SPRING 2012

MISSISSIPPI MEDICINE

UNIVERSITY OF MISSISSIPPI SCHOOL OF MEDICINE

EXPANDING TELEHEALTH CARE

- Friday **NIGHT** Lights
- Most **INTERESTING** Man
- Citizen **SEGARS**

Growing AWARENESS

Drew Hayslett, second-year medical student team captain, along with members of the M2 and M1 teams, grew moustaches to participate in Moustache Movember, an increasingly popular event in which men throughout the world grow moustaches during the month of November to help raise awareness about men's health issues such as prostate cancer. The students were honored with a variety of awards for their efforts, including "Most Creative 'Stache" and "Most Villainous 'Stache."

MISSISSIPPI MEDICINE

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School of Medicine
The University of Mississippi Medical Center

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ON THE COVER: Dr. Shirley Chen, assistant professor of neurology, consults with health-care providers at Covington County Hospital in Collins via the TeleStroke videoconferencing connection.

THE REST

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Herrin

NEW RESIDENCY OPTION FOR PRIMARY CARE

Department of Medicine faculty have developed a primary care track to complement the department's residency program to attract young doctors to an urgently needed field of practice.

The new track, an option in the three-year internal medicine residency, exposes participants to the same experiences, situations and illness care that primary care physicians encounter daily, said Dr. Shirley Schlessinger, interim chair of the Department of Medicine.

Approved by the ACGME (Accreditation Council for Graduate Medical Education) Residency Review Committee for Internal Medicine, the new track was offered for the first time this year through the National Resident Matching Program. Although there were no matches for the two slots this year with applicants to the department's 24 first-year residency openings, the track will be offered again next year.

Dr. Vince Herrin, associate professor of medicine and chief planner of the new track, knows a certain number of residents each year start the program excited to go into primary care.

"With this track, we want to put primary care in the best light," Herrin said. He explained the track will create a compelling, true-to-life experience.

Mississippi's largely rural and low-income population, low doctor-per-capita ratio and widespread prevalence of largely preventable and controllable diseases make the state's need for primary care among the most dire in the nation.

RESEARCH FUNDING REACHES NEW HEIGHTS

UMMC received a record $85 million in grants and contracts in fiscal year 2011, funding that is helping researchers unravel the mysteries of cancer, diabetes and other deadly diseases, paying stipends for students and improving Mississippi's healthcare infrastructure through communication systems and outreach programs.

Over the past several years, total income from grants and contracts — collectively known as sponsored programs — rocketed from $39.7 million in FY 2008 to $75.7 million in FY 2010. The most recent figure of $85 million carries the trend and puts the four-year growth at 114 percent.

"A strong research program is the hallmark of all leading universities and academic health science centers," said Dr. John Hall, associate vice chancellor for research. "Although increased grant funding is not the main goal of our efforts to strengthen UMMC research, it is a necessary tool. With it we are investigating the causes of health issues faced by people in Mississippi and internationally, we're creating jobs and we're training the next generation of scientific researchers."

More than doubling sponsored-program funding in four years doesn't happen by accident. It's the fruit of years-long efforts to expand UMMC's research mission by hiring scientists who arrive with funded grants and to incentivize current faculty members to apply for new grants, Hall said.

GROWING A NEW JAW

Early in 2011, 2-year-old Taylor Brown's retruded lower jaw — the result of a rare neonatal infection — was causing sleep apnea so severe her airway would frequently become obstructed. But now, Taylor is breathing and eating well, with a beautiful smile to boot after craniofacial experts at the University of Mississippi Medical Center extended her jaw using implants in a unique procedure called a jaw distraction osteogenesis that promotes bone growth.

Caloss

"The bone was eroded in the condyle," said Dr. Ronald Caloss, referring to the part on each side of the mandible that hinges into the temperomandibular joint (TMJ). "This resulted in her jaw and base of tongue shifting backward into her airway."

Caloss, associate professor of oral and maxillofacial surgery, and Dr. Michael Angel, professor of surgery and a plastic surgeon, performed the procedure last March.

Jaw distraction has become an effective treatment for craniofacial abnormalities, most commonly the congenital disorder Pierre Robin syndrome. But Caloss had never heard of it being used to treat a TMJ disorder.

After planning the procedure on virtual surgery software and with models, Caloss and Angel cut through the bone on each side of Taylor's jaw behind the spot where her molar teeth are developing. Then, by attaching titanium distraction devices to the bone, they pushed the lower jaw forward gradually over the course of 10 days. In the months that follow the procedure, new bone grows in the gaps. Caloss said they usually remove the implants four to six months after surgery.

Taylor Brown with her mother, Tamika Winters.

PATIENT NAVIGATOR PROGRAM DEBUTS AT UMMC

The American Cancer Society launched its Patient Navigator Program at the University of Mississippi Medical Center Cancer Institute in August. This is the 42nd Patient Navigator Program site nationwide and the first in Mississippi that is part of a strategic nationwide effort to significantly extend the reach of this innovative program and assist individual cancer patients in negotiating the health care system.

"A cancer diagnosis can be a life-changing experience for patients, their families and their caregivers," said Angel Strange, quality of life director for the American Cancer Society Mid-South Division. "Our Patient Navigator Program helps patients focus on getting well by providing support every step of the way, from explaining what to expect during treatment, to making sure patients have transportation to and from appointments. Fighting cancer is a difficult, challenging journey; but with the help of trained American Cancer Society patient navigators, people don't have to go through it alone."

Cancer patient Anthony Charcho, right, talks with UMMC's Patient Navigator Beth Feisel after a press conference announcing the creation of the American Cancer Society Patient Navigator program at the Cancer Institute in August.

The American Cancer Society Patient Navigator Program directly connects patients to a cancer education and support specialist — known as a "patient navigator" — who, through one-on-one relationships, serves as a personal guide to patients and caregivers as they face the psychosocial, emotional and financial challenges that cancer can bring. The service is free and confidential, and places an emphasis on assisting the medically underserved.

The patient navigator program at UMMC is part of a $10 million pledge by AstraZeneca to the Society to accelerate development of at least 50 new Patient Navigator Program sites over a five-year period in communities throughout the United States.

TEAM PERFORMS 1ST PEDIATRIC HEART TRANSPLANT IN 8 YEARS

In September, 13-year-old Malcolm Jones of Winona was the first pediatric patient in eight years to undergo heart transplant surgery at UMMC.

"Malcolm is doing very well," said Dr. Avi Aggarwal, assistant professor of pediatrics and medical director of the pediatric heart transplant program. "He has an excellent prognosis."

Jones' surgery signals the formation of the state's only dedicated pediatric heart transplant team. Led by Dr. Bobby Heath until his untimely death in 2000, the Pediatric Heart Transplant Program had become inactive due to a gradual loss of the highly specialized team members needed to perform these complex surgeries.

The reactivation of the program has been led by the congenital heart surgery team, which began with the recruitment of Dr. Jorge Salazar, associate professor of surgery and chief of the Congenital Heart Program, in April 2010. Before that, patients needing heart surgery were transferred out of state. Since Salazar's arrival, more than 500 pediatric heart surgeries have been performed at the Medical Center—with excellent outcomes—and no patients have been sent out of the state.

Jones was seriously ill when he arrived at Batson Children's Hospital last month. He was born with tetralogy of fallot, a condition that includes four congenital defects of the heart and major blood vessels. He has had three surgeries to correct the defects, but his left ventricle was failing for unknown reasons, necessitating his placement on the transplant waiting list. Doctors said he was days away from death.

Malcolm Jones of Winona, left, talks about going home to play after his heart transplant at UMMC during a Sept. 22 press conference. Reacting to Jones' comments are, from left, his mother, Gina, and Pediatric Heart Transplant Program team members Dr. Avi Aggarwal, Dr. Daniel DiBardino, Dr. Jorge Salazar and Dr. Michelle Sheth.

Anderson

TRANSPLANT SPECIALIST TO BUILD LIVER, PEDIATRIC ABDOMINAL PROGRAMS

In August of 2011, UMMC welcomed a new specialist with plans to offer Mississippians liver transplants within a year. Dr. Chris Anderson, who specializes in adult and pediatric liver and kidney transplants, returned to the state to lead the transplant division and to start a liver transplant program. Additionally, Anderson wants to launch Mississippi's only pediatric abdominal transplant program by offering children with kidney disease transplant surgery.

"We have a lot of work ahead of us, but I'm excited about it. I like a good challenge," he said.

A summa cum laude graduate of the University of Southern Mississippi, Anderson earned the M.D. at Emory University in Atlanta. He completed residency training in general surgery at Vanderbilt University Medical Center, where he also completed a fellowship in hepatobiliary surgical research.

Anderson was a fellow in abdominal transplant surgery from 2006-08 at Washington University. He served as a staff surgeon in Missouri at Barnes Jewish Hospital, Barnes Jewish West County Hospital and Saint Louis Children's Hospital.

Anderson said it will likely take six months to a year for the liver program to begin because key staff members need to be recruited to the team. Anderson has no doubt that the program will succeed.

Dr. Marc Mitchell, chair and professor of surgery, said as many as 70 Mississippians travel out of state annually for liver transplants. With the addition of Anderson, many of these patients will be able to remain in Mississippi for their surgery and care.

MEDICAL, NURSING STUDENTS TRAIN TOGETHER

September marked the launch of interprofessional education sessions between the Schools of Medicine and Nursing, the result of a concerted effort between Dr. Jimmy Stewart, associate professor of medicine and pediatrics, and Dr. Jan Cooper, associate professor of nursing and director of the Clinical Simulation Center.

"Dr. Stewart and I believed this would be an educational opportunity that would benefit not only our students but have a positive impact on patient care and patient-care outcomes," Cooper said.

"Professional communication and effective teamwork skills require opportunities to practice and develop. We shouldn't expect professions to automatically be able to work together when they've been trained and educated as individual practitioners rather than members of interprofessional teams."

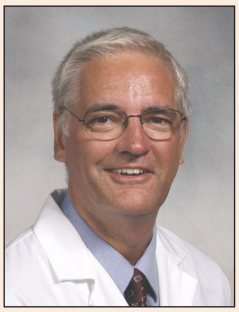
In a series that will continue throughout the semester, senior nursing students and second-year medical students will meet in a variety of simulation scenarios using the SBAR format — situation, background, assessment and recommendation. The goal is to begin building a foundation now for more productive relationships once the two groups of health-care providers are in the work force.

Senior nursing students and second-year medical students discuss a simulated patient's case with Dr. Jimmy Stewart, right, during a joint simulation training session Sept. 13 at the School of Nursing.

"This is an opportunity in a low-stress setting for medical students and nursing students to learn to communicate and work together," said Dr. Helen Turner, associate vice chancellor for academic affairs, who participated in the recent sessions. "And the ultimate beneficiary of this will be the patients."

NEW OPTION FOR FECAL INCONTINENCE

Dr. Christopher Lahr, associate professor of surgery, is the first and only colorectal surgeon in Mississippi to offer an implantable neurostimulator as a treatment option for patients who have not found relief of chronic fecal incontinence through more conservative treatment options.

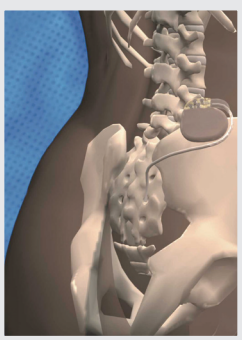


Lahr

According to a National Institutes of Health-funded study, more than 18 million Americans suffer from bowel incontinence problems. As a result, they often struggle with everyday activities such as shopping, traveling or spending time with friends and family.

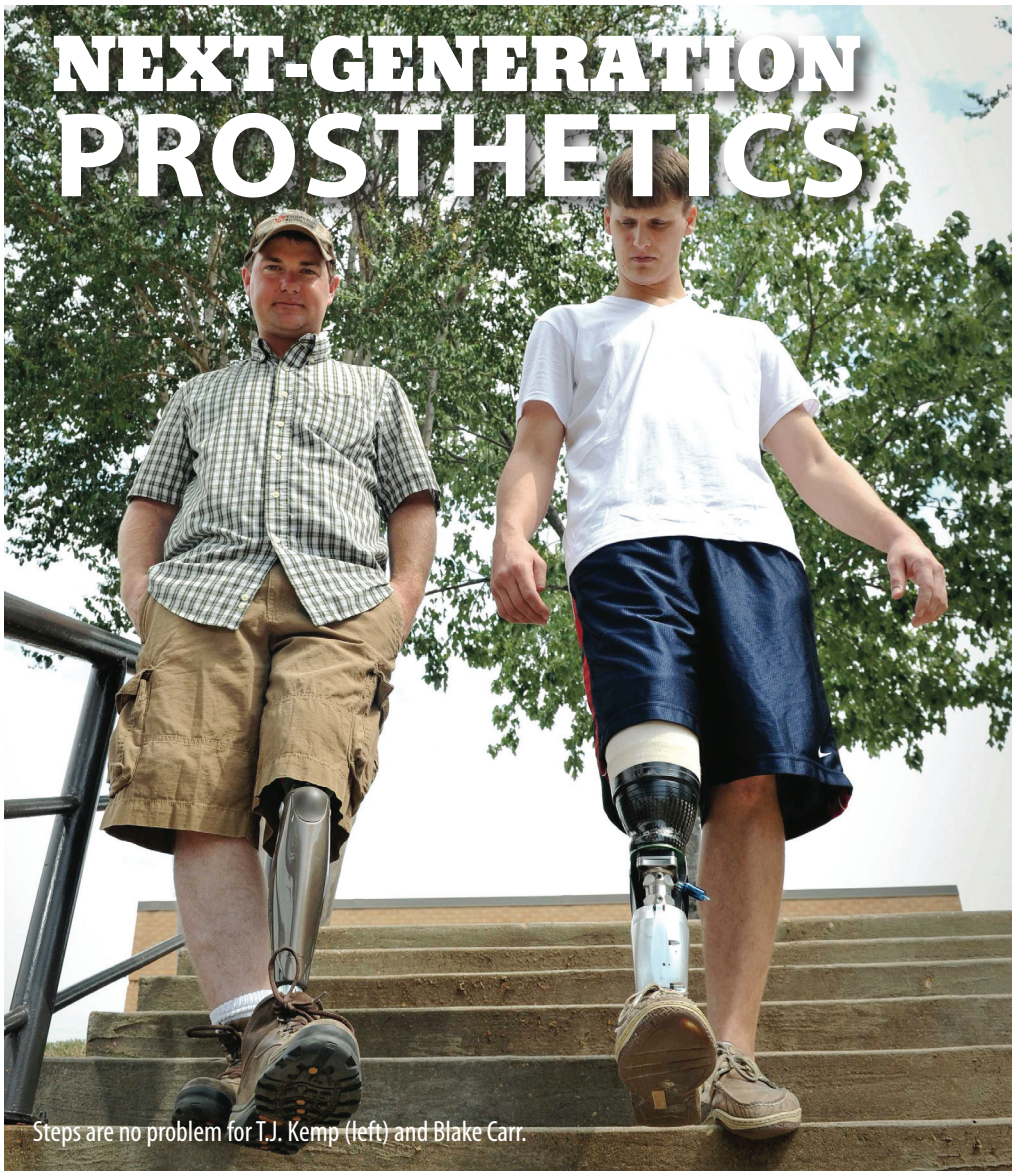
Most patients suffering from fecal incontinence are women in their 30s to 70s who experienced pelvic floor trauma during childbirth earlier in life. Because fecal incontinence has had few treatments available, many women are suffering in silence, Lahr said.

The device has been used in urinary incontinence since it was approved by the FDA in 1997, but now, University of Mississippi Health Care is offering a neurostimulator for fecal incontinence, a minimally invasive option proven to improve or restore bowel control. The therapy was approved for fecal incontinence last March.



"Bowel control problems can significantly impair a patient's quality of life, and many patients are too embarrassed or uncomfortable to talk about the problem with their physician," said Lahr.

NEXT-GENERATION PROSTHETICS



Steps are no problem for T.J. Kemp (left) and Blake Carr.

Less than a year after losing his left leg above the knee, T.J. Kemp of Hattiesburg was fitted with a cutting-edge bionic knee by the prosthetic team at UMMC's Rehabilitation Center, making him one of only a few civilians in the nation to have the advanced microprocessor-controlled knee joint. Originally designed for the military, the joint allows the wearer to not just walk naturally, but to climb stairs and step over obstacles.

The unique customizing, testing and fitting of advanced prosthetics are reasons why patients from across the region come to see certified prosthetists Rick Psonak and Richard Boleware in the Department of Orthopedic Surgery's Division of Orthotics and Prosthetics.

Part of a new generation of advanced prosthetics, the Genium Bionic Prosthetic System employs Bluetooth technology. It first came on the market in June.

Blake Carr, whose right leg was amputated below the knee after a four-wheeler accident before his senior year of high school in West Monroe, La., recently was fitted with the PowerWalk BiOM, from company iWALK. Carr is now employed as a technician in the Orthotics and Prosthetics division.

UMMC OTOLARYNGOLOGISTS USE ROBOTIC SURGERY SYSTEM TO TREAT VARIETY OF HEAD, THROAT CANCERS

Patients in the early stages of select head and neck cancers have a less-invasive option for surgery through University of Mississippi Health Care.

Two surgeons in the Department of Otolaryngology and Communicative Sciences have been certified to use transoral robotic surgery (TORS) to treat a variety of benign and select malignant tumors of the mouth, voice box, tonsil, tongue and other parts of the throat. Dr. Gina Jefferson and Dr. Kristen Otto, both assistant professors of otolaryngology, have completed the certification process through M.D. Anderson Cancer Center. They use the only FDA-approved robotic surgical system for TORS, the da Vinci Surgical System.

In many cases, surgery offers the greatest chance of survival; however, traditional surgical methods often require an almost ear-to-ear incision across the throat or splitting the jaw, resulting in speech and swallowing complications for patients.

The minimally invasive approach, which accesses the surgical site through the mouth, has been shown to improve long-term swallowing function and to reduce risk of airway obstruction while speeding up the recovery time.

"It improves access to the tumor and the ability to reconstruct the defect," Jefferson said. "We can eliminate the need for a tracheotomy, and patients can usually start an oral diet shortly after surgery."

Also, this minimally invasive approach to certain head and neck tumors has shortened hospitalizations from 7-10 days to 3-4 days.

William Cole, a 61-year-old retiree, was able to talk about his experience just days after Jefferson removed cancerous tissue from his throat using robotic surgery.

Cole said he had surgery Dec. 27 and was able to go home by New Year's Eve.

Jefferson said the interest in less-invasive surgical options for patients grew out of a 1990 larynx study in the VA hospitals.

"They looked at maintaining the function of the organ with advanced disease and how to keep it intact while eliminating the cancer with induction chemotherapy and radiation," she said. "In some cases, however, there was still a need to completely remove the voice box and create a permanent hole, or stoma, in the neck."

In 2009, the FDA approved the minimally invasive surgical approach developed by head and neck surgeons at the University of Pennsylvania School of Medicine. Jefferson said the procedure isn't recommended in all early stage cancers because each patient's anatomy is unique.

Head and neck tumor treatments often involve a combination of surgery, radiation therapy and chemotherapy. The robotic surgery could potentially eliminate or reduce radiation and chemotherapy, Jefferson said.

She also said the advantage of robotic surgery is that it provides a three-dimensional view of the surgical area, which allows for more precise dissection and 540-degree movement.

growing menu of TELEHEALTH SERVICES reaching across the state

By Matt Westerfield

When it comes to treating a patient who is suffering from a possible stroke, not only is time of the essence but, more importantly, "time is brain."

"The longer you wait, the less likely you are going to help the patient, and the more brain cells are dying," said Dr. Shirley Chen, assistant professor of neurology.

"Our stroke neurologists are available, and we've put equipment into their offices and major workspaces so that they can have easy access."

~ Kristi Henderson

That can pose a daunting problem in a state like Mississippi, where most subspecialists like Chen are located in the Jackson area while Mississippi's residents, who lead the nation in health disparities, are spread out across a rural state.

The challenge of assessing and diagnosing potential stroke patients where they live before making the time-consuming decision to transport them to the University of Mississippi Medical Center is one neurologists share with many other specialties. And answering that challenge is exactly what the Medical Center's expanding telehealth services are designed to do. The growing number of services available under the umbrella of Telehealth all aim to leverage resources and extend the expertise of UMMC health-care providers statewide.

"TeleStroke started as a spinoff of the TelEmergency program to provide that additional specialist, but we're now also seeing hospitals that use us to extend the availability of a stroke neurologist at their facility to 24 hours a day," said Kristi Henderson director of Telehealth and chief advanced practice officer. "Our stroke neurologists are available, and we've put equipment into their offices and major workspaces so that they can have easy access. When they get a consult — it may be to our own ER or it may be to a facility 200 miles away — they can still provide a higher level of care and advice for patients in underserved areas."

Chen came to UMMC last fall after completing a fellowship in San Franciso. She joins Dr. Rebecca Sugg, professor of neurology, in championing the benefits of TeleStroke.

"We had a very active telestroke program where I trained as a fellow, and it was how we built bridges to the community and to far-reaching communities that otherwise we would really not be in touch with," said Chen. "So we took full advantage of technology to provide care for patients that really don't have good neurology and especially stroke care

George Hemphill, foreground, ER nurse, communicates via eICU while ER tech Mark Collins and nurses Melissa Stevens, left, and Michelle Moore provide care.

where they are. So I was interested in what they were doing here."

Chen said she provides an average of two consults a day to other hospitals when she's on call.

"If UMMC is going to serve the state, I think stroke care and outreach via TeleStroke really has to happen. It's the way to go," she said.

But TeleStroke is just one tool in a rapidly growing toolbox. Henderson became director of Telehealth last summer and since then has worked to not only expand the number of telehealth services offered at the Medical Center but also to expand their reach to more rural hospitals and clinical sites across the state.

It all originated with one pilot project, TelEmergency, in Oct 2003. In TelEmergency, board-certified emergency medicine physicians in the UMMC emergency department are connected through a video network with nurse practitioners in rural hospitals that cannot afford to staff their emergency departments with emergency medicine doctors.

Dr. Kristi Henderson holds the "oven mitt" that allows remote EKG readings. When a patient holds the mitt to his chest, the leads are positioned in the same way an EKG technician would apply them. TelePsychiatry uses the mitt before prescribing psychiatry medication which may affect the heart. A preliminary EKG will tell the physician which patients are not candidates for specific medications.

Initiated by Henderson and Dr. Robert Galli, professor of emergency medicine, TelEmergency opened the door for the next batch of disciplines — radiology, neurology and psychiatry — to provide care electronically to sites remote from the Medical Center.

In December of 2009, UMMC launched Intensiview, a Phillips VISICU eICU program, a system that allows critical care physicians and nurses to monitor ICU patients around the clock remotely from an operations center in north Jackson.

The U.S. Department of Agriculture recently awarded the Delta Health Alliance a $699,142 grant to finance a network that will provide a secure interlinked eICU system between UMMC and four hospitals in rural counties of the Mississippi Delta. The hospitals receiving the link include those in Marks, Rolling Fork, Ruleville and Charleston.

In January, the eICU program became part of Telehealth, and shortly after the Holmes County Hospital and Clinics in Lexington implemented the eICU network.

Late last summer, Henderson began reaching out to every specialty that could benefit from telehealth or who already participated in some form of telehealth.

"Some didn't even know they were doing telehealth; they were reading EKGs and in their mind that was not telehealth. So I brought everybody together, including legal and compliance, and provided an an update on what telehealth is, what the future of telehealth is, and what other states had done and what we could bring to the table. And to really look at it from a different perspective. How it could improve their efficiency, improve the health of their own patients."

Making telehealth services available, from interpreting diagnostic tests to providing wound-care evaluations, improves efficiency and prevents unnecessary transfers, Henderson said.

"So as we try to focus on really being the best tertiary care hospital, we want to make sure we get the right patients to the right place at the right time — and that may be providing the medical consultant to other health facilities in other communities via telehealth," she said.

Currently, Henderson and her Telehealth committee are working to standardize a menu of telehealth services that they make available

to any interested clinical site around the state that has a need for a specialty. The idea is that those health-care providers can pick which service they're interested in — TeleAllergy, TeleCardiology, TeleWoundCare — that will then be customized to suit their needs.

Henderson said she wants to reach the point where prospective patients can call the access center for an appointment and have the option of making that appointment at Grant's Ferry, the Pavilion or another of UMMC's Telehealth locations.

"That will be ultimately where we can provide better access for patients and make it as convenient as possible," she said. "Our physicians who could see you here could also see you in your own hometown, and you not have to take off longer from work, get child care, all of the things that result in people missing their appointments and missing the care they need.

"We want to make this more sustainable," she added. "Before it was piecemealed together, and now we can actually come in with a full package and our partners can have access to all of it. By coordinating all of our telehealth services, we are better able to serve the health-care needs of our state."

Henderson said everyone she's spoken with so far has been very supportive of the idea, and expanding reimbursement for telehealth is the next challenge. During the last six months she said a subcommittee has been working on reimbursement relationships and networking with Medicaid and Blue Cross to develop contract agreements.

"It is a part of our education mission as well. Residents are involved in telehealth and learning a whole new way of health-care delivery," she said.

In the long run, Henderson envisions that the hub for Telehealth will be centralized to allow for scheduling of telehealth consults as well as distance medical education.

Dr. Robert Galli monitors the TelEmergency System in the Adult Emergency Department.

Physicians involved with Telehealth need to be able to continue their day-to-day operations, Henderson said.

"I want to make it easy and convenient for them. That's why we're working to install webcams in their offices, in their conference rooms or wherever they work the most so that they can do this as just a part of their day."

Dr. Claude Brunson, senior advisor to the vice chancellor for external affairs, said there are also plans to equip the Mercy Delta Express mobile clinic with telehealth technology so that the nurse-led project has physician support. And TelEducation is another application they are looking into.

"We can have continuing education offerings here for busy providers around the state in real time," he said.

"Without telehealth and without using the full spectrum of resources at our disposal, we will not be able to make an impact on the health disparities in this state in the near term," Brunson said.

Henderson agreed.

"We're committed to improving health care across the whole state and getting people access to health care," she said. "This is how we see it happening."

FRIDAY NIGHT HEALTH CARE

By Matt Westerfield

East Rankin Academy hosts the Copiah County Colonels on Oct. 27 in Pelahatchie.

From August through November, Friday nights in Mississippi are all about football. Encompassing far more than just the young athletes on the gridiron, high school football is part of the state's cultural fabric, interweaving related traditions of cheerleaders, marching bands, booster clubs and homecoming kings and queens. But in addition to engaging football players and fans in a healthy spirit of competition, the game itself takes a physical toll on those teenagers who take the field.

Injuries are as much a part of the game as pads, athletic tape and Gatorade. Keeping young athletes healthy is a job many family physicians in small towns around the state consider a civic duty and a chance to be more involved with their community. Whether it's delivering on-field treatment when injuries occur, or simply providing backup for a team's athletic trainer, these doctors have made the commitment to take their skills beyond the clinic.

"Every time I go to a large town, I swear I won't drive back through," said Dr. Wade Dowell, a native of Moorehead whose small-town roots run deep. A family physician with Indianola Family Medical Group, Dowell has been volunteering his services to the Indianola Academy football team since 1985.

The Indianola Academy Colonels ended their season with a 36-32 loss to Carroll Academy on Oct. 28, cancelling out their playoff hopes. They finished the season with a 4-6 record.

"We blew a coverage with 34 seconds left in the game," Dowell said. "We'd probably have lost in the first round anyway."

This season, he said, the football team was short on seniors and on size.

"It's one of the smallest teams I've seen in 20 years," he said. "But our school is shrinking. There were 105 students in my class when I graduated; now there are about 40 seniors. So we have a numbers problem."

In fact, as is common with smaller schools, the Colonels often pull double duty, playing offense and defense. Still, Dowell says they were fortunate to get through the season with few serious injuries.

"We had one concussion, two burners and a couple of shoulder injuries."

A "burner," he explained, is what's commonly known as a cervical strain. When a player makes a tackle or takes a hit that stretches his neck, the cervical nerve cords can get strained or sprained.

"It's temporary. Usually they recover in a day or two and can play next week," he said.

Dowell grew up in Moorhead, only about seven miles away, and graduated from Indianola Academy in 1974. He played offensive lineman and defensive end in high school as well as at Ole Miss, where he earned his undergrad.

As a first-grader, Dowell was in a car accident that put him in the hospital for a couple of weeks. The experience remained with him throughout his football career and ultimately inspired him to go to medical school. He graduated from the University of Mississippi School of Medicine in 1982, where he also completed residency training in family medicine. But he couldn't stay away from Indianola long.

"I just wanted to live in a small town," he said. "I liked the variety of problems you face in primary care."

It wasn't long after joining the group practice in Indianola that he took over assisting the football team from a senior partner who'd been volunteering for years. Since then, every season Dowell attends most games and some of the practices. He helps treat and tape injuries on the sidelines and at halftime, and if any players suffer serious injuries, he'll meet them at the hospital after the game.

Dr. Brent Smith and athletic trainer Kellie Abendschoen examine Leake Central High School quarterback B.J. Crockett during halftime in a game against Kosciusko in October.

"A lot of small schools don't have the luxury of a team physician, and I'd say half the injuries I've treated have been on the opposing team," Dowell said. "There's kind of a network of family doctors who work with teams so we help each other out."

Unlike some larger schools, Indianola does not have an athletic trainer at its disposal, although an athletic trainer from a nearby community college sometimes helps out. Then there's his nurse, Angela Massey.

"My nurse went to a summer training camp at Ole Miss and learned how to tape ankles and that sort of thing, so she helps out, too."

Dowell hasn't just been a sideline physician for 20 years; he's held the playbook, too.

"I was a Pee Wee coach for six or seven years, beginning when my twin sons Britt and Matt were in the 5th grade. And we did well," he said proudly. "I think we only lost three or four games in six years. It was pretty nifty to follow those kids throughout their high school careers."

Dowell said he helped launch an independent booster club in 1987 and has served as its president, helping raise funds to improve the program. Since then, they have provided for a new field house, replaced the locker rooms, added a weight room and replaced the lights on the football field.

"We spent up to $600,000 above and beyond what the school had in expenditures," he said.

Family practice is becoming something of a family tradition for the Dowells. His youngest son, Chad, and Chad's wife Kelsea are enrolled in the Doctor of Osteopathic Medicine

program at William Carey University in Hattiesburg, and both have signed contracts to come back to practice at the Indianola clinic.

"It's just rewarding for any family practice physician in a small town to be involved with student athletics," he said. "I have delivered some of these kids and treated them all their lives."

Dowell

ON-THE-FIELD TRAINING

Dr. Brent Smith is a little too young to have seen infants he's treated grow big enough to strap on shoulder pads. But, like Dowell, he's carried his gridiron memories into the health-care profession. Smith is in his third year of residency training in family medicine at UMMC and volunteers as a team physician for high school sports teams.

After playing offensive lineman at Cleveland High School in the Mississippi Delta, where he was All-State his senior year, Smith decided to hang up his cleats after sitting out his first fall season at Ouachita Baptist University in Arkansas with a back injury. He worked for the team as a student assistant throughout college to help pay for school.

"The chances of making it through four years of high school football and four years of college football without having to have surgery for something are pretty slim," he said while standing on the sidelines of a game at Leake Central High School. "There's a huge difference between high school and college football."

It's the middle of October, and Smith is waiting for the game to kick off on a cool night in Carthage, Miss. Unlike Dowell, Smith isn't attached to a particular team. He's assigned a game to cover each Friday by University Sports Medicine.

This week, it's the Leake Central Gators in their matchup with the Kosciusko Whippets.

The Gators also have an athletic trainer. Kellie Abendschoen, also with University Sports Medicine, has spent all season with the team. For that reason, Smith explains he's primarily there for back up.

"We really try to keep them from hurting themselves any worse or developing permanent injury," he said.

This season, the Gators have had three elbow dislocations and some knee injuries.

"When I was growing up, if I had an injury I had to drive two hours just to get it seen. It's a big thing to have someone here just to be able to get an evaluation," Smith said.

Although it's a small, rural school, the Leake Central Gators take the field with the energy level of a championship matchup. The game is light on injuries. At halftime, a Kosy Whippet receiver tries to run a pass in for a touchdown but gets tackled just before reaching the end zone. He's slow getting up and limps to the sideline. Although the player is receiving treatment from the Whippets' team physician, Smith walks around the field to check on him. The game resumes, and Smith returns a few minutes later. He says the player's OK, he just "popped a hamstring."

At halftime, he and Kellie examine an ankle sprain — one of the most common injuries they see — and a young lineman complaining of a pain in his lower back. Fearing that it could

> "When I was growing up, if I had an injury I had to drive two hours just to get it seen. It's a big thing to have someone here just to be able to get an evaluation."
>
> *-Dr. Brent Smith*

be a disc problem, they recommend to the player's father he sit out the rest of the game.

Smith, who was elected to a one-year term of the board of directors of the National Congress of Family Medicine Residents in September, will begin a Primary Care Sports Medicine Fellowship next year. Eventually, he says he'd like to practice in his hometown and work with his high school's team.

"That's real community medicine because those doctors are volunteering their time. And it's a big time commitment," he said. "These doctors are a big part of the community and a big part of keeping their kids healthy."

In the end, the Gators won a close game, edging out the Whippets, 39-32.

Opinions among the state's family practitioners are mixed as to whether the game is significantly safer than it used to be.

"There were probably more leg injuries back in the '60s and '70s because of the blocking rules," said Dowell. "All blocks have been outlawed below the waist. It's a safer game now."

In fact, 35 years ago, players were commonly trained to tackle and block by spearing their helmets into their opponents' numbers. According to the National Center for Catastrophic Sport Injury Research, that type of helmet-to-numbers tackling and blocking unnecessarily put players at risk for head and neck injuries. In 1968, for instance, such maneuvers were the direct cause of 36 fatalities and 30 permanent paralysis injuries among high school and college football players, they showed.

> "That's real community medicine because those doctors are volunteering their time. And it's a big time commitment."
>
> *~ Dr. Brent Smith*

Since 1976, helmet-to-numbers hitting has been prohibited, and now fatalities directly related to head and neck injuries are very rare. Instead, Smith says, fatalities in high school football are usually related to an undiagnosed heart problem, such as arrhythmia.

In early September, a junior at D'Iberville High School collapsed during a game and soon after was pronounced dead at a local hospital. The Jackson County coroner attributed the death to an acute cardiac event. The season saw at least eight high school football deaths nationwide.

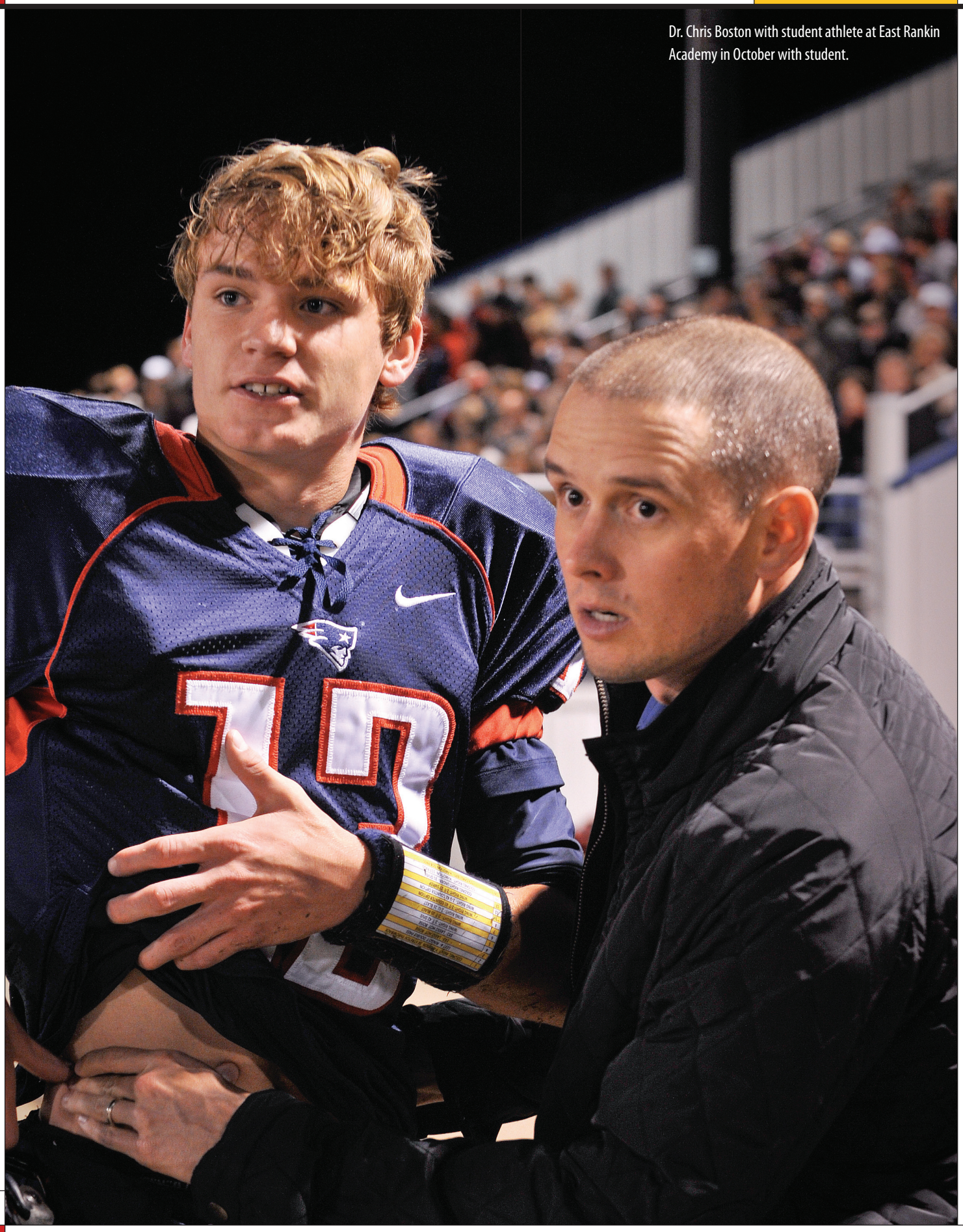
Although the D'Iberville player collapsed after taking a hit on a block, there was no apparent injury that led to his death. Still, closely watching every play can make a huge difference when injuries do occur, said Dr. Chris Boston, assistant professor in the Department of Family Medicine and Orthopedic Surgery.

"That's why it's important to keep your eyes on the game because if you can see it happen, you can learn a lot about the mechanism of the injury," he said. "If you don't see it happen, all you have to go on is what the player tells you."

Boston kept his eyes glued to every play from the sidelines of a matchup between the East Rankin Academy Patriots and the Copiah County Colonels in late October. The Patriot players were noticeably calmer than the high-intensity Gators of Leake Central earlier in the month.

When asked if the size of the players and intensity level of the game had any correlation to injuries, Boston considered carefully while watching another play.

"Not necessarily," he said. "There hasn't been a big difference between the schools I've covered and injury risks. Except that bigger schools have more players, so there are more players at risk."



Dr. Chris Boston with student athlete at East Rankin Academy in October with student.

> I always just wanted to help people and use my mind for what God gave it to me for. Putting sports into it is just putting two loves together."
>
> *-Dr. Chris Boston*

Boston, who grew up in Bay St. Louis, graduated from UMMC in 2003, where he also completed a family medicine residency in 2006. He followed that up with a year-long sports medicine fellowship at the University of Kentucky and was a team physician for the university.

"I've got three SEC schools under my belt," Boston said jokingly (he got his undergrad at Louisiana State University). "I need to take night school at MSU or something."

Wood

Like Smith, Boston is assigned to a different team each Friday night. The East Rankin Academy game in Pelahatchie is free of major injuries, although at one point, Patriots quarterback Jacob Weldon jogged to the sideline in pain.

After checking him out, Boston said the QB would be all right.

"He thought he strained a muscle. He took a hit in the side."

A lifelong sports fanatic, Boston was drawn to family medicine because it gets you out in the community and gives you a chance to really get to know people.

"I always just wanted to help people and use my mind for what God gave it to me for. Putting sports into it is just putting two loves together," he said. "I figured it'd be a job where I could enjoy what I'm doing."

This season, Boston says he's treated knee injuries, ankle sprains, elbow hyperextensions and two concussions.

"The most common time for injuries is the punt return because you've got players running at each other at full speed," he said.

In recent years, the risks and long-term impact of concussions has been commanding more scrutiny. A study released last year by the American Association of Neurological Surgeons showed that high school athletes are four times more likely to suffer a concussion today than they were ten years ago.

Smith says the most likely reason behind that spike is that health-care experts are more aware of the symptoms and consequences and are simply looking harder.

The potential for repeat concussions is especially alarming because of "second-impact syndrome," which is when a second concussion occurs shortly after an initial injury causing severe neurological damage.

"Each concussion makes the athlete more prone to the next, but each leaves some residual damage that doesn't heal," said Smith.

Educating athletes, coaches and parents on signs and symptoms is essential to curbing these types of injuries, Smith said. And the medical and athletic communities should lead a push for legislation to set guidelines on when a student can return to play.

"This has happened throughout the country over the last few years, and needs to happen in Mississippi soon," he said.

GROWING PAINS

Dr. Eugene Wood remembers playing football at Moss Point High School more than five decades ago. By today's standards, he says he wouldn't be big enough to be the waterboy.

He also recalls that the team's physician, Dr. James Thompson, was the same family doctor who removed his appendix.

"He was a role model for me and one of the

reasons I decided to go into medicine," said Wood, now semi-retired at 76-years-old.

Wood graduated from the Medical Center in 1959, a member of the School of Medicine's first four-year class. After a general residency, he was practicing in southwest Jackson when Wingfield High School opened in 1966. He took on the role of team doctor for the new school.

"It was all cold turkey to us; there was no special training," he said. "We just went out and took care of them."

The school's young team — sophomores for the most part — got off to a tragic start. Playing Gulfport East High School in only the second game of the season, Wood said a Wingfield sophomore named David Mills suffered a broken neck and died two weeks later. A week after that game, a young player for Gulfport East also suffered a cervical fracture and died the next day.

Wood says youth itself can make it more dangerous.

"With these young kids, their muscles aren't very developed or hardened yet. A lot of their bones haven't fused yet, so these tackles are dangerous," he said. "It was a sad, sad thing."

However, he believes things have improved to some extent.

"I think there's more concern for safety now — better headgear and better equipment," he said. "But it's still a very dangerous game."

That's something Wood knows all too well. His son, Dr. Eugene (Greg) Wood III (Class of 1982), played high school football at Jackson Prep and suffered a broken neck during a game while playing QB for Baylor University in 1977. By sheer luck, the younger Wood's spinal cord was not harmed, and he avoided paralysis. The younger Wood is now a spinal surgeon in the Jackson-metro area.

Even if deadly spinal cord injuries are much less common these days, the late summer heat will always be of great concern.

Since 1995, 35 high school football players have died from heat stroke nationwide, according to the National Center for Catastrophic Sport Injury Research, including four in 2010. That's not counting the cases of heat exhaustion where the players recovered.

Wood said he began volunteering his time at Wingfield in an era when coaches resisted giving their players fluids during practice. Now, there are careful guidelines regarding hydration and rest.

In the early '70s, Wood says he read about a powdered drink that researchers at the University of Florida were testing with the Florida Gators football team. Before the sports drink was ever bottled, Wood ordered the powder from out of state for his team and, "by all accounts, we were the first team in Jackson, if not all of Mississippi to drink Gatorade," he said.

Wood said that despite the tragic note that started off the season of 1966, he has maintained a lifelong friendship with the father of David Mills, the Wingfield teenager who died from his football injury.

"It was a very enjoyable time in my life, taking care of those kids," Wood said. "I'm still in touch with some of them, and some I still treat." M

Dr. Kelly Segars retired from medical practice in 2003 but still serves as president of the First American National Bank of Iuka. The bank, which opened in 1964, now has nine offices in four northeast Mississippi counties.

Solid CITIZEN

Dr. Kelly Segars has built a wonderful life

By Matt Westerfield and Ashley Cockerham
Photos by Sue Elam

Dr. Kelly Segars still remembers the first time he set eyes on a pair of skin-tight blue jeans. It was 1955, he was living in Nashville and the blue jeans belonged to country singer Audrey Williams, first wife of Hank Williams.

"I was working at a drug store out in the suburbs and Hank Williams' wife, Miss Audrey, came in one day," Segars recalled. "Back then all the drug stores had a soda fountain. It was Saturday morning and all the chairs were full, guys drinking coffee and so forth. And Miss Audrey came in the front door and walked the length of the drugstore. And as she passed you could hear each one of those chairs creak …"

By that point in his life as a young man in his mid-20s, Segars had already earned a degree in pharmacy, been to war, learned to fly and become a father. He had followed his wife, Martha, to Nashville, where she was completing a dietitian internship at Vanderbilt University. But after his six-month stay in the Music City, as well as stints in Virginia, Hawaii, Korea and the University of Mississippi Medical Center, Segars' wanderlust came to an abrupt end when the Alabama-native settled in the small town of Iuka, Miss. Something about the Tishomingo County town in the northeast corner of the state felt right to the new physician. With Martha and their soon-to-be three children, he began building a legacy of health care and economic development that will last for generations.

Segars was born an only child in the small town of Red Bay, Ala. Having no siblings, he felt a responsibility for looking after his parents once he came of age. But after graduating from medical school in 1959, he found job prospects in Red Bay slim to none.

"I had an aunt who was teaching school here (in Iuka). I had a friend from medical school who was practicing here, and I was close enough to Red Bay," he said.

In 1960, the town had a small 20-bed hospital. Segars and two other physicians, Drs. Lewis George and Bobby King, joined together to start a new family practice, aiming to close the gap in Iuka's health-care needs. And to hear Segars tell it, they saw it all.

"We did everything. We even did surgery; we had a surgeon from Corinth who came over here and would scrub in, and we'd help him in surgery," he

said. "We treated fractures and even delivered babies."

Meanwhile, the Iuka hospital gained a talented young hospital administrator named Bob Lambert, with whom Segars forged a collaborative partnership to the benefit of each practice.

In 1976, Segars attended an American Medical Association convention in San Francisco to share training he'd received in advanced CPR. While there, he was wowed by the latest in mammography X-ray technology.

"All I could think was, my God, this is going to save millions of lives," said Segars. "I told (Lambert) what I'd seen and asked him if he'd buy one for the Iuka hospital. Lambert said, 'I will if you'll use it.'"

Segars promised to make it routine for any woman 40-years-old or older who visited his clinic to get a mammogram.

When the machine was installed, Segars said it was the only one located in a hospital in the state, apart from one at UMMC. "But this was the first one in a hospital outside of Jackson."

> "ALL I COULD THINK WAS, *my God*, THIS IS GOING TO SAVE MILLIONS OF LIVES."
> ~Kelly Segars

Sadly, Lambert died soon after from viral encephalitis. With the loss of a key partner at the Iuka Hospital, Segars added a mammogram machine to his own clinic, which he credits with saving his wife's life.

"She is five years post-op from breast cancer," he said. "We found it with our mammogram machine. So you never know how things are going to turn out."

FROM PHARMACIST TO *Physician*

Segars and Martha were high school sweethearts at Red Bay high school in the late 1940s. As a teenager, Segars developed an early interest in science, which led him to Auburn University after graduating as class valedictorian. He studied pharmacy and got a job in the dining hall.

Motivated by his father's work ethic, Segars also joined the Army ROTC program, which paid 90 cents a day. "And I was also cleaning out the rabbit and rat cages at the pharmacy school, so I was making almost three dollars a day my senior year, which in 1952 wasn't bad money really."

He graduated in 1952 and married Martha the same year. But he still had a two-year commitment to serve with the Army, and the U.S. was two years into the Korean War. He spent nine months in Korea and was commissioned as a second lieutenant in the field artillery. Faced with a shortage of physicians, Segars said his major informed him that he was to be slotted as a doctor at a battle aid station near the Demilitarized Zone.

"A battle aid station is the first place a soldier goes to if he's wounded or sick, and it just scared me to death," said Segars. "I said, 'But sir, I'm a pharmacist, not a doctor.' He said, 'I need somebody up there who knows the difference between an Alka-Seltzer and an aspirin. If I tell you you're a doctor, you're a doctor.'"

Luckily, Segars found the aid station was stocked with "old-line medics" who had been in the Army for more than a decade and who provided much of the treatment.

"All I had to do was sign the papers," he said, but added he learned a lot from the Army surgeons with whom he served. By the time the war ended in mid-1953, he'd had enough of signing papers and decided he was going to enroll in medical school.

The Segars family are (front row, from left) Dr. Scott Segars and his wife Diane, Leigh Ann Segars, James with his mother and father, Lynn and Mark Segars. Back row: Martha and Dr. Kelly Segars, Tyler Segars, Thompson Segars, Annie Segars and Jake Segars. Tyler, Thompson and Jake are the sons of Scott and Diane Segars, and Annie is the daughter of Lynn and Mark Segars.

After Korea, Segars was transferred to Hawaii for nine months before moving to Nashville so his wife could complete her residency. Then he set his sights on the fledgling School of Medicine at UMMC, which opened in 1955.

Segars began medical school a year after and was in the first four-year class to start and finish in Jackson.

"I had to study a lot because back then they took 100 students in the first year, and at the end of the first year they dropped the 20 students with the lowest grades," Segars said. "I had been out of college over three years then, so I had to study hard to catch up with the other guys and keep from being dropped."

He graduated in 1959 and went to Norfolk, Va., for a one-year internship with the U.S. Public Health Service. After bouncing around the country for the better part of a decade, Segars moved one more time before finding his home.

FROM PHYSICIAN TO *Banker*

By the time the Segars family moved to Iuka, they had two sons, Kelly (Scott) Segars II and Mark. A daughter, Leigh Ann, would soon follow. And it wasn't long before their father was ready to try his hand at a second career.

Iuka had only one bank in 1964, and the nearby town of Belmont also had one, Segars said.

"These two banks had what we called interlocking directorates," he said. "If you were denied for a loan at the bank in Iuka, than you were automatically denied for a loan in Belmont as well. However, that was later outlawed."

Furthermore, Segars said, a bank has to have at least 50 percent of its deposits loaned out in order to better serve the community. Sensing an opportunity to meet that need, he applied for a state bank charter but was denied. Then he applied for a national bank charter.

"When John Kennedy was elected President, he wanted to re-energize the economy by starting a bunch of banks," Segars said. "I called the man he had appointed as the comptroller of currency and told him that I wanted to start a bank in Iuka, so he sent me an application form and I filled them out."

He was granted the charter and in 1964 opened the First American National Bank of Iuka, which he says was the first national bank to open in Mississippi since the Depression.

First American National Bank of Iuka now has nine offices in four northeast Mississippi counties. But he's just as proud of the jobs his business has created.

"We have 84 employees now, 50 of those employees being in this county alone."

Other ventures would soon follow. Segars would buy radio stations, a newspaper and real estate. He negotiated to purchase 43 acres of land near

a railroad in Tishomingo County for $1.00 to establish the county's first industrial park. By 2009, the park was home to four industries and more than 200 jobs.

In 1964, the same year his bank opened, Segars worked with the chairman of the Mississippi Airport Commission to establish the Iuka Airport. The airfield has a 4,000-foot runway now, and there are plans to expand to a mile-long runway. The airfield dovetails with Segars' love of flying. In fact, he houses his own planes at the airport.

"I have flown just about every kind of single and twin engine airplane at one time or another," he said. "I took my kids and flew them around the Statue of Liberty at eye level in 1967. You would get shot down if you did that now."

As if he weren't busy enough in Iuka, Segars stays connected to UMMC. He was the second chairman of the Guardian Society, which was created in 1975 and has raised millions of dollars for the Medical Center over the years. He also recently established the Segars Family Education Loan Fund. Established with a $25,000 donation, the endowment provides loans to students and doesn't require payment until six months after a student graduates.

Segars, who borrowed money to go to pharmacy school, says he's not a great proponent of scholarships but wanted to help future students pay for school.

Dr. Kelly Segars poses with nurse Sandy Davis, the first baby he delivered in 1960 after he began practicing in the family clinic that he opened in Iuka. Davis now works in the clinic.

"Scholarships serve a purpose, but I think if you really want to go to school and you don't have the money, you should borrow the money because it teaches responsibility," he said.

The Segars live on a little farm just outside of town, where he and his children raised cattle while growing up because he wanted them to know what hard work was.

"I learned a lot about farming," Mark Segars admitted. "We learned to cut hay, rake hay, plant cotton, raise cattle and even pigs."

Both Mark Segars and his sister Leigh Ann studied law instead of medicine. Leigh Ann is an attorney in Florida. After 18 years in private practice, Mark is now the in-house counsel at his father's bank.

"It's a family enterprise, and I wanted to be involved with it," he said. "I never felt like I was cut out for medicine."

Kelly Segars' firstborn, Scott, followed him into the medical profession. In

Dr. Kelly Segars visits the Iuka Airport, which he helped to establish in 1964. His involvement with the airport complements his lifelong love of flying.

1982, Segars left the group practice he'd been with for 18 years and opened the Segars Clinic, the same year Scott Segars graduated from the Medical Center. Scott did a year of residency training in Memphis, then two years in Salt Lake City before joining the Segars Clinic in 1985.

"I saw it as a good way to help people, especially in a small town," Scott said. "Small-town doctors are becoming scarce."

He said working with his father made for an easy transition into the working world. Since Kelly Segars retired in 2003, Scott has had to shoulder more responsibility.

"I'm not the businessman he is, so that was a little challenging. But we have an office manager who's been here a long time and is very knowledgeable."

He says the main lesson he learned from his father is to always treat patients like they're family.

Kelly Segars credits much of the family's success to his wife, Martha, who worked 26 years as a part-time dietitian and studied architecture in her spare time.

"My wife was very talented and she designed and helped build the house. She also designed the current bank building."

Although retired from medicine, Segars still serves as president of his bank. It's enough to keep him involved but affords him more time to spend with his wife.

The pair keeps young by traveling; Segars says they have visited every state in the U.S., plus Mexico and Canada. Even at his age, Segars still doesn't slow down for much.

"I retired from practice when I was 73, and I'm now 81," he said. "I worked about 80 hours a week, trying to run both the clinic and the bank. My wife said, 'Do you realize you have been working 80 hours a week for 35 years?' I said, 'Well, things needed to be done.'"

"I SAW IT AS A GOOD WAY TO *help* PEOPLE, ESPECIALLY IN A *small* TOWN."

~Scott Segars

UMMC STUDY:

Resident duty-hour restrictions curb surgical experience

By Jack Mazurak

Restrictions on the number of hours medical residents can work have left surgery trainees participating in fewer procedures and getting less experience in key roles, according to a study at the University of Mississippi Medical Center.

While the study's findings are new, they point to issues teaching hospitals nationwide continue grappling with eight years into the duty-hour policy change.

The Accreditation Council for Graduate Medical Education, which sets standards for residency programs in the U.S., instituted duty-hour restrictions in 2003, limiting residents to 80 hours a week. The ACGME intended to improve training overall, reduce fatigue and decrease medical errors.

In response, teaching hospitals across the U.S. have reworked curriculums, shuffled schedules, upped their numbers of residency slots and added staff. All the while, they've had to provide quality care and positive outcomes for patients, stay within budget and produce well-educated doctors.

But fewer hours can mean less training. And the study adds another voice to a chorus questioning whether the quality of education has eroded.

"Since 2003, there's been a lot of discussion on duty-hour restriction," said Dr. Emile Picarella, first author on the study. "I think the focus should be, 'Are we training people well enough to operate on patients without supervision?' So it was our idea to take a peek at the numbers."

According to the study, the total number of procedures performed annually per resident dropped by one third throughout seven years – from more than 1,627 procedures in 2002 to 1,107 in 2008.

"I think residents are still learning how to do procedures, but they aren't getting as much experience in pre- and post-

From left, fourth-year medical student Meagan Mahoney, chief Surgery Resident Dr. Laura Vick, Dr. Thomas Helling, professor of surgery and division chief of general surgery, and third-year surgery resident Dr. Will Cauthen perform a recent procedure. Dr. Vick has since joined the faculty.

operative care," Picarella said. "I'm sure that the attending physicians know whether or not a resident is able to do the surgery, but the question is whether the resident knows they're capable to do it alone."

Picarella, a general surgery trainee at UMMC when he launched the study, completed residency in 2011 and is in the second year of a three-year plastic surgery fellowship at the Medical Center. The Journal of Surgical Education published the study in its March-April (2011) issue.

Adjusting to the restrictions is no easy task, both within the department and institution-wide. In the complex webs that are teaching hospitals, pulling one strand moves a nexus of others.

"Duty-hour restrictions are a huge concern for those of us training surgeons," said Dr. Marc Mitchell, chair of the Department of Surgery and co-author of the study. "We're probably impacted more than other departments since surgery residents have always worked the most hours."

Most professional associations believe surgery has reached the point of having to increase the length of the residency if work hours are decreased any more, he said.

On the patient-care side, some hospitals have hired staff, usually nurse practitioners, physicians' assistants and hospitalists, to cover tasks residents once did. But that costs money and stresses budgets.

> *"We're probably impacted more than other departments since surgery residents have always worked the most hours."*
>
> *~ Dr. Marc Mitchell*

The Department of Surgery has added residency slots – now up to about 60 – both to accommodate duty-hour restrictions and the expansions in medical school class sizes.

"We've increased the number of preliminary spots and recently lengthened the internship for plastic surgery from two to three years," Mitchell said.

But you've got to have the patient volume to support the costs of new staff and residency slots, he said. Dr. Shirley Schlessinger, associate dean for graduate medical education and chair of the Department of Medicine, said the School of Medicine added 51 new residency positions in the last eight years.

Though vital, the new, mostly hospital-funded slots also put pressure on budgets. Federal funding for medical residencies has remained flat since the mid-1990s.

The duty-hour restrictions also increased the number of patient handoffs from a caretaker on an outgoing shift to one on an incoming shift. Research shows handoffs are opportune times for errors because of lack of communication.

"There are so many intangibles involved in the care of a specific individual," Schlessinger said. "We've created sets of rules to prevent errors that are designed to the lowest common denominator."

She called the balance of priorities a dynamic tension.

"We educate to produce competent, quality physicians. At the same time we're committed to patients for the quality of care, outcomes and safety, and supervision."

The study documented a drop in the number of procedures that residents participated in as the first assistant surgeon. First-assistant cases fell from 441 per resident who finished the residency in 2002 to 110 per resident who finished in 2008.

Though often the first assistant is the surgeon with the least responsibility in the room, Picarella said the experience is key.

"First assistants can learn where to make the incision, how to handle tissue, dissection planes, handling of instruments, logistics, how to resect down to the surgery's target place," he said.

Simulation with mannequins, computer programs and other technology can help close that gap, but only so far.

"Simulation, particularly for minimally invasive procedures like endoscopy and laparoscopy, is one way we're trying to make up for their participation in fewer procedures as first assistants," Mitchell said.

Other avenues include adding cadaver labs, live-animal surgeries and, most drastically, lengthening residency programs. And all carry extra cost.

Institutionally, residency programs need to focus on covering the most important aspects of training and eliminating redundancy.

"I don't think you can look at case numbers in isolation and think that's the whole story," Schlessinger said. "So the question is, how do we design curriculums where they get exposure to the variety of procedures they need rather than 80 hernia repairs?

"Each heart attack is different for the patient, but if a resident has handled 150 of them, that's probably enough to know."

And for total competency programs also need to consider the number of papers, presentations and research articles produced, along with lectures, grand rounds and other functions residents attend.

That sweet spot is a moving target. One resident may need more cases to feel competent than another. And technology keeps changing the business.

Dr. Emile Picarella was first author on a study about the effects of duty-hour restrictions, which he began as a general surgery trainee at UMMC. He completed his residency in 2011.

"Not only do you have to learn the more established methods, but also the newly established ones. There's more to learn and less time," Mitchell said.

As more specialists complete residencies under duty restrictions, the practice landscape will change. Mitchell said rather than seeing longer residencies, the number of subspecialties may increase, possibly hurting community hospitals without the patient volume or resources to hire subspecialists.

"That will affect the ability of smaller hospitals to have complete services and offer a broad range of procedures," he said.

A different landscape could be good in some ways. Schlessinger takes a holistic view.

"I'm supportive of duty-hour restrictions because I do think it's having a positive impact on the physicians we're training," she said. "Fifteen years from now, we're going to see private practices evolve. In fact, we're seeing it now."

Many doctors finishing residency now have learned that they're going to take better care of their patients if they are taking better care of themselves.

"We still need to keep patients at the forefront," Schlessinger said. "It's a balance between the doctors' needs and the patient's care. The patient-physician relationship is sacred and something we don't want to lose as our practice evolves." M

Dr. Jim Phillips, with some of his gear.

Teacher, Ranger, Runner, Doc

By Bruce Coleman

UMMC's international man of adventure is all that and more

He trains for 100-mile runs…and calls it a hobby. He's becoming a fellow after 50…just to see what it feels like. He's been on active duty in Iraq and Afghanistan…but calls teaching his greatest adventure.

He may be the most interesting man at UMMC.

Dr. Jim Phillips would downplay that statement, of course, but there's no denying his accomplishments. In 2010 alone, the associate professor of anesthesiology and emergency medicine at the University of Mississippi Medical Center and state surgeon and commander, Mississippi Army National Guard MEDCOM, received the Legion of Merit, a military decoration awarded for exceptionally meritorious conduct in the performance of outstanding services and achievements, and the Mississippi Magnolia Cross, the state's second-highest military award.

Yet Phillips says he treasures just as much the Resident Teacher of the Year Award and the Medical Student Teaching Award presented to him that year by the Department of Emergency Medicine at UMMC.

"Considering students in training are the lifeblood of this place (UMMC), if you can get recognized for training and helping them along, that's pretty meaningful," Phillips said. "Of all the things to be recognized for, as far as I'm concerned, a teaching award is the greatest. I wouldn't trade those awards for anything."

His colleagues wouldn't trade Phillips for anything, either. Dr. James Kolb, professor of emergency medicine, calls him "an impressive clinician with superior expertise in the diverse areas in which he has entered."

"When I first met him as an intern years ago, I knew this was a person with incredible self-discipline, drive and intelligence," Kolb said. "He is an affable, straight-talk kind of person with a sharp, wry, self-deprecating sense of humor that is helpful in diffusing tense situations. He stands out as one of the most accomplished, experienced clinicians I have ever known who can figure out just about anything.

"Not only is he able to do these things, but he is also able to teach them."

Phillips' trainees love learning from and working for him.

"He is the best at what he does," said Jason Lee Black, house officer in emergency medicine. "He

By virtue of their grooming and attire, some of Dr. Jim Phillips' emergency medicine residents demonstrate how much influence their mentor has had on them. Class of 2011 residents include (from left) Chico Desai of Alexandria, La.; Luke Lebas of New Orleans; Gerad Troutman of Lubbock, Texas; David Kelton of Chicago; Jason Lowe of Savannah, Ga.; Jess Jewett of Salt Lake City; Hamad Hussainy of Gig Harbor, Wash.; Landon Argo of Kansas City, Mo.; Ryan Lewis of Jackson; and Patrick Kirkland of Meridian.

Teacher, Ranger, Runner, Doc

strives for excellence in all that he does and he asks the same of his residents. He always pushes you to the next level and we are all better for it.

"He is the physician we all aspire to be."

Although a master educator, Phillips comes by his devotion to the military honestly. His father was in the Navy for 20 years, and when his older brother enrolled in the ROTC program at Vanderbilt University, Phillips followed suit at the University of Virginia, where he played football, rugby, boxed, rowed crew and was in the Skydiving Club.

"I wasn't going to be the only one in the family left out," he said with a laugh.

His initial career goal was to serve in the U. S. Army before the siren song of medicine called to him. The ROTC required a service commitment, but the Army gave him a deferment so he could complete medical school in 1986 and residency training in anesthesiology from 1987-90 at UMMC before going on active duty.

> **"He is the physician we all aspire to be."**
>
> *~ Jason Lee Black*

He quickly built a list of military qualifications that is as impressive as it is lengthy: Special Forces; Ranger; Survival, Evasion, Resistance and Escape (SERE); combat diver; jumpmaster; master parachutist; flight surgeon; dive medical officer; Air Assault; and more.

He returned to UMMC in 1999 and completed residency training in emergency medicine before the military tapped him again. During 2004, Phillips was deployed to Afghanistan as a Special Forces battalion commander, part of Operation Enduring Freedom. While serving in the Combined Joint Special Operations Task Force, he led approximately 500 soldiers to complete hundreds of successful combat missions and earned the Bronze Star.

"I was pretty fortunate to have had a number of great experiences," Phillips said. "I enjoyed my time in Afghanistan, but it's not something I would jump to repeat. Being in charge of 500 guys carried a lot of responsibility, and in many cases, you realize you have been luckier than good."

He returned to the Medical Center as anesthesiology director of resident education and helped cofound the UMMC Simulation Center. He became chief of staff in 2006, but it wasn't long before his country called once more.

In 2007, Phillips was again assigned overseas – this time, to Iraq – as an emergency physician. He said the second deployment was a bit smoother than the first.

"Being a physician is easier because it's very limited: you're responsible for yourself, not in command of a unit," he said.

After a successful tour, Phillips returned to Mississippi and settled in as state surgeon and residency program director in the Department of Emergency Medicine, but his life outside the military has been anything but leisurely. An avid runner – residents and staff say he can be seen running to and from work many days – he ran a 100-mile ultra-marathon to celebrate his 50th birthday.

"I don't view any day as boring," Phillips said. "If a day is boring, it's because you've had your eyes closed."

His combined contributions to the military, as a colonel and as a physician, resulted in the Legion of Merit.

"It's obviously flattering to get one because it's normally something one might receive at the end of a career," he said. "To get one while you still have some tread on the tires was flattering."

Phillips has enough tread left to embrace another academic challenge: working on a master's degree through the Army War College and a critical care fellowship at Vanderbilt, which he is currently pursuing.

"People look at me funny when they learn I'm… a fellow again," he said. "I enjoy learning, and it's a unique opportunity for someone my age to get the chance to do more training."

TURNER UMMC's chief academic officer calls it a career

By Jack Mazurak

Dr. Helen Turner stepped out of the elevator Feb. 14 and was surprised to find a full house of admiring faculty, staff and even her own family members waiting in the lobby outside her office, that of the Medical Center's Associate Vice Chancellor for Academic Affairs.

Dr. James Keeton, UMMC vice chancellor for health affairs, congratulates Dr. Helen Turner during a February 14 ceremony where he announced the Academic Affairs conference room would be named in her honor.

The carefully orchestrated event – verging on a state secret – marked the anticipated retirement this summer of one of UMMC's leading lights of the last three decades. The festivities culminated with the announcement that the Academic Affairs conference room would be named in her honor.

Turner, ever modest and known as a stickler for following policy, laughed and said "I thought you had to die to have something named for you!"

Over her 28 years on the faculty, Turner has served many roles, including physician, mentor, volunteer, administrator and proud UMMC alumna.

Turner earned both a Ph.D. and M.D. at the Medical Center, which may have led her to a deep appreciation not only for medicine and teaching, but for commitment to serving her alma mater.

Turner's high-power day job in academic affairs came as a second career. Her first love is teaching.

A Kosciusko native, she taught kindergarten and fifth grade in Arizona while her husband, Jim, was stationed at Fort Hauchuca. In Louisiana, she instructed fifth grade.

Moving back to Mississippi, she wanted to continue teaching but knew she would eventually need a master's degree.

"I'd always had a leaning toward science," she said. "I picked microbiology at the University of Mississippi Medical Center because it was a good program."

Turner's pursuit of a master's morphed into a mission to earn a Ph.D., which she received in 1975. But she didn't stop there. Doctoral classes that she took alongside medical students sparked a realization: If they could handle the rigors of medical school coursework, some of which was the same as in her program, she could too.

"It was something I always thought I'd like to do but never thought I could," she said.

Growing up with no M.D.s among her family and friends, Turner said she never saw the road to physician-hood as clearly attainable.

"I think for me, getting the microbiology Ph.D. set me on the path to pursue a career in infectious diseases," she said.

She entered the University of Mississippi School of Medicine and graduated in 1979.

Following her residency in internal medicine and a fellowship in infectious diseases, Turner joined the UMMC faculty as a staff physician at the G.V. "Sonny" Montgomery VA Medical Center in 1984. She hasn't stopped climbing since. At the VA she held leadership positions as associate chief of staff for education and chief of medical service, the first woman in those positions.

In 1993, she moved to the UMMC campus to take a position as School of Medicine associate dean for academic affairs. In 2003, she became UMMC's first associate vice chancellor for academic affairs.

As the chief academic officer for UMMC, Turner has worked with students and faculty in all schools and has presided over an increase in student enrollment of 17 percent over the last five years. This growth occurred while the schools maintained the quality of their academic programs.

Additionally, she has served the Mississippi State Medical Association in positions as secretary, member of the board of trustees, president-elect and president. She served 10 years on the American Medical Association's Mississippi delegation.

Academic administration presents its own opportunities and rewards, Turner said, but taking care of patients or getting in front of a classroom still pushes all the right buttons.

Although she has a large role as an administrator, including the oversight of UMMC's successful accreditation by the Southern Association of Colleges and Schools last year, Turner has continued to instruct class sections on infectious disease, pharmacy and infection control.

"I think of myself as a teacher at heart and a physician," she said. "I have been blessed to have many opportunities in my career, more than I could have ever imagined. But I have to say of all of the things I have done, the most rewarding have been taking care of patients and teaching students, residents and fellows."

Study finds behavioral treatments for chronic headaches cheaper than drugs

Treating chronic migraines with behavioral approaches – such as relaxation training, hypnosis and biofeedback – can make financial sense compared to prescription-drug treatment, especially after a year or more, a study found.

Longtime behavioral therapy researcher and practitioner Dr. Donald Penzien, University of Mississippi Medical Center professor of psychiatry, coauthored the study. He said the costs of prescription prophylactic drugs – the kind chronic migraine sufferers take every day to prevent onset – may not seem much even at several dollars a day.

"But those costs keep adding up with additional doctor visits and more prescriptions," Penzien said. "The cost of behavioral treatment is front-loaded. You go to a number of treatment sessions but then that's it. And the benefits last for years."

Published in the June issue of the journal Headache, the study compared the costs over time of several types of behavioral treatments with prescription-drug treatments. The research team included investigators from Wake Forest University, UMMC and the University of Mississippi.

The researchers found that after six months, the cost of minimal-contact behavioral treatment was competitive with pharmacologic treatments using drugs costing 50 cents or less a day. Minimal-contact treatment is when a patient sees a therapist a few times but largely practices the behavioral techniques at home, aided by literature or audio recordings. After one year, the minimal-contact method was nearly $500 cheaper than pharmacologic treatment.

SOY SUPPLEMENT LOWERS CHOLESTEROL, BLOOD PRESSURE, STUDY AT UMMC FINDS

A study of commonly used dietary supplements indicates soy protein trumps milk protein in lowering cholesterol levels – especially the harmful low-density lipoproteins – and, like the dairy protein, is associated with lowered blood pressure.

"High cholesterol and hypertension remain leading risk factors for heart disease, the nation's No. 1 cause of death," said Dr. Marion Wofford, professor of medicine. "That makes the search for remedies, which can include lifestyle changes like dietary interventions, important for public health."

Several clinical trials showed protein supplements might help, but most of them included participants with high cholesterol or hypertension, said Wofford, first author on a recent article based on the results.

"Many people are using protein supplements in powdered form, whether it's from soy, whey or other sources, for meal replacement, weight reduction and body building," she said.

Wofford

Researchers designed the Protein and Blood Pressure Study to determine whether soy or milk protein supplements, compared to carbohydrate supplements, help control blood pressure and cholesterol in healthy individuals.

The European Journal of Clinical Nutrition published the researchers' paper on cholesterol findings in its September issue.

RESEARCH LINKS ANTIDEPRESSANT USE WITH AUTISM SPECTRUM DISORDERS

A study by researchers at the University of Mississippi Medical Center and the University of California, San Francisco shows that rats given a popularly prescribed antidepressant during development exhibit brain abnormalities and behaviors characteristic of autism spectrum disorders.

The findings suggest that taking a certain class of antidepressants known as selective serotonin reuptake inhibitors – SSRIs – during pregnancy might be one factor contributing to a dramatic rise in these developmental disorders in children.

"We saw behaviors in the treated rats and neurological problems that indicate their brains are not properly conducting and processing information," said Dr. Rick C.S. Lin, professor of neurobiology and anatomical sciences at UMMC and principal investigator on the study.

"However, based on this study alone it would be premature to conclude that a pregnant mother should stop taking SSRIs. A pregnant mother may do more harm to her baby through untreated depression than by taking prescribed SSRIs. This study is a starting point and a lot more research needs to be done."

The study appeared online Oct. 24, 2011 in the journal Proceedings of the National Academy of Sciences at www.pnas.org.

Rick Lin (center) collaborated in the study with Kimberly Simpson and Ian Paul.

1960s

Robert Elliot (1961) was honored with the 2011 Outstanding Researcher Award by the National Rural Health Association at the NRHA's 34th Annual Rural Health Conference in May in Austin, Texas. Elliot and his wife, Mary Elliot, founded the Elliot-Elliot-Head Breast Cancer Research and Treatment Center in Baton Rouge, La. Elliot was recognized for more than 20 years of research and contributions in advancing treatment of breast cancer. Elliot received his Ph.D. from LaSalle University in 1994.

1970s

William Jones (1974) was elected as the 2011 president of the Mississippi Academy of Family Physicians in July during the annual MAFP meeting in Destin, Fla. He has been an active member of the MAFP since 1981 and has served on a number of boards and committees. Jones has served as chief of family medicine for the Greenwood Leflore Medical Staff over the years, as well as chief of staff and chief of pediatrics. He also served on the Board of Delta Hills Health Corporation and currently serves on the Mississippi State Board of Medical Licensure.

Chris, Raegan, William and Brenda Jones

Send us your lives

We're looking for more and more class notes. If you didn't get your news in this issue, send it for the next. Let your classmates know what you've been doing since graduation or the last class reunion. Be sure to include the name you used in school, the year you graduated, and if possible, a digital photo of yourself.

We also welcome your story ideas, subjects you'd like to see covered in these pages or a graduate you know who would make an interesting profile.

Send class notes, story ideas and photos to **mwesterfield@umc.edu** or mail to

Matt Westerfield
Division of Public Affairs
University of Mississippi Medical Center
2500 North State Street
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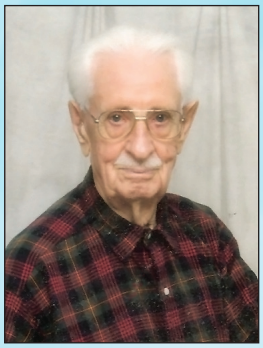
In Memoriam



Andrew Allen Windham (1944) died at his home in Memphis, Tenn., on Feb. 21, 2011. After earning his M.D., Windham completed residency training in general surgery at the University of Tennessee in 1945. After his residency, he served in the Air Force and later practiced in Memphis and in Russellville, Ala., before retiring in 1995. He is survived by five children, five grandchildren and 9 great-grandchildren.

Chancellor **Dan Jones** (1975) received the 2011 Distinguished Medical Alumnus of the Year Award on May 19, 2011, during the Medical Alumni Chapter Welcome Reception at the Mississippi State Medical Association. He was presented the award by Dr. Hubert Spears, president of the Medical Alumni Chapter. Jones graduated from Mississippi College in 1971, and after earning his M.D. completed residency training in internal medicine at UMMC.

1980s

Gary Carr (1984) was named medical director of the Washington Physicians Health Program in September. Carr developed the Mississippi Professionals Health Program and led the program from 1999-2009. He has held leadership roles with state and national chapters of the American Medical Association, the American Society of Addiction Medicine, the American Academy of Family Practice and the Federation of State Physician Health Programs. The mission of the WPHP is to facilitate and monitor the rehabilitation of health professionals who have medical conditions that could compromise public safety.

CONERLY REMEMBERED FOR 'TRANSFORMATIVE' LEADERSHIP, OVERSEEING REMARKABLE GROWTH AT UMMC

by Patrice Sawyer Guilfoyle

Many people may have walked the hallway from the Rowland Medical Library in the Verner Holmes Learning Resource Center to the research wing without noticing the housekeeping employee who waxed the floors.

But not Dr. Wallace Conerly.

Every day for seven years, the man would clean his assigned area and Conerly would stop regularly to talk with him. It wasn't uncommon for Conerly to know employees of the Medical Center by name, but for reasons only known to him, Conerly decided to take a personal interest in the worker.

Before his retirement as vice chancellor for health affairs in 2003, Conerly brought Celeste Eason, an administrative assistant, a sheet of paper with the name and position of the employee and another sheet of paper with a new position in another department on campus.

"He moved the employee to another position as a courier," Eason said. "It wasn't a whole lot of money, but it was more than what he was making at the time.

"That's the kind of man Dr. C was."

Employees, friends and colleagues at UMMC shared similar stories and fond memories of Conerly, who served as vice chancellor from 1994-2003. He died Jan. 10 at the hospital bearing his name from complications related to Parkinson's disease.

Conerly's tenure at the Medical Center was marked by growth of the physical plant, expanded research, a more diverse student and faculty population, greater community involvement, increased endowment and increased national presence.

What Marilyn Bray, director of lab services, remembers is his genuine concern for people. He would routinely walk around the lab and ask about employees' families and personal lives.

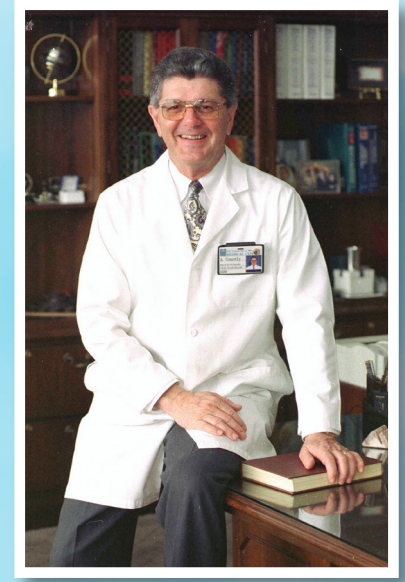
"He would know everybody by name," Bray said. "He would ask, 'How did that situation work out?' or 'How are your kids?'"

"I absolutely adored him. I don't think there'll ever be anyone like him."

University of Mississippi Chancellor Dan Jones said Conerly used his medical, business and political skills to the great benefit of all Mississippians. Before his appointment at Ole Miss, Jones served as vice chancellor for health affairs following Conerly's retirement.

"His leadership at the University of Mississippi Medical Center was transformative for the Medical Center and for health care in our state," Jones said. "I am personally grateful for his friendship and mentorship. He will be greatly missed."

A native of Tylertown, Conerly graduated with honors from Millsaps College in 1957. He received the M.D. from Tulane University Medical School in 1960. After an internship in South Carolina, he served in the U.S. Air Force for six years, where he was director of aerospace medicine at Moody Air Force Base in Georgia and director of base medical services at Vance Air Force Base in Oklahoma.



After military service, he returned to Mississippi, where he practiced general medicine in Jackson from 1966 until he pursued specialty training and a career in academic medicine. He went to Ochsner's Medical Center in New Orleans for a cardiology fellowship, came to UMMC in 1971 as a resident in internal medicine and, from 1972-74, he was the Mississippi Lung Association Fellow in Pulmonary Diseases.

He joined the UMMC faculty in 1973 and held a variety of positions before being appointed vice chancellor, succeeding Dr. Norman C. Nelson in 1994.

Dr. James Keeton, vice chancellor for health affairs, said the word "legend" best describes Conerly.

"He put us onto the path of the 21st century when you consider the facilities we have now and our accomplishments in education, research, and health care in this state," Keeton said.

Dr. Helen Turner, associate vice chancellor for academic affairs, served as associate dean for academic affairs in the School of Medicine under Conerly's tenure. She said Conerly truly believed that employees of the Medical Center were family.

"Above all, he loved students and was accessible and responsive to their concerns," she said. "He had a lunch meeting with a group of students every week and often would resolve their issues before the end of the meeting." Eason said everyone knew of his love for the Medical Center and how that love guided his decisions.

"What he did came from such a pure place that if you didn't agree with him, you understood him," she said.

FEATURING
— THE —
CLASS OF
1961

Class Reunion

School of Medicine

Alan Zacharias ('91), **Mike McMullan** ('91), **Vickie Phillips**, **Joe Phillips** ('91), **Rick Guynes** ('91) and **Alison Guynes**

Jason Craft ('01), **Fred Rushton** ('71) and **Tim Shumaker** ('86)

Bill Gulledge ('71), **Liz Snyder, Beverly Smith**, **Prentiss Smith** ('71) and **Michael Casey** ('71)

The School of Medicine's Class of 1961 gathered at the Old Capitol Museum during Alumni Reunion Weekend in July to celebrate the 50th anniversary of their graduation. Pictured are back row, from left, **Charles Cotten**, **Benton Hilbun**, **Malcolm Baxter**, **George Hamilton**, **Frank Banks**, **Myron Lockey**, **Herb Pearce**, **Ed Orr**, and front, from left, **Robert Elliott**, **Stover Smith**, **Audrey Nora**, **Benjamin Box**, **Frank Sharbrough**, **Glen Warren**, **Robert Thompson**. **Pearce**, **Orr** and **Charles Sisson** (not pictured) have passed away since the reunion. Also recognized during the Alumni Reunion Weekend were the classes of 1971, 1981, 1986, 1991 and 2001.

Liz Snyder, **Bill Gulledge** ('71), **Harriet Simmons**, **Bill Simmons** ('71), **Tommy Simpson** ('71) and **Tommy Hewes** ('71) at the School of Medicine Alumni dinner

RETIRING ORTHOPEDIC SURGERY CHAIR FOCUSES ON RESEARCH

Dr. James Hughes developed an interest in orthopedics 45 years ago while serving as a general surgeon at the 7th Surgical Hospital in Cu Chi, South Vietnam.

The South Carolina native, who officially retired in June, joined the Army Reserve as a medical student at Bowman Gray School of Medicine in Winston-Salem, N.C.

"I was in the Army Reserve because you knew you were going to get drafted," he said. "So they put me first with the 173rd Airborne Brigade for three months in the jungle, then I spent the last nine months at the 7th Surgical Hospital."

Hughes would eventually join UMMC in 1976 and help build the Department of Orthopedic Surgery and Rehabilitation, which he calls, "one of the best places to train in open-reduction and internal fixation of fractures in the country because of our excellent residents." But he had a lot to learn first.

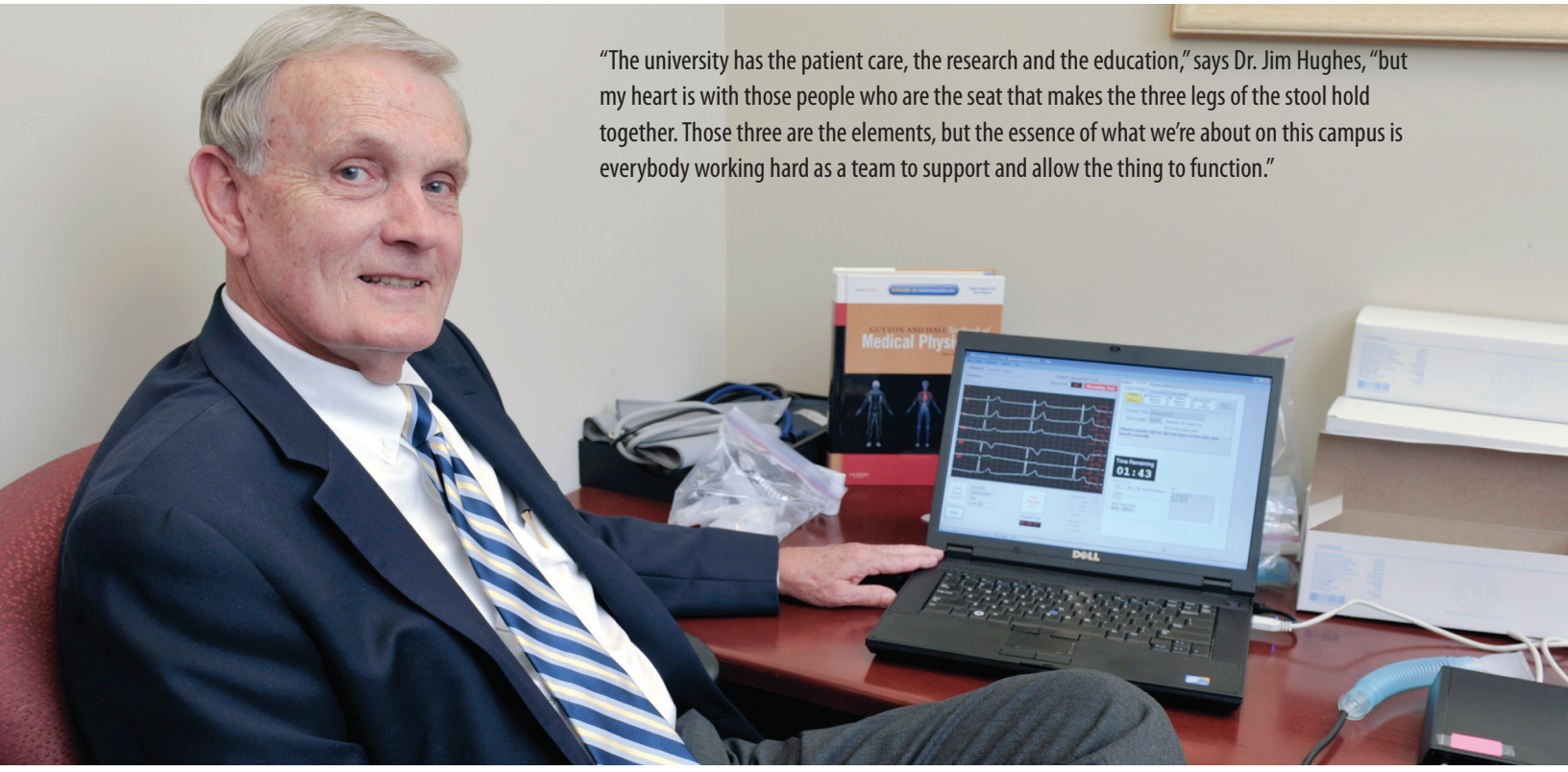
As a young man, Hughes underwent residency training in general surgery at Roosevelt Hospital in New York, then residency training in orthopedic surgery at Johns Hopkins Medical School, where he also served on the faculty. He went on to train at A.O. International conferences in Canada and Switzerland as the field was undergoing revolutionary changes.

Then he traveled to South and Central America and to Soviet Russia in the mid-70s to teach what he'd learned.

All that was before Hughes and his wife, Virginia, moved to Mississippi, where he would spend 25 years in orthopedic surgery. He was named the first chair of the Department of Orthopedic Surgery at UMMC in 1987. He also served eight years as director of the University Rehabilitation Center.

What he really enjoys now is talking about his research.

Despite retirement, he will continue working in clinical research with Dr. Robert McGuire, chair of the Department of Orthopedic Surgery and Rehabilitation. In a project sponsored by Vicor Technologies, Hughes is collecting data and studying the effect of heart-rate variability on the health of the autonomic nervous system.



"The university has the patient care, the research and the education," says Dr. Jim Hughes, "but my heart is with those people who are the seat that makes the three legs of the stool hold together. Those three are the elements, but the essence of what we're about on this campus is everybody working hard as a team to support and allow the thing to function."

FACULTY RECEIVE CHAIRS AT FALL MEETING

UMMC faculty with 20 years of service to the Medical Center received chairs during the Fall Faculty Meeting Aug. 19 at the Norman C. Nelson Student Union.

Dr. Jimmy Keeton, back row left, vice chancellor for heath affairs, Dr. Helen Turner, back row second from right, associate vice chancellor for academic affairs, and Dr. Dan Jones, back row right, University of Mississippi chancellor, presented the chairs to, front row from left, Dr. Roger Johnson, anatomy; Dr. James Corbett, neurology and ophthalmology; Dr. David Brown, biochemistry; and Dr. Dona Andrew, occupational therapy; and back row from left, Dr. Allen Sinning, anatomy; Dr. Jane Reckelhoff, physiology and biophysics; Dr. Ruth Patterson, pediatrics; Dr. Robert McGuire, orthopedic surgery and rehabilitation; and Dr. Sharon Lobert, nursing and biochemistry.

During the meeting, Drs. Jones and Keeton praised the faculty for the Medical Center's many achievements in education, research and patient care, while outlining a number of challenges the organization faces in the year ahead.

UMMC GRADUATE ELECTED TO THE BOARD OF NATIONAL FAMILY PHYSICIANS GROUP

A graduate of the University of Mississippi School of Medicine has been elected to the board of directors of the American Academy of Family Physicians.

Dr. Brent Smith, who's in his third year of residency training in family medicine at UMMC, was elected to the board of directors of the American Academy of Family Physicians. He will serve a one-year term. The AAFP represents 100,300 physicians and medical students nationwide.

As the resident member of the board of directors, Smith is responsible for representing the interests and opinions of the National Congress of Family Medicine Residents to the AAFP Board of Directors and Congress of Delegates. In addition, he will advocate on behalf of family physicians and patients nationwide to inspire positive change in the U.S. health-care system.

Smith said he was thankful for the opportunity to serve on the board, and he wants to use it as a catalyst for change in Mississippi's health indices.

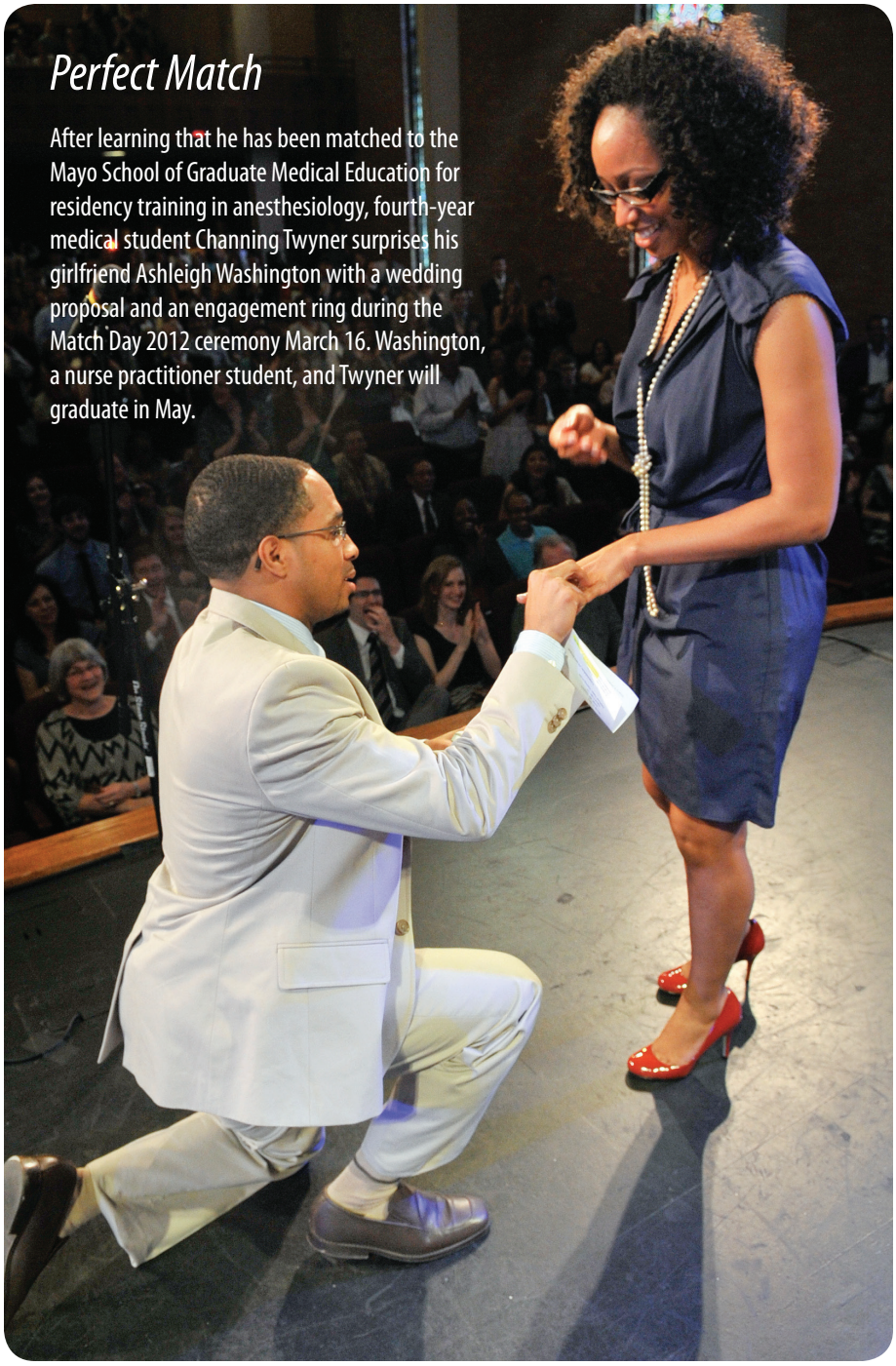
"Mississippi performs very poorly in treatment and outcomes of chronic diseases, and the solution is expanded primary care. I hope that I can learn the intricacies of the problems facing our health-care workforce in this state, so that I can be a more effective voice for change within Mississippi. I think that the future health of Mississippi depends on our investment in primary care in the coming decade," he said.

Smith

A graduate of Ouachita Baptist University in Arkansas, Smith earned the M.D. at UMMC in 2009. He is completing his family medicine residency training and also working on his M.S. in clinical education at the University of Edinburgh, Scotland.

Throughout his academic career, Smith has been active in the American Medical Association and Mississippi State Medical Association. He currently serves as the resident member of the Mississippi AMA Board of Trustees.

In addition to his academic work, Smith has contributed to his community as a volunteer with the Jackson Free Clinic, Habitat for Humanity, Ronald McDonald House, and as a volunteer team physician for multiple local high school sports teams.



Perfect Match

After learning that he has been matched to the Mayo School of Graduate Medical Education for residency training in anesthesiology, fourth-year medical student Channing Twyner surprises his girlfriend Ashleigh Washington with a wedding proposal and an engagement ring during the Match Day 2012 ceremony March 16. Washington, a nurse practitioner student, and Twyner will graduate in May.

Upcoming Alumni Events

April 26
AAN Meeting
Medical Alumni Reception
Hilton Riverside
New Orleans, Louisiana

April 28
Margie Bulboff Golf
Refuge Golf Course

May 3
Medical Alumni Board meeting
Alumni Office
Dinner to follow

June 7
MSMA
Medical Alumni Reception/
Recognition of Distinguished
Medical Alumnus and Medical Hall of Fame
Grand Hotel
Point Clear, Alabama

June 28
Mississippi Society of
Otolaryngology Reception
Destin, Florida

July 14-18
MAFP meeting
Destin, Florida

July 19-22
MSMA YP meeting

July 21
Medical Alumni Cruise

August 24-25
Medical Class Reunions
honoring Classes of
'62, '72, '82, '87, '92, '02

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