

⌘ Are you at risk for malpractice? 24

⌘ Vanderbilt CARE team evaluates child abuse cases 30

⌘ A course in true love 36

Vanderbilt Medicine

WINTER 2012

SHIFTING GEARS

The Vanderbilt Kennedy Center Prepares People with Disabilities for the Road Ahead



Medical student
Jessi Solomon and Next
Steps program graduate
Jeanne Gavigan

Web Sight

John Worrell, M.D., MD '71, photographed these penguins (top) and the blue-footed boobie (below) about 30 meters off the coast of Isla Isabela, the largest island in the Galapagos Islands. Worrell, a seasoned traveler, is a professor of Radiology and Radiological Sciences at VUSM.



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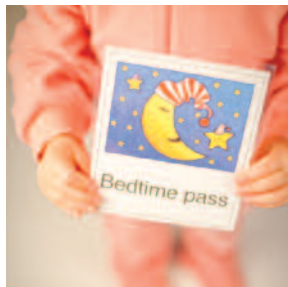
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:: on the cover

Working in tandem with departments across campus, the Vanderbilt Kennedy Center is improving the lives of those with disabilities.



A HARD DAY'S NIGHT 18



HOW DID THIS HAPPEN? 30



A COURSE IN TRUE LOVE 36

:: departments

- Making the Rounds 2
- Around the Medical Center 3
- Personalized Medicine 7
- Alumni Profile 8
- Canby Robinson Society 38
- Alumni Journal 42
- Alumni News 43

:: features

Shifting Gears 12

Next Steps Program prepares young adults with disabilities for road ahead

Longer Lifespan Brings Challenges 17

Families plan for the future of children with disabilities

A Hard Day's Night 18

The intriguing relationship between autism and sleep

Time Out 23

Parents learn to manage their stress

Warning Signs 24

Program assesses physicians' malpractice risk

How Did This Happen? 30

CARE Committee evaluates suspected child abuse and neglect cases

A Course in True Love 36

Medical students look to future after cancer-related detour

:: online highlights

Look for these stories and multimedia features online at www.mc.vanderbilt.edu/vanderbiltmedicine.

VIDEO: Next Steps at Vanderbilt program graduates its first class

ARTICLE: Q & A with Jonathan Metzler, M.D., Ph.D., the new director of Vanderbilt's Center for Medicine, Health and Society

ARTICLE: International collaboration boosts autism genetics research



RICHARD JOHNSTON JR., M.D. 8



JOE HOWELL

BY JEFF BALSER, M.D., PH.D.
Vice Chancellor for Health Affairs
Dean of Vanderbilt University School of Medicine

Every time I visit the Vanderbilt Kennedy Center, I come away inspired.

The center is truly a crown jewel of the University. It is a special place, a microcosm where one can find everything that makes Vanderbilt great in a single place.

The Kennedy Center is a crossroads of the University, one of the most interdisciplinary places you'll find at any university, anywhere. There are educators, pediatricians, behavioral specialists, neuroscientists, geneticists and many other fields represented, all working together and toward a common goal: understanding and solving the mysteries of human development to help people with disabilities.

Not only does the Vanderbilt Kennedy Center reach into nearly every school of the University, but the center also reaches across the country. We are part of a national network of research centers on intellectual and developmental disabilities created by the Kennedy administration in 1963.

It is a center of research; Vanderbilt Kennedy Center investigators regularly publish groundbreaking research in the world's leading journals.

It is a center of education; students of disciplines from all over Vanderbilt converge to learn from the faculty, patients and families.

And it is a center of care to those with developmental disabilities and their families. The staff and faculty of the Vanderbilt Kennedy Center are dedicated to offering knowledge and support broad in scope, creating a caring community for both children and adults.

In this issue of *Vanderbilt Medicine*, we have several stories that bring to life human faces and extraordinary programs at the center, including:

- The Next Steps Program, which provides a college experience to students with disabilities, with a goal of employability for every student within two years.
- Helping people with autism sleep better. Our story profiles Beth Malow, M.D., who is both a Vanderbilt Kennedy Center investigator and director of our Sleep Center, and who has two sons in the autism spectrum.
- A report on the family-centered programs at the center, including those aimed at achieving stress reduction.

I hope this issue of *Vanderbilt Medicine* captures your imagination – for me, the Kennedy Center serves as a poignant reminder of what a great university can accomplish working as one. **VM**

AROUND THE MEDICAL CENTER

News and happenings at Vanderbilt University Medical Center

Vanderbilt endowed chair holders honored at event

Eight Vanderbilt University School of Medicine faculty members named to endowed chairs were praised for outstanding leadership in their academic fields and also on campus during ceremonies in September and November 2011, marking the fourth and fifth in a series to honor the contributions of Vanderbilt chair holders.

The new chairs within the School of Medicine are:

- Timothy S. Blackwell, M.D., Ralph and Lulu Owen Chair in Medicine
- Richard M. Caprioli, Ph.D., Stanford Moore Chair in Biochemistry
- Mark R. Denison, M.D., Craig-Weaver Chair in Pediatrics
- Wael El-Rifai, M.D., Ph.D., H. William Scott Jr. Chair in Surgery
- Arthur Fleischer, M.D., Cornelius Vanderbilt Chair
- Beth A. Malow, M.D., M.S., Burry Chair in Cognitive Childhood Development
- Robert J. Matusik, Ph.D., William L. Bray Chair in Urology
- David Piston, Ph.D., Louise B. McGavock Chair
- Jeff Balsler, M.D., Ph.D., vice chancellor for Health Affairs and dean of the School of Medicine, and Richard McCarty, provost and vice chancellor for Academic Affairs, thanked the generous donors for their support.

“The chairs we celebrate today represent both new investments, meaning donations in just the past few years, as well as gifts from many years ago,” McCarty said. **VM**

– ANN MARIE OWENS



Adult Emergency Department personnel are taking part in a personal safety training program called Handle with Care. Here, instructor Anthony Locklayer works with Katrina Peters, nurse resident, left, as she blocks a punch from McKeshia Crawford, care partner, during class.

Program’s goal is to keep ED staff out of harm’s way

With violence toward health care workers from patients and visitors on the rise inside emergency departments, personnel with Vanderbilt’s Adult Emergency Department are learning a new set of skills to keep them – and those they care for – safe.

In April 2011, Vanderbilt’s Adult Emergency Department launched Handle with Care, a crisis intervention and behavioral management program which teaches verbal and physical intervention methods. The course instructs staff on how to de-escalate an out-of-control patient and protect themselves if they feel threatened.

Emergency departments across the country are faced with overcrowding, and patients often use emergency services in lieu of primary care physicians, just a few of the issues which can heighten frustration and lead to violent behavior, said Brent Lemonds, M.S., R.N., administrative director of Emergency Services for Vanderbilt. He also noted a connection to violence with an increase in psychiatric patients, as well as a high percentage of patients under the influence of alcohol and drugs.

Vanderbilt staff members Mike Malone, EMT, Anthony Locklayer, R.N., and Jacki Ashburn, R.N., volunteered to become certified Handle with Care instructors and have since led nearly 100 employees through the program.

The majority of the four-hour course teaches verbal de-escalation techniques. Instructors stress that verbal de-escalation is powerful and the goal is to avoid physical restraint when at all possible.

All current emergency staff completed the course by September, although Handle with Care classes will continue for new employees and recertification purposes. **VM**

– JENNIFER WETZEL

New genes linked to multiple sclerosis identified

An international team of scientists has identified 29 new genetic variants linked to multiple sclerosis (MS), providing key insights into the biology of the debilitating neurological disease.

Vanderbilt University Medical Center's Center for Human Genetic Research (CHGR) played an important role in the research published in August 2011 in the journal *Nature*, which represents the largest MS genetics study ever undertaken and effectively doubles the number of genes known to be associated with the disease.

"We now know just how complex multiple sclerosis is," said Jonathan Haines, Ph.D., director of the CHGR and one of the principal researchers in this effort. "These new genes give us many new clues as to what is happening in MS and will guide our research efforts for years to come."

Researchers studied the DNA from 9,772 individuals with multiple sclerosis and 17,376 unrelated healthy controls.

They were able to confirm 23 previously known genetic associations and identified another 29 new genetic variants (and an additional five that are strongly suspected) conferring susceptibility to the disease.

Many genes implicated in the study are relevant to the immune system, shedding light on the immunological pathways that underlie the development of multiple sclerosis.

One-third of the genes identified in the study have previously been implicated in playing a role in other autoimmune diseases such as Crohn's disease and type 1 diabetes, Haines said.

Previous studies have also suggested a link between vitamin D deficiency and an increased risk of multiple sclerosis. **VM**

- CRAIG BOERNER

Grant bolsters VU personalized medicine efforts

Vanderbilt University's efforts in personalized medicine – health care that is tailored to each individual's genetic makeup – are getting a new boost from the National Human Genome Research Institute (NHGRI).

NHGRI is awarding \$25 million over the next four years to a network of institutions, including Vanderbilt, to discover links between genetic information and disease characteristics/symptoms in electronic medical records, and to use the findings to improve patient care.

Dan Roden, M.D., assistant vice chancellor for Personalized Medicine, has led Vanderbilt's participation in the eMERGE (electronic MEDical Records and GENomics) network since its launch in 2007.

Vanderbilt also serves as the administrative coordinating center for the network, under the leadership of Jonathan Haines, Ph.D., director of the Center for Human Genetics Research.

"Vanderbilt's commitment to the idea of personalized health care – including our DNA bank BioVU, one of the largest of its kind in the world – has put us into a leadership position in this area nationally," Roden said.

"Our ability to contribute effectively to the first phase of eMERGE was due in no small part to the collaboration of a very talented group of Vanderbilt investigators with a wide range of skills, including genomics, informatics, translational medicine, statistics and ethics."

In its first phase, which wrapped up last year, the eMERGE network identified genetic variants associated with higher risk for dementia, cataracts, cardiac conduction, peripheral arterial disease and type 2 diabetes.

In the next phase, investigators will identify genetic variants associated with 40 more disease characteristics and symptoms, using genome-wide association methods to screen the entire genome for variations. About 32,000 participants will be included in each study, which will point to the genes that cause or contribute to diseases – information that can be used to guide clinical care.

Investigators in the eMERGE network have also developed privacy protection methods to prevent the risk of identifying patients in the studies, and they have explored public concerns about genomic research and electronic medical records. **VM**

- LEIGH MACMILLAN



Jonathan Haines, Ph.D.



Dan Roden, M.D.



DANIEL DUBOIS

Folate may lower breast cancer risk for some: study

A new study by investigators from Vanderbilt-Ingram Cancer Center and the Shanghai Cancer Institute indicates that women who get adequate amounts of folate in their diet have a reduced risk of developing breast cancer, although the benefit appears linked to a woman's menopausal status.

The study found that women who had not yet reached menopause and who had the highest average intake of folate had a 40 percent reduced risk of developing breast cancer.

Martha Shrubsole, Ph.D., assistant professor of Medicine in the Division of Epidemiology at Vanderbilt, is the lead author of the paper, which was published in the *American Journal of Epidemiology* in March 2011.

"In our study, it appears that folate is most protective of hormone negative, or what we call double negative, breast cancer," said Shrubsole.

"We don't have evidence that an extremely high intake of folate protects against breast cancer, but it appears that low folate levels may increase a premenopausal woman's risk of developing breast cancer."

Using data from the Shanghai Women's Health Study in China, the investigators assessed the records of 72,861 women who enrolled in the study between 1997 and 2008. They identified 718 women who developed breast cancer during the course of the study.

After studying the data, the researchers found no link between vitamins B6 or B12 and breast cancer risk, but there was a clear protective effect with folate consumption among premenopausal women.

For the first time, the researchers also found evidence that too much niacin in the diet may be linked to an increased risk of hormone positive breast cancer. No other studies have found this effect and the authors of the study recommend further research to validate these findings.

The principal investigator for the Shanghai Women's Health Study is Wei Zheng, M.D., Ph.D., chief of the Division of Epidemiology and director of the Vanderbilt Epidemiology Center. **VM**

- DAGNY STUART

Lung disorder drug regimen found harmful

The standard treatment for idiopathic pulmonary fibrosis (IPF) that has been widely used for the last 20 years is not only ineffective, but appears to be dangerous, according to the findings of a clinical trial.

As a result, the National Heart, Lung, and Blood Institute (NHLBI), an arm of the National Institutes of Health, has stopped one arm of the clinical trial known as PANTHER-IPF that was studying treatments for the disease at Vanderbilt University Medical Center and 2 dozen other sites around the country that are part of the IPF Clinical Research Network.

The trial found that a currently used triple-drug therapy consisting of prednisone, azathioprine and N-acetylcysteine (NAC) is a potentially harmful combination to people with IPF.

"This is a landmark change in treatment because it shows that a treatment that has been used widely in the U.S. and around the world does not work," said James Loyd, M.D., professor of Medicine and Vanderbilt's principal investigator for PANTHER-IPF.

The study data showed that compared to placebo, those assigned to triple therapy had greater mortality (11 percent vs. 1 percent), more hospitalizations (29 percent vs. 8 percent), and more serious adverse events (31 percent vs. 9 percent) and also had no improvement in lung function tests. In addition, participants randomly assigned to the triple therapy arm remained on their assigned treatment at a much lower rate (78 percent vs. 98 percent).

"It's very important that we learn from this and move forward," Loyd said. The combination drug therapy has not been shown to be dangerous for treating other diseases or for prevention of transplant rejection. **VM**

- KATHY WHITNEY

Music from the Heart

Since country singer Darius Rucker and 25 members of the ACM Lifting Lives Music Camp performed live at the Academy of Country Music Awards Show last spring, more than 4,000 donations have been made to Vanderbilt Kennedy Center, changing the lives of countless people with developmental disabilities.

The performance has been seen an estimated 115 million times through a range of media. Rucker and the campers traveled to Las Vegas to perform “Music From the Heart,” an original song written by the campers. The six-year-old music camp at Vanderbilt Kennedy Center brings together people with Williams Syndrome, autism and other disabilities to celebrate music.

“People with disabilities often have rare abilities, and in some cases those abilities involve a special talent or affinity for music,” said Rucker. “I am honored to join ACM Lifting Lives and the Vanderbilt Kennedy Center to highlight how music can better the lives of young people with developmental disabilities on country music’s biggest night.” **VM**

— JAN READ



Darius Rucker, center, sings with participants of the ACM Lifting Lives music camp at the Academy of Country Music Awards Show.

Red meat cooked at high heat may boost risk of colon polyps



Cancer investigators from Vanderbilt-Ingram Cancer Center and the Veterans Affairs Medical Center (Tennessee Valley Health System in Nashville) have found that eating a steady diet of red or processed meat, especially meat that has been cooked at high temperatures, may increase the risk of developing colon polyps.

Polyps are small growths on the lining of the intestinal tract that may develop into cancer.

The study, led by Wei Zheng, M.D., Ph.D., chief of the Division of Epidemiology and director of the Vanderbilt Epidemiology Center, was published in the journal *Cancer Prevention Research* in July 2011.

Patients who were evaluated are enrolled in the Tennessee Colorectal Polyp Study, a colonoscopy-based study group in Nashville. A total of 6,307 participants, ages 40-75, were included in the research, making this the largest study of its kind to date.

Participants had colonoscopies performed at Vanderbilt University Medical Center or the Veterans Affairs Medical Center between February 2003 and March 2010.

All of the patients were interviewed shortly after the colonoscopy and completed a food frequency questionnaire to determine their typical diets, including the amount of red or processed meat they eat on a regular basis. Meats listed on the survey included fast food or home-cooked hamburgers or cheeseburgers, beef steaks, pork chops, ham steaks, bacon, sausage, hot dogs, chicken, fish, gravy from meat drippings, short ribs or spareribs.

Study participants also looked at color photographs depicting how the meat is usually cooked – ranging from rare to extremely well done.

“We found that a high intake of red meat, particularly meat cooked at high temperatures, was associated with an elevated risk of colorectal polyps,” said Zhenming (David) Fu, M.D., Ph.D., a postdoctoral fellow in the Division of Epidemiology and the first author of the study.

“We know that well-done meat contains mutagens, such as heterocyclic amines, that have been shown to induce tumors in experimental animals.”

The investigators also evaluated other cancer risk factors among the participants, including tobacco use.

“Overall, current smokers who also were exposed to a high level of red meat or meat-derived mutagens had the highest risk for colorectal polyps,” said Zheng. **VM**

— DAGNY STUART

VICC LAUNCHES ONLINE GENETIC RESEARCH TOOL

BY DAGNY STUART

Vanderbilt-Ingram Cancer Center (VICC) has launched the nation's first personalized cancer decision support tool, "My Cancer Genome," to help physicians and researchers track the latest developments in personalized cancer medicine and connect with clinical research trials for their patients.

This Web-based information tool is designed to quickly educate clinicians on the rapidly expanding list of genetic mutations that impact different cancers and, at the same time, enable them to more easily research various treatment options based on specific mutations.

My Cancer Genome is the latest addition to VICC's Personalized Cancer Medicine Initiative, which was unveiled last year. The physician scientists who created it have been named winners of a \$20,000 health care technology award sponsored by the National Cancer Institute.

"Next-generation, or genetically informed cancer medicine, holds the promise of tailoring anti-cancer treatment according to individual patient tumor characteristics," said William Pao, M.D., Ph.D., associate professor of Medicine and director of Personalized Cancer Medicine at VICC.

"Staying abreast of these fast-paced research changes may be difficult for time-pressed oncologists and medical caregivers. In particular, knowledge about rare variants found in cancers may be hard to track down, especially in busy clinics. We launched this Web-based tool to enable a genetically informed approach to cancer medicine that we believe can be more efficient and effective."

With just a few clicks, users can get up-to-date information on the clinical significance of specific mutations.

Here's how it works: A doctor receives tumor-profiling results from the lab that show a mutation in a specific gene. The doctor remembers a little about the gene, but hasn't seen that result very often, as it is relatively uncommon.

Instead of having to search through a great deal of literature, the physician can log on to VICC's My Cancer Genome tool and, within a few minutes, find the latest information about the clinical implications of the gene, either by reading the summary version or delving further into the primary literature through Web links.

The physician can then recommend treatment that is currently available or refer the patient to a clinical trial that is testing a targeted therapy for that gene.

Finally, the patient also can go to the VICC website and learn more about their cancer by using the My Cancer Genome tool.

"We designed this online tool to be comprehensive, scalable and easy for clinicians to use," said Mia Levy, M.D., Ph.D., assistant professor of Biomedical Informatics and Medicine and



VEER/ALLOY PHOTOGRAPHY

Cancer Clinical Informatics Officer for VICC.

"This new online tool is already linked to Vanderbilt University Medical Center's StarPanel electronic medical record database to help our physicians make treatment decisions quickly, based on the best science available.

"Once we test a patient's tumor for specific mutations, the test results stay in a patient's medical record, so as new treatment options become available for each mutation, our physicians will have that information at their fingertips," Levy said.

The first two forms of cancer featured on VICC's My Cancer Genome information tool are lung cancer and melanoma, with plans to add content on breast, colon and other cancers in a few months.

"We envision that VICC's My Cancer Genome can become a global research and resource platform connecting the entire cancer community, including doctors, researchers, students, patients and caregivers.

"We will be reaching out in the future to encourage all stakeholders to contribute information so that we can improve information flow and accelerate the development of better personalized targeted therapy for all cancer patients," Pao said. **VM**

WEB LINK
www.MyCancerGenome.org



A
SCHOLAR
AND A
GENTLEMAN

**Richard Johnston Jr., M.D., MD '61,
dedicates life's work to improving the health of children**

When women of childbearing age wake up in the morning and pour their favorite cereal into a bowl, they can thank the efforts of Richard B. "Dick" Johnston Jr., M.D., for helping them have a better chance at delivering a healthy baby.

Research found that consuming folic acid prior to and during the early stages of pregnancy reduced the occurrence of neural tube defects. What better way to do so than by putting it into staple foods like bread and cereal? "It was during Dr. Johnston's tenure as our medical director that the March of Dimes began its national folic acid awareness campaign. His leadership was crucial to bringing the nation's obstetrician-gynecologists, pediatricians and women's nurses together with the March of Dimes to urge all women of childbearing age to [take] folic acid every day beginning before pregnancy," said Jennifer Howse, M.D., president of the March of Dimes.

WRITTEN BY **JESSICA ENNIS**
PHOTOGRAPH BY **DANIEL DUBOIS**

Johnston went directly to David Kessler, M.D., who served as U.S. Food & Drug Administration (FDA) commissioner from 1990 to 1997, to urge that folic acid be added to the nation's grain supply. Kessler, a pediatrician and lawyer, was best known for taking on "big tobacco" in FDA v. Brown & Williamson Tobacco Corp.

"I remember going to Dr. Kessler's office with letters from the pediatric, obstetrical, and genetic academic and professional societies and the March of Dimes to urge that folic acid be added to fortified grains," Johnston said. "When I rose to give Dr. Kessler the letters, two lawyers jumped in front of me. He waved them aside and said, 'It's OK, I know these people.' After consulting his nutrition experts in the room, he turned back to me and said, 'We'll have this out by December.' He's a hero for me."

Despite much opposition outside the medical community, the FDA ruling was

enacted in 1998, since resulting in a one-third reduction of neural tube defects such as spina bifida in the United States. "We consider this a significant victory for America's mothers and babies because it's so rare to get the chance to prevent a major birth defect with such a simple, low-tech solution as food fortification," Howse said. Johnston first encountered the devastation of neural tube defects during his residency at Vanderbilt. "There was an entire ward occupied with children suffering from spina bifida," he said. "The opportunity to try to prevent these defects was spectacular."

Driven from an early age

A deep desire to make the world better has been a driving force in Johnston's life since he was a child.

Born in Atlanta in 1935, he lived there with his three younger brothers, reared by "outstanding parents" in a household filled equally with a love for athletics and literature. "Our father was an athlete. He had a personable, wonderful way about him," Johnston said. "We were fed on athletics. We set out to be the best, particularly in football and track. Our mother was extremely bright and had a particular sense for words. She raised us on Robert Frost and encouraged our reading of poetry."

Johnston came to Vanderbilt University in 1953 as a pre-med student, but instead of immersing himself in his studies, he was drawn to participate in extracurricular activities. "When I got to Vanderbilt, I was not a committed student nor was I an effective student," he said. He played halfback on the freshman football team until he had a career-ending anterior cruciate ligament tear midway through the season. Former teammate and longtime friend, Garrett Adams, M.D., MPH, president of Physicians for a National Health Program, remembers that Johnston became focused on academics after he was unable to play football. "I remember visiting him in his dorm room," Adams recalled. "It was so neat.



Richard Johnston, VU '57

His desk was perfect. His books were in a small neat pile. It was the picture of neat academic pursuit and that's the way he's continued." As Johnston ramped up his studies, he also became more involved on campus, eventually being named Bachelor of Ugliness, which recognized the outstanding male undergraduate from his graduating class. "Somehow I accepted leadership roles, and a part of me has always wanted to be in those roles," he said. Johnston met his wife, Mary Anne Claiborne, Ph.D., at Vanderbilt in 1958, and they married in 1960.

"My grades improved dramatically after marriage, a reflection of the irreplaceable support Mary Anne has given me over the past 51 years," he said.

Johnston, Mary Anne and his brothers, Dillon and Chuck, were all philosophy majors at Vanderbilt.

Johnston paid for college and medical school by working summers at a YMCA camp in Atlanta.

"When the camp ended at 3, I went to the pool and taught private lessons to kids," he recalled. "It taught me two things: I really loved interacting with kids – it was great fun for me – and it taught me how rewarding teaching is."

"Where my soul is"

When it was time for Johnston to settle on a career, he chose pediatrics and immunology. "Child health is where my soul is," Johnston said. "My professional goals are centered on doing something to improve the lives and health of children."

**THINGS TO DO
IN DENVER**

from Richard Johnston, M.D.

+++++

Summit County's ski
and hiking areas
summitcolorado.com/summit-county/hiking

Denver Center for Performing Arts
denvercenter.org

Denver Art Museum's art of
western U.S. and Asia
100 W. 14th Ave. Parkway

Tattered Cover bookstore
2526 East Colfax Ave.

Rioja Restaurant
1433 Larimer St.

Medical school was a challenging but satisfying time for Johnston. “I felt like I was tolerated and nurtured until I reached a higher level,” he said. “I valued so much the sense of community that we had with the faculty, and the way they were devoted to teaching us was remarkable.” Johnston appreciated the high expectations he felt throughout medical school and into his two-year pediatric residency.

“I was taught to never fall short of doing what was absolutely optimal for every patient,” he said. “Whatever it took, that is what we were taught; anything short of the best possible was unacceptable.”

During an immunology fellowship at Children’s Hospital, Harvard Medical School, Johnston did immunology studies for the early development of the Haemophilus influenzae type B vaccine. Later at the University of Alabama-Birmingham he investigated why sickle cell patients were so susceptible to pneumococcal infection and found an abnormality in the phagocytosis-promoting complement

The Johnston family regularly gathers at Pawley’s Island, S.C. Top row: son Richard (MD ‘89), son-in-law Jason, son Clay, Richard Johnston; Second row from top: daughter Kristin, daughter-in-law Clarissa and Johnston’s wife, Mary Anne; seven grandchildren complete the picture.



system. These results were published in the *New England Journal of Medicine* in 1973. He has since published 285 scholarly papers. Johnston first came to Colorado, where he and his wife live and work now, in 1977. He served as professor of Pediatrics at National Jewish Hospital and University of Colorado School of Medicine for nine years. He was recruited in 1986 to join the University of Pennsylvania as chair of the Department of Pediatrics and physician-in-chief at Children’s Hospital of Philadelphia. He later joined the Yale School of Medicine, then found his way back to University of Colorado School of Medicine and National Jewish Health, where he has remained for the last 12 years. As the associate dean for Research Development, Johnston created and oversees four committees that the school uses to support research and determine its research priorities.

“He’s indispensable,” said E. Chester “Chip” Ridgway, M.D., executive vice chair of Medicine, Frederic Hamilton Professor of Medicine and senior associate dean for Academic Affairs at University of Colorado School of Medicine. “He approaches everything with grace and never comes to a problem with an agenda. Quite simply, he wants people to give ideas an honest evaluation. His passion is to push process forward and he has done that in spades on this campus.”

Johnston has written and given talks on the subject of ethical decision-making in medical policy and practice and has urged other physicians to question authority and focus on evidence. “This belief is essential to the way I function,” Johnston said. “I really resist being told that ‘this is the truth.’”

Accomplished yet humble

It’s that principle that has made his expertise and opinion a sought-after resource at many of the most respected medical organizations in the nation. He has been president of the Society for Pediatric Research, American Pediatric

Society, and International Pediatric Research Foundation and is a member of the Institute of Medicine (IOM) of the National Academies of Science. He has chaired vaccine advisory committees for the FDA and the Centers for Disease Control and Prevention and has chaired seven IOM committees. He received the highest award in academic pediatrics, the Howland Medal, in 2008, in the footsteps of his Vanderbilt teachers and earlier Howland awardees, Amos Christie, M.D., and Mildred Stahlman, M.D.

Throughout his career, Johnston has remained a loyal supporter of Vanderbilt. In 2008, he was honored with the Distinguished Alumnus award, nominated by Adams. Johnston recently joined the Medical Center Advisory Committee for the Vanderbilt University Board of Trust. For his many accomplishments, Adams says Johnston has remained the same warm, unassuming, genuine person he met during their freshman year.

“The gift he brings is the unusual depth of academic research experience at the very highest levels,” he said.

Far more important than his career, Johnston said, is being a father to three and a grandfather to seven. His elder son, Richard, a 1989 graduate of VUSM, is an orthopaedic surgeon and has been a physician for the Atlanta Falcons. His younger son, Claiborne, is a professor of Neurology and research leader at University of California-San Francisco. His daughter, Kristin, is a pediatric clinical psychologist in Boulder, Colo. Johnston may be inspiring a third generation to pursue medicine. When meeting Jeff Balser, M.D., Ph.D., vice chancellor for Health Affairs, during Vanderbilt’s 2010 reunion, two of Johnston’s young grandchildren told Balser they wanted to go to medical school at Vanderbilt.

“If I’ve contributed anything to the world, it’s being half of the parents of three spectacular children and now grandfather to their children,” Johnston said. “That’s the most fulfilling part of my life.” **VM**



WRITTEN BY JENNIFER WETZEL
PHOTOGRAPH BY DANIEL DUBOIS

SHIFTING GEARS

Next Steps at Vanderbilt
program prepares young
adults for the road ahead



Jeanne Gavigan embarked on her first bike ride at the age of 22. Like any beginner, she fell a few times before getting the hang of it, but unlike a novice, she already had the ambitious goal of a 20-mile race. A mere three weeks later, her mission was accomplished as she and Vanderbilt medical student Jessi Solomon

crossed the finish line on a tandem bike at the 12th Annual Audi Best Buddies Challenge in Hyannis Port, Mass.

"I won! I rode 20 miles!" Jeanne told Solomon at the completion of the race.

As a young adult with Down syndrome, Jeanne has tackled many obstacles, including this bike ride, proving an intellectual disability doesn't define a person.



er cycling companion Solomon says her race with Jeanne was one of her most memorable life experiences.

“We flew down the hills of Cape Cod singing songs from “Aladdin” at the top of our lungs because [Jeanne] loves Disney movies,” Solomon said. “We are so much alike; Jeanne is so enthusiastic and acts the way I want to act all the time.”

Solomon’s passion for individuals with special needs ignited as an undergraduate student in the Department of Special Education at Vanderbilt’s Peabody College, where she joined the Best Buddies chapter, an organization that fosters friendships among Vanderbilt students and individuals with intellectual disabilities. Now in her second year of medical school, Solomon plans to use her training to specialize in the care of adults with disabilities.

Jeanne is a student in the Next Steps at Vanderbilt program, a two-year certification program for students with intellectual

disabilities, providing individualized programs of study in the areas of education, social skills and vocational training.

Upon completion of the Next Steps program, the longtime goal has been for every graduate to be in paid employment positions or volunteering their time in places they want to be. Jeanne’s goal is to work at the Tennessee Performing Arts Center, and with the help of Next Steps, she is well on her way.

“With clear and high expectations, we all rise,” said Tammy Day, M.Ed., Next Steps program director. “Our students have very specific goals, and they’re rising to them.”

Experiencing College Life

Recognizing a deficit in opportunities for this population, coupled with the desire many of these high school graduates have for higher education, the Vanderbilt Kennedy Center (VKC) created Next Steps at Vanderbilt, one of only two college programs in Tennessee for adults with disabilities.

“Most people don’t stop to think about what happens to an individual with a disability when they leave high school,” Day said. “Parents really grapple with what’s going to happen next.”

The goal of the program is to broaden career options and provide life skills training. Students participate in internships, technical training, student-to-student mentorship and integrated classroom experiences while learning life skills that can lead to more independence.

Twelve students enrolled in the four-semester program, attending classes, spending time with their peer mentors, eating in the cafeteria and simply experiencing college life. They complete four classes each semester, including one

undergraduate-level class with other Vanderbilt students. To date, 25 Vanderbilt faculty members have welcomed Next Steps students into their classrooms, with courses ranging from theatre to psychology, education to physics.

A popular opportunity is the science lab, a partnership between the Department of Physics and Astronomy and Vanderbilt Student Volunteers for Science (VSVS), a service organization comprised of undergraduate, graduate and medical students who teach science lessons to middle school students.

“[Expanding VSVS to] include people with disabilities reminds us that teaching and learning take many different forms,” said Rich Helms, Ph.D., lecturer in Physics and lab coordinator. “Working with the Next Steps group has made me a better teacher, even when working with traditional students.”

Sharon Shields, Ph.D., professor of the Practice of Human and Organizational Development and Dean of Professional Education, says participation with the Next Steps program has been a highlight of her 35-year teaching career.

“I am just so taken with these students and what they add to our classes,” Shields said. “They are eager to learn, their assignments are in on time, they work diligently, they are attentive, they attend each class and they understand the gift that is their education.”

Shields teaches a course on health service delivery to diverse populations and says the Next Steps students contribute in meaningful ways and offer perspectives she and the traditional students otherwise would not have in the class.

One of these experiences occurred when her class worked with Mending Hearts, a Nashville-based transitional housing initiative for women who have been released from prison or are suffering from addiction and are homeless. A recovering woman in the program shared her story of addiction, a battle that ultimately led to losing custody of her children.



Tammy Day, M.Ed., is program director for Next Steps at Vanderbilt, which provides a higher education experience for people with intellectual disabilities.



Sharon Shields, Ph.D., right, says participation in Next Steps has been a highlight of her teaching career.

Jeanne Gavigan was in this class and spoke up to comfort the woman, telling her about her own mother's death a few years earlier. Jeanne told her she had never forgotten her mother, and that her children had not forgotten her, either.

"Here is [Jeanne] who can share so freely and be so direct and compassionate and caring," Shields said. "What if that Next Steps student had not been sitting in my class? That would have never happened on that day.

"The Next Steps students have changed the climate and culture of our college. We are learning as much, if not more, from them as they are from us."

Support for the creation of the program was provided by gifts from Linda Brooks, her family, and her LDB Foundation. Key funding also came from the Louise Bullard Wallace Foundation and a grant from the Tennessee Council on Developmental Disabilities.

Brooks, a member of the VKC Leadership Council, has worked for years for the creation of postsecondary opportunities for young adults with disabilities in Tennessee.

"As more and more people find out about the program, the movement will grow bigger and stronger," Brooks said. "More people will want to join, and before you know it, there will be programs all over the state. As Vanderbilt is successful, other colleges and universities will want to step on board and develop programs of their own."

Career Aspirations

During Next Steps, students build their resume through a variety of internships within area businesses and on Vanderbilt's campus in the libraries and bookstore.

Jeanne's dad, William Gavigan, M.D., a Nashville orthopaedic surgeon, says his daughter loves musical theatre and is currently in her "dream job" volunteering in the administrative office at the Tennessee Performing Arts Center (TPAC). In addition to her job at TPAC, she spent time working with the Kennedy Center's recent SENSE Theatre production, a theatrical intervention program for children with autism spectrum disorders.

"You put her on a stage and she does great," Gavigan said, noting she got this interest and ability from her late mother.

Gavigan says the Next Steps program has made a huge impact on Jeanne, stating

A Look Back

TIMELINE OF THE JOHN F. KENNEDY CENTER, KNOWN NOW AS THE VANDERBILT KENNEDY CENTER

Jan. 31, 1964 - Peabody College submitted a proposal to the Joseph P. Kennedy Jr. Foundation for a matching gift to establish the "Center for Research on Human Development."

May 29, 1965 - A convocation was held marking the establishment of the John F. Kennedy Center for Research on Education and Human Development.

March 31, 1968 - A dedication was held celebrating the completion of the two Kennedy Center buildings.

July 1979 - Peabody College merged with Vanderbilt University, making possible expansion of the center's interdisciplinary research, in particular neuroscience research.

Oct. 20, 1994 - The inaugural meeting was held of the Kennedy Center Leadership Council led by Annette Eskind, founding chair. The Nicholas Hobbs Donor Society was established.

1998 - Treatment and Research Institute for Autism Spectrum Disorders (TRIAD) founded.

July 2001 - The Kennedy Center becomes a Vanderbilt University-wide research center, further enhancing the center's interdisciplinary resources.

2005 - Vanderbilt Kennedy Center is designated as a University Center for Excellence in Developmental Disabilities.

2008 - Vanderbilt Leadership Education in Neurodevelopmental Disabilities Training Program becomes a part of the Vanderbilt Kennedy Center.

Fall 2011 - The "MRL Building" was renamed One Magnolia Circle.

that before this program, she was more inflexible and unable to deviate from routines. Next Steps has taught her how to be more adaptive, he says.

“She has transcended from a person who could do hardly anything because she was so stubborn,” he said laughingly, “to becoming a young woman who can do all kinds of things.

“If there weren’t a Next Steps program, most kids with disabilities would have nothing after high school. There’s nothing really out there for them, and it’s a universal problem.”

Community Involvement

Gavigan says his 22-year journey with Jeanne has been full of closed doors, and he hopes communities will become more open to people with disabilities.

“Give them a chance,” he said. “There is more under the surface, more there than you might think.”

Employment outcomes for people with disabilities are low, with the unemployment rate double that of people without disabilities, according to the United States Department of Labor. Erik Carter, Ph.D., associate professor of Special Education and Kennedy Center member, wants to determine what can be done to set students with disabilities on a different trajectory.

“We send young people to school for years, and then we get a glimpse of what kinds of experiences they have at the end of that schooling when the bus doesn’t show up anymore, and it’s a pretty disappointing picture,” Carter said. “Many adults with disabilities stay home after high school and graduate to the couch, not because they have aspirations for that but because they don’t have opportunities.”

Carter’s research and teaching focuses on evidence-based strategies for promoting valued roles in school, work and community settings for children and adults with intellectual and developmental disabilities.

“We can’t start thinking about transitions to college or careers the day after high school,” he said. “How do we begin

to change their life course much earlier? What supports need to be in place?”

One of the ways Carter is tackling these questions is by launching a series of Community Conversations, a gathering of business and community leaders, educators and parents whose goal is to seek solutions and identify their role in helping individuals with disabilities gain employment.

“If we tap into the resources we already have, we can change outcomes in radical ways,” Carter said. “If we are going to change employment outcomes, we have to engage more than the service systems. Business leaders and employee networks know more about what their industry needs than anyone.”

The Road Ahead

The first class of six Next Steps students graduated in December 2011, leaving with tools to live more independent lives.

One such tool is a one-page profile developed with each student that, unlike a traditional resume, details more humanistic aspects about a person.

The profile exemplifies person-centered planning, the recommended practice for life planning, says Carol Rabideau, Licensed Clinical Social Worker for the Kennedy Center and certified person-centered thinking trainer for the state of Tennessee.

“The point [of person-centered planning] is that we’re getting information from the person instead of us trying to decide what experiences they should have,” Rabideau said.

“It’s impressive to see the things important to [the Next Steps students] about working,” noting examples such as being on time, doing a good job, staying busy and being in a social environment.

Additionally, the profile describes the kind of support an employer can provide to help a person be successful in a job. However, it is not problem-focused, but rather demonstrates what a person with disabilities can do, she said.

It’s these special talents and gifts that

Jessi Solomon has found by befriending Jeanne and others with intellectual disabilities.

“Everyone is different; there is no ‘we’ and ‘they,’” Solomon said. “Some people with disabilities can read, some can do math, some can talk in front of a big audience, some can play the saxophone.

“Get to know people’s individual strengths and discover how you can support them,” she encouraged. **VM**

Jessi Solomon received the Canby Robinson Scholarship, a full-tuition scholarship to Vanderbilt University School of Medicine.

VKC DIRECTORS

1965-1970

Nicholas Hobbs, Ph.D.

1970-1971

Donald Stedman, Ph.D.

1971-1983

H. Carl Haywood, Ph.D.

1983-1990

Alfred Baumeister, Ph.D.

1990-1991

Steven Warren, Ph.D., acting director

1991-2000

Travis Thompson, Ph.D.

2000-2002

Stephen Camarata, Ph.D.,
acting director

2002-2008

Pat Levitt, Ph.D.

2008-present

Elisabeth Dykens, Ph.D.

LONGER LIFESPAN BRINGS NEW SET OF CHALLENGES

The life expectancy of adults with Down syndrome has nearly doubled in the last 40 years. What would be perceived as wonderful news for families with a child with the most commonly occurring chromosomal condition is setting off alarms within the disability community.

And researchers at the Vanderbilt Kennedy Center (VKC) are leading the charge.

“We have been calling it a ‘demographic time bomb,’” said Robert Hodapp, Ph.D., professor of Special Education and director of Research at the University Center for Excellence in Developmental Disabilities (UCEDD). “What we are seeing is that adult service systems in most states, including ours, are limited. We, as a society, don’t spend a lot of money on caring for adults with disabilities or providing appropriate services for them.”

VKC researchers are working to inform policy makers at the local, state and national level about the expanding needs for support and services.

“One question that needs particular attention, especially if most individuals with disabilities continue to live in their parents’ homes, is who is going to care for this population when the parents can no longer do so?”

Hodapp, along with colleague Richard Urbano, Ph.D., research professor of Pediatrics and director of Evaluation at UCEDD, have spent years

examining these issues, using both large-scale national surveys and the Tennessee vital statistics databases.

“We are finding that future caregiving is anticipated more often by the family’s daughters (as opposed to sons), those with good relationships with the brother/sister with disabilities, and when parents themselves are more (not less) able to care for the brother/sister.

“Our job is to develop policies and interventions that equip all family members with the knowledge and skills necessary to assume such lifelong commitments,” Urbano said.

One family’s experience

Lori and Glenn Funk of Nashville applaud the work being done at VKC. The landscape has changed in the 17 years since their middle child, Rob, was born with Down syndrome.

“At the time he was born, I did most of the research on my own,” recalled Lori Funk. “My pediatrician was great. Rob was her first patient with Down syndrome. There wasn’t much else available in terms of support and information.

“I remember reading this book ‘Children with Down Syndrome.’ It devastated me to read that I would outlive my child. I remember crying and crying,” Funk said.

Rob joined big sister Mary Landon. Six years later brother Sam, now 11, was born. Over time, Funk learned that Rob

Siblings Mary Landon, Rob and Sam Funk



ERIC ENGLAND

would more than likely outlive her. She and her husband prepared a special needs trust to provide for him. But they also looked to their oldest child for support as well.

“We have always tried to instill in her a sense of responsibility,” said Lori Funk of her daughter, 19. “If I died today, she could completely and totally take care of Rob. She knows his wants and needs and everything about him.”

When she turned 18, Mary Landon did not hesitate to accept her parents’ request.

“If something were to happen to my parents, I have been briefed on what to do,” said Mary Landon, a freshman at Princeton University. “I’m ready for the responsibility and I didn’t think twice about it.

“If Rob was mine to look after, it would be just like looking after anyone. I know it will be harder for various reasons, but it is not going to interfere with my career path, my relationships...”

Rob has the most common form of Down syndrome, called Trisomy 21. An eighth-

grader at Franklin Road Academy, he is enrolled in Heart to Heart, a parallel educational program for students with Down syndrome. It is one a few of its kind in the country.

Although the Funks are grateful for the innovative program, they admit more attention needs to be directed at people with disabilities.

“I have always felt that there is not enough attention or money spent on people with special needs,” said Funk. “Whether it is education or the basics for day-to-day living, it takes a lot of money to give your child what he or she needs. More needs to be done.”

Hodapp and Urbano agree that despite 150 years of documentation of Down syndrome, huge gaps exist in the field of disability research.

“There are lots of questions and health issues that really haven’t been explored,” said Urbano. “With the work we are doing, we are hoping to impact public policy and empower families, clinicians and teachers.”

— JESSICA PASLEY



Bedtime pass

A Hard Day's Night



Researcher aims to improve daytime behavior of children with autism, including her own, through better sleep

Beth Malow, M.D., M.S., is always on the go. Attending back-to-back meetings, she bursts into a room with an overloaded bag on her shoulder, lunch in her hand and a caffeine-free Diet Coke. It's 2:30 p.m., and she hasn't eaten yet, so she eats while she talks. She is a busy woman who rarely has time to rest, yet sleep is her area of expertise.

She is specifically interested in the sleep habits of children with autism. As a Vanderbilt Kennedy Center investigator, she is a nationally recognized expert in this area, juggling multiple research studies on the subject, while running the Sleep Disorders clinic, and serving as the principal investigator for Vanderbilt's Autism Treatment Network Site.

Her research area is not necessarily one she chose but one that chose her. Malow, who treats the sleep disorders of children with autism, educates their tired and frustrated parents and runs clinical trials with the hope of improving their lives, is also the parent of two children, both of whom are on the autism spectrum.

WRITTEN BY **KATHY WHITNEY**
PHOTOGRAPH BY **DANIEL DUBOIS**
ILLUSTRATION BY **KYLIE BECK**

Able to Empathize

A professor of Neurology and Pediatrics, Malow recalls that when her son Austin was a toddler he did not respond to her calling his name. She attributed that to his delayed language development, which she attributed to his being a boy.

“He was my first son, and I hadn’t been around younger kids because my brothers are both older than me. What I noticed was that Austin always liked to be in his car seat, and when I held him, he was kind of rigid. I had trouble getting him to respond to me, but I didn’t know what normal was.”

Malow, her husband, Stephen Pert, and Austin were living in Ann Arbor, Mich., when they sought a professional evaluation. Austin was diagnosed with

autism within five minutes. Malow, who was pregnant with her second child at the time, was in shock.

“I thought, ‘What in the world is that?’ I thought kids with autism just sat in a corner in their own little world,” she said.

Malow had graduated from Northwestern University Medical School in 1986, completed a Neurology residency in Boston, and an epilepsy, EEG and sleep fellowship at the National Institutes of Health. She trained to practice adult neurology. She and her husband, whom Malow calls “one of the amazing supports in my life,” quickly educated themselves on autism.

“We did everything in our power to interact with Austin. We got everyone to interact with him. He got better, like really making nice strides. We got him into preschool. The teachers made him look them in the eye and they taught him how to look at them. They taught me that you can’t just ask him to talk, you’ve got to make him talk.”

Ten years later, Malow still remembers clearly the day her son, now 13, spoke.

“I was driving home from preschool with him. I put on the Dixie Chicks, and I knew he hated country music because he would make grunting sounds. I said, ‘Austin, if you want me to turn off the music, I will, but you’ve got to say stop.’ More grunts. ‘Whenever you’re ready I will turn off the music but you’ve got to say stop.’ He said ‘stop.’ That was the first time he ever said a word to convey that he needed or wanted something.”

Fortunately, Austin was a good sleeper from the time of infancy. Her second son, Daniel, now 10, also diagnosed with autism, experienced trouble falling asleep and staying asleep. Malow and her husband put into practice some of the sleep hygiene protocols she gives to her patients, including the use of a bedtime pass which motivated Daniel to stay in bed throughout the night in exchange for

a wrapped gift the next day, a concept developed by child psychologist Patrick Friman.

“After three nights of doing this, he slept through the night. We didn’t have to do it anymore,” she said.

Malow shares her personal experiences with her patients and their parents, and for Joellyn Boggess of Paducah, Ky., it made all the difference.

Boggess’ daughter, Erin, was diagnosed with Asperger’s syndrome a year ago. Her daughter was very active and had difficulty calming down enough to fall asleep. Boggess and her husband also have 5-year-old twins and the whole family was exhausted from too little sleep.

They enrolled in Malow’s sleep education study and during the course of that trial, Malow called Boggess to talk through some concerns.

“It was so nice to talk with a physician who understood. You rarely get one who understands your life is different on a daily basis. When she said she has children with autism, I knew I didn’t have to explain anything to her. You don’t understand unless you have this life and a child with special needs. You don’t know how stressful it is,” Boggess said.

Studying Sleep and Behavior

Malow runs two sleep clinics per week and treats a variety of sleep disorders in both adults and children.

“I did more adult sleep than pediatrics before I had kids. I like the idea of whether you’re 2 or 92, whether you have insomnia, sleep apnea or narcolepsy, your sleep disorder can be treated. I really like that,” she said. “What’s different is I now have a group of kids with autism who are referred to my clinic. My research interest has shifted from sleep and epilepsy to sleep and autism.”

Two-thirds of children with autism are reported to have a sleep disorder, which is confirmed by objective measures



Tips for Getting Your Child to Sleep

1. Provide a comfortable sleep setting (create a safe, quiet sleeping setting for your child).
2. Establish a regular bedtime routine (bedtime habits that are short, predictable and expected).
3. Keep a regular schedule (choose a bedtime and keep it).
4. Teach your child to fall asleep alone (if you regularly lie down with your child at bedtime, move to the chair beside the bed and then move across the room and then out of the bedroom).
5. Encourage daytime behaviors that promote sleep (increase exercise and decrease caffeine and other stimulants).

(source: the Autism Treatment Network)



Beth Malow, M.D., and her husband Stephen Pert with their sons Austin, left, and Daniel, both of whom are on the autism spectrum.

like actigraphy, which monitors sleep by tracking movements at night via a wrist-watch-like device. It requires parents to keep accurate sleep diaries since actigraphy needs to be interpreted in the context of when the child went to bed and arose from bed.

The most prevalent sleep disorder among children on the autism spectrum is insomnia, which can take the form of difficulty going to sleep, waking up at night or early morning waking. Short sleep duration – three to four hours a night – is also common.

“When you take a child who is already impaired and has issues with focusing, behavior, social interaction and executive functions and throw on top of it their not sleeping, it’s going to take a toll,” she said. “I’ve had parents who have participated in our observational studies commonly say if their children get more sleep on any

given night they are much better the next day, they are less volatile, calmer.”

Malow suspects that co-occurring medical conditions such as anxiety, depression or epileptic seizures, each common in children with autism, contribute to the problem, as well as poor sleep hygiene such as too much stimulation before bedtime or lax bedtime rules due to parents’ frustration. There may be underlying genetic factors as well.

“I am trying to clean up their sleep, fix the things that are fixable. That makes great sense clinically. I want to know how many kids who are not sleeping well will start if you do a few simple things with the parents, as opposed to those who will still not sleep well if you do a few things with the parents. I think they are different genetically.”

If a family changes its sleep behavior and addresses medical conditions and

sleep does not improve for the child, then Malow begins to look at neurobiological factors such as melatonin deficiency. Her research has documented, and is supported by outside studies, that melatonin is low in some children with autism. Neurotransmitters, serotonin and GABA receptors have been implicated in autism and also in sleep.

“If someone has low or delayed melatonin, they may have more trouble falling asleep. By giving supplemental melatonin you are replacing the melatonin they don’t have or giving it to them at a time when they need it to sleep,” she said. “We need to study if this theory actually is correct, however.”

It is important for parents to recognize that melatonin is a drug, and needs to be given under the care of a physician, Malow said.

A recent Vanderbilt study indicates



DANIEL DUBOIS

Sleep research is one of the many initiatives made possible through Vanderbilt's participation in the national Autism Treatment Network.

that melatonin shows promise in helping children with autism spectrum disorders (ASD), and their families, sleep better.

The study, published in the *Journal of Autism and Developmental Disorders* in January, contributes to the growing literature on supplemental melatonin for insomnia in ASD.

Malow and colleagues recruited children ages 3-9 years with a clinical diagnosis of an ASD whose parents reported sleep onset delay of 30 minutes or longer on three or more nights per week.

Supplemental melatonin, given 30 minutes before bedtime at 1 mg or 3 mg dosages, improved the amount of time it takes to fall asleep in most children.

Melatonin was effective in the first week of treatment, maintained effectiveness over several months, was well-tolerated and safe, and showed improvement in sleep, behavior and parenting stress.

"We really need to do this evidence-based work. We just don't know yet enough about sleep and autism to make solid recommendations. We don't know how many children will respond to behavioral treatment alone; we don't

know how many will respond to behavioral treatment and melatonin."

Receiving Recognition

In September 2011, Malow was one of 10 Vanderbilt University faculty members named to endowed chairs, recognized for outstanding leadership in their academic fields. She received the Burry Chair in Cognitive Childhood Development in the Department of Pediatrics. VUSM alumnus Michael Burry, M.D., MD '97, was present for the ceremony.

Burry, profiled in author Michael Lewis' bestselling book "The Big Short," is best known as the first financial analyst to predict America's financial crisis. Burry was diagnosed with Asperger's syndrome as an adult and has a son with the same diagnosis.

It was an emotional event for Malow and her family, including her parents who came in from South Florida for the ceremony on Sept. 26, 2011, the day after Austin's 13th birthday.

"It was a very intense time for me. My husband and I never thought Austin would talk or play sports. And now we can't get him to shut up. He's very popular in school. He is doing great," she said.

Malow and Burry had a chance to talk over dinner and she shared her

unique viewpoint on working with and raising children with autism.

"I think that there is a lot of talent and skills that people with autism possess. I think that the problem is they can't succeed in our society because they are held back in lots of different ways, particularly socially," she said. "I think if people are sleeping better, they can be more focused and engaged."

The Autism Speaks' Board of Directors recently renewed Vanderbilt University as an Autism Treatment Network (ATN) site with a three-year, \$420,000 grant to continue developing standards and guidelines for the evaluation and treatment of medical conditions associated with autism. Vanderbilt was first selected as a site in 2008 and is one of 17 centers in the United States and Canada.

Malow said the grant would be used to fund initiatives under way in the medical and behavioral aspects of autism research and development of clinical guidelines.

"I really see, not just in my own kids, but interacting with other kids in the autism community, how much potential there is for these kids and adults and how, if we can just help them with their medical and psychological issues, we can help them lead fulfilled lives and contribute in a positive way to society.

"I think some of the brilliance, focus and honesty that these individuals possess is actually very important for us all. If we can free that up, it's very exciting. That's my mission." **VM**

Malow is flanked by Jeff Balser, M.D., Ph.D., left, and Michael Burry, M.D.



EDMUND LAWSON

TIME OUT

Parents of children with disabilities learn to manage stress

Juan Cardona thought he was “too much like a macho man” to meditate, but as the father of a daughter on the autism spectrum, learning to breathe deeply and focus his thoughts brought a tremendous change in his stress level and perspective on life.

Juan and his wife, Ana, participated in the Vanderbilt Kennedy Center’s Parent Stress Intervention Project (PSIP), a research study funded by a National Institutes of Health Challenge Grant that evaluated the best methods for managing stress in parents of children with disabilities.

One group of parents was randomly assigned to a conventional support group that taught positive parenting techniques while the other group, which included the Cardonas, learned a technique called Mindfulness-Based Stress Reduction (MBSR). It uses breathing and movement to help people be deliberately aware of the present moment.

With their daughter Jemima enrolled in pre-kindergarten and receiving many interventions for her disability, the Cardonas have an impossibly full schedule and stress is a constant.

“I started taking 5-minute breaks to take a walk and notice my breath,” Ana said. “There are little things we just ignore because of the craziness of life. I started to notice the trees and the birds, and this helped me calm myself,” Ana said. “If Jemima sees me frustrated, she gets frustrated. When I changed my attitude, I

saw her getting the right feelings too.”

Elisabeth Dykens, Ph.D., VKC director and principal investigator of PSIP, said despite the information and interventions available for children with disabilities, parent stress levels remain high.

“What I really like about this program is that it doesn’t heap on more information about children’s disabilities. We don’t talk about more therapy or less medication. We focus on adult growth and development, giving parents tools to stay engaged, find meaning, address their stress and take care of themselves. Parents typically realized that if they could take better care of themselves, then they could become a better parent,” Dykens said.

PSIP enrollees totaled 380 and served families impacted by a range of disabilities, including autism, attention deficit hyperactivity disorder, Down syndrome and Turner syndrome.

Results are still being compiled for publication, but both interventions led to improvements in parental functioning, with MBSR bringing results faster and more sustained.

PSIP also traveled to Fort Campbell, Ky., the U.S. Army base, to evaluate stress in military families, which Quentin Humberd, M.D., developmental pediatrician at Blanchfield Army Community Hospital, said comes in a unique combination.

“Military families with disabled members have the

Ana, Jemima and Juan Cardona



JOE HOWELL

baseline stress associated with raising a special needs child, and then add moving every two to three years to a new community,” he said.

“Then you add the stress of deployment. We’re now close to one of the longest ongoing wars but the lowest percentage of people asked to serve. We place a significant burden on the same families over and over again. This has a significant impact on emotional factors, and special needs families feel that even more.”

Another facet of parent stress is that it can continue for a lifetime.

“The reality is that about 80-85 percent of adults with intellectual or developmental disabilities live with their parents. So it’s a lifelong process, and we’re here for them throughout,” Dykens said.

Gene Geraci is one of those older parents welcomed into PSIP – he is father to a 30-year-old daughter who has a genetic abnormality that brings developmental issues. He felt a bit out of place because many parents had young children, but he said what he learned saved his family.

His daughter was a free-spirited child, but in her teens

began to withdraw and become more introverted. In college, she had constant problems with roommates, and after graduating with a degree in graphic design was fired from eight jobs all in the first month.

“As her parents, it was hell. She has this frustration, which turns into anger, and every way she turns she feels boxed in. She could be very combative and we didn’t have the tools to help her. We went through it blindly,” Geraci said.

After a particularly bad argument one night, he searched for study groups at VKC and found PSIP.

“One of the most important things I learned is to take time for yourself and get away from it. You get so wrapped up in it because it’s your child and you love them and want what’s best for them. But you have to get away,” Geraci said.

“I owe Vanderbilt a lot because I finally found what I was looking for after almost 30 years.” **VM**

– LESLIE HILL



CAUTION

WRITTEN BY **NANCY HUMPHREY**
ILLUSTRATION BY **DAVE CUTLER**

WARNING SIGNS

Program assesses malpractice risk and advises physicians of possible danger ahead

A cloud of malpractice risk appears to hover over a very small subset of physicians. They may be well-trained and highly credentialed, even on a “best doctors” list somewhere, but for different reasons some physicians are at more risk to be sued for malpractice. The statistics are surprising. Only 2 percent to 8 percent of physicians per discipline are responsible for up to 30 percent of all malpractice claims in that discipline.



Many malpractice claims can be prevented, say those involved in Vanderbilt's Center for Patient and Professional Advocacy (CPPA),

which, through the Patient Advocacy Reporting System (PARS) conducts yearly risk assessments for physicians across the country. The center, working with leadership at 60 sites including Stanford, Emory, University of Pennsylvania and Loyola, collects data on the institution's physicians and identifies those at risk.

"I like to think of it like one of those traffic signs that flashes and tells you how fast you're driving," said Gerald B. Hickson, M.D., assistant vice chancellor for Medical Affairs, associate dean for Faculty Affairs, and director of the center. "Our goal is to let some of our physician colleagues know 'you're driving 45 in a 30-mile-per-hour zone, and we thought you'd want to know.'"

Hickson has studied malpractice claims for more than 25 years. Center co-director James Pichert, Ph.D., and Hickson combined their expertise 18 years ago when Hickson was conducting research on why patients and their families sue their doctors, and Pichert was researching provider-patient communication. The

marriage of those two areas of interest led to the creation of CPPA. The center, which has a staff of 36 and five faculty members, has an additional area of focus – training professionals about professionalism, including the disclosure of adverse events and medical errors (see page 29).

"Early on I was stunned at the lack of any science, just war stories and anecdotes (about malpractice)," Hickson said. "But over the years we've learned that families observe or experience things within their health care setting that fail to meet or exceed their expectations. And when they do, a small subset of them will let us know – it may be that the physician's office is disorganized or that the physician doesn't seem to listen or that there is no follow-up."

The CPPA team has learned to use what families say to help identify physicians who have more than their fair share of malpractice risk. Many of the groups using PARS "partners" are academic medical centers like Vanderbilt, but the center is now working with more regional and

community hospitals, as well as health systems and physician/medical groups. In addition, the center has initiated work to include other health care providers such as advance practice nurses (APNs) and physician assistants (PAs).

In their database, the CPPA has compilations from yearly risk assessments on more than 35,000 physicians. Partnering hospitals and medical groups electronically transmit data about their physicians – how much they work, what families are saying about each of them – and the center's data team converts it into risk indexes with local, regional and discipline comparisons. This compelling evidence-based information is then delivered to the leadership at each partnering site. Using CPPA-trained peer messengers at each site, the information is delivered to the physicians in an intervention. "The goal is to encourage the physicians to pause and reflect on why they stand out. It's a pretty powerful process," Hickson said.

Only about 4 percent of physicians need to be made aware that they stand

“Our goal is to let some of our physician colleagues know they are driving 45 in a 30-mile-per-hour zone,” says Gerald Hickson, M.D., director of the Center for Patient and Professional Advocacy.

out, he added. Since 1998 Vanderbilt’s PARS program has facilitated more than 3,000 interventions with physicians, APNs and PAs around the country. At Vanderbilt, about 100 high-risk physicians have been identified over the past 13 years. “Seventy have done well. Fourteen have departed, and the rest are getting additional assistance,” Hickson said.

Delivering the Message

Once it’s determined that a physician might benefit from an intervention, CPPA professionals train physician-peers at each institution how to deliver the message to their colleagues during what Hickson calls “awareness conversations.”

The peer training identifies what types of behavior issues have been noted, what the barriers are for addressing the problems, and how to address them in a constructive way.

“The goal is not to be judgmental or to play ‘gotcha,’ but respectful, non-judgmental sharing that ‘for some reason, you or your practice just stands out,’” Hickson said. “Sometimes the busy professional doesn’t see what they’re doing. These may be professionals with great technical or cognitive skills, but sometimes the systems within which they practice are poorly designed, and sometimes it may be the individual. Regardless, no matter what they think about the data, they need to pause and reflect why they stand out.” Many even become very effective messengers themselves, he said.

“Ultimately it’s about helping the individual understand their personal accountability to the patients they serve. We can get so busy that we need help seeing a situation from the patient’s perspective.”



DANIEL DUBOIS



Bryan Bohman, M.D., implemented Vanderbilt's Patient Advocacy Reporting System at Stanford.

Teamwork and Respect

Bryan Bohman, M.D., associate chief medical officer of Stanford Hospitals and Clinics, said that Stanford “leapt” at the chance in 2009 to implement Vanderbilt’s PARS program. “We didn’t have a good system for addressing disruptive behavior and risk in a systematic way. It isn’t the old-style heroic doctor taking care of the patient and everybody else is an afterthought. It’s a different world and to function well you need an atmosphere of teamwork, trust and respect.

“We had some professionals who were ‘toxic’ to the Stanford environment,” Bohman said. “We told them they needed to improve or depart, to be blunt.”

The most beneficial part of the PARS program is its scientific basis and that it has been validated, he said. “When someone is identified as being at risk through the PARS program, it’s a lot easier for us to deal with them than by acting on one patient complaint at a time.”

Bohman said that some of the data provided by the PARS program was unex-

pected. “We had one individual who was a surprising person to see on the list. He isn’t prickly or short-tempered. This individual was ‘everybody’s favorite guy.’ When we took a closer look at the complaints we found that many of his patients with chronic pain felt like he promised to make them better and couldn’t. He was giving them a false promise or sense of hope.”

Armed with helpful information from the PARS program the physician changed the way he conducted introductory meetings with patients. Bohman said he believes the PARS program has improved physician behavior at Stanford. “I’m a scientist and I normally don’t put much stock in anecdotal reports, but we have anecdotal reports from our nursing staff that they’re seeing a change. Mostly, there’s a lot more awareness that patient concerns need to be addressed.”

Impact of Tort Reform

In May 2011, Tennessee’s lawmakers passed the Tennessee Civil Justice Act of

PROGRAM HELPS SURGEON PRIORITIZE

A Vanderbilt surgeon, found to be at high-risk for being sued for malpractice, said that a jam-packed schedule made patients feel he wasn’t available to them.

“My patients were unhappy as they felt they had a hard time with access to me, and I was not spending enough time communicating,” he said. “As a surgeon, our compensation and value is driven by volume, and I was trying to see too many patients and schedule too many cases.”

In addition, the surgeon’s busy schedule affected clinic

morale which was passed along to their care of the patients. “As I got busier, my patients felt as if they could not get a hold of anyone with a concern.”

The bottom line was that patient satisfaction was not the surgeon’s primary focus. Clinical volume, and the resulting revenue, was.

An “awareness conversation” with a peer messenger from Vanderbilt’s Center for Patient and Professional Advocacy left the surgeon initially feeling frustrated and confused about expectations. But then it allowed him to

determine the changes that needed to occur.

“It helped me refocus on my priority as a physician, which is patient care, versus trying to run an ‘efficient assembly line’ of patients. I learned to say ‘no’ and to work hard to limit my patient load to something that I can manage effectively,” the surgeon said.

An awareness conversation should be taken for what it is – a conversation to make a physician aware of concerning actions or behaviors. “It is not a judgment of you as a person, or that you are a ‘bad’

physician,” he said. “In a large system like Vanderbilt, we as physicians will be pulled in many competing directions. At the end of the day, we have to step up and take responsibility for the care of our patients, and while we need to remain professional, we cannot be passive in relegating ‘responsibility’ of this to those around us. Vanderbilt is a great system with a fantastic infrastructure, but at the end of the day, we are still the physicians who our patients place their trust in.”

– NANCY HUMPHREY

2011, a major tort reform package and a legislative priority of Gov. Bill Haslam. It caps “non-economic” and punitive damage awards in personal injury and health care malpractice lawsuits. Non-economic losses are difficult to quantify financially, like pain and suffering and loss of enjoyment of life. Awards will be capped at \$750,000, in most cases, and at \$1 million when victims suffer spinal-cord injuries that lead to loss of use of two or more limbs. Economic damages, which reimburse victims for actual costs like medical care and loss of income, are not capped.

Allen Kaiser, M.D., Vanderbilt University Hospital Chief of Staff, said that the CPPA has not only had an impact on Vanderbilt’s malpractice experience, but on tort reform in general. “There’s a huge debate on the national scene of the lack of tort reform, and this center is having the most meaningful impact that I know of. Our data shows that the severity of the outcome is not always the strongest driver of a patient and family looking to sue,” he said. “It’s absolutely tied to the ability of a physician to accurately and compassionately communicate.

“Jerry Hickson saw the problem, had an idea, and was able to implement a new vision into the day-to-day activities of physicians and nurses in the real world of health care,” Kaiser said. “The center is having an enormous impact on Vanderbilt’s malpractice experience and our ability to 1) identify who’s at risk; 2) retrain physicians when possible on appropriate communication strategies; and 3) train all physicians in how to communicate about adverse outcomes and medical errors. I don’t think Jerry will get a Nobel Prize for his work, but it’s certainly genius in my opinion.”

Ultimately, the end goal of the center is simple, Hickson said. “We are committed to making medicine kinder, safer and more reliable, thinking about the health and well-being of those we serve and those who deliver their care.” **VM**

HOW TO DISCLOSE A MEDICAL ERROR

Admitting a mistake is difficult. When the mistake is a medical error, it becomes even harder.

Over the past two years Vanderbilt’s Center for Patient and Professional Advocacy (CPPA) has overseen the training of every medical student, resident, fellow, faculty member and administrative and nursing leader at Vanderbilt University Medical Center on how to disclose adverse events and medical errors. The center also conducts programs nationally, having “trained trainers” in insurance and risk management societies and hospital associations; physician practice groups; health systems such as Sisters of Mercy Spectrum Health and Catholic Health Partners; medical centers such as Cedars-Sinai, Medical College of

Georgia, and University of Illinois at Chicago; and in other *U.S. News and World Report* Honor Roll hospitals such as Mayo Clinic and University of Pennsylvania.

“Professionals commit to clear and effective communication, and that also means when things go wrong,” said Gerald B. Hickson, M.D., assistant vice chancellor for Medical Affairs, associate dean for Faculty Affairs, and director of the center. “We developed training programs to equip professionals to understand the how and when of disclosure. We want to make sure that professionals understand how to best share what they know and what they don’t,” Hickson said. “Professionals are committed to transparency and to a thorough understanding about why bad

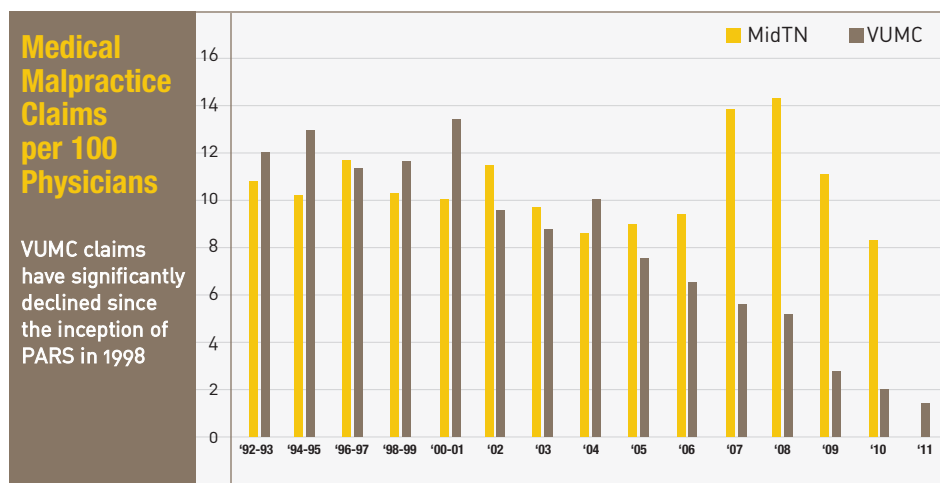
outcomes occur.

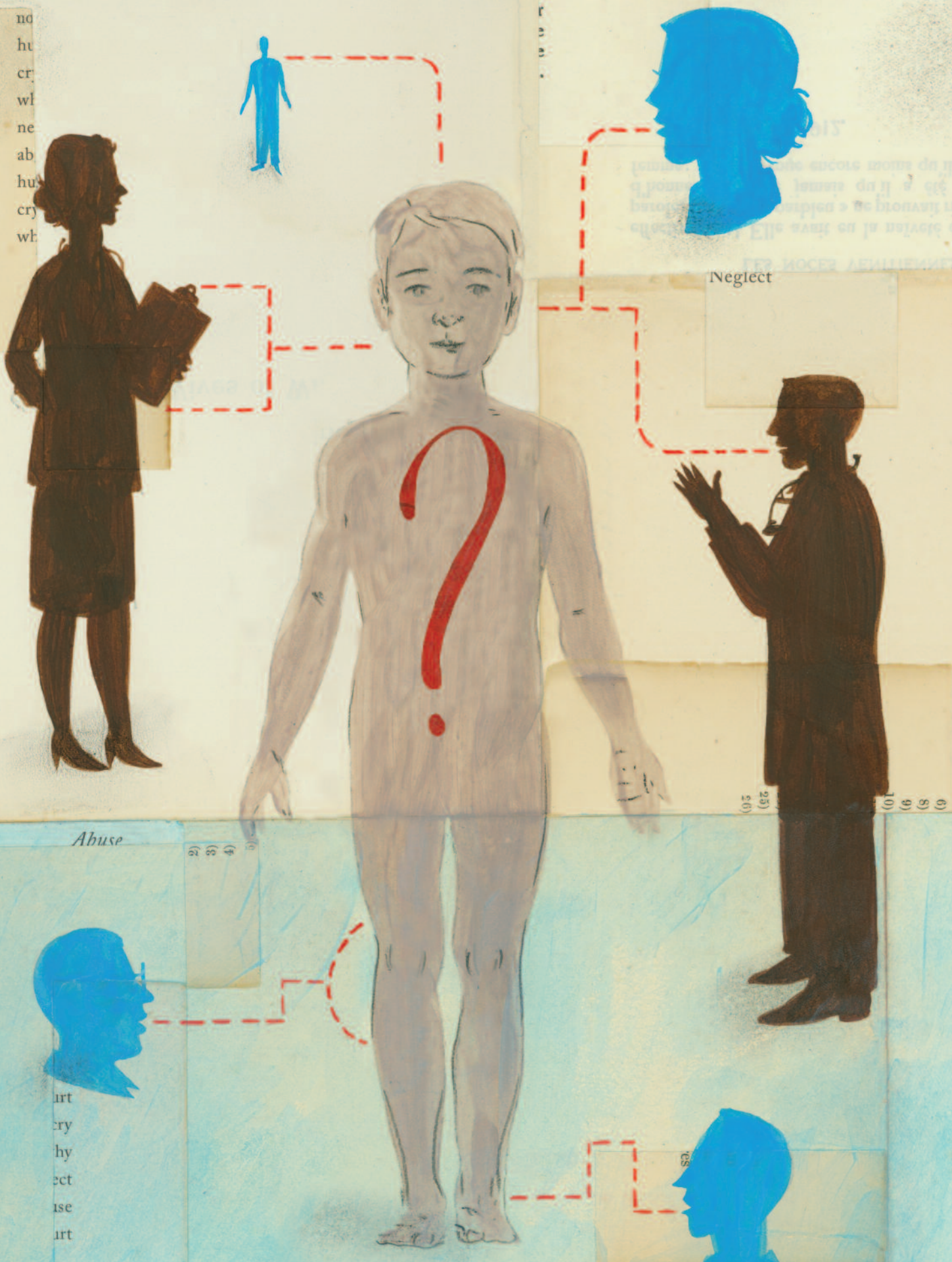
Premature disclosure about medical errors without knowing all the facts can be as disruptive as no disclosure at all.”

Health care professionals are trained in four aspects of disclosure – when there’s clearly an error related to an avoidable outcome; when there’s uncertainty involving a bad outcome; when a health professional believes that a previously treating colleague has made an error; and when a patient’s family is determined an error has been made, but it hasn’t.

“Ultimately, training has to be sustained locally,” Hickson said. “That is why we are committed to preparing others to share the ‘how to.’”

— NANCY HUMPHREY





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How did this happen?

VANDERBILT'S CARE COMMITTEE OBJECTIVELY EVALUATES
VICTIMS OF SUSPECTED CHILD ABUSE AND NEGLECT

They arrive broken and battered with injuries so obvious there can be little question for the origin. At other times, however, victims of abuse and neglect treated at the Monroe Carell Jr. Children's Hospital at Vanderbilt arrive with symptoms so subtle the hospital's highly experienced team of clinical and legal experts must solve a forensic puzzle to clearly identify sophisticated efforts to conceal the damage done by abusers.

In those instances the CARE Committee, a team of physicians, nurse practitioners, social workers and lawyers come together to evaluate physical evidence and statements from parents or caregivers about a child's injuries when abuse or neglect is suspected.

Children's Hospital, along with other services such as Vanderbilt's Regional Burn Center, treats more than 500 incidents of suspected child abuse and neglect each year. During the past five years Vanderbilt has examined 2,849 cases that were reported to Tennessee's Department of Children's Services (DCS) and local law enforcement agencies.

WRITTEN BY **JOHN HOWSER**
ILLUSTRATION BY **LEIGH WELLS**

Because Vanderbilt is a tertiary referral center, suspected cases of child abuse and neglect are referred from throughout Middle Tennessee and Southern Kentucky.

Child abuse is a medical diagnosis, with its own International Statistical Classification of Disease and Related Health Problems (ICD-9) code; however, it is also a legal finding to be determined by DCS or the court system.

The CARE Committee reviews cases of children who present with questionable physical injuries such as atypical fractures, concussion, cerebral hemorrhage, retinal bleeding, burns, bruises and contusions. The committee also evaluates instances of medical neglect.

At Vanderbilt there have also been highly deceptive cases of child abuse involving poisons or misuse of medications by parents and guardians.

Child neglect assumes many forms: withholding essential medications, especially in chronic illnesses; missing necessary

medical appointments; and feeding or nutritional neglect. Exposure to illicit drugs during pregnancy is also a form of neglect and these cases are reported after the baby is born.

Deborah Lowen, M.D., associate professor of Pediatrics and director of Child Abuse Pediatrics, joined Vanderbilt in 2010. A passionate advocate with subspecialty training to detect the signs and symptoms of abuse, she is more than up to the task.

“My primary role is to perform clinical evaluations of children when there are concerns about possible abuse or neglect. With this responsibility comes an obligation and a necessity to liaison and interact with community responders such as the Department of Children’s Services, law enforcement and the prosecutor’s office,” she said.

Along with direct clinical responsibilities, Lowen is also responsible for educating faculty, colleagues, residents, medical students and other caregivers within Children’s Hospital, as well as members of the law enforcement community, about the signs and symptoms of child abuse and neglect and how to respond appropriately.

“This is a big problem. You just can’t put your head in the sand,” she said.

A Significant Public Health Problem

When suspected child abuse presents, Lowen is contacted for consultation. Every case she sees is taken before the CARE Committee for discussion.

“I tell parents the reason I’m there is that I am called upon to examine children when they have unusual injuries. I will perform a thorough physical evaluation of the child, frequently in the presence of the parent or caregiver, where I am also asking them questions while performing the examination,” Lowen said.

“Then I’ll conduct a very in-depth, detailed evaluation of the child’s medical records, looking through all the records with a fine-toothed comb. I’m looking at such factors as what the parents said to the staff at another hospital if the child was transferred here, what they said at the time the child presented, what was the child’s condition at that point. I also look at all the imaging studies. If necessary, I will again talk to the family to get a thorough history about the child, everything I can find out.”

Through this very detailed process a complete family, medical and social history takes shape that helps make a determination regarding the child’s current circumstances.

“These lengthy conversations with the family so that I can obtain a history might take anywhere from 20 minutes to an hour-and-a-half depending on how many caregivers there are, how many injuries a child may have and other circumstances,” she said.

THE MOST RECENT NATIONAL DATA INDICATES THAT ONE OR MORE PARENTS WERE RESPONSIBLE FOR

79%

OF CHILD ABUSE OR NEGLECT FATALITIES.

Social worker Mary Murray, left, and Deborah Lowen, M.D., partner to assess each case of suspected abuse.



JOE HOWELL

Lowen conducts these evaluations in close concert with social workers. If there is reason to suspect abuse she is bound by Tennessee law to report the findings to the DCS, and also to law enforcement.

The state of Tennessee mandates only one person suspect abuse before reporting is required.

“Only after we have gathered all the information and put the data together do we arrive at a conclusion. Sometimes the investigative authorities don’t like it when we don’t make a determination right away. I will push back if necessary and say that I am not going to give a determination I am uncomfortable with because I am well aware of the ramifications. I tend to be very conservative on calling abuse,” she said.

Children Most at Risk

Child abuse may involve repeated acts over time, called battered child syndrome, or may involve a single, impulsive incident. With child neglect, injury or death can occur from a caregiver’s failure to act. According to the Department of Health and Human Services, children younger than 1 year died from child abuse and neglect at a rate of 17.89 per 100,000. Nearly 80 percent of child fatalities due to abuse or neglect were caused by one or more parents. Thirty percent of fatalities were perpetrated by the child’s mother acting alone and one-fifth of child fatalities were caused by both parents. Perpetrators without a parental relationship to the child accounted for 12.5 percent of fatalities.

“Some people take out their frustrations on their kids,” Lowen said. “And occasionally there are caregivers who abuse children simply because they’re mean. Those are the rare cases, but I’ve seen them. But in most cases what we see is a caregiver taking out their frustrations on the child.”



JOE HOWELL

An indicator for intentionally inflicted injury may be a parent or caregiver delaying medical intervention. Other indicators may include a changing history from the parent or caregiver for how an injury occurred; a stated history of the child’s injury not matching the injury’s pattern; or a caregiver reporting a child did something to cause an injury they’re not able to do from a developmental age.

Lowen says burns to the buttocks and genitals of toddlers are a frequent response to parental frustration over toileting accidents, while school-age children present with injuries after being beaten with belts or electrical cords for poor grades.

Devastating Injuries Through Intentional Burns

“There is an intentional form of child abuse that involves burning,” said Jeff Guy, M.D., associate professor of Surgery and director of the Vanderbilt Regional Burn Center. “It’s not as common a form

Despite years of experience, Julia Morris, J.D., deputy general counsel for the University, is still unnerved by the types of abuse injuries she sees.

of child abuse as beating children, but it’s still pretty common.”

As the only resource of its kind in Tennessee, the Burn Center treats children from throughout the region. Guy estimates as many as 20 percent of the children treated in the Burn Center are victims of some form of abuse.

“There are patterns for burns we can look at and determine with significant certainty the injuries were intentionally inflicted,” he said. “My obligation is to the child and not to the parent. So sometimes it can get contentious when we say we have some unanswered questions because the story they’re telling us doesn’t fit the pattern of the injuries.”

Guy says each instance of a suspected intentional burn must be objectively evaluated.

“Intentional scalding is the most common burn we see. It’s usually centered around toilet training with children who are less than 3 years old,” he said. “A lot of these are immersion burns. Some of these pattern injuries are easy to identify based on the injuries themselves or where they occur. It’s not uncommon for children to assume a defensive position when being burned so the pattern of injury will indicate their posture.”

Work with intentionally burned children is emotionally wrenching.

“These children touch everyone’s

National Statistics

- In the United States, 3.3 million cases of children being neglected or abused were reported in 2009. (source: 2010 report by the U.S. Department of Health and Human Services (HHS) Administration for Children and Families)
- Of these, an estimated 772,000 children were victims of maltreatment (physical abuse, sexual abuse, emotional abuse and neglect).
- Across the nation there were 1,560 deaths from abuse and neglect during 2010, the most recent yearly total available, reported by all U.S. child protective services.
- Children under age 4 are at greatest risk for severe injury or death from abuse.
- Children younger than 1 year accounted for 47 percent of all child abuse fatalities. When combined with 1-3 year olds, this accounted for 80 percent of all child abuse and neglect fatalities (2010).
- Although there isn’t a single profile for abusers, there are certain common characteristics: young adults in their 20s without a high school diploma with few financial resources, and who may be coping with significant stress or depression. Some abusers have been victims of abuse themselves. Fathers and the boyfriends are most often the perpetrators in abuse deaths; while mothers are more often the cause in fatalities from neglect.

lives,” Guy said. “It’s bad when you receive an injured child to treat. It really sets everyone on edge. However, when you have an abused child to treat it really tears at you.”

Reporting Child Abuse

Tennessee’s aggressive statute, Tenn. Code § 37-1-403, was created to address the frequency of child abuse and to encourage reporting. The statute has two emphases. First, all citizens, including health care workers, are required to report suspected child abuse. Second, persons who report in good faith are immune from civil and criminal liability for reporting.

“One thing we always have to keep in mind is that while we collect a lot of information that may support suspicions of abuse or neglect, we’re not the investigating arm. We want to leave this work for investigating agencies to perform,” said Julia Morris, J.D., deputy general counsel in the University’s Office of General Counsel.

Reporting suspected child abuse or neglect is a medical judgment, but within a legal context.

Once reporting has occurred, myriad issues must be addressed such as who can visit, who can continue to receive information about the child and who will interface with DCS and law enforcement.

“After a child has been placed in DCS custody when severe abuse or neglect has been determined, we may be dealing with end-of-life issues, which can become very difficult because DCS will not take a position on the removal of life support,” Morris said. “There may be a court-appointed guardian who will perform a thorough evaluation and make the determination to discontinue support.”

Multiple instances have occurred at Children’s Hospital when an abuser sought to block removal of life support because criminal charges would be elevated from assault to manslaughter or murder.

“Unless parental rights have been terminated, it can be difficult for physicians and staff when parents suspected of the

abuse still have authority to make medical decisions,” she said.

Morris has been involved in thousands of cases of child abuse but is still unnerved by some of the things she sees. “Seeing photos of injuries, particularly those which take real intent, I’m always shocked,” she said. “This is the saddest part of my job, especially when a child dies in one of these cases.”

The Role of Social Workers

Mary Murray, director of Social Work for Children’s Hospital, has been with Vanderbilt more than 30 years. Her team is always involved in cases of acute abuse, general abuse and neglect. Social workers perform their responsibilities in concert with other members of the health care team, partnering to conduct a thorough assessment in each case of suspected abuse.

“Once a determination has been made, a report needs to be made to the state. The social worker will be the one who fulfills this responsibility on behalf of the whole team,” Murray said. “We never act alone.”

Response from DCS is addressed by a codified system with the most serious cases receiving more immediate attention.

“DCS will take our report and determine whether the situation is acute,

Jeff Guy, M.D., estimates 20 percent of children treated in the Vanderbilt Regional Burn Center are victims of abuse.



where the situation is life-threatening, whether it can wait a few hours, a day or seven days,” she said.

Murray says she and her team approach each situation objectively.

“Due to our training we start with each person at the same place and are nonjudgmental on every approach we take,” she said. “We are able to continue to do this difficult work over time because we maintain this stance. It really is possible to continue to do this work because you learn through the years that circumstances vary so much from case to case.”

Murray says when family members or caregivers are suspected of abusing their child and confronted, they can become confrontational or sad.

“Some family members who work in professions where children are involved, such as the school system, say they expect questions about possible abuse or neglect. However, those who are otherwise not familiar can be very upset and react quite negatively. Typical reactions can be predicted. ‘Should I get a lawyer? I can’t believe you would think this about me. I didn’t do anything to hurt my child,’” Murray said. “Or they may start proposing alternating versions of the events that led to the injuries.”

Parents or caregivers are almost always told when suspected abuse or neglect is going to be reported to DCS.

Murray has been involved with thousands of child abuse cases, yet says her mentors have helped her and her team continue to maintain a high level of caring and enthusiasm for what is perhaps the hardest part of their work.

“It’s an important job to do, and to make sure the families are handled correctly. We don’t want the families to feel like they are judged. We realize that every piece of this is about treating everybody with dignity and as best as we can,” she said. “A big part of our assessment is to identify risk to make sure the children are safe. So you know that every day you are working toward helping children be safe. That’s a pretty good way to spend your day.” **VM**



DANIEL DUBOIS

A Job Like No Other

When Carrie Ann Donnell left the field of health policy, she decided nursing would be a good fit that would allow her to address the impact of public health issues on children in a more personal manner.

Fortunately, the perfect job awaited her with the CARE Team at the Monroe Carell Jr. Children’s Hospital at Vanderbilt. The team was in need of a pediatric nurse practitioner, a position funded with support of the Andrew Allen Charitable Foundation.

Donnell shares an office with Deborah Lowen, M.D., associate professor of Pediatrics and director of Child Abuse Pediatrics, and collaborates with her to evaluate suspected cases of abuse and neglect that find their way to Vanderbilt. On the job for less than a year, Donnell has faced a steep learning curve.

“There was very little training in nursing school. There were a few lectures on identifying abusive injuries and how to look at radiographic evidence. Nearly all of my training has been on the job with Dr. Lowen being my mentor. I’ve never learned so much in such a short a time,” she said.

Donnell said that the hardest part of her job is the emotional toll that it can take.

“We’ve had a few cases where the injuries have been so severe the child has passed away. It’s hard to not take those cases home at the end of the day. What keeps me doing it is knowing there is so much to be done in this area, and in the end we’re getting the ball rolling to help these children have a better future.”

Donnell recalls a case that received much media attention when a very young child was in the Pediatric Intensive Care Unit with severe abusive injuries, and it was clear she was not going to survive. The child’s mother was not the perpetrator and was not present when the abuse took place.

“To see her go through that and hear what had been done to her child without her knowledge and watching her deal with that on such an acute level was very difficult,” Donnell said.

Donnell has made a career choice that brings her much fulfillment inside and outside the hospital. When she is not consulting on a case, she teaches nurses, residents, DCS and others how to recognize and report abuse.

“It’s exactly the kind of difficult work I thought I’d be doing. I love the interdisciplinary nature of the work,” she said. “The reason I do this is I think this issue is too important to ignore. So, I am glad there is a team like ours that is willing to address an uncomfortable issue that may be difficult for others to address.” - **KATHY WHITNEY**



A Course in True Love

Medical students look to future after cancer-related detour

WRITTEN BY JESSICA PASLEY
PHOTOGRAPH BY DANIEL DUBOIS

Although clichés are passé, *omnia vincit amor* – love conquers all – is highly appropriate in describing the longtime relationship between third-year Vanderbilt medical student Sarah Proffitt and her boyfriend, Amos Clark.

Proffitt and Clark grew up in the small town of Athens in East Tennessee where almost everyone knows everybody. These two were no exception.

Friends since middle school, the pair began dating their freshman year of high school. She attended their hometown high school, while he ventured to McCallie High School in nearby Chattanooga. The relationship continued when Proffitt came to Vanderbilt University as an undergraduate, while Clark attended the University of the South (Sewanee).

Everything was standard textbook romance until the fall of 2006 as the pair entered their sophomore year of college. On Proffitt's first day of classes she received gut-wrenching news – Clark was diagnosed with Acute Myelogenous Leukemia (AML). He required immediate treatment. His future was uncertain.

"I came back (home) the next day. He was already in Knoxville, starting chemo," recalled Proffitt. "It was really a whiplash kind of thing. Here we were, both getting ready for a new school year and then the gears completely changed.

"I didn't have a lot of time to decide, but I knew the right thing for us was for me to take the semester off to help out with whatever he and his family needed," she said.

Proffitt's parents were hesitant, but supportive of their daughter's decision. It helped that Vanderbilt was also in her corner.

"Vanderbilt was very supportive," said Proffitt. "The dean I worked with was a breast cancer survivor, as was her sister. She told me the road ahead was going to be tough and that Amos was going to need a lot of support. She basically told me – do what you have to do. We will be here when you are ready to come back."

With that reassurance, Proffitt stepped into her role as caregiver. Together the couple researched treatment options, traveling to various cancer centers across the country, ultimately settling on Vanderbilt University Medical Center.

Clark's best chance of long-term survival would be a bone marrow transplant with his younger brother as the donor.

Through it all, Proffitt stayed by his side. With a light academic schedule, she was able to re-enter school the following

semester, while taking care of Clark.

Always intent on becoming a doctor, Proffitt's experience with Clark fueled her interest.

"This really gave me a whole new perspective on being a doctor and working in health care," said Proffitt. "I just kept charging ahead."

Proffitt attended school every summer to graduate on time. Clark later transferred to Vanderbilt after his life-changing experience sparked his own interest in medicine.

"I had absolutely no plans of going to medical school before all of this happened," said Clark. "I probably would have gone into our family business, but things definitely changed for me.

"I came here because of Sarah. I would not be here without her. Her hard work and dedication, her vision and outlook on things really impacted me."

Clark, now six years post-transplant, is a second-year medical student at the University of Tennessee College of Medicine in Memphis, on schedule to graduate in 2014.

Proffitt, a recipient of the David Hitt Williams, M.D., Memorial Scholarship and the James Preston Miller Scholarship, is slated to graduate from VUSM in 2013.

"I might not have considered staying on the medical school route if this had not happened to Amos," admitted Proffitt. "I might very well have found something different if I had not had this extra drive and perspective from this experience. It really gave us a stronger sense of what we wanted to do with our lives."

Although they do not get to see each other very often, the couple is OK with knowing that, in the end, it will all be worth it.

"We are working towards something together," said Clark. "We are going to be together in residency. We are going to get there. I feel like I have made a choice, in careers and in a partner."

For now Proffitt is considering whether to take a year off to explore the world of research before heading into residency.

"If I take a year off, we can apply for residency programs as a couple and be guaranteed to go to the same place," she said looking over at Clark. "Or, I can go ahead and apply to a city that has tons of residency programs and he can have options.

"It's tough enough getting our schedules lined up now. Either way it goes, the plan is to be in the same city. And we'll go from there, together." **VM**

Dear Canby Robinson Society,

One of the most gratifying aspects of Canby Robinson Society board membership is participating in the Adopt-A-Scholar program, which matches CRS Scholars with individual board members. The goal of the program is for the board members to develop relationships with the students and provide them a "home away from home."

Over the years, my wife, Gloria, and I have gotten to know several terrific young people. I even had one scholar who literally became a member of our extended family. We went to his wedding out of town and were introduced as his "Nashville family."

I've helped my "adopted" students with career advice and guidance, and other board members have provided important support to these students with a haven – a home-cooked meal and a place to relax away from the intensity of medical school.

As you know, most of these outstanding young men and women wouldn't be at the School of Medicine without schol-

arship support. Spending time with our CRS Scholars provides me a firsthand look at our generosity in action. I can assure you that each and every dollar invested toward School of Medicine scholarships is money well spent.

Right now, we're meeting less than 25 percent of the financial need for medical student scholarships. That's why the Scholarship Initiative for the Vanderbilt University School of Medicine is so important. The initiative focuses our efforts on significantly growing the endowment for student scholarship support, building on the longtime support of so many community and faculty partners. With a larger scholarship endowment, we will be able to provide more support for our students, reducing the graduation debt that burdens so many of them. The Class of 2011 left the medical school with an average total educational debt of \$135,800 – certainly a daunting figure for anyone just starting out in their career.

I hope that you will all join me in supporting this very worthwhile venture. You can read more about it on the next page.

I'd like to take this opportunity to invite you to support our Scholarship

Initiative and the students who will benefit from it. How often do we get a chance to truly change someone's life?



Paul Sternberg Jr., M.D.
*Board President
Canby Robinson Society*

For more information about the Canby Robinson Society, contact the Stewardship office by mail at Vanderbilt University, Suite 850, 2100 West End Ave., Nashville, Tenn. 37203, by phone at (615) 936-0439 or by email at dar.med.stewardship@vanderbilt.edu. Visit the website at www.mc.vanderbilt.edu/crs.

VANDERBILT UNIVERSITY MEDICAL CENTER *SHAPE THE FUTURE* CAMPAIGN FACTS AND FIGURES

More than 147,000 community partners came together to support the Medical Center and its missions of teaching, learning and patient care through Vanderbilt's *Shape the Future* campaign. We are grateful, and we thank you. Your generous support makes it possible for Vanderbilt University Medical Center to fortify its leadership position regionally, nationally and internationally and, most importantly, provide care and make discoveries that give us all hope for a better tomorrow.

\$39 million

*for supporting student
scholarships*

\$124 million

to endow faculty chairs

\$150 million

*for investing in facilities
and technology*

\$460 million

*to fund programs and
research*

CHOOSING VANDERBILT

Introducing the Scholarship Initiative for Vanderbilt University School of Medicine

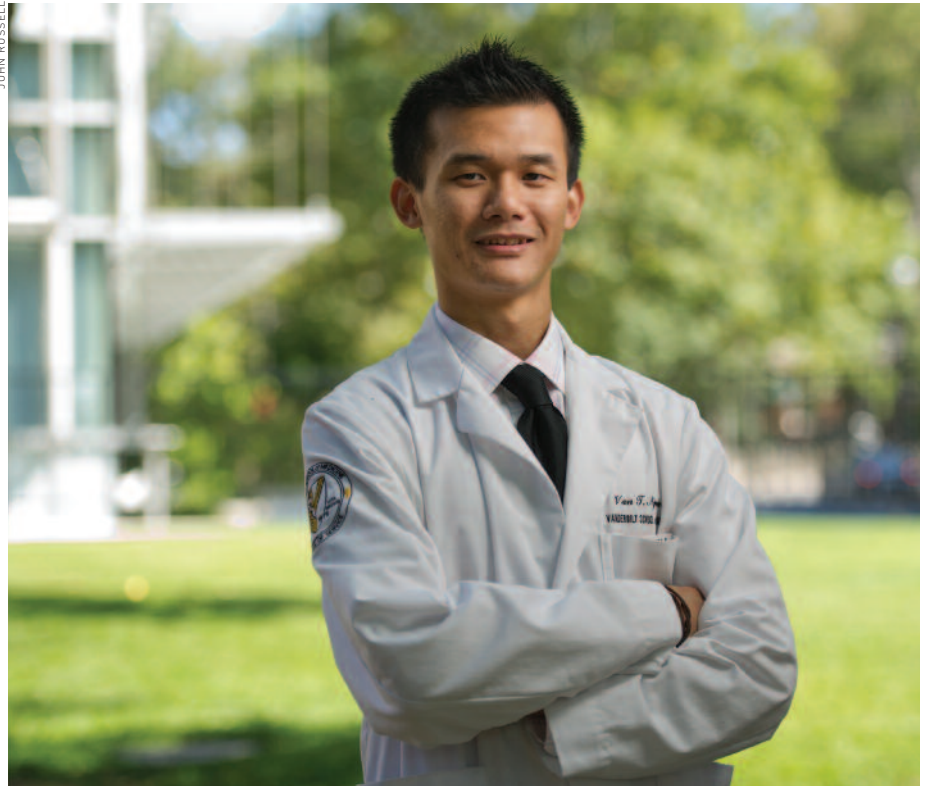
Two of the greatest telephone calls Van Nguyen has ever received read “Call from Tennessee” on his caller ID.

John A. Zic, M.D., associate dean of Admissions, placed the first call to inform Nguyen of his acceptance to the School of Medicine. “I was thrilled – Vanderbilt was at the top of my list, but I had to wait to see if any schools would offer attractive aid packages,” Nguyen says. The next call, from Jeff Balsler, M.D., Ph.D., dean of the School of Medicine and vice chancellor for Health Affairs, made a Vanderbilt medical education a reality for Nguyen. He was offered a full scholarship.

When Nguyen received the call from Balsler, he was taking care of his nephews and working as a substitute teacher to cover the costs of medical school applications and interviews. His family had immigrated to California from Vietnam when he was 8, and Nguyen expected to follow in the footsteps of his hard-working older siblings who had attended community colleges. “Even when we struggled to pay rent, my mother’s work ethic and her focus on the importance of education never wavered,” says Nguyen, who credits his mother for instilling the values of dedication and service.

Nguyen’s path took an unexpected turn when he received a scholarship to attend the University of California, Berkeley, as an undergraduate, where he was encouraged to pursue a career in medicine that would marry his interest in science with his dedication to serving those in need.

The Scholarship Initiative for Vanderbilt University School of Medicine, launched in fall 2011, will extend this opportunity to other students who seek to make a difference in medicine. Through the generosity of alumni,



“I owe much of my success to the generosity of others, and I want to contribute to society by maintaining the health of its people, so that they too can make their positive influence on the world.” – medical student Van Nguyen

community partners, patients and faculty, this initiative will allow students to choose Vanderbilt regardless of their financial circumstances. Vanderbilt students, on average, receive smaller scholarship awards than students at peer institutions, whose larger endowments allow larger scholarships. The Class of 2011 left campus with an average debt of \$135,800. This initiative will strengthen the scholarship endowment to help reduce that student debt, freeing students like Nguyen to build a career that’s meaningful to them and the communities they serve.

Balsler, a scholarship student himself, knows the value of this initiative. “Scholarships change lives, for those who receive them and those who give them. I benefited from the tremendous legacy of

giving when I was a student here. My scholarship made everything possible,” he says.

Nguyen, now a third-year student, is working toward his goal of providing oncologic care to underserved populations. “Medicine is the greatest hope that we have against all diseases, and I want to be a part of the generation that brings its potential to everyone in the world. I owe much of my success to the generosity of others, and I want to contribute to society by maintaining the health of its people, so that they too can make their positive influence on the world,” says Nguyen.

As a result of the Scholarship Initiative, Balsler says he looks forward to making many more of those life-changing telephone calls. – SARAH WOLF

SHAPE THE FUTURE

The transformational \$1.94 billion *Shape the Future* campaign is providing the momentum that allows Vanderbilt to change lives every day. Gifts from donors like you have transformed the campus skyline with the addition of the Monroe Carell Jr. Children's Hospital at Vanderbilt, expanded clinics and institutes, but your true impact is best seen by looking inside those buildings where you can see how philanthropic support is transforming lives each day. Over the course of the campaign, this community came together to provide more than \$833 million in gifts to the Medical Center's most pressing priorities, making it possible for Vanderbilt to deepen our commitment to educating tomorrow's leaders, making discoveries that will shape health care and delivering outstanding patient care through personalized medicine and drug discovery.

Impact

As a nonprofit institution, philanthropic support plays a critical role in our ability to meet our mission as a center for scholarly research, informed and creative teaching, and service to the community and society at large.

ENDOWED FACULTY CHAIRS

Recruit and retain faculty leaders, remarkable scholars

Michael S. Cookson, M.D.

Patricia and Rodes Hart Chair in Urologic Surgery

Michael Cookson is a nationally recognized leader in the field of urologic oncology who has served as the principal or sub investigator on more than 50 grant-funded research studies. In addition to his success as a researcher, Cookson is a leader in teaching and education. He directs the fellowship program in urologic oncology at Vanderbilt, designed to develop the next generation of academic leaders.

His chair was established in 2008 by Rodes Hart and his wife, Patricia, Vanderbilt graduates and longtime generous benefactors to Vanderbilt and Peabody College. The Harts established the chair in thanks for the care Hart received during his treatment for prostate cancer. Cookson, Hart's doctor, is the initial holder of the chair.

Michael DeBaun, M.D., M.P.H.

J.C. Peterson, M.D., Chair in Pediatric Pulmonology

Michael DeBaun, an internationally known sickle cell disease physician scientist, is director of the Vanderbilt-Meharry Center for Excellence. DeBaun leads the effort to create a "medical home" model, where children and adults with sickle cell disease can receive long-term comprehensive care from a team led by a primary care doctor.

The J.C. Peterson, M.D., Chair was established in 2010 thanks to growth in gifts that James G. Stahlman gave to Vanderbilt in the 1970s. The gifts from Mr. Stahlman, BA '19, former president and publisher of the *Nashville Banner*, now support 13 endowed chairs. Mr. Stahlman's focus on pediatric medicine was inspired by his daughter, Mildred Stahlman, M.D., BA'43, MD'46, a professor of Pediatrics and a pioneer in the field of neonatology.

Mary Zutter, M.D.

Louise B. McGavock Chair in Pathology, Cancer Biology and Microbiology & Immunology

Mary Zutter, assistant vice chancellor for Integrative Diagnostics, is one of Vanderbilt's pioneers in personalized medicine. She guides Vanderbilt's efforts to integrate biomedical science and technology and emerging diagnostic tests and procedures. Her research helps clinicians make quick and accurate diagnoses, determine the most appropriate therapy and avoid unnecessary and costly tests.

Zutter's chair was made possible by Louise B. McGavock. The Nashville philanthropist and social leader never attended Vanderbilt, but she left her trust to Vanderbilt, making it possible for the University to establish eight faculty chairs in the School of Medicine.



RESEARCH

*Advancing our understanding of disease,
developing effective therapies*

To lead in the area of research in the current economic environment, institutions must find creative ways to support researchers in ways that complement significant national awards, such as those from the National Institutes of Health.

Thanks to generous gifts from donors, Vanderbilt is able to provide seed funding to researchers as they seek funding from national agencies and also provide researchers with a funding bridge between grant cycles. Funding is also necessary to support researchers who are already receiving grants. For every grant Vanderbilt receives, the University also makes an investment, currently about 30 cents for each grant dollar, and philanthropy has been instrumental in bridging that gap.

The Robert J. Kleberg, Jr. and Helen C. Kleberg Foundation has provided more than \$18 million of support through the *Shape the Future* campaign to the Vanderbilt-Ingram Cancer Center, positioning the center as a leader in cancer discovery. The foundation's long-term investment in basic and translational cancer science has enabled Vanderbilt to emerge as an international leader in the early detection of cancer and personalized cancer medicine – and has served as a catalyst for additional funding from extramural sources that extend the scope and impact of Vanderbilt's work.

The Ayers Institute for Pre-cancer Detection and Diagnosis was established in 2005 with a \$10 million gift from West Tennessee businessman Jim Ayers. As a result of the Ayers gift, Vanderbilt has received \$85 million in funding from the National Institutes of Health. The institute, which applies new technologies to identify protein biomarkers for cancer, brings together a research team spanning basic and clinical research disciplines to advance the science behind new diagnostics to save lives and prevent suffering due to cancer.



SCHOLARSHIPS

Supporting medical students

Nicholas Giacalone is a third-year student at Vanderbilt University School of Medicine, where he has enjoyed the support and encouragement of his faculty mentors. Recipient of the Class of 1978 Scholarship, the David Hitt Williams, M.D. Memorial Scholarship and the Sue and Nelson Andrews Scholarship, Giacalone hopes to pursue a career at a leading academic medical center. "My support encourages me to give back to scholarships in the future," he says. "I hope my class will establish one together some day."



COMMUNITY

An enduring partnership

Vanderbilt's relationship with the community is one of our greatest assets and deepest commitments. When it was clear that a first-rate comprehensive children's hospital was needed for this region, Vanderbilt and leaders of the local community worked together to secure the philanthropic resources needed to build the Monroe Carell Jr. Children's Hospital at Vanderbilt. It is now recognized as one of the nation's top facilities. Similarly, as children and adults most at risk and in need have sought out care, Vanderbilt has been there, delivering more uncompensated care than all of the other hospitals in our area combined.



10

nationally ranked pediatric specialties

264,000

pediatric visits

ANN H. PRICE, M.D.
Associate Dean for Alumni Affairs,
School of Medicine



Dear Vanderbilt University Medical Alumni,

The VMAA is proud to welcome the Class of 2015 as our newest group of Vanderbilt University School of Medicine students. The Class of 2015 had an excellent White Coat Ceremony in August. Many thanks to all our medical alumni, faculty and friends who sponsored white coats for all 104 of our new students.

Now the cycle of residency applications, interviewing, matching, graduating, and moving for residency training is in full swing for the VUSM Class of 2012. If you live in a city with a major academic medical center with active residency programs, please consider joining the 300+ medical alumni who serve as VMAA Hosts for residency interviews. Learn more about the VMAA Host Program by visiting: www.medschool.vanderbilt.edu/alumni/host-program. If you have questions about the VMAA Host Program, please do not hesitate to contact me at: ann.price@vanderbilt.edu.

Vanderbilt Medical Alumni Reunion 2012

We are pleased to announce that the 2012 Medical Reunion will take place Oct. 25-27, in conjunction with the Vanderbilt University Reunion and Homecoming celebration. All medical alumni are invited to participate in our VUSM Reunion 2012 festivities featuring a welcome reception on Thursday evening, Oct. 25; CME, Quinq inductions, the All Alumni Luncheon and Grand Dinner on Friday, Oct. 26; and more CME, football festivities and class parties for all the special anniversary classes on Saturday, Oct 27. Learn more about VUSM Reunion 2012 at our VMAA website: <https://medschool.vanderbilt.edu/alumni/>.

Reunion 2012 Special Anniversary Class Celebrants	
<i>Quinq Plus</i>	<i>1961 and earlier</i>
50th	1962/1963
45th	1966/1967
40th	1971/1972
35th	1976/1977
30th	1981/1982
25th	1986/1987
20th	1991/1992
15th	1996/1997
10th	2001/2002
5th	2006/2007

CONTACT

Vanderbilt Medical Alumni Association
Vanderbilt University Medical Center
Phone: (615) 343-6337
Fax: (615) 936-8475
medalum@vanderbilt.edu
<https://medschool.vanderbilt.edu/alumni>

2011 VMAA Board Meeting

The annual VMAA board meeting convened in Nashville Sept. 23-24, 2011. The board welcomed these new members: post-doctoral representative Tara Schwetz, M.D., (Molecular Physiology & Biophysics); house staff representatives Kevin Sexton, M.D., (Surgery) and Aaron Shaver, M.D., (Pathology); and young alumni representative Chloe Rowe, M.D., (MD '03, New York City), reappointed in August to a second term on the board. For a complete list of our VMAA board members visit the VMAA website and link to: <https://medschool.vanderbilt.edu/alumni/vmaa-board>.

Upcoming VMAA Events and Dinners

In February the VMAA will host regional medical alumni dinners in Pensacola, Fla., and Durham-Chapel Hill, N.C. On Feb. 2, Robert Snowden, M.D., (MD '69, VMAA board regional representative, Pensacola, Fla.) will host our Pensacola Regional Dinner with C. Wright Pinson, MBA, M.D., (MD '80) deputy vice chancellor for Health Affairs, as the featured speaker. The Durham-Chapel Hill Regional Dinner on Feb. 9 will be hosted by Joseph Cook, M.D., (MD '64) and will feature a presentation by Nancy Brown, M.D., (HS '86, FE '91), chair of the Department of Medicine. Invitations will be mailed to medical alumni in these regions. For medical alumni residing in these areas, please save the date and look for your invitation. If you will be moving to either of these areas, please be sure to update your contact information via: medalum@vanderbilt.edu. If you have questions about either of these VMAA events, please do not hesitate to contact me at: ann.price@vanderbilt.edu or by calling 615-322-0310.

Worthy of Note News

One of the most enjoyable aspects of my role with the VMAA is hearing from you. Please take a moment to submit your "Worthy of Note news" for our next Vanderbilt Medical alumni news section. Send your news and digital photographs to medalum@vanderbilt.edu; or fax to (615) 936-8475; or mail to VUMC, 21st Ave. S., and Medical Center Drive, MCN D-8212, Nashville, TN 37232-2106.

Hope to hear from you soon.
With very best wishes,

Ann H. Price

Read *Vanderbilt Medicine* online, and send in your alumni news at www.mc.vanderbilt.edu/vanderbiltmedicine. Digital photos (200-300 dpi and at least 4 by 6 inches) are always welcome and will be included as space permits.

KEY

- MD - Medical School Graduate
- HS - House staff
- FE - Fellow
- FAC - Faculty

50s

Robert Ray, M.D., MD '55, of Jaspens, Ala., reports that his lymphoma is in remission and he anticipates many happy years ahead.

60s

Leon Bullard, M.D., MD '68, recently completed a master's degree in bioethics and health policy from Loyola, Chicago. He had been on the bioethics committee of the South Carolina Medical Association for many years, serving as chairman for about eight years. He currently serves as chair for his hospital's clinical ethics committee. He retired from the practice of obstetrics in September and will devote most of his time to office gynecology and the clinical ethics consultation service.

Arthur Freeman III, M.D., MD '67, is serving as president of the Southern Psychiatric Association. He and his wife, Linda, live in Birmingham, Ala., and enjoy spending time with their children and five grandchildren. For the past two summers he has studied theology at the Oxford University,

an experience he describes as challenging and enlightening.

Larry Parrott, M.D., HS '61, is in his 16th year of teaching at the University of South Carolina School of Medicine since retirement from MUSC in Charleston, S.C., and USC, in Columbia, S.C. He and Joy are blessed with six grandchildren from their three children. He and his son, Stephen, won the father-son golf championship and he won the Super Senior competition at Camden Country Club.

70s

Leland Albright, M.D., HS '70, and his wife Susan, a pediatric neurosurgery nurse practitioner, moved to Kijabe a year ago. Albright teaches neurosurgery residents who rotate at the Kijabe Hospital and trains one PNS fellow per year at what is among the largest spina bifida/hydrocephalus practices in the world. You can view their blog at www.susanandlelandinkijabe.blogspot.com.

Vic Baum, M.D., MD '74, has been named the first Frederic A. Berry M.D. Professor of Pediatric Anesthesiology at the University of Virginia where he is also executive vice-chair of the department, chief of cardiac anesthesia and professor of pediatrics.

Jeffrey Carter, M.D., MD '78, HS '80, was recently appointed to a

three-year term on the governing board of the Intersocietal Accreditation Commission. He represents the American Association of Oral and Maxillofacial Surgeons.

H. Edward Garrett, M.D., MD '79, was elected a Distinguished Fellow by the Society for Vascular Surgery during its Vascular Annual Meeting. This designation is bestowed upon an active, international or senior member of the Society for Vascular Surgery who has made substantial, sustained contributions in two of three categories. Garrett is the chief and program director, Division of Peripheral Vascular Surgery at the University of Tennessee Medical Center. He is also a professor in the Department of Surgery at the University of Tennessee in Memphis.

William Huddleston, M.D., MD '78, HS '97, and his wife, Peg, are living in New Zealand where he is working for a county mental health system south of Auckland as the designated crisis psychiatrist.

Philip Lichtenstein, M.D., MD '76, has been named the first medical director of the Children's Home of Cincinnati. He assumed the position in July 2011, having been in private practice in northern Kentucky, where he served as a pediatrician for nearly 30 years.

Jose Ortiz, M.D., HS '76, FE '77, is a semi-retired orthopaedic surgeon, doing evaluations regarding orthopaedic problems in workers' compensation patients and no-fault disability issues in Oviedo, Fla. His son Jose is an office manager with the House of Representatives; his daughter is a nurse anesthetist in Orlando, Fla., and his granddaughter Kelsey is in the eighth grade.

Robert Segraves, M.D., MD '71, professor of psychiatry at Case Western Reserve School of Medicine, has been appointed to S1 Pharmaceuticals' Scientific Advisory Board. He will help



Steve Burnham, M.D., MD '72, HS '77, and his wife, Cathy, are Peace Corps volunteers in Belize where he serves as the rural health educator and works out of the Dangriga Polyclinic.

guide the clinical development of S1's lead product, Lorexys, as it prepares for clinical trials. S1 is an early-stage biopharmaceutical company developing therapeutic solutions for disorders of women's sexual health.

Richard Silver, M.D., MD '75, is co-editor of a new book "Case Studies in Systemic Sclerosis." He has been on the faculty of the Medical University of South Carolina in Charleston for the past 30 years. He leads the Scleroderma Center and is currently serving as director of the Division of Rheumatology and Immunology and interim chairman of the Department of Medicine at MUSC. His daughter Kate is a third-year resident at



Stephen Jones, M.D., MD '78, was promoted to the rank of major general in the U.S. Army Medical Department. He is deputy commander of Joint Task Force National Capital Region Medical, responsible for more than 37 military medical treatment facilities in the National Capital area with 284,000 enrolled beneficiaries.

book focus



Anderson Spickard Jr., M.D., MD '57, HS '63, emeritus professor of Medicine, has authored a book about his practice of internal medicine called "Stay with Me - Stories of a Black Bag Doctor." A collection of 20 stories about his care of patients over a long and distinguished career, the book emphasizes the importance of staying with the patient until the end of his life. Through an entertaining combination of humor and emotion, Spickard gives an account unique to his specialty in infectious disease and addiction, and the manner in which he relates to his patients.

worthy of note

Brian Gibler, M.D., MD '81, right, and Kevin Joseph, M.D., MD '01, who graduated 20 years apart, were both recently named to new positions at University of Cincinnati Health. Gibler is the president and CEO of University Hospital of Cincinnati and senior vice president of UC Health. Joseph is president and CEO of West Chester Hospital and senior vice president of UC Health.



the University of Alabama-Birmingham.

Norman Spencer, M.D., MD '76, HS '80, is the medical director of Vanderbilt Integrated Providers Midsouth and recently published his second novel "Flu."

Bedford Waters, M.D., MD '74, a urologist, was named to the U.S. News Media Group's list of "Top Doctors" in September 2011. He was one of 10 Knoxville, Tenn., doctors named to the list, created from Castle Connolly's database.

Robert Wilson, M.D., HS '74, a plastic surgeon in Greenville, S.C., for more than 30 years,

semi-retired 12 years ago. He and his wife, Teresa, have two sons, Robert, 17, and Jay, 14. Wilson plays baseball, runs, gardens, travels and collects Renaissance Old Masters art.

80s

Arthur Fleischer, M.D., HS '80, FE '81, FAC '80-present, professor of radiology, has been named the new Cornelius Vanderbilt Chair in Radiology.

Melissa Knuckles, M.D., HS '82, is board certified by the American Academy of Dermatology. She

and husband, Bruce Burton, M.D., are Kentucky's only husband/wife plastic surgeon/dermatologist.

Carol Porch, M.D., FE '86, HS '88, closed her solo pediatric practice in 2002 and has been doing medical consulting for the Social Security Administration, Department of Disability Services, in Birmingham, Ala., since 2006. She worked on the staff of Huntsville Hospital Pediatric ER in the intervening years.

Dennis Wentz, M.D., FAC '88, has authored "Continuing Medical Education: Looking Back, Planning Ahead," (Dartmouth College Press) the first comprehensive history of the field of continuing medical education in the United States and Canada. In June 2011 he received the Distinguished Service Award from the University of Chicago's Medical and Biological Sciences Alumni Association. He and his wife, **Anne Wentz, M.D.**, FAC '80-'89, reside in Bozeman, Mont.

90s

George Hutton, M.D., MD '96, is an associate professor in the Department of Neurology at Baylor College of Medicine. He was recently appointed as the medical director of the Maxine Mesinger Multiple Sclerosis Comprehensive Care Center at Baylor College of Medicine.

Charles Mayes, M.D., MD '95, joined the staff of Wesley Medical Center as a cardiologist after completing a residency in internal medicine at the University of Texas at Southwestern and a fellowship in cardiology and interventional cardiology at Duke University Medical Center.

Daniel McCarthy III, M.D., HS '95, has been in private practice for 16 years at the Daviess Community Hospital in Washington, Ind. He is the director of anesthesia services and serves on the board of



Jeffrey Prinsell, D.M.D., M.D., MD '86, HS '88, received the American Academy of Dental Sleep Medicine (AADSM) Distinguished Service Award. He is past president of AADSM, founding president of the American Board of Dental Sleep Medicine and past chair of the American Association of Oral and Maxillofacial Surgeons (OMS) obstructive sleep apnea clinical interest group.

governors of the Daviess Community Hospital. He writes that he is grateful to Vanderbilt each and every day for all of the wonderful opportunities it has made possible for him. He and Kara celebrated their 16th wedding anniversary in November 2011, and they have five sons.

Henry Wilson, M.D., MD '96, and Caroline Ford were married July 23, 2011. She received a BA in Art History from UNC Chapel Hill and an MA in Art History from the University of South Carolina. She is pursuing a doctorate in educational leadership from UNC Charlotte. He completed general and plastic surgery residencies and a fellowship at Georgetown University Hospital and is in practice at Plastic Surgery Associates in Lynchburg, Va.

Rick Wright, M.D., HS '94, has been named the Dr. Asa C. and Mrs. Dorothy W. Jones Professor in Orthopaedic Surgery at Washington University School of Medicine in St. Louis. Wright is a nationally recognized contributor in the field of sports medicine.

book focus



Francis Fesmire, M.D., MD '85, has published "Nashville Skyline," an inspirational novel that deals with the pain of loss, one's search for self, and questions God's existence. Fesmire is a professor of emergency medicine and research director for the Department of Emergency Medicine at the University of Tennessee College of Medicine. He resides in Chattanooga, Tenn., with his wife and two children.



Sandi Moutsios, M.D., HS '98, is the Med-Peds Program director at Vanderbilt, a position she assumed immediately after her residency. She serves as a preceptor for first-year medical students in the Foundations of the Profession, for second-year students in Physical Diagnosis and for third- and fourth-year students in clinic. She and her husband, Michael, have three sons - John, and twins William and Nicholas.



Jeff Sperring, M.D., MD '95, has been named president and chief executive officer of Riley Hospital for Children at Indiana University Health. Sperrin, 42, joined IU Health in 2002 and has served as chief medical officer of Riley at IU Health since 2009.

Darryl Zeldin, M.D., FE '93, has been named scientific director of the National Institute of Environmental Sciences (NIEHS). He will lead and manage a \$114 million biomedical research program focused on discovering how the environment influences human health and disease. Zeldin is trained in internal medicine with a subspecialty in pulmonary and critical medicine. He has spent most of his career at NIEHS.

2000-

Ellika Bartlett, M.D., MD '09, and Shawn McGuire were married June 18, 2011. Bartlett is a psychiatry resident at the University of Washington in Seattle. McGuire is a mechanical engineer at Program for Appropriate Technology in Health (PATH), a nonprofit based in Seattle.

Parul Bhatt, M.D., MD '06, is a pediatric hospitalist at Children's Hospital Colorado and instructor at the University of Colorado School of Medicine.

Robert Browning, M.D., MD '08, and his wife, Krista, welcomed their first child, Madelyn Marie, on Sept. 12, 2011.

Jack Erter III, M.D., HS '07, and Noelle Daugherty were married Oct. 22, 2011, in Columbus, Ohio. She is a pharmacist with CVS and he is a member of Tennessee Oncology, both in Nashville.

Elise Fallucco, M.D., MD '04, received the American Academy of Child and Adolescent Psychiatry 2011 Robinson Cunningham Award for the Best Paper by a Resident. Fallucco presented her paper, "Adolescent Depression and Suicide Risk Assessment: Training Pediatricians Using Standardized Patients," at AACAP's 58th Annual Meeting, Oct. 21, 2011.

Stuart Hannah, M.D., MD '00, is the program director for the Family Medicine Residency

Baraboo Rural Training track for the University of Wisconsin Department of Family Medicine, a separately matched, accredited rural training track that offers an opportunity to explore a wide range of practice areas in a rural setting just 45 minutes north of Madison, Wis.

Catherine Hawley, M.D., MD '12, and **John Phillips, M.D., MD '10,** are engaged to be married in spring 2012. Phillips is completing a residency in radiation oncology at the Harvard Radiation Oncology program in Boston.

Danielle Holt, M.D., MD '05, is now a staff general surgeon at Bassett Army Community Hospital in Fort Wainwright, Alaska. She had a daughter, Lily, in 2011, and deployed to Afghanistan in October.

Carrie Holloway, M.D., HS '09-present, and **Thomas Lind, M.D., HS '09-**present, were married on Sept. 24, 2011, in Columbia, Tenn.

Mary Margaret Huizinga, M.D., MD '03, FE '07, has been appointed vice president of quality at LifePoint Hospitals. She came to LifePoint from McKinsey and Co.

Patricia Chu Klap, M.D., MD '00, HS '01, and her husband, Guido, welcomed the birth of their first child, Marco Willem, born on Aug. 4, 2011, at Scripps Memorial Hospital in La Jolla, Calif.

Caroline Knox, M.D., MD '09, and Michael Lindow, M.D., were married on Aug. 13, 2011, at Gateway Canyons resort in Gateway, Colo. They met during their fourth year in medical school while on an international rotation in India, setting up clinics in the Himalayas. They are completing their third year of residency in family medicine at St. Mary's Hospital in Grand Junction, Colo.

A. Everette James, M.D., FAC '00, former chairman of the Department of Radiology, has been elected to the board of the North Carolina Decoy Collectors



Nathan Vanderford, Ph.D., FE '09, has been appointed deputy director of research for the University of Kentucky Markey Cancer Center. In this leadership position, he will be responsible for the oversight, planning, development and evaluation of the Markey Cancer Center's research enterprise.

Society. A longtime collector, writer and exhibitor, he was among the first to apply sophisticated radiological techniques to the evaluation of antique decoys.

Brandon Litzner, M.D., MD '10, started his dermatology residency in July 2011 at the University of Texas Southwestern Medical Center.

Jason Mann, M.D., MD '08, has accepted an offer to serve as head of China pharma/health care within equity research at Barclays Capital.

Amy Morris Musiek, M.D., MD '04, HS '08, is an assistant professor of dermatology at Washington University, and her husband, **Erik Musiek, M.D., MD '07, HS '08,** started a fellowship in the Alzheimer's Disease Research Center at Washington University.

J.P. Norvell, M.D., MD '04, and **Michael Hooper, M.D., MD '04,** completed the Ironman triathlon in Wales in September 2011. Norvell is a transplant hepatology fellow and Northwestern. Hooper practices internal medicine and pulmonary medicine in Norfolk, Va.



Emily Shuman, M.D., MD '03, and her husband, Andrew, welcomed their son, Jonah McCallister, on Nov. 3, 2010. Shuman joined the faculty of Weill Cornell Medical College in August 2011.

Mario Nieto, M.D., MD '08, and Kirsten Gibbs Nieto, M.D., MD '08, are both chief residents at Baylor, he in anesthesiology and she in medicine-pediatrics. Kirsten will do an additional year as chief resident in internal medicine next year.

Ashit Patel, M.D., HS '11, a plastic and reconstructive surgeon, has joined Albany Medical Center's Department of Surgery and has been appointed assis-



Matt Luther, M.D., MD '01, HS '02, FE '07 and his wife, Anna, welcomed a daughter, Allis McLean, on Aug. 17, 2011. She joins big brothers Marshall, 8, and Andrew, 4. Matt is a nephrologist at Vanderbilt.

tant professor of surgery at Albany Medical College.

Bett Pitchford, M.D., MD '04, HS '07, and Clovis Pitchford, M.D., MD '04, HS '08, welcomed a daughter, Madeleine Jane, born on June 24, 2011. The family resides in Kensington, Md.

Meeta Prasad, M.D., MD '01, HS '01, and Michael Kerlin were married Oct. 1, 2011, in Princeton, N.J. Prasad is a pulmonary and critical care physician at the Hospital of the University of Pennsylvania and an assistant professor at the University of Pennsylvania School of Medicine. Kerlin is an associate principal in the Philadelphia office of McKinsey and Company.

Megan Skorupa, M.D., HS '11-present, and Patrick Stevens, M.D., HS '11-present, were married May 27, 2011, in St. Louis.

Daniel Stover, M.D., MD '08, HS '08-present, chief resident in the Department of Medicine at Vanderbilt, is the recipient of this year's Holt Young Physician Leadership Award presented by the Southern Medical Association.

Nicholas Tarola, M.D., HS '09, is a specialist in breast cancer reconstruction at Middle Tennessee Medical Center. Tarola completed his internship and residency in general surgery at Thomas Jefferson University Hospital in Philadelphia before coming to Nashville for fellowship training in plastic surgery at Vanderbilt.

Keli Turner, M.D., MD '08, and Antonio Haynes were married Sept. 3, 2011. Turner is a resident in general surgery at the University of Maryland Medical Center and Haynes is employed by Brasfield and Gorrie General Contractors in Nashville.

Tomoharu Uchiyama, M.D., HS '07, married Shu Ying Kwan on



Justin Gregg, VMS IV, and his girlfriend, Becky Blades, had the Vanderbilt football stadium to themselves when he proposed to her. She said 'yes.' The wedding is set for June 9.

May 23, 2011, at the Phipps Conservatory in Pittsburgh, Penn.

Richard (Brick) Wall, M.D., MPH, HS '01, is in private practice near Seattle, where he specializes in pulmonary, critical care and sleep disorders medicine. He is director of his hospital's critical care unit and also has an appointment with the Department of Medicine at the University of Washington.

Lisa White, M.D., MD '06, HS '06, joined the General Surgery department of Murfreesboro Medical Clinic in September 2011, after completing a residency at Vanderbilt.

Amy Whigham, M.D., HS '05, is an assistant professor of pediatric otolaryngology at Wake Forest University School of Medicine in Winston-Salem, N.C.



Frederick Ochieng, M.D., MD '10, HS '10, left, is doing his Med-Peds residency at Vanderbilt, and his brother, Milton Ochieng, M.D., MD '08, was interviewed by President Clinton at the Clinton Global Initiative 2011 opening plenary session in September. Their nonprofit agency, the Lwala community Alliance, is based in Nashville at the Vanderbilt Institute of Global Health.



Bruce Dan, M.D., MD '74, HS '78, FE '80, died Sept. 6, 2011. He was 64. An adjunct associate professor of Preventive Medicine at Vanderbilt, he was a leading federal researcher who helped establish a link between toxic shock syndrome and the use of tampons. He was a member of the Toxic Shock Syndrome Task Force created by the Centers for Disease Control and Prevention in 1980 after an outbreak of the disease. He later became editor of *The Journal of the American Medical Association*, and then executive editor and anchor for the Medical News Network, which provides daily newscasts directly to physician's offices. He also conducted media training for academic faculty members at Vanderbilt and other institutions. In 1981 he received the CDC's highest award for epidemic investigation, the Alexander D. Langmuir Prize, and the United States Public Health Service Commendation Medal. Dr. Dan is survived by his wife, ABC News correspondent Lisa Stark; and children, Rachel and Ethan.

Robert J. Capone, M.D., HS '66, died June 29, 2011. He was 72. He served as lieutenant commander and practiced at the Oakland Naval Hospital from 1968-1970. He was a professor of medicine at Brown University and a cardiologist at Rhode Island Hospital from 1972-1991. He also held positions at Strong Memorial Hospital and Albany Medical Center Hospital until 2008. Dr. Capone is survived by his wife, Emilie; children, Robert and Jeffrey; and four grandchildren.

Robert (Bob) Dorton, M.D., MD '59, died Dec. 12, 2011. He was 78. He started his career with an internal medicine practice in Richmond Heights, Mo., before relocating to an office near St. Mary's Health Center in St. Louis, with Dr. J. Collins Corder. He taught at St. Louis University School of Medicine for more than 40 years before retiring in 2000, and was honored by the Missouri Medical Society and the American College of Physicians for his service to the university. He is survived by his wife of 51 years,

Ingrid; children, J. David, Dorothy and Deborah; and 11 grandchildren.

John W. Fristoe Jr., M.D., MD '45 died Dec. 5, 2011. He was 92. He served in the U.S. Army for two years, attaining the rank of captain and practiced medicine in the field of obstetrics and gynecology in Jackson, Miss., Atlanta and Decatur, Ala. He delivered the first baby at DeKalb General Hospital. He also practiced at the VA Hospital for 13 years as a member of the psychiatric staff treating patients with substance abuse. Dr. Fristoe is survived by his wife of 67 years, Ruth; four children, Katherine, John, Elizabeth and Thomas; eight grandchildren and five great grandchildren.

William A. Gardner Jr., M.D., FAC '76-'81, died Oct. 2, 2011. He was 72. He served as director of laboratory services for Veterans Administration Medical Centers, Charleston, S.C., from 1969-1976 and as professor and vice chair of the Department of Pathology at Vanderbilt University from 1976 until 1981. He served 21 years as

professor and chair of the Department of Pathology and as interim dean and vice president for Medical Affairs at the University of South Alabama College of Medicine from 1997-1999. Dr. Gardner is survived by his wife of 51 years, Ann; children, Elizabeth, Lee and William; and seven grandchildren.

Harry C. Helm, M.D., MD '40, died Nov. 12, 2011. He was 97. He was commissioned as a medical officer in the U.S. Naval Reserve and was a flight surgeon aboard the carrier USS Yorktown when World War II ended. In 1945-1946, he served as senior medical officer, U. S. Naval Air Station, Memphis, Tenn., and was discharged from active duty in March 1946. After serving a surgical residency at Thayer Veterans Hospital, he moved to Columbia, Tenn., and helped obtain funding to establish the Maury County Hospital. Dr. Helm retired from active medical practice in January 1987 after serving the medical needs of Maury County for 36 years. He is survived by his wife, Marie; children, Anne, Clay, John and Martha; four grandchildren; two step-children, and three great-grandchildren.

William Johnston, M.D., MD '67, died Nov. 9, 2011. He was 69. He served as captain in the U.S. Army from 1969-1971 and was a recipient of the Bronze Star. He was in private practice as a cancer surgeon in Nashville since 1980 and was an associate clinical professor of Surgery at VUMC. He is survived by his wife of 45 years, Pat; children, Emily, William and David; and three grandchildren.

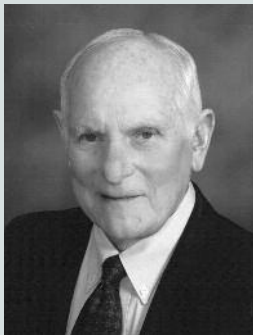
Hossein Massoud, M.D., FAC '73-'89, died April 26, 2011. He was 81. After graduation from medical school in Isphahan, Iran, he worked as a company physician for Amiran Oil Co. in Abadan, Iran. He trained in pediatrics at T.C. Thompson Children's Hospital (now Children's Hospital at Erlanger), and was named medical director in 1965 and remained in that position until his retirement in 1996. He was associate professor of Pediatrics at Vanderbilt. Dr. Massoud is survived by his former wife of 30 years, Carolyn; children, Jamileh, Mary and Susan; and six grandchildren.

Stanley R. McCampbell, M.D., MD '53, died Sept. 23, 2011. He was 85. He served in the U.S. Navy during World War II. He began the



Alan H. Fruin, M.D., MD '67, HS '73, died Aug. 20, 2011. He was 69. He practiced neurosurgery in Omaha, Neb., where he was chief of the Division of Neurosurgery in the Department of Surgery at Creighton University from 1975-2000. After retiring from his practice, he and his wife, Carolyn, returned to Nashville at which time he offered his services to the Department of Neurosurgery at Vanderbilt. He spent the last decade taking care of patients at the

Veteran's Administration Hospital and invested a significant amount of time in the education of neurosurgery residents. In 2008, he was the recipient of the first Robert S. McCleery Master Teacher Award for Surgical Resident Education. He is preceded in death by his wife, Carolyn. Dr. Fruin is survived by children, Alex and Candy, and five grandchildren.



Eugene W. Fowinkle, M.D., MPH, FAC '99, died Aug. 26, 2011. He was 76. Dr. Fowinkle earned his medical degree at the University of Tennessee College of Medicine, interned with the City of Memphis hospitals and was a resident in Neurosurgery at Baptist Hospital, Memphis. He earned a Masters of Public Health degree at the University of Michigan in 1962. In 1983 he became associate vice-chancellor for Health Affairs and associate professor of

Preventive Medicine at Vanderbilt University, where he served until his retirement in April 1999. Dr. Fowinkle was active in state, regional and national health policy and a member of the President's Commission on Three Mile Island Task Force on Public Health and Epidemiology in 1979. Among the honors he received were Distinguished Service Awards from the Tennessee Medical Association, UT College of Medicine Alumni Association, Tennessee Public Health Association, and the Association of State and Territorial Health Officials. He enjoyed spending time with his family and relished his role as grandfather. He is survived by his wife, Ruby; children, Greta, Frieda and Brenda; and five grandchildren.

private practice of cardiology in Oklahoma City, Okla., in 1957 and in 1964 became the medical director of Globe Life Insurance Co. Among his greatest joys was spending time at the family farm, raising horses and tending to a world-class vegetable garden. He is survived by his wife, Joan; children, Sody, Robert, Jim and Kelly; and six grandchildren.

Donald McIntosh, M.D., HS '81, died July 11, 2011. He was 60. He began his medical practice in 1981, served on the staff of Upstate Carolina Medical Center for nearly 30 years and was affiliated with the Spartanburg Regional Healthcare System for the past 15 years. Dr. McIntosh is survived by his wife, Debra; and children Elizabeth, Donald and Rachel.

Jack. E. Mobley, M.D., MD '48, HS '50, died July 17, 2011. He was 85. He served in the U.S. Navy as a commissioned medical officer and later as a flight surgeon during the Korean War. He joined his father, H.E. Mobley, M.D., in the

practice of obstetrics, general medicine and surgery in Morrilton, Ark., until 1963. He then held a number of administrative positions at the University of Arkansas, Rush Medical College, South Dakota School of Medicine and East Tennessee State University before returning to Conway, Ark., to retire. Dr. Mobley is survived by his wife, Susanna; children, Jack, T. Andrew, Susanna and Deborah; and six grandchildren.

Robert E.L. Nesbitt Jr., M.D., MD '47, died May 25, 2011. He was 86. He served in the U.S. Army during World War II, and again during the Korean War, when he was a captain, U.S. Army Medical Corps, chief of obstetrics and gynecology, U.S. Army Hospital, Bad Kreuznach, Germany, 1952-1954. He served as professor and chairman of the Department of Obstetrics and Gynecology at the State University of New York Health Science Center at Syracuse, retiring as professor emeritus. Dr. Nesbitt is survived by his wife, Ellen.

William G. Riley, M.D., MD '45, HS '51, died June 10, 2011. He was 88. He served two years in the U.S. Army Air Force as a flight surgeon then returned to Meridian, Miss., in 1950 and began practicing general pediatric medicine alongside his father until his retirement in 1984. He also served in an administrative capacity at Riley Memorial Hospital and Riley Development Systems and served as a founding member of the Riley Foundation, which has made numerous grants for the betterment of Meridian. Dr. Riley is survived by his wife, Christine; children, Beth, Gail, Harriet, Kim and Amanda; and 11 grandchildren.

William (Bill) P. Riordan Jr., M.D., HS '05, FAC '11, died Sept. 9, 2011. He was 42. Dr. Riordan was chief of Emergency and General Surgery Services, assistant professor of Surgery for the Division of Trauma and Surgical Critical Care at VUMC. He held numerous honors and awards in the medical and surgical fields, presented during many conferences and has been published in several medical journals and medical books. Dr. Riordan is survived by his sister, Margaret; brother-in-law, James; stepbrother, Lee; stepsister, Kelly; and many nephews, nieces, cousins, friends and Vanderbilt colleagues.

Marvin E. Schmidt, M.D., MD '62, HS '67, died Sept. 8, 2011. He was 75. He served in the U.S. Army as a captain during the Vietnam conflict as a preventive medical officer at Fort Riley in Kansas for two years. He was director of Graham Hospital Laboratory for 30 years and director of Mason District Hospital Laboratory for 35 years. A board-certified pathologist, he was an avid world traveler, tennis player, a lifelong St. Louis Cardinals fan and a member of Delta Tau Delta fraternity. He is survived by his wife, Rachel; children, Laurie,

Robin and Karl; and five grandchildren.

Andrew W. Walker, M.D., MD '60, died Sept. 25, 2011. He was a supporter of Vanderbilt University and its athletics teams, serving as president of the Vanderbilt alumni association and chairman of the university's major gifts programs in western North Carolina. In 1969, he joined the practice of William Berkley, M.D., and Hal Chaplin, M.D., which later became Charlotte Plastic Surgery, where he performed surgery until his retirement in 1996, and served as medical director of the Charlotte Surgery Center. Dr. Walker is survived by children, Scott, Bruce and Heather; former wife and the mother of his children, Kathleen Walker Hartley; and four grandchildren.

Houston (Corky) W. White, M.D., HS '91, died Oct. 27, 2011. He was 52. He was an anesthesiologist at Saint Thomas Hospital in Nashville, an avid outdoorsman, a member of the Cedar Creek Yacht Club and attended St. Mary's of Seven Sorrows Church in downtown Nashville. He served in the Tennessee National Guard for 13 years and was honorably discharged with the rank of major. Dr. White is survived by his wife of 23 years, Debbie; and daughters, Kaitlin and Alexandria.



1) W. Bedford Waters, M.D., MD '74, left, and Robert Mallard, M.D., MD'74, HS '78, attend the VUMC board meeting.

2) From left to right: Michael Casner VMS III, Kristen Ploetze, VMS II, Ian McGuinness, VMS I, attend the first-year medical student welcome reception.

3) Anderson Spickard Jr., M.D., signs copies of his book "Stay with Me – Stories of a Black Bag Doctor" at the VMAA open house.

PHOTOS BY LISA GUSTY



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The Scholarship Initiative for Vanderbilt University School of Medicine

At age 5, Jennifer Rahn told her mother she was going to be a doctor. As a first-generation college graduate from a single-parent home, Jennifer held tight to her dream yet worried about the costs of a medical education.

The generosity of an alumnus and a community supporter made her decision to come to Vanderbilt possible. Jennifer receives support from scholarships established by John N. Shell, MD'28, and David Hitt Williams, M.D.

"I'm extremely grateful for the support I receive — it takes a huge burden off my mother and me," Rahn says.

"I love this school.
I would not have
been able to attend
Vanderbilt without
scholarship support."

— Jennifer Rahn,
Vanderbilt University
School of Medicine
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