, who doesn't feel like taking care of their child or helping clean up. It's fertile ground for a whole lot of misunderstanding."

Dixon, whose wife Jan has helped counsel house staff couples for several years along with her husband, said it's sometimes helpful to talk to some of the senior faculty who have been there.

"I've been there," he said. "I care about these kids, and it's good to be able to offer some wisdom along the way, to stand beside them for awhile. It's like a tugboat in a storm, and when the storm is over, I can just disappear over the horizon."

Dixon, who said his own marriage "took some licks" during his residency, said that he has seen one marriage after another fail along the way. "It didn't have to be that way. These are marriages that could have survived. People like Jan and I can say 'tie a knot at the end of the rope and hang on. This will come to an end.'" **VM**

– NANCY HUMPHREY





# let's sleep on it

Are the new duty  
hours working?

IT WAS CALLED RESIDENCY BECAUSE they literally lived in a hospital facility. And while doctors-in-training today might say that 20th century tradition is still intact, in actuality residents' time-on-task has been restricted since 2003.

The national duty hour guidelines were aimed at keeping patients safer by mandating doctor downtime, but they have perhaps raised more questions than they've answered. And as the discussion continues, some are asking: Is this really the best medicine?

"The goal was to provide rested physicians for the American people," explains John L. Tarpley, M.D., professor of Surgery and program director for General Surgery in the School of Medicine, as he reflects on the rules governing residency programs instituted two years ago by the Accreditation Council for Graduate Medical Education. "We hoped to have a better rested, safer, better read, better balanced physician work corps."

While Tarpley says the duty hour limits have produced some positive changes – a more focused work force and the spin-off of some time-draining clerical tasks, for example – he's nevertheless unsettled by what he calls "unanticipated developments."

These developments, he believes, may call into question the very premise of the ACGME's goal of improving patient safety while also promoting resident learning and well-being.

WRITTEN BY **ELIZABETH OLDER**  
ILLUSTRATION BY **DIGITAL VISION ILLUSTRATION**



**CLIFTON MEADOR, M.D.**  
 professor of Medicine and executive  
 director of the Meharry-Vanderbilt  
 Alliance

On a particular late night – we’d work 36 or 37 hours on call – I fell into bed after midnight and woke up about 5:30 or 6 the next morning. The next day, when I got to the hospital, I saw a few patients’ charts had a VO (Verbal Order) on them – orders I gave over the phone to nurses. I had no recollection of giving those orders. They weren’t bad orders, but one was for medication for chest pain, and that scared me. After that, I moved the phone into a drawer across the room, away from my bedside. Another time, I shared a room with my call mates at the hospital. One night the phone rang and one of my roommates was already up, and mumbling, “I can’t find that damn maws inhaler to cut it off.” A maws inhaler makes a humming noise and he thought the phone ringing was the inhaler humming. I even got up to help him find it. Finally, one of us woke up enough to realize it was the phone. How stupid can you get?



**HARRY R. JACOBSON, M.D.**  
 vice-chancellor for Health Affairs

After being on call for two nights, then home for dinner at the end of the third day, my wife and I were having dinner and I fell asleep while we were eating. My head fell right into whatever it was I was eating. My face was covered with food. Another time, I was at the end of my short call day, and sat down next to the bed of an elderly African-American man, who was suffering from chronic congestive heart failure. He came to Hopkins several times a year. I leaned over with my stethoscope to listen to his heart and fell asleep with my head on his chest. He woke me up right away, and was very polite. The rhythmic beat of his heart just put me to sleep.

## The national duty hour guidelines were aimed at keeping patients safer by mandating doctor downtime, but they have perhaps raised more questions than they’ve answered.

### Getting accustomed to clocking out

One could say the 2003 ACGME standards reduced the mythic world of medical training to mere super-human proportions. Residents can no longer keep working until they feel they’re done – only for 24 hours straight, or up to 30 hours to ensure continuity of care for patients and their own education. They must get 10 hours of downtime in between shifts, and one day in seven free, averaged over four weeks. During the same period of time, their duty hours can average no more than 80 hours a week, with in-house call limited to once every three nights.

The duty hour standards apply to more than 8,000 U.S. residency programs with some 100,000 doctors, and all 120 medical specialties and subspecialties accredited by the ACGME. That accreditation is the big stick; non-compliant programs can be put on probation or kicked off the list, which would cause the loss of Medicare funding and close the program to new residents.

“The good thing is that it does make their lives a little more sane,” says Fred K. Kirchner Jr., M.D., associate dean for graduate medical education in the School of Medicine. Before the guidelines, when residents’ on-call duty in some specialties could top 100 hours a week, the doctors often felt perpetual guilt – for not being at home when they were working and not being on the job when they were home, Kirchner says. Depending on the specialization, residency programs at Vanderbilt generally run from three to eight years.

“People didn’t have a life. You sort of were married to your profession,” he

says. But while he believes the standards have eased that conundrum and led to better teamwork in providing patient care, Kirchner is concerned that the “shift mentality” is forcing young doctors to make some difficult choices.

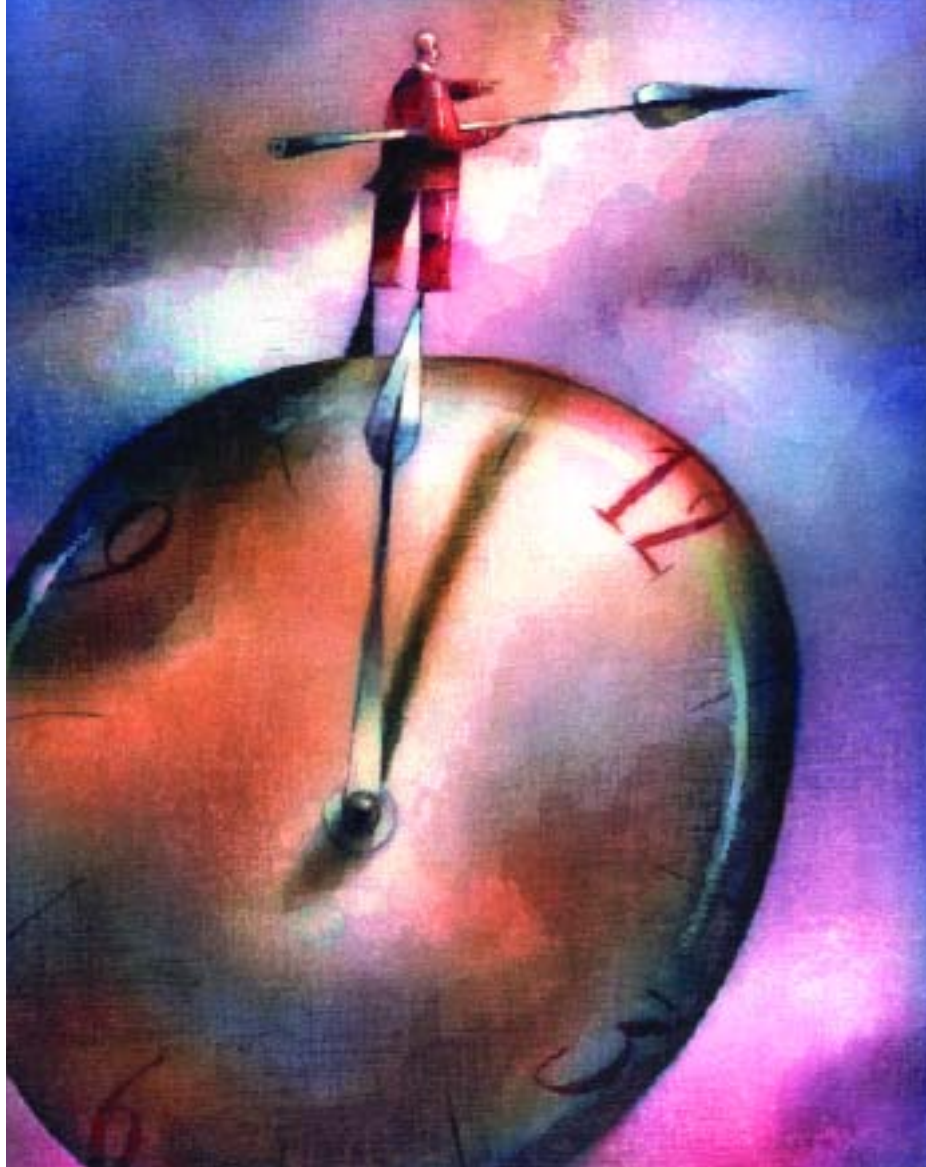
“Physicians have an oath to take care of their patients. Most physicians feel like being told or required to leave is antithetical to what the medical profession is about,” he says. “It has raised some ethical issues with our residents.”

Tarpley says the excellent young doctors who are attracted to Vanderbilt’s residency programs not only feel obligated to stick with their patients if something needs to be done, they also want to get the most out of their expensive educational experience. The junior residents want to stay on to assist in an operation, for example, and the senior residents want to take 35 minutes at the end of a shift to hold an informal teaching session, he explains. But if the residents’ work hours don’t meet the ACGME guidelines, they’re faced with deciding whether to truthfully report that when the oversight agency collects compliance data, he explains.

Moreover, Tarpley says, the premise that regulating residents’ work hours will reduce so-called fatigue-related risk and improve resident learning has never been proven by evidence-based data.

“None of this is data-driven,” says Tarpley, who adds that some investigations even seem to indicate that patient errors actually increase with additional “hand offs,” when physicians end their shifts and hand over those they are caring for to other doctors just coming on duty.

“A tired resident who knows the patient may well be safer than a less tired



TODD DAVIDSON

resident who doesn't know the patient," he says. However, some research has linked the restricted work hours to quality-of-life improvements for residents, including less stress and improved mood.

### Sleep, in fact, isn't overrated

As a doctor whose specialty is sleep, Beth A. Malow, M.D., M.S., looks at the issue just a bit differently. While the role of sleep in keeping people healthy and functioning has yet to be exactly explained, "We're fairly certain it's not just wasted time," says Malow, associate professor of Neurology and director of the Vanderbilt Sleep Disorders Center.

Studies have shown that concentration and mood are impaired when subjects are deprived of sleep. And the effect is "dose related," says Malow, meaning performance dips as sleep decreases. Research also suggests that lack of sleep may be a contributing factor in several medical

conditions, including depression, diabetes and obesity.

"There is a clear relationship between not getting enough sleep and something bad happening to your body," she explains. This threat is compounded when residents also have home obligations that sap sleep, such as young children who are up at all hours, she adds.

"Given child care responsibilities, you could argue that it might affect women more than men," she says, and perhaps even cause some students to choose another career for fear they can't get through the grueling residency experience.

The proverbial power nap can be helpful for some people, but a "solid sleep is by far the best," Malow says. "I don't think there's ever any substitute for a real, authentic sleep."

However, people do vary in their tolerance for restricted sleep, says Malow, an associate professor of neurology.



ANN PRICE, M.D.  
executive director of Medical  
Alumni Affairs

Falling asleep on the doorframe—could that be possible? I was on a Nephrology rotation during my third year of Internal Medicine Residency at Vanderbilt. Usually, this rotation had a rather relaxed routine compared to the every other night schedule on most of the general medicine services—but several complex cases had resulted in working through the night. The following morning, while awaiting the arrival of our attending, our work team was assembled in what is now the round wing burn unit area. Fatigued—I decided to lean against the doorframe for just a few seconds—just closing my eyes while listening to the usual team chatter. Everyone got a good laugh when I awoke with a start to see that our team's nephrology fellow had led the group to the next room. Fortunately, or perhaps unfortunately—depending upon your viewpoint—sleeping against the doorframe was an accepted part of residency. Those who had perfected the erect posture sleeping position, with eyes half-open, were admired for this dubious talent. Learning to "move on" with the group required an even greater skill level—one that I certainly had not perfected.



**JIM JIRJIS, M.D.**  
assistant professor of Medicine and  
Biomedical Informatics

The main thing about working the long hours is that there was a point of diminishing returns. I am a compassionate person, but there were times during the second year of my residency where the workload was so large and the hours were so long that my mind started to play tricks on me. After getting an eighth or ninth admission and being sleep deprived, I remember a period of time where I actually began to believe that patients were getting chest pain in the middle of the night and deciding to choose that night to come to the emergency room just to torment me when I was on call! Intellectually, I knew this was ludicrous, and I was very ashamed of myself for having such thoughts. But the fatigue colored my views. Eventually as I moved on and mastered the skills and moved out of such a call schedule I began to get back to my normal self.

What was sobering was to think that, in our training, during the times when the workload was significant and the hours long, the patient subconsciously became our “enemy” in the battle. Common vernacular was evidence of this. Another admission was referred to as a “hit.” “They hurt me bad last night” was code for “I had a busy call night.” A new admission meant another two hours of work in a long string of diseases affecting patients who we did not know and had not had time to bond with.”

“What I go by is whether someone is showing evidence that they’re sleep deprived,” Malow explains, such as sleeping in when they’re off the job as compared to maintaining a routine sleep-wake cycle.

These individualized sleep requirements might even help explain why some doctors end up choosing a nonstop surgery residency, while others opt for ophthalmology. Malow remembers considering her own constitution when deciding among residencies that had call duty every third or every fourth night.

“I felt like some of us go into neurosurgery and some of us go into sleep medicine,” she says. “I need to get my sleep every night.”

### Continuity requires cash

And sleep, as it turns out, can be expensive – at least when doctors-in-residency are snuggled under the covers. Vanderbilt has spent about \$3 million

annually to fill the care gap left when residents have to go home, says Kirchner. The money pays for nurse practitioners, physician assistants and hospitalists – doctors who specialize in the care of patients in the hospital – who take on the duties residents just can’t get to in their mandated 24- to 30-hour shifts.

“It’s been a lot of adjustment on the part of the faculty,” adds Kirchner, explaining that the attending physicians who supervise and teach residents have had to take on more work, as well, since residents can no longer be called in to assist unless that fits within the duty hour rules. “It’s been a big change.”

While Kirchner has some concerns about how the duty hour restrictions will, in the end, affect patient safety, he calls the national standards “a great move.”

“A lot of this is intuitive. Most of us would agree you don’t want a fatigued doctor either at your bedside or driving

While the role of sleep in keeping people healthy and functioning has yet to be exactly explained, “We’re fairly certain it’s not just wasted time.”



**Beth Malow, M.D., right.**

home,” he says. “We will need two or three years of experience before we start talking about changes. I’d like to see a little more flexibility, but we’ve got to be careful because people will take advantage of it.”

Jim Jirjis, assistant professor of Medicine and Biomedical Informatics, says he believes the negatives of long hours far outweigh any arguments against controlling housestaff work hours.

“How was it a good thing that during parts of our training we were so busy and so tired that we were challenged in feeling compassion towards patients and instead began to view them as units of work,” Jirjis said. “This is not the pattern of behavior that we want to model for our graduating physicians who go on to represent VUMC. I embrace the new changes. Though some say that rigor will be lost, I think that the reality of the future of medicine revolves around teaching balance in life to maintain emotional health. This will have a positive impact on family life and lead to a longer and more productive, satisfying career. Our residents and students need to develop skills in being comfortable with handoffs and picking up new patients. Shorter work hours demand this skill, but it is a skill that will serve our trainees well as they emerge into a compassionate practice with a balanced lifestyle.”

Kirchner thinks the new scheduling will necessitate better communication among colleagues, through both computerized records and personal interaction, to ensure continuity of care. And he wonders if residency programs will have to be extended to make sure new doctors get the experience they need before they go it alone.

“There is a certain amount of stuff that has to be learned,” he points out.

To that end, Tarpley thinks doctors coming up through this system could be less prepared for their first unsupervised jobs, requiring employers to provide hands-on tutorials in some situations.

“A concern is that we’re going to have the dumbing down of surgeons and

medicine” over the next 10 years, he says. Some flexibility in the work hour guidelines, especially for intense residency programs such as surgery, would be beneficial, he says.

But Tarpley admits his own residency experience was a “cauldron.” He says he vowed to make it better for those who came behind him.

“I’m not uniformly against work hours guidelines,” he says. Although he thinks conscientious program directors can be responsible resident advocates, he is pragmatic about one thing: “We would not make changes unless we were forced to make changes. This is another unfunded mandate. The dollars and how to finance such a major change are important.”

These doctors, and no doubt many others in the medical profession, believe a culture shift is taking place in the education of physicians in America. And, they say, it has created some tension among those residents whose downtime is now protected and their older colleagues who sometimes see them as “wimping out.”

“You’re changing the culture of taking care of the patients and the education of the residents,” Tarpley observes.

This, in fact, may be a primary goal of the ACGME guidelines. The group’s executive director, David C. Leach, M.D., has said, “It is clear that learning needs to be redesigned; the educational system that worked in an earlier age is now outmoded.” A new ACGME committee has been formed to analyze and make recommendations on issues related to resident education, including the duty hour standards.

But for now, as hospitalized patients adjust to being cared for by more doctors working fewer hours, Kirchner thinks the “identifiable, personal physician” may suffer an unfortunate and untimely demise.

“I think something is going to be lost,” he says. **VM**



**JOHN SERGENT, M.D.**  
professor of Medicine and vice-chair  
for education

It was my second month as an intern and I had been up all night with an unstable patient. I had hoped to catch a nap in the early afternoon, but had another admission instead. She was a very thin, elderly woman admitted for coughing up blood, so she was in isolation because of concern for TB. The wards were not air conditioned in those days, and the isolation room was probably the warmest one on the whole floor. I was sitting in a chair by her bed with the sun streaming into the window, breathing air warmed by my mask, when the next thing I knew my patient and a nurse were standing over me, shaking me. I had fallen so deeply asleep the patient thought I might be deathly sick and had called the nurse, a wise older woman who had been there before and was laughing, but with more than a little sympathy for my situation. To add insult to injury, I had managed to drool all over the inside of my mask.



**STEVEN G. GABBE, M.D.**  
Dean of the Vanderbilt University  
School of Medicine

As an intern in medicine I brought in enough sets of clothes to change clothes every 12 hours, to give myself the feeling I was new at work. Toward the end of those hours, you got a little nutty; you’d been there so long. Many evenings I would go home and fall asleep in my dinner. At Cornell, my apartment was right across the street from the hospital and I could look out my window and see the ward I was working on. I got so I didn’t really want to look out the window at a place I was spending so much time. We worked very hard; we were committed to our patients; one thing we did have was remarkable continuity of care. We knew our patients very well since we basically lived with them. We got to observe the evolution of their illnesses. We were there when things went right and we were there when things went wrong. That was a powerful learning experience.

# into the blue

When the stressed physician  
becomes the distressed physician





DAVID DODD HAD IT ALL, LOST IT, THEN through a stroke of good fortune and a forgiving family, got it back again. But it's a story that's all too familiar in medicine – a promising physician who turns into an impaired physician.

Dodd graduated from the University of Tennessee School of Medicine in 1953 and trained at Vanderbilt in internal medicine, and at the University of Tennessee in surgery. Then in the early 1960s he returned to his hometown of Murfreesboro to run a solo general surgery practice for more than two decades.

Spending long hours at work, on call 24/7, and seldom taking a vacation, Dodd immersed himself in his practice. Married with four children, he was a pillar of society. Then it all came crashing down around him when colleagues confronted him, forcing Dodd to admit what they suspected – that he was addicted to drugs.

“My colleagues knew that I was changing, that something was wrong. They suspected the truth. They told me I had to do something. My comment to them was ‘where have you all been? What took you so long to realize I’m dying right in the middle of you.’ It was the greatest gift I’ve ever received.”

So Dodd painfully admitted to his family that he had been using a mixture of stimulants and sedatives – first samples, then later self-prescribed. “Anybody who hasn’t been there, can’t appreciate it,” Dodd said. “Physicians are expected to deliver perfection to an imperfect society. It’s not possible.”

Dodd, who wanted to be a physician since he was 6, said he doesn’t believe his downfall resulted solely from the stress of having a demanding practice. Instead he believes it was a combination of genetic and developmental factors early in his life – there was alcoholism in his family – and the fact that he had a hard time saying no, setting limits and knowing boundaries.

“I wore down and got depressed. I felt like I was submerged in a tunnel. I was headed toward suicide. It was that bad,” he said. “My parents and my oldest brother died in 1982. My own family was growing up and I was missing it. My ideology failed me, or I failed it, I don’t know.”

After seeking help from the newly-formed Tennessee Medical Foundation Physician Health Program, Dodd was referred to a residential substance abuse treatment program in Atlanta, exclusively for physicians. He shut down his practice and stayed for four months.

The recovery process involved his wife and four children – two in college and two in high school. “We were all counseled together. It was a scary time. My wife was desperate. She didn’t, nor did I, appreciate the degree of my problem. But my family joined with me for the whole process. It was a real revelation to my offspring, all four of whom have benefited greatly from the process.”

After his stay in Atlanta, Dodd re-opened his practice for a year, and then decided his heart was no longer in the practice of surgery. He became the first medical director of the Tennessee Medical Association’s physician health program in 1983, only the second one of its type in the country, and remained in that position until 2001 when he retired. Now, he helps lead the distressed physician program at Vanderbilt, which accepts physicians from all over the country. With Anderson Spickard Jr., professor of Medicine, and others in the Vanderbilt Center for Professional Health, Dodd teaches and counsels physicians with behavioral issues.



Addiction to drugs and alcohol still remains the most common cause of physician impairment.

Spickard said that 787 physicians from 40 states and Canada have been referred by their state medical boards or their professional groups to the Vanderbilt CPH over the past five years for continuing medical education courses addressing their behavioral issues. They have been cited for behaviors in one or more of three categories – misprescribing controlled substances, crossing sexual boundaries with patients or staff, or regularly engaging in disruptive behavior, ranging from outbursts of uncontrollable rage to failure to return phone calls.

Spickard said that although being a physician is an extremely stressful occupation, there is no data that shows that physicians are more prone to addiction than the general population. In fact, data shows that about 7 percent to 10 percent of physicians have an alcohol problem, similar to the rate of the general population.

But addiction to drugs and alcohol still remains the most common cause of physician impairment, he said, although the disruptive physician, more commonly referred to as “the problem doc,” is quickly catching up. A survey from *The Physician Executive* estimates that about two physicians per practice are disruptive.

The newest course in Vanderbilt’s CPH, in place since May 2004, is for distressed (disruptive) physicians. The group represents a large pool of physicians in the United States who for various reasons become frustrated with their colleagues, patients and staff where they practice.

The American Medical Association defines an impaired physician as one with “any physical, mental or behavioral disorder that interferes with the ability to engage safely in professional activities.”

“These are physicians who don’t have one bad day, they have bad days every day,” Spickard said. “They are severely detrimental to the morale of their team, but they are generally tolerated because they are high income earners for the group. But, finally, their behavior has become so intolerable that they have to get help.”

The physicians come for a three-day intensive course, with a six-month follow-up. There are normally eight physicians in a group with four of the Vanderbilt program leaders. “When they are sent here they’re mad,” Spickard said. “They’re resentful, they do not understand why they’re here. They say ‘I’m just the way I am.’ They’ll blame the system, everybody but themselves.” Spickard said the Center has applied for a grant from the Macy Foundation to conduct a multi-center trial of the program to see if it really works. “Our data have shown definite improvement in behavior,” Spickard said.

Another significant problem with the physician population is suicide, said Spickard, who is a member of The American Foundation for the Prevention of Suicide. The group met in New York City this summer to discuss physician suicide. The chances of dying by suicide are significantly higher for physicians than non-physicians, about 70 percent higher for male physicians than for men in the general population, and about 250 percent to 400 percent higher for female physicians than for women in the general population, the group reported. The two greatest risk factors for physician suicide

are mental disorders and substance abuse, but one problem may be that physicians often do not diagnose depression in themselves and don't seek treatment as they do for other conditions. There are also more completed suicides among physicians than unsuccessful attempts, he said.

The group's recommendations include: hospitals and medical centers should be convinced to do yearly anonymous screenings, and should implement programs that train medical students and physicians to recognize depression in themselves, colleagues and patients.

Vanderbilt's physician wellness committee, begun after three physicians suicides in the late 1990s, is composed of 20 of the senior faculty and residents who meet monthly.

Spickard said many physicians become impaired because of an inability to balance professional and personal life. "There is a total imbalance. There's the requirement to see more patients and do more things to meet your financial goals. We know more to do professionally for a patient, so that involves more time. But physicians have to make their own choices. They can make decisions on how many patients they see a day, how many nursing home directorships they have, how many offices they control and how much money they want to make. Many of them have no concept of how to run the system, instead of letting the system run them. We've gotten to the place where many of us have to have it all. It just rolls into a situation where you don't have time to smell the roses."

Physician wellness is a concept that's addressed early at Vanderbilt. There is a medical student wellness committee and the VUSM faculty and administration begin talking to medical students from day one about how to handle stress and avoid depression.

Surveys of medical students at several U.S. medical schools have found that depression is common in medical students, and that they might be more prone to depression than their nonmedical

peers, according to a Perspective article in the Sept. 15, 2005 issue of the *New England Journal of Medicine*.

A survey of first- and second-year medical students at the University of Southern California, San Francisco found that about one-fourth of its students were depressed," according to the article, "White Coat, Mood Indigo – Depression in Medical School."

"It's the classic drinking from a fire hydrant analogy," said Bonnie Miller, M.D., associate dean for undergraduate medical education. "These students have been extremely successful coming into our medical school. Some have never struggled academically in the least."

During October of their first year, after they have finished their first battery of tests, Vanderbilt medical students have a one-day wellness retreat at an outdoor recreation center in Nashville. "Many of our students are feeling stressed and overwhelmed at that point," Miller said. "It's a good time to have a retreat."

At the 2005 retreat, students heard some firsthand advice from a Vanderbilt fourth-year student, who had a bout with depression during her second year of medical school.

A couple of significant outside stressors, combined with the hectic life of a medical student sent her into a downward spiral of depression. The signs were there, but it wasn't until a classroom lecture on depression that she knew what was happening.

"I think it had been going on awhile before I was willing to admit something was wrong," she said. "I had all this stuff going on in my life. I noticed I wasn't thinking well. I was by myself, crying all the time. I wasn't going out with my friends anymore. I lost a ton of weight."

"One Friday night, I was lying on the couch watching the movie 'Hook,' which is a happy kind of movie, and I was lying there bawling. I was like 'wait a second. This is not a sad movie. Something is wrong here.' That was the day it clicked."

The following Monday, in class, she read a checklist for depression – trouble sleeping; changes in appetite; decreased energy; lack of interest in usually enjoyable activities. "I was like 'check, check, check,' I was never suicidal, but basically, everything else was me." She saw a Vanderbilt physician, was put on an antidepressant and responded quickly. She is now medication-free and doing well in her busy fourth year of medical school, getting ready to begin the application process for a residency.

"It was a rough time," she said. "At that time, in pathology, we were studying lung disease and holding the lungs of a 5-year-old child riddled with cancer. The next week, we were studying neuropath and holding the brain of someone who died of Alzheimer's. It's sad story after sad story. Disease and death. It's normal to get kind of down and paranoid in that class anyway, and on top of that, with the other things I was dealing with, I was just going through the motions. I would show up, but I was never really there and present. It was almost like a daze."

She said she feels like being in a supportive, caring medical school, having a strong faith, and being more in touch with her feelings helped her overcome depression. "Vanderbilt does a fantastic job of caring for its students," she said.

"I'm definitely more aware of how I'm feeling," she said. "That's not to say my feelings are always controllable, but I'm more deliberate about my decisions and I've taken the time to do this personal inventory – am I happy with how things are, with how I'm living and with my relationship with others?"

She also has been told that her talks have encouraged other students to seek help.

"It's out there. It's incredibly common. There's no reason to feel this stigma about talking about it." **VM**



# if only money grew on trees

Medical students should be able to choose their life's work based on what they wish to accomplish, not their level of debt.

BUT REALITY IS THAT A medical student who graduated in 2004 from any of the nation's 125 accredited medical schools is leaving with an average of \$115,218 of debt. For those finishing at private schools the figure is \$133,357. The cost to attend Vanderbilt University School of Medicine for four years is more than \$200,000 – an amount that includes tuition, fees, books, room and board, transportation and personal expenses. Eighty-nine percent of Vanderbilt students graduating in 2005 left with debt averaging \$118,715, a figure \$15,000 less than the private school average.

During residency, he or she will make about \$40,000 a year, and will train at least three years. Depending on additional fellowships, training often lasts five to 10 years after graduation from medical school.

"My dad is a physician, and it's just different today," says Elizabeth Harper, a neurology resident at VUMC. "So much of our income is going to be sucked right back up by the infrastructure (debt payments). It's very difficult to get ahead during the first decade of practice. If you're not married and don't have a second income, it can take as long as 10 to 20 years to be free and clear."

If there's anything good about the \$115,000 of medical school debt that Harper has, it's that government loans are put in forbearance until after residency. "But," she says, laughing, "they send a letter every month telling me how much interest I've accrued, so

it's always hanging over me." Harper says that many young physicians, like herself, also have substantial credit card debt in addition to their medical school loans. "Should I have been more careful? Probably. But I feel like I have to have a life, I'd like to take some trips, so I'm living beyond my means. Most (residents) do."

Harper, a University of Alabama-Birmingham medical school graduate in her first of four years of training at Vanderbilt, says there's also a feeling of being stuck. "If I got fired tomorrow, or if I quit, I would have six months to start paying off my loan. It makes you feel like you've made a decision and you're stuck with it. I couldn't even change my mind, even if I wanted to."

Harper hasn't decided whether she'll join a neurology practice or stay in academics. "A big factor is going to be money. Academics doesn't pay as much as a private practice, but, to me, a private practice isn't as rewarding."

Nationally in 2004, 4.6 percent of medical students graduate with more than \$200,000 in debt, according to the Association of American Medical Colleges. Medical school tuition and fees have increased at rates far in excess of inflation while, in the same time period, physician income has not kept pace with inflation, the organization states in a report about medical educational costs and student debt.

The amount of student indebtedness at Vanderbilt has risen from \$94,000 in 2000 to the current \$118,715. In 1985, the average debt for graduating fourth-year students was \$21,331. There are several reasons for rising medical school debt, according to the 2005 Association of American Medical Colleges Working Group: more undergraduate debt; changing medical school demographics; an increased proportion of costs funded by debt; tuition increases have exceeded inflation; and low interest rates have encouraged borrowing.

But Vanderbilt University School of Medicine is doing what it can to tackle the problem of rising medical school debt head-on.

WRITTEN BY **NANCY HUMPHREY**  
PHOTOGRAPHY BY **WILL CROCKER/THE IMAGE BANK**

“It’s our long range goal to enable our students to graduate close to debt free, so they can choose their profession based on what they want to do rather than what their pocketbook tells them they have to do.”

It is in its fourth year of a novel and ambitious program – the Vanderbilt Medical Student Scholarship program, with an immediate goal of \$50 million in endowment. The payout from the \$50 million will be distributed across the board to reduce the tuition costs of all students not otherwise supported by full scholarships, such as the Canby Robinson Society or military scholarships. Currently, the Medical School gives 37 full tuition scholarships a year, and the amount of scholarship funding awarded by VUSM has increased from \$2.5 million in 2002 to \$4.5 million in 2005.

The Vanderbilt University Medical School Scholarship Program, supported by the CRS, is led by Robert Collins, M.D., MD’51, John L. Shapiro Professor of Pathology, Judson G. Randolph, MD’53, HS’54, and Robert E. McNeilly Jr., former president of the CRS.

“The intention of this scholarship program is to make it possible for any qualified student to attend Vanderbilt Medical School when it is activated,” Collins said. “Hopefully it will be a permanent component of the Medical Center’s capacity to attract the best students regardless of their socioeconomic status. Initially, when it kicks in, in about three years, it should reduce the tuition by about one-fourth. It’s our long range goal to enable our students to graduate close to debt free, so they can choose their profession based on what they want to do rather than what their pocketbook tells them they have to do.”

But the committee doesn’t believe in giving something for nothing.

Medical students will be expected to become involved in an ongoing community service activity. “It will enable them to experience the value of interacting with the community while they are also learning to be physicians,” Collins said.

Randolph said having such a large amount of debt after medical school is “smothering.” “If you’re leaving here with significant debt, you can’t really commit yourself to an inner city practice or to rural or academic medicine,” he said. “By having this scholarship program in place, we will not only make it easier on our students to choose the career path they want, but we will also be able to compete with Harvard and Hopkins. It’s a great recruiting tool.”

But sometimes even loans aren’t enough. Even though it’s frowned upon by the administration, there are those who work part-time jobs.

One female student manages to work every weekend, from 11 p.m. until 7 a.m., when most of her medical school classmates are trying to get much-needed sleep. She works the overnight shift in a downtown parking garage to help make ends meet.

With the personal spending allowance from her government loans inadequate to pay the essentials, allow her to eat healthily, or visit her family out of state, the student made an Excel spread sheet early in her first year of school, and realized she was \$300-\$400 short a month. Her options: get another loan or get a job.

“Both of my parents lost their jobs, and they can’t help me,” she said. “They would if they could. I just couldn’t, and I know others who couldn’t, make do with what they gave us. Others chose to take out loans. I am used to having to work, so that is what I did.”

Already facing more than \$100,000 of debt, and looking at a medical career that probably won’t be hugely profitable (she’s hoping to add international medicine trips to whatever specialty she chooses), she decided to look for a job that would fit her schedule. No stranger to working and studying – she worked three jobs in high school and worked 30 hours a week in college – she found a supportive

employer who allowed her to work the third shift in the downtown garage, a typically slower shift. “I’m very lucky. They are very understanding.”

The student occasionally pulls extra shifts during the week, and a couple of times has worked an entire week for another employee who was on vacation. When this happens, she gets off at 7 a.m. and is in class by 8. Sleep comes after classes are over, and before she goes back in at 11.

Through it all she has kept her grades high and has no regrets. “I am a different person because I’ve had to work and I don’t regret that, and in the long run it may make me a better physician in some ways than getting a few extra points on a test could have.”

A VUSM student-led program is also helping medical students decide how to choose a career path.

Vanderbilt medical students have formed a Careers in Medicine group, led by second-year student Roxanne Wadia and third-year student Peter Brokish, helping medical students explore career options. The endeavor is overseen by Scott Rodgers, M.D., assistant dean for Medical Student Affairs.

“Money isn’t the end all/be all, but it’s definitely in the back of our minds when we’re selecting our specialty,” said Brokish, who is considering a career in either primary care or surgery. He has two small scholarships, but most of his debt is through a government loan. “When I was an undergrad, and needed a car repair or had additional problems, I would just work more on my job or pick up another job. I might pull a double shift or work weekends. It’s very difficult to find time to hold a job outside of medical school.” **VM**

## President's Corner

What an adventure it is to be able to observe, up close and personal, great advances in so many fields of medicine, made daily by the Vanderbilt University Medical Center.

The philanthropic efforts of you who are the membership of the Canby Robinson Society have enabled spectacular strides to be made in the wide array of specialties offered right here at Vanderbilt.

In turn, we have tried to provide you with a variety of opportunities to learn about your investment in the future.

At our most recent board meeting, we toured three specialty centers, which have recently moved into the brand new South Tower of Medical Center East. Under the direction of Dr. Fred Bess and Dr. Bob Ossoff, we saw the new Vanderbilt Bill Wilkerson Center for Otolaryngology and Communication Sciences. Dr. Tom Elasy then led us through the Vanderbilt Eskind Diabetes Center and Dr. Kurt Spindler was our guide in the Vanderbilt Orthopaedics Institute.

Another setting for learning is in the lab. In the fall, we joined a small group of second-year students for "organ recitals" in which we learned about diseases affecting the bones, joints and muscles, liver diseases, gastrointestinal diseases, endocrinologic diseases and diseases of the Nervous System.

Earlier this year, we watched Dr. Jay Smith perform Robotic Surgery. On

another occasion, Dr. Jay Deshpande introduced "Sim-Man," a life size, programmable "person" on which students can practice procedures and gain skills covering a multitude of scenarios – a terrific learning tool. In addition to this adult size "patient," VUMC also has an infant to enhance pediatric skills. There were also opportunities to learn about the Center for Human Genetic Research and to observe a hip replacement by teleconferencing.

Other ways that you may become acquainted with the scope of what is going on at VUMC is through the publications – the *VUMC Reporter*, *Vanderbilt Medicine* magazine, *House Organ* and *Lens*, which come to you courtesy of CRS. More information is available through our new CRS Web site, [www.mc.vanderbilt.edu/crs/](http://www.mc.vanderbilt.edu/crs/).

In addition, all members can access the physician referral directory online. New members in the Middle Tennessee area will receive hard copies. I encourage you to take advantage of opportunities to learn about the amazing things that are happening here. In order to spread our story more broadly, we are co-hosting events with the Medical Alumni Association in other areas of the country. In addition to inviting medical alums, we are inviting non-medical CRS members in the area. Missy Eason, executive director of the CRS, has already attended CRS/Medical Alumni functions in San Francisco and Huntsville.

In addition to the advances in technology, in facility, in research, and in faculty, which your gifts make possible, you also provide scholarships for a number of exceptional students. How could you make a better investment in the future?

Our next investment in the future is Dr. Lonnie Burnett, Frances and John C. Burch Professor of Obstetrics and Gynecology, who is incoming president of CRS. He has an outstanding background in his field and a great respect for the Vanderbilt University Medical Center. The Canby Robinson Society will thrive under his leadership.



Fran Hardcastle  
*President,*  
*Canby Robinson Society*



Missy Eason  
*Director of Donor Relations,*  
*VUMC*

For more information about the Canby Robinson Society, contact Missy Eason, Director of Donor Relations, Vanderbilt University Medical Center, D-8223, Medical Center North, Nashville, Tenn., 37232-2106, [615] 343-8676 or 8677, fax [615] 343-0809, e-mail: [missy.eason@vanderbilt.edu](mailto:missy.eason@vanderbilt.edu); [www.mc.vanderbilt.edu/crs/](http://www.mc.vanderbilt.edu/crs/)

### Charlie Mann Provides Medical Student Scholarship

Charlie Mann's motto ought to be "just send me the bill." The founder of Specialty Surgical Instrumentation has been a longtime supporter of Vanderbilt and a friend to many physicians and others associated with the school. When he and his wife Deborah were approached with the idea of providing a Vanderbilt medical student with a scholarship, he gave them his motto.

Born in Nashville in 1937, Mann has

lived in Nashville all of his life. Ironically, he earned his business degree from the University of Tennessee, but his heart belongs to Vanderbilt. He started SSI in 1976 as the first and largest specialty O.R. distributor in the United States. He served as the vice chairman of the Tennessee Health Care Facilities Commission and quickly established a close working and personal relationship with Vanderbilt.

"My relationship with Vanderbilt has been ongoing for many, many years. I

have a tremendous respect for Vanderbilt," he said.

Bill Ewers, M.D., a good friend of Mann's and a past president of the Canby Robinson Society, asked Mann to join the Canby Robinson Society and serve on its Board of Directors.

"That gave me more insight into what goes on at Vanderbilt," he said. "They asked me if I would consider sending a Vanderbilt medical student through school, and I said sure, because

*(continued on page 30)*

## Welcome new CRS scholars

This year's eight Canby Robinson scholars have interesting and varied backgrounds. They come to Vanderbilt from hometowns scattered throughout the country and from colleges and universities both big and small. Some have traveled extensively while others speak second languages. Most have been involved in community service and intend to continue to do so once they graduate. One thing they all have in common is that each of them received a memorable phone call from Dean Steven Gabbe, M.D., informing them that they had been selected to receive the coveted Canby Robinson Society Scholarship, which provides a full, four-year scholarship plus stipend to Vanderbilt Medical School. The new Canby Robinson Society Scholars are:

**Nicholas Markham** is from Indianapolis, and is a graduate of Colby College in Waterville, Maine. Markham is in the M.D./Ph.D. program and feels that the seamless integration of the graduate and medical curricula stands out among peer institutions. "The care and attention devoted to each student within the graduate and medical schools is astounding," he said. Markham got the call from Gabbe's assistant, Benita Bobbitt. "But she could not tell me what it was about. I instantly thought that I had done something wrong or somehow was being asked to not attend," he said. "I

finally spoke with Dean Gabbe over the phone, and was tremendously surprised and relieved to hear the news. It was one of the few moments in my memory when I was literally speechless."

**Emily Kendall** grew up in Evansville, Ind., and went to Harvard where she majored in chemistry and physics but spent a lot of time during her last two years studying literature and social sciences. She spent last summer backpacking in Europe and is currently planning an international emphasis project that may send her to Africa or Latin America next summer. As a student, she loves anatomy, which has her considering surgery as a career option. Another passion is international health. She says the CRS scholarship was a large factor in her decision to attend Vanderbilt. "I can already tell that Vanderbilt is going to be an unusually personal academic experience. The degree of faculty interaction already amazes me," she said.

**Brent Taylor**, from Edisto Island, S.C., also attended Harvard College where he played rugby. His volunteer activities have included tutoring immigrants in English and serving as a "big buddy" mentor for children with disabilities. He graduated from Harvard in three years and spent the first half of the year between college and medical school in Guatemala working in the Social Security Trauma Hospital of Guatemala City. The second half of his year off was spent pursuing aviation, and he obtained his pilot's



TOMMY LAWSON

**Left to right, front:** Emily Ann Kendall, Brent Taylor, Jude McElroy, Natalie Jacobowski; **Left to right, back:** Akshay Shah, Katharine Gurba, Rebecca Dezube, Nicholas Markham

license and instrument rating for flying single-engine airplanes. "The Canby Robinson Scholarship made it possible for me to commit to Vanderbilt without reservation and affords me freedom from financial concerns as I pursue my goals in medicine," he said.

**Jude McElroy** is from New York City. He went to Washington University in St. Louis and graduated in 2002. Before coming to Vanderbilt, he worked on the human genetics of pulmonary hypertension at Columbia University. He is in the M.D./Ph.D. program and plans to stay in academic medicine. "I want to study the genetics and mechanisms of learning and developmental disabilities," he said. "I feel that training in child psychiatry or pediatric neurology would help me." He received a phone call from Gabbe in April informing him that he would receive the scholarship. "I was very honored that the dean of the medical school took the time out of his day to call me," he said.

**Rebecca Dezube** is from Northern Virginia and also graduated from Harvard. She rowed intermural crew and played rugby in college. She said she is interested in public health and health policy. She

*(continued from page 29)*

I believe in Vanderbilt. I think it's a wonderful institution. It's one of the best in the country in so many ways."

Mann's association with Vanderbilt didn't stop there.

He recalls receiving a phone call from a Vanderbilt neurosurgeon on a Sunday afternoon. The surgeon had nine cases to do on Monday and needed his microscope repaired, which had gotten knocked to the floor. Mann went over to the Medical Center and spent about five hours repairing it. More recently, when

he learned a 7-year-old boy had been critically injured near Santa Fe, Tenn., where Mann lives, and was taken to the Monroe Carell Jr. Children's Hospital at Vanderbilt, Mann contacted Vanderbilt and arranged to pay all of the boy's medical bills.

"I called Harry Jacobson, and said I would pay the medical bills for Vanderbilt, the ER doctors and Maury Regional Hospital because it would have thrown the boy's family into bankruptcy," Mann said. "The good Lord has been awful good to me and I believe in giving

back. I came along at a great time. My gratification is in knowing I helped that little boy survive, just like I am helping men and women become doctors. It just makes you feel good."

- KATHY WHITNEY



**Charles and Deborah Mann**



was napping when Gabbe called to tell her she'd received the CRS scholarship. "I was ecstatic to learn about the scholarship. There was a lot of jumping and screaming and waking up of the neighbors," said Dezube, who deferred medical school for a year. "The scholarship played a huge role in my decision to attend Vanderbilt, because of the financial aspects, being part of such an impressive group, and because the scholarship made me feel wanted by the school."

**Natalie Jacobowski** graduated from Vanderbilt University. One of her hobbies is swing dancing. Like many CRS scholars, she has always been active in community service, participating in various activities such as serving as a patient care volunteer at Alive Hospice. She says that so far, she loves medical school. "Of course, it is a lot of work and is a challenging experience, but I have never wanted to do anything more than I have wanted to do this. It is an incredible feeling to feel this excited about what I am doing, and I hope that I always remember this feeling as the driving passion for what I want to do with the rest of my life."

**Katharine Gurba** grew up in Kansas City, Kan., and went to Rice, where she studied biochemistry and English. She deferred acceptance to medical school in order to do more theater training, an important interest of hers through college. She has played cello and piano since age 9, and whenever she has time, she likes to paint, run/work out, and read poetry. She is interested in studying Neurology. She was starting to doze when the call came. "My grandmother, who was over at our house that day, yelled downstairs that somebody from Vanderbilt was on the phone. That somebody turned out to be Dean Gabbe," she recalls. "I was still a bit fuzzy-headed from my nap, but I woke up rather quickly. Nonetheless, I was still a bit confused. When my parents got home that night, I told them, 'I think I just got a big scholarship.'"

**Akshay Shah** is from the suburbs of New Haven, Conn., and attended Yale

University. While in school, he worked as an EMT in the Yale-New Haven Hospital Emergency Department, volunteered with Habitat for Humanity and founded and operated a new charter school in New Haven. In his free time, he likes to bicycle and play both capoeira and squash. When Gabbe called him one night last spring to offer him the scholarship, Shah thought he was joking. "When I realized that he was actually serious, I jumped up and down, nearly cried, and then called my parents. Receiving the CRS scholarship was one of the most important factors in my decision to attend Vanderbilt," he said. "I'd been waffling between a few schools, but the chance to graduate medical school without incurring more debt was impossible to resist. I love it here."

- KATHY WHITNEY

## What's in a name?

**W**hat's in a name? Why does someone want his or her name on a building, room or floor of a hospital or space on a university campus? It's a common sight – donor walls and plaques, recognizing spaces or programs dedicated in the name of family members, a spouse or friend. But why honor the people closest to them in such a public way?

Three generous donors have made a commitment to provide vital support to Vanderbilt by electing to honor a family member or friend by publicly naming a space in Vanderbilt University Medical Center's newest clinical area, Medical Center East, South Tower. It is their hope that making such a public statement of a very private commitment will encourage their children and grandchildren to continue the tradition of giving, encourage others to give, and to give back to an institution that has provided care for their family and friends.

Tom Cone graduated from Vanderbilt University in 1960 and became involved in the Vanderbilt Alumni Association, eventually becoming president of the

National Alumni Association and a member of the Board of Trust. Since that time, his two grandchildren, Catherine and Emily, have utilized the services of Bill Wilkerson Center's Pediatric Speech and Hearing Clinic. His wife, Charlotte, and daughter-in-law spent a lot of time there.

"Since our experience, Charlotte and I wanted to find a way to help the Center grow and thought we'd make a family donation," Cone said. "My family feels extreme gratitude for the services provided by the center," Charlotte Cone added. "It is our hope that many more kids can be helped in the same way." Their gift established the Charlotte H. and Thomas F. Cone Speech and Language Center, which

*(continued on page 32)*



DANA JOHNSON



DANA JOHNSON



DANA JOHNSON

**Pictured here, top to bottom:** Cigarran Family Conference Room, Charlotte H. and Thomas F. Cone Speech and Language Center, Rodgers/Dale Family Foundation adult waiting area in the Vanderbilt Eskind Diabetes Clinic

WHERE ARE THEY NOW? MARK WINKLE, M.D.

After graduating from Vanderbilt in 1995, Mark Winkle, M.D., headed to Rochester, N.Y., to do both his internship and residency at the University of Rochester. He did a year of general surgery internship and four years of Otolaryngology training. He currently lives in Grand Rapids, Mich., and is a partner at the Ear, Nose, and Throat Center, a four-physician Otolaryngology group. He is a general otolaryngologist, performing most aspects of ENT, and is active in the local head and neck oncology board. He also runs the only botox clinic for spasmodic dysphonia in western Michigan.

As a medical student, he had the opportunity to work with James Netterville, M.D., which he says helped put him on his career path. "He is one of the most gifted and gracious physicians I have ever met," Winkle said. "To this day, my favorite procedure is thyroplasty/silastic vocal cord medialization, where patients with a paralyzed vocal cord can regain voice immediately while the procedure is performed under local anesthesia. I can thank my Vanderbilt experience for exposing me to such great teachers and role models."

Winkle married his wife Shelly the summer before starting medical school. They have three children: Jonathan, 7, Matthew, 5, and Katherine, 3.

"Life seems amazingly full, especially with three young kids and their activities. I love to coach little league basketball and soccer for my kids, play guitar – I miss the great guitar stores in Nashville – and am active in our church. I play golf, but never seem to get any better, which is my excuse to play more golf."

When he looks back on his years at VUSM, what stands out in his mind the most is "the obvious care and support that the entire staff, from the deans down through the financial aid staff, took for each individual student. You can get the knowledge and experience to be a physician in many places, but it is extremely rare to find a supportive and nurturing environment like Vanderbilt," he said. – KATHY WHITNEY

Mark Winkle with his family in 2004, left to right: Jonathan, Katherine, Shelly and Matthew.



(continued from page 31)

provides therapeutic intervention for children of all ages who are struggling with a variety of speech, language, hearing and related disorders.

Tom Cigarran has been a friend to many people at Vanderbilt, a longtime football supporter, and has served on the board of the Medical Center. He's in the health care business, but education is his pet project, he said. "My major interest is education of all kinds, kindergarten through 12th grade," he said. He was able to celebrate his love of education through his gift to name the Cigarran Family Conference Room. "The room is used by residents and other physicians in an educational manner," he said. "I didn't want to name it after myself. One of the reasons I'm doing it is to get my children and their spouses and their children to develop an interest in philanthropy." The Cigarran Family Conference Room is located at the Vanderbilt Orthopaedic Institute.

Former Ambassador to France Joe Rodgers usually gives anonymously, but this time gave his gift in the Rodgers/Dale Family Foundation name. He formed the foundation about five years ago in hopes of getting his children and grandchildren to understand and learn how to give money, he said. "I've gotten so many blessings out of giving, and it's true that God blesses the giver," he said. Rodgers has diabetes and has suffered many complications. "I have just gotten outstanding treatment at Vanderbilt through Drs. Stephen Davis and Anderson Spickard III," he said. The Rodgers/Dale Family Foundation has made a gift to name the Adult Waiting Area in the Vanderbilt Eskind Diabetes Clinic. "It's nice to receive all of my care in one place," he said, referring to the clinic. "That's why this new clinic is so important. Before this new clinic, I was going to four different places, now it's a one-stop shop," he said.

A naming opportunity is a commitment to the important work taking place in clinical care, research and training at Vanderbilt. But most importantly – it is a statement that each gift can make a difference and can have an impact on patients receiving care today and those who will seek treatment and a cure in the future.

– KATHY WHITNEY



Canby Robinson Society board members tour the Vanderbilt Bill Wilkerson Center for Otolaryngology and Communication Sciences with Bob Ossoff, M.D.

MARIE LANCASTER-DAWSON

ANN H. PRICE, M.D.  
Executive Director  
for Medical Alumni Affairs



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**“Worthy of Note” News**

Our medical alumni news section is continuing to grow. Many thanks to all who submitted news for this edition of Vanderbilt Medicine. It has been very exciting to hear about the professional honors, new positions, important publications, recent marriages and growing families of our medical alumni — all are definitely “worthy of note.” Please continue to submit your updates at: [www.mc.vanderbilt.edu/vanderbiltmedicine](http://www.mc.vanderbilt.edu/vanderbiltmedicine). Alternatively, you may always submit your news, as well as address updates to [medalum@vanderbilt.edu](mailto:medalum@vanderbilt.edu).

**San Francisco Quinq Society Fall Gathering**

Our first Vanderbilt Medical Alumni Association Quinq Society Fall Gathering was celebrated in San Francisco, Sept. 9-14. Members of Vanderbilt’s Medical Quinq Society, spouses, and guests visited the Asian Art Museum, Muir Woods, Sausalito and Napa Valley. The visit to Frog’s Leap winery, partly owned by Dr. J. Garland Stroup (MD, ’54, HO, ’55) proved to be the highlight of our day in Napa. Dr. Stroup graciously arranged for a “behind the scenes” tour of Frog’s Leap where Fall Gathering participants learned about soil conditions, grafting methods, and the vicissitudes of insects and weather on the wine making process. Lunch at the famed Culinary Institute of America capped the day. Our 18 Fall Gathering participants enjoyed sharing Vanderbilt Medical School “stories” and made many fond memories.

Hopefully, this inaugural event will be the start of a new Vanderbilt Medical Alumni Association tradition.

**Vanderbilt Medical Alumni Directory**

Our last medical alumni directory (print and CD) was published in 2001 and is woefully out of date. We are excited to announce that a new alumni directory will be published in the summer/fall of 2006. With the assistance of our publishing partner, Publishing Concepts Inc. (PCI), we will be updating our Vanderbilt medical alumni database over the next several months. Please take a few moments to review your data file when contacted by one of our PCI representatives. At the time of your update, you will also have the opportunity to reserve your print and/or CD copy of the next Vanderbilt Medical Alumni Directory.

**House Staff and House Staff Alumni Lapel Pins**

A subcommittee of the House Staff Advisory Council, chaired by Dr. Coley Duncan (FE, Infectious Diseases), recently designed house staff and house staff alumni lapel pins to honor Vanderbilt University Medical Center house staff for their service and commitment. The pins, funded by the Vanderbilt Medical Alumni Association, celebrate our house staff medical alumni’s connection to Vanderbilt and honor the completion of the arduous training years. One pin honors those that have completed the first year of training, while the second pin celebrates achieving

active alumni status. Pins were first distributed at the annual house staff picnic in August. If you trained at Vanderbilt as a house officer and/or fellow and would like to receive a house staff alumni pin, please call or e-mail my office (see contact information above).

*Ann H. Price*

**Reunion 2006**

The next Medical Alumni Reunion is only a year away. Reunion 2006 is scheduled for Oct. 19-21 to coincide with undergraduate homecoming.

All alumni are invited to attend, but special anniversary class celebrants are listed below.

5th	10th	15th	20th	25th	30th	35th	40th	45th	50th
2000	1995	1990	1985	1980	1975	1970	1965	1960	1956
2001	1996	1991	1986	1981	1976	1971	1966	1961	1957

Further details, including lodging information and program specifics, will be mailed to you soon. Please visit our Web site ([www.mc.vanderbilt.edu/alum-affairs](http://www.mc.vanderbilt.edu/alum-affairs)) for more information.

We hope to see you there!



Morgan Wills, M.D., MD'96, HS'97-'00, center, is starting his sixth year as a staff physician at the Siloam Family Health Center in Nashville, which is moving to a new building in the fall. He and his wife, Heather, have three children, Isaac, 6, Jessie, 4, and Morgan, 2. The entire family, shown here, went on a monthlong excursion to a medical mission hospital in Ghana, West Africa, last year.

worthy of note

**Herbert L. Glass, M.D., MD'49,** HS'51-'52, FE '52-'53, has retired from the practice of Pediatrics in Connecticut, but volunteers at CASA Hospital in San Miguel, Mexico. He also works at The Crecimento, which is a facility for handicapped children. During a recent two-month stay in San Miguel, he made weekly visits to CASA, providing free check-ups to the children of the day care center and was profiled in the CASA newsletter and thanked for his help.

**Thomas (Tommy) H. Williams Jr., M.D., MD'43,** is 85 and is enjoying his second career of healing, as a minister. He reports that it's so fulfilling that he never plans to retire. Williams lost his wife, Julie, to lung cancer a year ago. They had been married 55 years. Williams has 14 grandchildren, nine great grandchildren and three on the way.

**Chris Holsinger, M.D., MD'95,** is currently a surgeon at the MD Anderson Cancer Center in Houston. He spent the fall of 2003 as a Fulbright scholar studying surgery. Holsinger is shown here with his family, left to right, Erin, Alex and Zach, in front of the Hotel Invalides in Paris.



30s

**F. Tremaine Billings Jr., M.D.,** HS'39-'42, FA'49-'60, CF '60-'93, delivered a paper on "The Devastating Backlash of a Dread Disease: Poliomyelitis," along with **Robert Collins Sr., M.D.,** MD'51, HS'51-'53-'54, FA'59-, at a meeting of the American Clinical and Climatological Association in Sea Island, Ga., in Oct. 2004.

**Richard R. Crutcher, M.D., MD'37,** HS '37-'40, '45-'46, retired in December 1978 after practicing general and thoracic surgery in Lexington and starting the heart surgery program at St. Joseph's Hospital in 1959. He's 93 and enjoys playing golf two to three times a week, weather permitting. He and his wife, Dorothy, have five children, nine grandchildren and six great grandchildren.

40s

**Robert C. Brownlee, M.D., MD'45,** HS'45-'48-'50, is very thankful that he remains in good health in Pittsboro, N.C.

50s

**Moon Yong Chung, M.D., MD'58,** HS'58-'60, retired in 2001 after practicing medicine in Valencia, Calif., from 1966 until 1997, and having a part-time consultative practice at the Community Clinics serving needy children from 1997-2001. He and his wife, Aurora, of 47 years have four children and six grandchildren. A daughter became the youngest judge of LA Superior Court at 37. He plans to travel around the United States and abroad, hoping to take his grandchildren to Korea and the Philippines, their native countries.

**Paul J. Huchton, M.D., MD'58,** HS'58-'59 retired from private practice in El Paso, Texas, in 2004 after 42 years of practice. He is very proud that two of his four children graduated from Vanderbilt - Hadley and Karen. For most of the years of his practice, he was responsible for the care of pediatric cancer patients in West Texas, southern New Mexico and northern Mexico. He and his wife, Sheila, are enjoying traveling, especially to visit seven grandchildren (in all time zones) as well as seeing China, Hawaii,

Chile and much of the Western United States. In 2008, they look forward to returning to Nashville when Huchton becomes a Quing.

**J. Kenneth Jacobs, M.D.**, HS '54-'63, CF '66-'89, retired from VUMC as director of endocrine surgery in 2005 and was named emeritus professor of Surgery in May 2005. He continues to work at the VA Hospital.

**Jack M. Miller, M.D.**, MD '56, practiced orthopaedic surgery with the Miller Medical Group in Nashville for 38 years, and retired in 2000. He has established Vibrational Power Source LLC (VPS) with the goal of prevention/control of osteoporosis and other aging issues. First used to prevent "zero gravity" osteoporosis in space, its use in the United States and Europe is becoming more prevalent as scientific documentation of tridimensional vibration effectiveness in bone demineralization is demonstrated. The venture is a strategic alliance with Irv Rubenstein, Ph.D. of STEPS.

**Richard O. Russell Jr., M.D.**, MD '56, received the Distinguished Fellowship in the American College of Cardiology in 2002 for recognition of his work in the private practice of cardiology and his work with the American Heart Association, the American College of Cardiology and the American College of Chest Physicians, where he participated in both state and regional leadership positions including state governor and Southern regional chair of the AHA. Since 1978 he has been recognized in "Marquis Who's Who in America," *Town and Country* and *Good Housekeeping* as one of the "Best doctors in America." He and his wife, Phyllis, have four children and 11 grandchildren.

**Robert S. Sanders, M.D., FAAP**, MD '55, HS '55, '59, FE '62-'63, CF '80-'89, of Murfreesboro, Tenn., received the 2004 American Academy of Pediatrics Fellow Achievement Award, given to an AAP Fellow who has made

**Miller, Theodore T. and Schweitzer, Mark E. Eds. Diagnostic Musculoskeletal Imaging. New York: McGraw-Hill, 2005. (ISBN 0-07-143962-5)**

book review

**Ted Miller, M.D., (MD '87)** and his colleague Mark E. Schweitzer, M.D., have recently published a richly illustrated text entitled "Diagnostic Musculoskeletal Imaging." Miller, a prominent bone radiologist, is currently serving as an associate professor of Radiology at New York University School of Medicine and Chief of the Division of Musculoskeletal Imaging, Department of Radiology, North Shore-Long Island Jewish Health System in Manhasset, N.Y. In the text's Preface, Miller and Schweitzer state, "This text is meant to be an introduction to musculoskeletal imaging, targeted to radiology residents as a first exposure to musculoskeletal imaging, and to senior residents and general radiologists as an overview to refresh their memories." Richly illustrated, "Diagnostic Musculoskeletal Imaging" is organized into three major sections. The first section discusses general diseases including musculoskeletal infections, arthritis, trauma, and a number of others. The second section deals with diseases by region, with chapters on regional sports injuries, diseases of the lumbar spine, and disorders of the temporomandibular joint. The third section of Miller's work includes miscellaneous topics such as "Orthopaedic Hardware," "Bone Densitometry", and "Interventional Procedures. The concise, well-written text complements its full spectrum of imaging illustrations from conventional radiography, to MR imaging, CT scanning, sonography, and bone scintigraphy. Diagnostic Musculoskeletal Imaging is a valuable and very practical resource. As Donald Resnick, M.D., professor of Radiology, UC San Diego, writes in his Foreword, "This is not a text to be left unused on the shelf but one to be handled on a regular basis."

an exceptional contribution to the area of injury and poison prevention. He was given the award for his work with the AAP Tennessee Chapter's Committee on Accident Prevention, leading efforts to require the use of infant safety restraints. The Tennessee Child Protection Act, the first such law in the country, was passed in 1977. Since then, Sanders worked to create a mandatory seatbelt requirement for older children and adults, which because Tennessee law in 1986. Sanders, who is recovering from multiple strokes at home, and his wife, Pat, are very proud of their children - Robert Jr., who has written an autobiography, "On My Own Terms: My Journey with Asperger's," and daughter Priscilla, a singer/songwriter in Nashville, who has just released a CD, "Ride a Wave With Me."

**60s**

**Robert C. Bone, M.D.**, MD '62, HS '67-'69, has a general surgery practice, Wilson County Medical and Surgical Associates in Lebanon, Tenn., with Brent Fruin, M.D., MD '98.

**G. William Davis Jr., M.D.**, HS '60-'63, retired in March 2003, is living in Nashville, and would love to hear from his orthopaedic resident friends.

**Thomas R. Duncan, M.D.**, HS '61-'64, FA '66-'73, CF '73-'84, retired from group and hospital practice in 1998, but has a home office practice as a NIDSH-certified film reader and is a radiology consultant for a Brentwood wellness clinic. Duncan is a certified parliamentarian of the American Institute of Parliamentarians and served as vice president of the Nashville Opera

**Newt Lovvorn, M.D.**, MD '63, HS '64-'67, CF '74-'89, is now the Canby Robinson Society representative of the Vanderbilt Medical Alumni Association. His son, **Bo Lovvorn, M.D.**, is a pediatric surgeon at the Monroe Carell Jr. Children's Hospital at Vanderbilt. He has three grandchildren.



**Stanley James Sherry, shown here at 10 months, is the son of Tim Sherry, M.D., and Katie Sherry, M.D., MD'01. They are both in the final year of their residencies in Utah.**



**Kristina Storck, M.D., and Matthew Hassan, M.D., MD '01, welcomed Avery Claire Hassan, in April. Storck has joined the Ob/Gyn faculty at Vanderbilt; Hassan is chief resident in Urology.**



**Alan Birnbaum, M.D., MD'75**, is the newsletter editor of the Fresno Cycling Club. The Rough Draft is accessible at [www.fresnocycling.com](http://www.fresnocycling.com). He and his wife, Kathy, celebrated their fifth anniversary in September. In between rides, Birnbaum practices neurology with Fresno Neurobehavioral Associates.

**Lawrence Wolfe, M.D., MD'60**, HS'60-'64, FE'64-'66, CF '75-'05, has joined the full-time faculty at Vanderbilt as professor of Clinical Medicine in the Division of Endocrinology and Diabetes.

## 70s

**Kim Bauriedel, M.D., FACS**, HS'76-'80, left Nashville in 1980 and returned to her hometown of Eureka, Calif., where she was in solo practice there until 1997. Since 1998 she has worked part time, traveling to China and Siberia through her community volunteer responsibilities with Rotary International, Boy Scouts of America and the American Cancer Society.

**Daniel H. Belcher, M.D., MD'78**, HS'78-'81, has recently been given the title, Commodore. He is head of the Board of Trustees for the Hilo Yacht Club in Hilo, Hawaii. Next year, his title will be Rear-Commodore.

**Richard Cannon III, M.D., MD'76**, has spent his entire professional career in the National Heart, Lung and Blood Institute in Bethesda as clinical director of the Division of Intramural Research and as head of the Clinical Cardiology Section at the Clinical Center. Cannon's daughter, **Jennifer Cannon, M.D., MD'05**, has started her residency at LeBonheur Children's Medical Center/St. Jude's Children's Research Center in Memphis. He

and his father, **Richard Cannon II, M.D., MD'43**, awarded Jennifer her diploma in May.

**James L. Fletcher Jr., M.D., MD'76**, published his medical novel, "Black Humor," in January 2005 under the pen name J. Lewis Osler, M.D.. The book ventures to expose the multiple causes of the condition of America's health care system and to even suggest a cure. The novel can be purchased through the Barnes & Noble Web site.

**James W. Hendricks, M.D., MD'76**, of Tulsa, Okla., had an editorial published in the October 2005 issue of *Archives of Pediatrics & Adolescent Medicine* titled "Does Immunization Refusal Warrant Discontinuing a Physician-Patient relationship?" He is the Oklahoma coordinator and Steering Committee member for the American Academy of Pediatrics-sponsored research program: Pediatric Research in Office Settings and is the newly elected Vice President of the Oklahoma Chapter of the American Academy of Pediatrics.

**William Huddleston Jr., M.D., MD'78**, HS'93-'97, reports that after chasing the goal of a sub two-hour half marathon for three years, he finally ran 1:59:07 in Destin this spring. He also ran the Country Music Half Marathon in Nashville. Following that race, he has gotten serious about sail-

ing and he and a friend sailed on his 42-foot cutter from Florida to Spain, via the Bahamas, Bermuda and Azores. They covered 1,800 miles in slightly less than 12 days.

**Suzanne Love, M.D., MD'75**, is the regional medical consultant for Emergency Preparedness and Response for the Virginia Department of Health. She and her husband, Cliff, live in Virginia Beach.

**F. Michael Minch, M.D., HS'73-'78**, is founder/CEO of Diabetes Care Club, named to Nashville's top list of emerging companies in early 2005.

**David Niver, M.D., MD'75**, is board chair of the Permanente Medical Group Board of Directors in Oakland, Calif. It is the governing board of the largest medical group in the nation, with 6,000 physicians serving 3.2 million Kaiser Permanente members throughout northern California. Niver, an Ob/Gyn with Kaiser Permanente, is the sixth chairman of the 39-member board since the medical group's formation in 1948.

**Terry W. Poole, M.D., HS'74-'77**, retired from medical practice in April after 28 years in private practice. His wife, Helen, continues as executive director for External Affairs at the Duke School of Nursing. This year he attended a reunion of the Ceremonial Guard Company Marine Detachment, where he was a member of the Silent Drill Team and Honor Guard from 1961-63. His last official detail with the guard was at President John F. Kennedy's funeral in November 1963.

**Bryan Simmons, M.D., MD'76**, took a vacation with his wife, Barbara, to Tanzania, Africa to the Serengeti. Besides lions and elephants, they saw black rhinos at the Ngorongoro Crater and visited a hospital in Moshi to donate medications for AIDS patients. He continues to practice infectious diseases in Memphis and looks forward to the wedding of his daughter, Rebecca, in Maui,

### worthy of note

**Porter Storey, M.D., HS'78-'79**, FE'79-'80, is a leader in the new specialty of hospice and palliative medicine, but after nearly 20 years as a hospice medical director and three years as a palliative care consultant and associate professor of Geriatrics for Baylor College of Medicine, he took some much needed time off for travel – on his bicycle. In 2000, Storey and his wife rode a tandem bike from Houston, up the Natchez Trace to Nashville, and on to the coast of Maine. Then they hiked south, about 1,300 miles on the Appalachian Trail. In 2002, they began a new route – back on the tandem bicycle from Houston to San Diego. And from April to September in 2004, they hiked on the Pacific Crest Trail and did the entire 2,600 miles from Mexico to Canada in one hike (100 miles per week for 26 weeks). But it wasn't all play. During the hike Storey stopped to do several interviews from roadside phone booths as the search for the executive vice president of the American Academy of Hospice and Palliative Care, the job he now holds, had begun. In addition to being a cyclist and hiker, Storey is also a ski mountaineer.



**Eric Nelson, M.D., MD'96, HS'96-'99**, left in photo on right, was one of four surgeons selected to form a team for Chinese Children's Adoption International to perform cleft lip and palate surgery in Xining, China. They took care of 53 orphans, but Nelson says thousands more need help.



Hawaii in April.

**Charles A. Stilwell Jr., M.D.**, MD'75, HS'75-'79, left his 25-year pediatric practice in 2003. In 2004, he started a practice limited to diagnosis and management of AD/HD and related disorders in Franklin, Tenn.

**Robert Taylor, M.D., Ph.D.**, MD'76, HS'76-'79, delivered the annual Levi Watkins Jr. Lecture at Vanderbilt University School of Medicine in October. He is chair of the Department of Pharmacology at Howard University School of Medicine and acting dean of the School of Medicine. Taylor is also the director of the Howard University Collaborative Alcohol Research Center.

## 80s

**Jeffrey L. Ballard, M.D.**, MD'86, has moved home to Orange County, Calif., after 12 years at Loma Linda University Medical Center where he was professor of Surgery. He is now clinical professor of Surgery at the University of California, Irvine. His practice at St. Joseph Hospital in Orange is limited to vascular and endovascular surgery. He has joined two vascular surgeons and three interventional radiologists

to form the Vascular Institute at St. Joseph Hospital. He and his wife, Tami, have two daughters.

**Michael Callaway, M.D.**, MD'83, HS'83-'86, has been in a private internal medicine practice in Nashville since 1986 and has served as medical director for the past five years at Heritage Medical Associates, a practice with 12 VUSM graduates. Callaway is the father of two daughters and a son, and is learning to bush-hog, grow vegetables and catch walleyes on the banks of the Cumberland River in Trousdale County.

**Greg Davis, M.D.**, MD'87, HS'87-'92, is associate professor of Pathology at the University of Alabama, Birmingham and practices as a forensic pathologist at the Jefferson County Coroner/Medical Examiner Office. He is also the director of the UAB fellowship in forensic pathology where his interests are sudden death related to drug abuse and the forensic investigation of death in the elderly. He and his wife, Sue, have two daughters.

**Timothy Givens, M.D.**, MD'87, married Patricia Chenger in November 2004, instantly doubling the size of his family.

Chenger is assistant Children's Hospital director over clinical services. The couple has four children. Givens is an emergency room physician at Vanderbilt.

**Stuart Gold, M.D.**, MD'81, is professor of Pediatrics and clinic director for pediatric hematology/oncology at the University of North Carolina at Chapel Hill and principal investigator for the children's oncology group for UNC. He is

working to start a not-for-profit foundation, and is hoping to raise \$6.5 million to help children treated for cancer at UNC Chapel Hill. Gold's home was featured in a recent *Fine Homebuilding Magazine*.

**Julia Goodin, M.D.**, HS'83-'86, has been in Des Moines, Iowa, since 1999 and is chief medical examiner for the state of Iowa.

**William A. Hunter, M.D.**, MD'56, HS'57, has been semi-retired from the practice of ophthalmology since 1992, still seeing patients one morning a week in Pass A Grille, Fla. He and his wife, Janet, have been married 45 years and manage a small ranch and some commercial real estate. They enjoy spending time with their four grandchildren, shown here, left to right, Hunter, Caroline, Trey and Mary Elizabeth.



worthy of note



Greg White, M.D., MD'91, was recently appointed Chief of Orthopaedic Surgery at Phoenix Children's Hospital. For a hobby, he is in a rock-n-roll band, 4 Car Garage, where he is the lead vocalist and plays bass guitar. Of the five members, four are physicians. White is shown here at the annual Battle of the Bands to benefit charity.

**Stacey McKenzie, M.D.**, MD'85, HS'85-'88, and **Robert Means Jr., M.D.**, MD'83, FE'87-'89, moved to Lexington, Ky., in 2004. Means is chief of Medical Services at the Lexington VA and is associate chairman of Medicine at the University of Kentucky. McKenzie works part time with Lexington Infectious Diseases Consultants. The couple has three children, ages 5-11, and recently acquired a retired racehorse.

**F. Bradford Meyers, M.D.**, MD'81, is in solo practice in Jefferson, Wisc. He and his wife, Gretchen, a nurse, are in their 18th year of practice, the last independent family practice office in the area. They have two children, and Meyers is on the board of directors of the Fort Atkinson Health Services and is active in medical-political issues, through he Wisconsin Academy of Family Physicians. The Meyers are active in the Destination Imagination creative problem-solving program and have coached several teams and led coaches' workshops.

**Michael J. Pagnani, M.D.**, MD'87, HS'87, founded the Nashville Knee and Shoulder Center in December 2004 to focus on the treatment of orthopaedic and sports medicine problems in his area of sub-specialization. He continues to serve as the head team physician for the Nashville Predators hockey team.

**Heather McGehean, M.D., MD'01,** is a fellow in urogynecology at The Institute for Female Pelvic Medicine and Reconstructive Surgery in Allentown, Pa. She married James van Raalte in July in Santa Teresa, Costa Rica.



**Robert Douglas B. Jaquiss, M.D.**, MD'86, has been named to head the pediatric cardiovascular program at the University of Arkansas for Medical Sciences and Arkansas Children's Hospital. Jaquiss, who came from Milwaukee, has had a practice centered around cardiac surgery in neonates and older children and on adults with congenital heart disease.

**Robert E. Kelly, M.D.**, HS'85-'92, is an associate professor of Surgery at Eastern Virginia Medical School in Norfolk, Va., and is a pediatric surgeon with the Children's Surgical Specialty Group in Norfolk. His wife, **Cynthia S. Kelly, M.D.**, FE'91-'92, practices allergy/immunology in

Norfolk, is associate professor of Pediatrics at Eastern Virginia Medical School and is a member of the Board of Directors of the Children's Health System in Norfolk. They have three children.

**Ashley McAllen, M.D.**, MD'87, is director of medical operations of the Tibetan Medical Foundation, a small non-profit medical group that provides mobile basic clinical medical care to the Drokpa nomads of the Changthang plateau in Tibet. During the warmer season, his group treats about 20 people per day, traveling through the Changthang or High Plateau, which comprises the Northwestern two-thirds of the Tibetan Autonomous Region.

**Bess Marshall, M.D.**, MD'86, F'87, is assistant professor of Pediatrics in endocrinology at Washington University Medical School in St. Louis. She and her husband, **Loren Marshall, M.D.**, MD'84, HS'84-'87 a gastroenterologist, have three children. Marshall says she is enjoying being the pack leader for her sons' scout troops and is the president of the PTA. She and her family recently took a wagon train/horseback camping trip in Teton National Forest and visited Yellowstone.

**Robert T. Mitchell, M.D.**, MD'84, HS'84-'87, of Gallatin, Tenn., has recently been added to the



speaking staff of Answers in Genesis Ministries, an international ministry dedicated to "upholding the authority of Scripture from the very first verse."

**Michael E. Ruff, M.D., MD'87**, clinical associate professor of Pediatrics at Indiana University School of Medicine, is in private practice with Jasper Pediatric Associates in Jasper, Ind. He had an article published in the September 2005 issue of *Clinical Pediatrics* titled "Attention Deficit Disorder and Stimulant Use: An Epidemic of Modernity."

**Ann D. Thor, M.D., MD'81, HS'81-'85**, is in her fifth year as the Lloyd E. Rader Professor and Chair of Pathology, Director for Translational Research and Program Director of the Breast Cancer Program at the University of Oklahoma Health Sciences Center. She also serves on the Board of Scientific Advisors of the National Cancer Institute.

**Howard T. Walpole, M.D., HS'81-'85**, graduated from the Goizueta School of Business at Emory University with a master's degree in Business Administration in May 2005.

## 90s

**Dominique Walton Brooks, M.D., MD'93**, has been named director of Low Vision Services with Hermann Eye Center in Houston, Texas. She and her husband, Thomas, have two sons, Joshua, and Kendall, born March 15.

**David Charles, M.D., MD'90, HS'90-'94, FA-'94-**, was appointed vice chair of Neurology for Education and Development on July 1. He and his wife, Julia, who is section-hiking the Appalachian Trail, have four sons, James, Christopher, Jack and Ryan.

**Barb Chini, M.D., MD'90**, is a pediatric pulmonologist and sleep medicine physician, recently promoted to assistant professor at Cincinnati Children's Hospital Medical Center. She was married

in 2004 and several of her classmates attended the wedding.

**JoAnn Cook Collins, M.D., MD'97, HS'97-'00**, announces the birth of a son, Joseph Michael Collins, born March 31.

**Kelli Culpepper, M.D., HS'96-'01**, and her husband, Bill Hall, announce the birth of their first child, a daughter, Grace, on Nov. 18, 2004. She is in private practice in Dallas.

**Brian Daniel, M.D., MD'91, HS'91-'94**, is assistant clinical professor of Medicine at the University of Iowa Hospitals and Clinics in Iowa City, Iowa. He works primarily as a hospitalist on the general medicine wards and recently celebrated his 10th wedding anniversary with Anna Maria Daniel, B.S.N, R.N., M.S.N., who completed all of her training at Vanderbilt. They have four sons.

**Mark Earnest, M.D., MD'90**, is associate professor of Medicine at the University of Colorado Health Sciences Center. He is a section director of the new curriculum reform effort at the School of Medicine and just received a three-year award from the HRSA to develop a leadership and advocacy training program for undergraduate medical students. He was invited to Vanderbilt this year to give the annual Phillip Felts Memorial Lecture.

**Alexander Fan, M.D., MD'96**, is associate director of inpatient psychiatry at Cedars-Sinai Medical Center in Los Angeles.

**Evander Fogle, M.D., MD'98**, and his wife, **Robin Fogle, M.D., MD'00**, are living in Los Angeles where she is in her second year of a Reproductive Endocrinology and Infertility fellowship at the University of Southern California and he is an orthopaedic surgeon taking care of the U.S. Marines at the Camp Pendleton Naval Hospital. Their son, Fletcher, is 1.

**Katrina Gwinn Hardy, M.D., MD'91, HS'91-'92** is living in Bethesda, Md., where she works in



**Trent Rosenbloom, M.D., MD'96, FA'01-**, is currently on faculty at the Vanderbilt Department of Biomedical Informatics where he is doing research on computerized decision support systems and clinical terminologies, when he is not seeing patients at the Vine Hill Clinic and other sites. His wife, Ellie Weiss Rosenbloom, works for the Vanderbilt Department of Mechanical Engineering where she manages a NASA grant designed to promote space-science education in Tennessee schools. Their children, above, are Shayna, who just started first grade, and Adena, who is almost 4.

**Fogo, Agnes B. and Michael Kashgarian.**

book review

**Diagnostic Atlas of Renal Pathology: A Companion to Brenner and Rector's The Kidney, 7th edition. Philadelphia: Elsevier, 2005.**

Agnes Fogo, M.D., (MD '81; HS, Pathology 82-87; Professor of Pathology, Medicine and Pediatrics and the Director of Vanderbilt University Medical Center's Renal/Electron Microscopy Laboratory) and her co-author, Michael Kashgarian's (Professor of Pathology, Yale University School of Medicine) "Diagnostic Atlas of Renal Pathology" (2005) is an excellent complement to Brenner and Rector's classic "The Kidney." Following the organization of The Kidney, Fogo and Kashgarian's Diagnostic Atlas includes major sections on glomerular diseases, vascular disease, tubulointerstitial diseases, renal transplantation, cystic diseases of the kidney, and renal neoplasia. As an atlas, voluminous, crisp color illustrations of pathologic lesions dominate the work. The concise discussion accompanying the illustrations is extremely well written, and as the authors point out in the Preface, includes information "outlining key characteristic pathologic findings, and prognostic, pathogenetic, and etiologic information" while emphasizing the "clinical significance" of the illustrated lesions. Fogo and Kashgarian's "Diagnostic Atlas" is a significant contribution to the field of renal pathology—one that augments "The Kidney" while standing alone on its own merits.



**Brian P. Daniel, M.D., MD'91, HS'91-'94, is an assistant clinical professor of Medicine at the University of Iowa Hospitals and Clinics in Iowa City. He and his wife, Anna Maria, are shown here with their four sons, Christian James, 8, Carter Lucas, 6, Casey Phillip, 3 and Coleton Michael, born this year.**

the field of Neurogenetics at the National Institutes of Health. Her research is in the genetics of neurodegenerative diseases, especially Parkinsons. She also manages grants and contracts in Neuroscience including a national DNA repository for gene discovery in Neurological disorders.

**Robert D. Hoover, M.D., MPH, HS'90-'93,** has been appointed senior vice president, Global Clinical Services, for Sunrise Medical. Sunrise is an international medical equipment manufacturer based in Longmont, Colo. Hoover is responsible for the integration of clinical expertise into the research and development of new products, outcomes measurement and facilitating the coverage and coding of medical products.

**Todd Huber, M.D., MD'99,** joined the faculty in the Department of Otolaryngology at Vanderbilt and is working at Williamson Medical Center in Franklin. He and his wife, Tysha, welcomed their second son, Henry, born Aug. 10, joining big brother, William, 2.

**John Jobe, M.D., HS'91-'96,** is with Pee Dee Pathology Associates in Florence, S.C. He is a pilot and flies about 150 hours a year in his Piper Cherokee 180.

**James N. Johnson, M.D., MD'93,** was married to Catherine Stutzner on May 20, at Radnor Lake in Nashville – a small, private wedding at a place they love to hike. Johnson was named a Fellow in

the American Academy of Family Medicine in September 2005.

**Shashidhar Kusuma, M.D., HS'98-04,** is a clinical fellow in Plastic and Reconstructive Surgery at the Cleveland Clinic Foundation.

**Juli McCay, M.D., MD'99, HS'99-'04,** is associate pathologist for Bowling Green Associated Pathologists in Bowling Green, Ky. She and her husband have a son and daughter.

**Aubrie Jacobson Nagy, M.D., MD'96,** joined Internal Medicine Associates, a seven-internist practice in Frederick, Md. She is married to Zoltan Nagy.

**Eric Nuermberger, M.D., MD'96,** is assistant professor of Medicine in the Division of Infectious Diseases at Johns Hopkins University. He is working on mouse models of tuberculosis in the laboratory to evaluate existing drugs and novel compounds for their potential to improve the treatment of TB. He and his wife, Shannon, have two sons, Charlie, 3, and Jack, 1.

**Lee Anne O'Brien, M.D., Ph.D., MD'91-** is a full-time pediatrician with three sons. She lives in Brentwood, Tenn.

**Zhiheng Pei, M.D., Ph.D., HS'94-'97, FA'89-'00,** is assistant professor of Pathology and Medicine at New York University School of Medicine and has just received a \$1.7 million R01 grant from the National Institute of Allergy and Infectious Diseases to study the etiology and pathogenesis of chronic tonsillar hypertrophy.

**Robert Rosenfeld, M.D., MD'94, HS'94-'99,** joined a multispecialty group as an Ob/Gyn at the Skagit Valley Medical Center in Mount Vernon, Wash., in April 2005. He and his wife, Becky, have a son, Brad, who is a junior at the University of Denver.

**Arjun Srinivasan, M.D., MD'96,** is working at the Centers for Disease Control as a medical epidemiologist where his work involves investigating outbreaks that occur in the

health care setting. He and his wife, Lindy, have a son, Jackson.

**Tyler Staelin, M.D., MD'96,** his wife, Katie, and son, Fielding, are living in Grand Rapids Mich., where he is a hand surgeon working with the Michigan Hand Center.

**David Jonathan Stallard Jr., M.D., MD'91,** married Tina Milhorn on July 9. He practices at Lexington Women's Care of Lexington, S.C., Medical Center.

**Thomas Talbot III, M.D., MD'96, FA'03 - ,** is assistant professor of Medicine and Preventive Medicine at Vanderbilt. He and his wife, **Helen Keipp Bredenberg Talbot, M.D., HS'99,** welcomed their first child, Thomas IV, in April.

## 2000-

**Russell Andreasen, M.D., HS'00-'04,** is a staff psychiatrist at the VA Medical Center in Temple, Tex., affiliated with Texas A & M.

**Tyler W. Barrett, M.D., MD'01,** has joined the faculty at Vanderbilt in the Department of Emergency Medicine. He and his wife are expecting their first child in October.

**Douglas Carlan, M.D., HS'00-'05,** is doing a hand fellowship at Washington University in St. Louis. A daughter, Caroline Leigh, was born July 10.

**Eric Chen, M.D., HS'02-'05,** recently finished his residency at the Vanderbilt Eye Institute. He and his wife, Felice, are expecting a baby girl in November.

**Jeffrey Cluver, M.D., MD'00,** finished his psychiatry residency in June 2004 at the Medical University of South Carolina and is now assistant professor of Psychiatry there and director of the substance abuse treatment clinic at the Charleston VA. He and his wife, Abbie, who is finishing her residency at MUSC, are expecting their first child in November.



**Sarah Bixby, M.D., MD'01, married Kevin O'Grady in 2004. She is doing a Pediatric Radiology fellowship at Children's Hospital Boston.**

**Phillip Cuculich, M.D.**, MD'01, and **Jennifer Wambach, M.D.**, MD'01, were married in July 2004 and are living in St. Louis where Phillip is a cardiology fellow and she is a neonatology fellow.

**Julie Boyd Damp, M.D.**, MD'01, HS'01, is in her second year of a cardiology fellowship at Vanderbilt. She and her husband, Peter, have been to Kenya for medical work and Belize for vacation over the past couple of years.

**Kellie DeLozier, M.D.**, MD'01, completed her ob/gyn residency at Vanderbilt in 2005 and has joined **Jason Pollock** and **Keita Sakon**, both MD'99, in private practice in Las Vegas.

**Gargi Gajendragadkar Gandhi, M.D.**, MD'01, is living in New York City, working at a private practice with an academic appointment at Cornell Medical School. She married in August 2001 is expecting a baby boy this fall.

**Neil Harris, M.D.**, MD'01, HS'01-'04, is living and working in Tucson, Ariz., and serves as a Vanderbilt Medical Alumni Association host program participant for the Tucson area.

**Nicole McCoin, M.D.**, MD'03, HS'03-'06, is finishing her third year of residency in Emergency Medicine and is staying at Vanderbilt next year to be a chief resident.

**Shauna McKinney, M.D.**, HS'00-'04, completed her residency at Vanderbilt in July 2004 and has been on the faculty in Ob/Gyn since that time. She is the first fellow in the Minimally Invasive Surgery Fellowship in the Department of Obstetrics and Gynecology.

**Angie Singleton McVie, M.D.**, MD'01, HS'01, is in private practice in Nashville. She and her husband, Andrew, are expecting a baby in January.

**Sovana Moore, M.D.**, MD'00, HS'00-'04, is in private practice in Ob/Gyn with Women's Health Specialists in Murfreesboro,

Tenn. She and her husband, Steve, celebrated their fifth anniversary this year.

**Brent Pennington, M.D.**, MD'00 and **Jason Robbins, M.D.**, MD'99, have opened a dermatology practice in Nashville, called Nashville Skin and Cancer. The doctors provide care for all dermatology patients with a particular emphasis on the prevention, detection and treatment of skin cancer. They also have a satellite office in Clarksville, Tenn.

**Meeta Prasad, M.D.**, MD'01, HS'01, received the Yale Primary Care Medicine Program Intern of the Year Award in 2002.

**Leopoldo Rodriguez, M.D.**, HS'96-'00, will be an anesthesiologist with Sheridan Healthcare Inc., in Aventura Hospital and Medical Center in Aventura, Fla., beginning in November.

Vanderbilt is creating an online fine arts journal to showcase the writings and visual art of the medical students, residents, physicians and alumni. You're invited to submit writings from the past or present that reflect your experience in medicine. Essays, poems, short stories, fiction, orations, photography, drawings, and genres of fine arts are welcome. Please send your submissions no later than Dec. 31, to Jennifer Gloeckner at [Jennifer.m.gloeckner@vanderbilt.edu](mailto:Jennifer.m.gloeckner@vanderbilt.edu), or Sutin Chen at [sutin.chen@vanderbilt.edu](mailto:sutin.chen@vanderbilt.edu). Submissions can also be mailed to Jennifer Gloeckner, 205 Acklen Park Drive, #14, Nashville, Tenn., 37203.

**David Rotter, M.D.**, HS'01-'05, and his wife, Ann, welcomed twin boys, Nathan and Trent, on July 14.

**Shannon Snyder, M.D.**, MD'00, HS'00-'01 is assistant professor of Emergency Medicine at Vanderbilt. She married **Oran Aaronson, M.D.**, an attending in neurosurgery in April 2004, and they are expecting their first child in January.

worthy of note



Each year four classmates from the Class of 1953 and their wives travel together, and have started a tradition – the awarding of the “Vanderbilt Cup,” for a bridge competition. During this year’s trip to Charleston, Jack Martin, M.D., seated right, won the trophy, made from a small silver cup the couples received at a wine-tasting on a cruise in 2003. Joining Martin are, left to right, Jim Mark, M.D., Don Bryan, M.D., and Ed Kimbrough, M.D.

**Thomas Abramo, M.D.**, has been named chief of the Division of Pediatric Emergency Medicine, director of the Emergency Department at the Monroe Carell Jr. Children's Hospital at Vanderbilt and professor of Pediatrics and Emergency Medicine. Abramo, who was professor and associate medical director of the Division of Emergency Medicine in the Department of Pediatrics at the University of Texas Southwestern Medical Center in Dallas for the past four years, succeeds **Andrea Bracikowski, M.D.**, who served as the director and chief of Pediatric Emergency Medicine for 12 years. Bracikowski, associate professor of Emergency Medicine and Pediatrics and assistant professor of Pediatric Orthopaedics, will continue to work in the Pediatric Emergency Department, as well as in the Pediatric Orthopaedics Clinic.

**Jiyang Cai, M.D., Ph.D.**, assistant professor of Medicine, has received the Sybil B. Harrington Scholar Award in the amount of \$50,000 from Research to Prevent Blindness (RPB) to support research into the causes, treatment, and prevention of blinding diseases. The award, part of RPB's Special Scholar program designed to support outstanding young scientists who are conducting research of unusual significance and promise, supports Cai's work to evaluate the role of mitochondrial injury as a target of damage in age-related macular degeneration, the leading cause of vision loss in elderly Americans.

**David P. Carbone, M.D., Ph.D.**, has been named the first Harold L. Moses Professor of Cancer Research at the Vanderbilt-Ingram Cancer Center, and **Carlos Arteaga, M.D.**, is the first holder of the Vice Chancellor's Chair in Breast Cancer Research.

**Christine Chung, M.D.**, assistant professor of Medicine in the Division of Hematology/Oncology, is the second investigator mentored by **David P. Carbone, M.D., Ph.D.**, to receive the Damon Runyon Research Foundation/Lilly Clinical Investigator Award. One other Vanderbilt physician-scientist has won the award since 2002. The award is intended to foster the careers of promising young investigators who are dedicated to conducting patient-oriented research.

**P. Jeffrey Conn, Ph.D.**, professor of Pharmacology at Vanderbilt University Medical Center, has been named editor of *Molecular Pharmacology*, considered to be the most prestigious scientific journal in its field. Conn directs the Pharmacology Department's Program in Translational Neuropharmacology and the Program in Drug

Discovery in the Vanderbilt Institute of Chemical Biology. His research includes identification of new compounds that could improve treatment of Parkinson's disease. Conn has also received a \$200,000, two-year grant from the Michael J. Fox Foundation to find new chemicals for the treatment of Parkinson's disease.

**Kathryn Edwards, M.D.**, has been invited to serve on the Advisory Council for the National Institute of Allergy and Infectious Diseases (NIAID). The Council advises the director of the NIAID regarding research initiatives and programs in the areas of allergy and infectious diseases including AIDS, biodefense and tropical infectious diseases.

**Stephan Heckers, M.D.**, associate professor of Psychiatry at Harvard Medical School and director of McLean Hospital's Schizophrenia and Bipolar Disorder Program, has been named chair of Psychiatry at Vanderbilt University Medical Center. He will assume the position on Jan. 1, 2006. Heckers brings to Vanderbilt clinical expertise in treating patients with psychotic disorders, particularly schizophrenia and bipolar disorder, and a strong research program in the functional neuroanatomy of psychosis, combining neuroimaging experiments of brain structure and function in psychotic patients with post-mortem studies of the cellular and molecular basis of psychosis.

**Robin Hemphill, M.D., M.P.H.**, associate program director of Emergency Medicine and medical director of Vanderbilt's National Center for Emergency Preparedness, was one of seven physicians from across the country selected to participate in the Robert Wood Johnson Health Policy Fellowships Program, a prestigious fellowship award is allowing a Vanderbilt emergency physician to participate in the health policy process in the nation's capital. The yearlong program combines their health care experience with that of policy-makers in Washington, D.C. Hemphill started her fellowship in September.

**Kimberly Hutchison, M.D.**, received a two-year, \$60,000 Faculty Career Advancement grant from the American Sleep Medicine Foundation (ASMF) at the group's third annual "Discovering the Secrets of Sleep" fundraising dinner. Hutchison, a clinical fellow in the sleep disorders division of Neurology since 2004, received the grant for her study entitled "Neural Correlates of Adaptation to Sleep Deprivation in Obstructive Sleep Apnea — A Pilot Study."

**Lawrence J. Marnett, Ph.D.**, director of the Vanderbilt Institute of Chemical Biology and Mary Geddes Stahlman Professor of Cancer Research and professor of Biochemistry and Chemistry, has received a MERIT (Method to Extend Research In Time) Award from the National Cancer Institute in support of his research on DNA mutation and carcinogenesis. Less than 5 percent of National Institutes of Health-funded investigators are selected to receive MERIT awards, which recognize superior competence and outstanding productivity. A key feature of the awards is the opportunity for investigators to gain up to 10 years of grant support without competitive review. Marnett joins 14 Vanderbilt University Medical Center investigators with current MERIT awards, and he is the only Vanderbilt investigator to be honored by the NCI.

**Ingrid Meszoely, M.D.**, assistant professor of Surgery, has been named clinical director of the Vanderbilt Breast Center, succeeding **Mark Kelley, M.D.**, director of the Division of Surgical Oncology. Among the new initiatives under Meszoely's direction is a multi-disciplinary clinic for newly diagnosed breast cancer patients. It is the only such program in the region.

**David Page, M.D.**, professor of Pathology and Preventive Medicine, has been named chair of the American Joint Committee on Cancer (AJCC). It is a role he formally accepted some time ago, but most recently completed his first official act by chairing the annual meeting of the Committee. The AJCC's work centers on establishing guidelines for classifying, or staging, the severity of solid tumor cancers.

**Pratik Pandharipande, M.D.**, assistant professor of Anesthesiology, has been awarded a Foundation for Anesthesia Education and Research (FAER) grant for \$255,000 over two years. The grant is a Mentored Research Award, which is the highest monetarily valued grant of the four types awarded annually by FAER. **Wes Ely, M.D.**, associate professor of Pulmonary Critical Care Medicine, will serve as the mentor for Pandharipande's research. The grant is issued with \$175,000 going to the recipient and \$80,000 going to the mentor. Pandharipande's research focuses on the impact of drugs on intensive care unit (ICU) delirium in older patients.

**James Powers, M.D.**, associate professor of Medicine, has been tapped by Tennessee Gov. Phil Bredesen to chair the TennCare Pharmacy Advisory Committee, charged with developing a comprehensive and cost effective preferred drug list (PDL) for the state's Medicaid program.

**Ronald Price, Ph.D.**, has been named the first Hounsfield Professor of Radiology. Price, professor of Radiology and Radiological Sciences and director of the Section of Radiological Sciences, said the chair will help support his efforts to devise new imaging techniques that one day may more precisely monitor and measure disease progression and therapy.

**Stephen P. Raffanti, M.D., M.P.H.**, associate professor of Medicine at VUMC, has been recognized for "significant achievements" by the HIV Medicine Association. Raffanti, who is also chief medical officer of the Comprehensive Care Center in Nashville, received the association's 2005 Emerging Leader in HIV Clinical Education Award in October during the annual meeting of the Infectious Diseases Society of America (IDSA) in San Francisco.

**Sarah Sell, M.D.**, professor of Pediatrics, emerita, has been honored by the Department of Pediatrics with a lifetime achievement award. Sell is well known as one of the key players in the development of the childhood vaccine to protect against Haemophilus influenzae type B (HIB). Her initiatives led to the licensure of the several conjugated HIB vaccines in the late 80s and early 90s. These vaccines have been effective at virtually eliminating this devastating disease in young children in the United States. Sell is also known for her work with the bacteria associated with otitis media.

**Venkat Shankar, M.D.**, assistant professor of Pediatrics and Anesthesiology, recently received his MBA from Vanderbilt and was quoted in the Aug. 17 *BusinessWeek* online. The story talked about Shankar's regular returns to his native India to help manage a community health facility in Chattisgarh, India. In addition to providing basic medical services, the group has trained nearly 50 local women as health workers and pays them a nominal wage.

**John H. Shatzer Jr., Ph.D.**, has joined the Vanderbilt University School of Medicine as director of the Office of Medical Education. In this new role he will report to Bonnie Miller, M.D., associate dean for Undergraduate Medical Education, and will help lead the school's efforts to improve medical education by providing new tools and strategies to enhance education, define and measure outcomes and meet the demands of educational accrediting bodies.

**Paul Sternberg Jr., M.D.**, George W. Hale Professor and chair of the Department of Ophthalmology and Visual Sciences and director of the Vanderbilt Eye Institute, has been elected to the Board of Trustees of the Association for Research in Vision and Ophthalmology (ARVO), an international organization with more than 11,000 members. The election, held at the group's annual meeting in Fort Lauderdale, Fla., is for a five-year term as a Retina Trustee, with the Retina Section being the largest of the 13 Scientific Sections within the association.

**Jeanne M. Wallace, D.V.M.**, director of Animal Resources at Wake Forest University School of Medicine, has been appointed university veterinarian, director of Animal Care and assistant vice chancellor for Research at VUMC. Her husband, **Mark T. Wallace, Ph.D.**, a neuroscientist at Wake Forest in Winston-Salem, N.C., has been appointed associate professor in the Department of Hearing and Speech Sciences at Vanderbilt University School of Medicine. He will have a secondary appointment in the Department of Psychology in the College of Arts & Science.

**Mary Yarbrough, M.D., M.P.H.**, was recently elected to a three-year term on the board of directors of the American College of Occupational and Environmental Medicine (ACOEM), an international medical society of more than 6,000 physician and health professional members dedicated to promoting the health and safety of workers. Yarbrough, director of Health and Wellness at Vanderbilt, was the first female graduate of the School of Engineering's Biomedical Engineering program, and she completed medical school as well as her residency at Vanderbilt. She oversees the Occupational Health Clinic, Health Plus, Work/Life Connections-EAP, including Physician and Nurse Wellness Programs, and the Child Care Centers.

**John Alan Zic, M.D.**, assistant professor of Dermatology, was chosen by students for a recent Vanderbilt University School of Medicine CANDLE (Caring, Advocating, Nurturing, Determination, Leadership and Empathy) Award. The honor is given to individuals who have devoted themselves to teaching and mentoring. Recipients of the award are nominated and chosen based upon their positive impact on the lives of physicians-in-training, and are recognized by their students as examples of excellence in medical education.



A newly endowed chair in Vanderbilt's Department of Obstetrics and Gynecology is serving as an additional funding source for programs, research efforts and salary support that wasn't available when Lonnie S. Burnett, M.D., came to Nashville in 1976.

The Betty and Lonnie S. Burnett Chair in Obstetrics and Gynecology will be held by Nancy Chescheir, M.D., (above, left) who heads Vanderbilt's Department of Obstetrics and Gynecology and is recognized as one of the country's most respected leaders in maternal-fetal medicine.

School of Medicine Dean Steven Gabbe, M.D., announced the chair honoring Burnett and his wife, Betty, during the 17th reunion of the Lonnie S. Burnett Vanderbilt Ob/Gyn Society in October. Members of the Society contributed an important part of funding for the chair, he said.

Burnett (above, right), the Frances and John C. Burch Professor of Obstetrics and Gynecology, was named to lead Vanderbilt's Ob/Gyn department in 1976 and stayed in that position for 19 years. He is credited with both expanding his department and breaking through barriers that existed between Vanderbilt and the Nashville community.

**George A. Bishopric, M.D.**, HS'50, former chief of medicine and chief of staff at Sarasota Memorial Hospital, died on March 4. He was 78. Bishopric pioneered Sarasota's nuclear medicine lab and directed the hospital's continuing education programs for physicians from 1954 until his retirement in 2000. Bishopric is survived by his wife, Nancy, two daughters, a son, and four grandchildren.

**George W. Bounds, M.D.**, MD'46, CF'59-'89, died at his home in Nashville on Aug. 3. He was 82. Bounds retired from private practice in 1993 and continued to work for the state of Tennessee reviewing disability claims. He continued to work until five days before his death. He is survived by his wife of 28 years, Sharon McKeehen-Bounds, a son, three daughters and eight grandchildren.

**Roy Cecil Campbell, M.D.**, MD'47, died June 22. He was 81. He practiced general surgery in Orangeburg, S.C., from 1955-1990. An Eagle Scout, he was a staunch supporter of scouting. He is survived by his wife, Robin, three daughters, two sons, and 11 grandchildren.

**William Coopwood, M.D.**, HS'67-'70, CF'74-'89, died May 4 in Nashville. He is survived by his wife of 53 years, Sarita, five children and 13 grandchildren.

**John Francis, M.D.**, MD'40, FA'53-'54, died March 14. He was 89. He practiced for 35 years in Baltimore and Washington, D.C., focusing on psychoanalysis, teaching and writing. He was a founding member of the Baltimore-Washington Psychoanalytic Association. After retirement he was a consultant with the Children's Home in Tampa, Fla., and attained his private pilot's license when he was 60. He is survived by two sons, five grandchildren and one great grandchild.

**Walton C. Harwell, M.D.**, MD'54, died at home in Columbia, Tenn., on June 20. He was 75. In June 1961, he opened his practice in Columbia as the first board-certified

obstetrician-gynecologist in Columbia and delivering more than 5,000 babies during his career. He retired from practice in June 1994. He is survived by his wife, Martha, three daughters, one son and three grandchildren.

**Holger Kulesa, Ph.D.**, research assistant professor in the Division of Gastroenterology, died Aug. 31. He was 40. Kulesa had been at Vanderbilt since 1996, first as a postdoctoral fellow and later as a research instructor in Cell Biology, prior to assuming his Gastroenterology post in 2002. Throughout his career, his research focused on the role of Bmp signaling in gastrointestinal development and disease.

**William Paxton Parker Jr., M.D.**, MD'56, died May 6 at his home in Wilmington, N.C. He was a neurosurgeon in Wilmington in private practice for 26 years and served as chief of staff at New Hanover Regional Medical Center. After retirement he devoted time to Warlock Enterprises and its largest divisions, Warlock Adventures and Warlock Productions. He is survived by his wife, Connie, three sons, a daughter and five grandchildren.

**John Edward Pate, M.D.**, FA'60-'88, died at his home in Nashville on June 21. He was 80. He was a faculty member in the Department of Psychiatry and was appointed director of the Wills Center School for Emotionally Disturbed Children and later served as executive director of the Vanderbilt Mental Health Center. He collaborated with fellow faculty Sarah Sell, M.D., and Warren Webb, Ph.D., to develop the First Grade Screening Test that was used in several different countries and languages. He also organized a project among medical centers throughout the Southeast to demonstrate the adverse effect of haemophilus meningitis on school adjustment. He is survived by his wife, Martha, two sons, two stepdaughters, and seven grandchildren.

**Frank Ward Smythe Jr., M.D.**, MD'45, died November 29, 2004. He was 84. Smythe, a retired Memphis surgeon, is survived by his wife, Rose, a daughter and two grandchildren.

**William M. Stubbins, M.D.**, MD'37, died May 21 in Tallahassee, Fla. He was 92. He practiced medicine for 27 years in Elkhart, Ind., and is survived by three daughters, two stepdaughters, a stepson, 14 grandchildren and nine great grandchildren.

**Gulen Tangoren, M.D.**, FA'66-'67, died July 24 in New York. Tangoren drew the illustrations in "Pain Control in Cancer Patients," written by Winston Parris, M.D., HS'75-'77, FA'78-'00. Tangoren is survived by three sons and two daughters.

As a pediatrician at the Children's Clinic in Jackson (Tenn.) for more than 40 years, Dr. Walton Harrison (MD'45, HS'45,'49) treated three generations of children in some families.

Dr. Harrison, who died Tuesday (Feb. 22) at age 84, is described by friends as the kindest man they knew and a wonderful advocate for children.

"He was here almost from the beginning," said Children's Clinic administrator Sharon Smith, who was a patient of Harrison's before coming to work with him in 1980. "He basically is the Children's Clinic. And that's how he'll always be remembered here."

Dr. Harrison joined the clinic in 1952, shortly after the late Dr. William Crook opened the practice, Smith said. Not long after he arrived, the Korean War broke out, and Dr. Harrison was drafted. But as one of only two doctors at the clinic, he was so needed in Jackson that residents took up a petition and got a deferral allowing him to stay, Smith said.

Not everything was so well received by the community however – at least at first. When Dr. Harrison first arrived blacks had to use the back door at the Children's Clinic. At his request, the clinic became the first in Jackson to integrate its entrance.

His rapport with his patients didn't go unnoticed, either. "He was a wonderful pediatrician and a tremendous child advocate," said Dr. Bruce Maley, a Children's Clinic pediatrician who worked with Harrison for about 15 years.

Dr. Harrison was named Pediatrician of the Year in 1993 by the state chapter of the American Academy of Pediatrics.

He retired from active practice in 1998.

He is survived by his wife, Katherine, their children, Cindy Anderson, Nancy Cate, Jeff Harrison and Cecelia Condry, and six grandchildren.

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## Medical Alumni Photo Gallery

### Pictured here:

1. Enjoying some of the food at the VMAA Family Tailgate are: (left to right) Elia Dimitri, M.D., Candace Dimitri and Peter Castro, M.D.

2. Posing for a group photo at the VMAA Fall Gathering in San Francisco are: back row (left to right), Richard D. Cole, M.D., MD'52, Nydia Suarez, Catherine Stroup, J. Garland Stroup, M.D., MD'54, HS'55-'57, George W. Holcomb Jr., M.D., MD'46, HS'46-'49, CF'57-'00, John E. Kesterson, M.D., MD'43, HS'43-'49, Martha Coussement, Ruth West, John T. West, M.D., MD'51, Francoise Long, R. Gordon Long, M.D., MD'55, and front row (left to right), representing Vanderbilt, Missy Eason, Holly Walsh, Pat Price, Scott Price, Ann H. Price, M.D., MD'78, HS'79-'81.

3. R. Gordon Long, M.D., MD'55, and Francoise Long at the VMAA Fall Gathering in San Francisco.

## Board of Directors

### Vanderbilt Medical Alumni Association Board of Directors

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