



IMPACT

Finalist named for presidency

David Callender awaiting final regent approval

The University of Texas System Board of Regents has named Dr. David L. Callender as the sole finalist for the position of UTMB president.

The action came April 16 during a special called meeting of the UT System Board of Regents in which four candidates were interviewed, and comes less than a week after the applicants met with the UTMB community in Galveston in a series of campus visits.

Callender is currently associate vice chancellor and chief executive officer of the UCLA Hospital System in Los Angeles. He also is an adjunct professor of surgery at the UCLA David Geffen School of Medicine and is a member of the governing board of the University Health Consortium. Callender previously held numerous positions at The University of Texas M. D. Anderson Cancer Center, including executive vice president and chief operating officer, vice president for clinical programs and medical director of the center's Physicians Referral Service.

He holds a bachelor's degree from Midwestern State University, a medical degree from Baylor College of Medicine and an M.B.A. from the University of Houston.

"Dr. Callender is a distinguished leader capable of leading UTMB during this special time of transition," said Regents' Chairman James R. Huffines. "He has an excellent background in teaching and research and has demonstrated a keen ability to administer large, complex medical institutions. The selection of finalists for the presidency of UTMB has been undertaken by the board with a full awareness that the appointment of a new president for any of our 15 institutions is one of the most important decisions that we will make."

Regents interviewed a short list of four can-



didates, who were narrowed from an original pool of more than 25 nominees and applicants from across the country.

"The Board of Regents has selected an outstanding finalist from among an extraordinary group of candidates, and on behalf of the presidential search advisory committee and the UT System I would like to thank all the candidates who have taken part in this lengthy and detailed process," said Dr. Kenneth I. Shine, executive vice chancellor for health affairs and chair of the presidential search committee.

The newly appointed president will succeed Dr. John D. Stobo, who announced last year that he plans to retire by Aug. 31.

The board is scheduled to finalize its selection at its next quarterly meeting on May 9-10 in Austin.

See Callender's full curriculum vitae and biographical information online at www.utssystem.edu/news/2007/UTMB/Callender-CV.pdf.

A LETTER FROM THE CHANCELLOR

Dear members of the UTMB community:

As you all know by now, the Board of Regents of The University of Texas System on Monday named Dr. David Callender as the sole finalist for president of the University of Texas Medical Branch at Galveston (*see related story*). During a very distinguished career, he has clearly demonstrated the skills and strength to lead UTMB, its students, faculty and staff to a resounding reaffirmation of its preeminence in medical education and health care. Most recently, he led the UCLA Hospital System, an institution which was struggling with financial deficits, and restored it to solvency and strength.



Mark Yudof

The 18-member search advisory committee that oversaw the national search interviewed an outstanding pool of applicants and recommended candidates to the Board of Regents. The committee included representatives of the faculty, employees, students, the Regents and UT System presidents. It also included five community representatives, four from Galveston and one from San Antonio, all of whom were very familiar with the university's role in Galveston.

As you are no doubt aware, concerns about the confidentiality of the search and selection process have been voiced in some quarters of the island community. It was essential that much of this process be kept confidential in order that potential candidates might explore the opportunities at UTMB at a time when their own colleagues and institutions were not aware that they were looking at another position. Experience has shown that prior disclosure of candidates can be embarrassing to them and often results in withdrawal from consideration. Discretion and sound judgment are, therefore, essential characteristics for both the advisory committee and the candidates.

Before a decision on finalists could be made, visits to the campus were essential—not only for the candidates, but for their spouses and for the various constituencies of the university. During the week of April 7, each candidate met more than 60 individuals from 11 different groups representing the diversity of interests and perspectives on the campus. Each candidate enjoyed a social event and dinner with community members—generously hosted by friends and supporters of the university—and each had an opportunity to meet with the mayor and the head of economic development. Conversations at these meetings were unfailingly candid, affording a depth and clarity difficult to achieve with media present. It is a real tribute to UTMB and the Galveston community that, after their campus visits, every one of the candidates retained their interest in and enthusiasm for the job.

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Submissions

We welcome and will consider any submissions for *Impact*. Items that are accepted are subject to editing for style and length. Send your items for *Impact* to the address above and we will do our best to accommodate you. Questions? Call us and someone will be glad to help you.

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EMR ties into UTMB's conservation efforts

By Michele Rainford

As UTMB celebrates its 15th annual Earth Day on campus, we are encouraged to think about the ways we can help in conserving resources.

UTMB's program has grown from simple paper recycling to the extensive campus-wide Resource Conservation Initiative that includes energy-managing and energy-saving efforts, recycling and composting programs, environmental programs and environmental education under the direction of Dr. Ben G. Raimer, vice president and chief executive officer for community health systems, and the chief officer for recycling and conservation.

Most employees are familiar with the light blue, Reusable Bag and Rack Recycling System (for confidential paper recycling) in each department. UTMB also recycles electronic devices, E-Waste and batteries through Environmental Health and Safety.

Along with that, UTMB receives \$1 for every ink jet cartridge returned and \$1-\$8 for every toner cartridge in good condition that can be refurbished and/or refilled.

UTMB heartily supports the van and car pooling efforts of employees and was recently recognized as one of the "Best Work Places for Commuters" by the EPA and U.S. Department of Transportation.

The Earth Day celebration showcases the conservation efforts of UTMB and its community partners. After all, conservation is not just something that happens at work.

We can conserve energy in our own homes as well by getting an air conditioner tune up and changing air filters frequently, cleaning the outside condensing unit on air conditioners, setting the thermostat at a controlled 78 degrees, installing solar screens or solar tint on windows, planting trees and shrubs around our homes to provide shade and decrease the amount of air conditioning, replacing incandescent bulbs with compact fluorescent bulbs, turning the lights off when leaving a room and insulating attics.

UTMB has saved 24,375,026 kilowatts of electricity, the equivalent of planting 9,978

Conserving Resources Today For a Healthy Tomorrow



- For information about UTMB's conservation efforts, visit www.utmb.edu/conservation.
- For information about the EMR, visit www.utmb.edu/emr.

acres of trees, since its conservation efforts began. Last year alone, UTMB diverted nearly 1.7 million pounds of paper/cardboard from local landfills.

One of the most extensive paper conservation efforts on campus is the new Epic Electronic Medical Record (EMR) system that is being implemented across UTMB and in its community clinics. UTMB just began phase four of the project, which will take the campus that much closer to a paper-less health record system. All clinicians caring for each patient at UTMB will have secure access to these electronic records and will be able to readily input information and update the patient's record at each visit.

The system increases efficiency and will ultimately reduce the possibility of error that is inherent with written records. Everything from the patient's initial doctor's visit or hospital admittance, to pharmacy orders, physician orders, laboratory orders and tests, nursing and respiratory care to the patient's discharge activities will be entered into one electronic system for the patient, significantly reducing the need for paper records once the system is fully implemented.

There will be a reduced need for copiers,

fax machines, toner ink and cartridges, staples, staplers and staple removers, paper clips, hole punches, metal clamps, paper holders, folders, binders and boxes to hold massive amounts of paper records, and less storage space will be needed to store these records.

The magnitude of this effort—the number of trees that will be saved, the cost savings realized and all the benefits the environment can be calculated the following way:

- One minute = 100 acres destroyed for paper production
- One tree = 88 lbs. of paper
- One ream (500 sheets) = 5.5 lbs. of paper
- One tree = 16 reams (regular copy paper)
- One person = 330 lbs. of paper/year (average person uses)
- One person = 3 trees each year
- One year = 7 percent of tropical rain forests lost

UTMB has garnered many accolades and awards for its conservation efforts including an award at the First Annual Sustainability Awards in 2004 from the Alliance for Sustainability.

The Environmental Protection Agency (EPA) also has noted UTMB for several programs. UTMB was recognized in the National Environmental Performance Track program for entities that "maintain strong environmental compliance records and go beyond regulatory requirements to create superior environmental management programs." UTMB also is a member of the EPA's National Partnership for Environmental Priorities Mercury Challenge, and received the 2006 Energy Star award from the agency for superior energy performance in Waverly Smith Pavilion.

Finally, UTMB participated in the EPA 2007 RecycleMania 10 week national recycle contest where 200 schools participated in a friendly competition. Of the eight Texas universities that participated, UTMB ranked in the top 3 for all 7 categories and first place for per capita classic recycling and recycling corrugated cardboard.

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On April 16, the Board, having reviewed all information gathered, interviewed the candidates and named Dr. Callender as the sole finalist. He and his wife Teri will be visiting the campus in the next few weeks

and you will all have a chance to meet with them. Final action by the Board of Regents will take place at its next meeting on May 9-10.

We are proud of the way the search was conducted and profoundly grateful to all of

the members of the presidential search advisory committee, faculty, students, employees and community members who participated in this process.

Mark G. Yudof
Chancellor, UT System



In 2001 Karen Kunz gave birth to her son, Karson, who began exhibiting symptoms of Autism Spectrum Disorder around his second birthday. Kunz and her husband, Jerome, both UTMB employees, were determined to have Karson enrolled in a preschool program that would provide the best possible therapy and developmental experiences for him.

To learn about Family Matters and how you can make a difference, visit www.utmb.edu/familymatters, email family.matters@utmb.edu or call (409) 772-4555.

Kunz was hoping her conversation with UTMB Child Care Center administrators would be more promising than her contacts with personnel at other preschool facilities. Time after time, her requests to enroll Karson in day care programs were met with hesitation. Child care administrators would tell

Kunz and her husband that they were apprehensive about their programs meeting the needs of Karson.

Kunz eventually spoke to UTMB Child Care Center Manager Georgia Strain, imploring her to meet Karson and consider accepting him into the program. Kunz said Strain looked beyond her son's developmental and social skills challenges. "She saw a child with a heart and a smile as big as the sun."

Four-year-old Karson was enrolled in the nationally accredited Child Care Center in 2005 and immediately began enjoying the facility's nurturing environment. "His teachers, Ms. Terri and Ms. Joyce, as well as the other center's teachers, have given Karson the love and attention to make a difference in his life," said Kunz, an occupational therapist who has worked at UTMB for 28 years. "We are so very grateful."

Although Karson will graduate from the Child Care Center this



Karson Kunz builds a toy house at the UTMB Child Care Center. The treatment he received at the center inspired his mother, an occupational therapist at UTMB, to support the center through the Family Matters campaign.

summer, Kunz said she'll never forget the wonderful treatment her son received there. That's why she chose to support the Family Matters campaign by creating a fund, "Karson's Gift," to benefit the day care center. "I would like the UTMB community to know about the tremendous work the child care center offers to all children, even the ones that can have more challenges," she said.

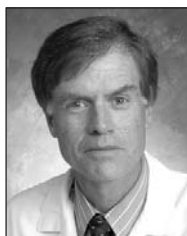
Kunz invited her fellow employees to contribute to the fund. "The center could use this extra money for special activities, gifts for teachers, discounted tuition, assistance with special-needs children or whatever the center considers as necessary."

Karen Kunz Kind treatment at Child Care Center inspires her support through Family Matters

Sealy & Smith gift enhances Comprehensive Cancer Center

By David Theis

A Sealy & Smith Foundation grant for \$4 million is expected to propel the Comprehensive Cancer Center into an advanced clinical resource for patients with cancer. Transformation is already under way.



Dr. Mark Evers

Dr. Mark Evers, director of the UTMB center, says this funding supports the university's efforts to create a new approach where clinical care is delivered alongside ongoing basic and (applied)

research along with prevention and education.

"Our center will specialize in the diagnosis and treatment of patients with all cancers, and the relationship to environmental health, infectious disease, inflammation and aging," he said.

"We have great strength and great promise in our comprehensive cancer center," Evers said. "The critical funding we have received from the Sealy & Smith Foundation will support a tumor tissue bank, an imaging facility, oncology clinical trials, recruitment of translational cancer researchers and an endowed chair."

"Dr. Evers brings extraordinary vision and leadership to this arena," said Dr. Garland Anderson, dean of the School of Medicine. "He is an accomplished researcher, clinician and teacher and he will guide this center in providing cutting-edge clinical care and delivering outreach, education and prevention services to our surrounding communities."

The CCC draws together many of the university's separate resources into an integrated whole. It includes the Sealy Center for Cancer Cell Biology, the UTMB Educational Cancer Center and the clinical enterprise for cancer diagnosis and treatment. The center will coordinate campus-

wide efforts in cancer research, clinical care, education and prevention into a larger effort with multidisciplinary, multi-departmental and multi-institutional components "to provide the most up-to-date and compassionate care for our cancer patients," Evers said.

During his interim leadership of the CCC, Evers recruited five new faculty members, established a mentoring committee for junior faculty and initiated the cancer cell biology track, adding two new courses to the graduate school curriculum. During this time, UTMB also received an interdisciplinary training grant from the National Cancer Institute and an institutional research grant from the American Cancer Society. These grants provide training to the next generation of cancer researchers who will be mentored by basic researchers and clinician-scientists.

Much of the funding for the CCC comes from \$14.6 million of research grants from the National Institutes of Health, the

American Cancer Society, the U.S. Department of Defense and other organizations. Human resources include 87 faculty, associate and general members representing multiple departments and disciplines who are engaged in basic science, clinical or health disparities research related to cancer.

Evers earned his medical degree, summa cum laude, from the University of Tennessee, and completed residency training in surgery at the University of Louisville, Louisville, Ky., where he also served as administrative chief resident in general surgery. Evers has earned numerous awards, including the Jacob Markowitz Award from the Academy of Surgical Research and the Outstanding Teacher of the Year Award, presented by the Surgical House Staff at UTMB. In 2005 and 2006 he was named a "Texas Super Doc" by *Texas Monthly Magazine*, and in 2004, 2005 and 2006 was listed in the Best Doctors in America.

UTMB retains top faculty in competitive academic world

Like beach tides that ebb and flow, there is a rhythm of sorts at UTMB. Students come, learn, and go—timed to the seasons. This cycle is normal for universities, natural for an academic health center. A thriving and vibrant health center like UTMB—in addition to what it offers students—trains and provides opportunities for people at all stages in their careers. Many of these individuals become so accomplished that they are sought out by other institutions. Some heed that call, but many do not. Why is that? What is so special about UTMB, its mission and its people? What binds a person to this island-based institution when he or she is highly sought elsewhere? Consider these tales of two of UTMB leaders.

DR. GARY HANKINS *'A PRIVILEGE AND A JOY'*

Dr. Gary Hankins' ties to UTMB go back to his student days at Virginia Military Institute, when he was asked to escort a college benefactor during a VMI function. She was Mary Moody Northen, heiress to Galveston's largest fortune. "Of course I had no idea at the time I was going to be a doctor, or even where Galveston Island was,"



Dr. Gary Hankins

Hankins says with a smile.

But 26 years later, Hankins found himself drawn to UTMB by its historic mission of serving the poor, and by the vision of then-chair of Ob-Gyn, Dr. Garland D. Anderson. Recently, those two factors were integral to Hankins' decision to stay at UTMB, despite ardent recruiting efforts of another Texas medical school. "Ultimately, I couldn't leave my patients, and I couldn't leave this department and what Garland had worked so hard to achieve during his years as chair."

Hankins, a former colonel in the U.S. Air Force, said "I've always believed that everyone deserves quality care delivered by good doctors and nurses." He added, "That's why I stayed in the military for more than two decades, and it's what I originally found so attractive about serving at UTMB."

Since joining the UTMB faculty in 1995, Hankins has written or co-written nine books, 30 book chapters, close to 200 articles and 300 abstracts. He also serves as a consultant to the Air Force Surgeon General for Obstetrics/Gynecology and is the chairman of the OB Practice Committee for the American College of Obstetricians and Gynecologists.

He previously served as vice chairman of the UTMB Ob/Gyn department, and has been medical director of the university's Perinatal Outreach Program.

Hankins' recent appointment as the Jennie Sealy Smith Distinguished Chair of Obstetrics and Gynecology has him looking forward to the future, particularly to the opportunity to develop a focused research group in the biology of early pregnancy, and to lead the renovation and expansion of the John Sealy Hospital labor and delivery areas and nurseries.

And it is his love for his specialty that

transforms the usually quiet physician into an animated speaker. "We have the privilege of being there at one of the most profound, joyous moments in a person's life," he says, eyes lighting up. "If you think about it, in our specialty, patients aren't coming to the hospital because they are sick. They are coming to bring another life into this world. And it is a privilege and a joy to be a part of that."

Hankins' enthusiasm for his profession has inspired his students, who keep in touch long after graduation. "I have had several call me and say, 'Dr. Hankins, I still hear your voice in my head when I am doing certain procedures,'" he explains.

Fortunately for UTMB's students and patients, they will be hearing Hankins' voice for years to come.

DR. DAVID WALKER

BUILDING ON COLLABORATION

Dr. David Walker still remembers the thrill he felt in July 1987, when he became the new chairman of UTMB's pathology department.



Dr. David Walker

"I didn't know how things worked, and I didn't understand all the economics of running a medical department," Walker said. "But I was excited because I wanted to be a leader, and I knew what I wanted to do."

Initially, that meant setting some demanding standards for the department's education and clinical services components. Today, those standards serve the department well and are a source of pride for the institution. Next, Walker turned his attention to developing the pathology department's strengths in a research area that at the time was far from the mainstream — infectious diseases.

Between the early 1990s and 2000, the year the West Nile virus outbreak alerted the rest of the nation to the dangers posed by emerging infectious diseases, Walker built an internationally renowned experimental pathology team. It featured such legends of infectious disease research as Drs. Robert Shope, Robert Tesh and C.J. Peters, as well as a dedicated group of up-and-coming investigators from all over the world. Walker and his team established the World Health Organization Collaborating Center for Tropical Diseases and they successfully laid the groundwork to begin

development of the nation's first full-sized biosafety level four lab on a university campus.

In 2001, in response to the anthrax attacks that followed Sept. 11, Walker organized UTMB's Center for Biodefense and Emerging Infectious Diseases. He later led the effort to secure a \$48 million grant from the federal government to create the Western Regional Center of Excellence in Biodefense and Emerging Infectious Diseases, and today directs a UTMB-led coalition of more than 30 institutions as part of the effort.

Walker's program-building success at UTMB has attracted national attention, and, naturally, interest from other institutions hoping he could produce similar results for them. Recently, a major East Coast university made him an offer that he admits tempted him strongly.

"It was an incredible opportunity," he said. "But I have so much affinity for this place, and I would hate to leave behind all the wonderful colleagues I have here, particularly in the area of infectious diseases and pathology. Our infectious-disease community has always been marked by such tremendous collegial support, and abandoning that would have been one of the hardest things about leaving."

Instead, Walker is looking forward to building on the foundation he's established at UTMB, while at the same time taking his department in new directions. He's particularly excited about developing a new program in endothelial cell pathobiology — the study of the damage done by disease to the cells that line blood vessels. UTMB's School of Medicine has committed to hiring four new faculty members to establish a significant presence in the field. Walker is the recent recipient of a \$1.25 million Science and Technology Acquisition and Retention (STAR) award from The University of Texas System, and plans to devote the funding to the new program.

"This effort's going to have a tremendous impact beyond the Department of Pathology," Walker said. "It's going to involve groups from all over campus because it involves every organ in the body. There are so many diseases of the blood vessels that we don't understand — the acute injuries that diabetes causes in the kidneys and eyes, the cerebral edema produced by altitude sickness, the internal bleeding produced by many infections — the field is just wide open."

CMC pharmacists are valued members of medical team

By Judie Kinonen

John Spencer, senior pharmacist with Correctional Managed Care, had just started working at the TDCJ pharmacy in Huntsville in 1998 when his new employer announced nerve-racking changes.

No longer would pharmacists fill prescriptions; machines would do that. Spencer and his colleagues would have a more responsible role—to review patient profiles and help providers find the right drug therapy for every patient.

“At first, there was a lot of anxiety,” Spencer admits; but today, he and his colleagues wouldn’t have it any other way: “We feel like we’re doing what we were trained to do.”

That’s how managers of UTMB’s Correctional Managed Care felt, too, when they took over TDCJ’s pharmacy operation in 2000 and decided that the unique system making pharmacists part of an integrated health care team worked remarkably well. It has continued to make the CMC pharmacy a model of efficiency.

It’s all possible through automation—11 pre-packing machines used to repackage medications into blister pack cards, and two final check and sortation machines, says Stephanie Zepeda, assistant director and interim director for the CMC pharmacy.

In the past, TDCJ pharmacists spent their time filling and reviewing prescriptions to ensure the doctor’s order was filled with the correct medication.

“What we found was, the order may have been transcribed correctly, but the order may have been for the wrong drug,” Zepeda says; drug errors were far too common.

“To TDCJ, it didn’t make sense for their pharmacists to be reviewing prescriptions after they’d been filled,” she says. “It made more sense for them to call the doctor and make recommendations before the prescription was filled.”

So once machines were in place to ensure the correct drug was used, the pharmacist’s role shifted from “reviewer” to “consultant”—from the end of the process to the beginning of it.

Now pharmacists review a patient’s history on the electronic medical record system (in place since 2000) and pharmacy computer system, and they call physicians when they see errors or have suggestions for a better drug therapy.

Like the pharmacists, physicians were a bit resistant at first, but no more, says Bill Toney, CMC pharmacy assistant director.

“Now they’re appreciative, and they accept the pharmacists as part of the team,” he says. “It’s a very integrated system.”

Tested in an 18-month demonstration project for the Texas State Board of Pharmacy, the system sharply reduced the number of medication errors while productivity increased, Zepeda says.

“We really feel like we’re valued,” Spencer says. “Most pharmacists here wouldn’t want to work anywhere else.”

CMC Pharmacy at a glance

Pharmacists

Pharmacy Clinical Practice Specialists (clinical pharmacists):

- Have obtained advanced training through residencies and/or earned advanced pharmacy degrees.
- See patients in the clinics and consult with providers.

Senior Pharmacists (staff pharmacists):

- Review physician orders before they are filled.
- Look at patient medical records to identify any problems with drug therapy.
- Consult physicians about concerns.

By the Numbers

- Average of 16,000 prescriptions filled per day and almost \$13.9 million per year.
- 31 pharmacists, 20 of them senior pharmacists.
- 84 support personnel.
- In less than three months, recycled more than seven tons of plastic and cardboard.

Cutting-Edge

- In 1996, received the Innovative Collaborative Practice Award from the Texas Society of Health-System Pharmacists.
- Integrated physician order entry—electronic prescriptions—in 1985, which is still unusual by today’s standards.
- In the past eight years, the Texas State Board of Pharmacy has changed its policies three times as a direct result of what it learned from the CMC Pharmacy.

Academic Mission

- Students from the College of Pharmacy at University of Texas and University of Houston complete rotations at the CMC Pharmacy.
- Pharmacy hosts a 10-week “mini-residency” summer internship program sponsored by the Texas Society of Health-System Pharmacists for pharmacy students across Texas.
- Had the first and still the only residency program specific for correctional pharmacists, a post-graduate training for pharmacists accredited by the American Society of Health-System Pharmacists. The program received a perfect survey report in October 2006, a first for ASHP surveyors.
- Strive to build upon the body of literature in the field of pharmacy by publishing articles occasionally, not as a requirement but as an extra contribution.

AHEC sends students to Capitol as part of Ambulatory Community Selective

Fourth-year UTMB medical students Ed Chan, Sonia Bynum, Richard “Cully” Wiseman, and Arda Yalvac have completed a unique experience in their preparation to be physicians. They served as the first medical students to ever have an active assignment in the state Capitol during a Legislative Session.

Each served under Senator Kyle Janek, a physician and UTMB graduate, as part of their Ambulatory Community Selective, ACS, in Community and Public Health coordinated by the East Texas Area Health Education Center.

The ACS is unique in that while complet-

ing the course is mandatory for fourth year medical students, soon to enter the workplace, the students are allowed to choose the area of interest in which they wish to serve. This enables each student to experience first-hand the reality of their chosen profession/specialty in the actual workplace. Directed by Dr. Patricia Beach, the ACS committee is credited for innovation and vision in providing meaningful learning experiences in ambulatory health care for UTMB’s fourth year medical students.

ACS offered a health policy option for those students enrolled in the Spring 2007 semester to take advantage the 80th Legislative Session, and the students took

full advantage of that option. Arranged by course director Steve Shelton and co-director, Dr. Ben Raimer, vice president and chief executive officer for community health systems, the introductory experience enabled the four students to spend one week in Senator Janek’s office, working under his direction with his staff. Their efforts included researching information to provide the senator with background on key issues addressed by proposed legislation; participating in staff discussion and preparation of Janek’s own legislation; attending committee hearings as well as hearing the floor discussion and debate.

While their assignments were for one week

during the course of the Session, the ACS C/PH course will continue to offer future students the health policy option as a one-month assignment in Austin.

Students will work at least 20 hours a week in an Austin community health care setting, with the remainder of their time spent in one of many different health policy related possibilities, including work at the Capitol or with leaders among several state agencies or major advocacy organizations with a focus on health and human services. The East Texas AHEC is a program of the Division of Community Outreach, Office of Community Health Services, UTMB Galveston.

IT systems, nurses work together for better patient care

By Michele Rainford

A comprehensive study of nurses and their IT needs conducted by CDW Healthcare, a Fortune 500 company that provides technology products and services for business, education and government, found revealing statistics from nurses on IT and its place and effectiveness in their healthcare organizations and working environments.

The online nursing survey was completed in August 2006 by 559 nurses from a variety of healthcare settings, from large medical centers to physician offices. Seventy-one percent of the nurses who took the survey had more than 15 years of nursing experience.

"The ability to access and use information effectively is critical to good decision-making in nursing," said Dr. Poldi Tschirch, director of Nursing Informatics at UTMB.

The use of technology has become vital to the nursing field. Tschirch said UTMB addresses technology for nurses in a number of ways including the well-established Evidence-based Practice Program (EBP) which is overseen by the Director for Nursing Practice and Professional Advancement, the Clinical Advancement Program (CAP) which has identified EBP competencies for nurse clinicians as a key practice domain and the specialized program where, "nurses receive training in the use of the EMR as an electronic document-



Dr. Poldi Tschirch

tation tool through initial hands-on classroom based instruction and follow-up demonstrations and one-to-one review from IS trainers and support staff.

Tschirch works with nurse managers and the Information

Services (IS) training staff to set follow-up training for nurses either as classroom based updates for Super Users, who help to provide computer support to the other nurses in their units, or unit-based demonstrations. Tschirch said that UTMB inpatient nurses recently completed a computer skills assessment survey and they "will be planning programs to respond to the learning needs that they identified."

With these processes in place, UTMB seems to be ahead of the curve in addressing the IT needs of its nurses.

The CDW Healthcare survey found that nurses "overwhelmingly embrace the belief in the potential of IT to improve patient care by enabling quicker access to information, improving efficiency, reducing the potential for errors and providing more patient information." But startlingly, close to 30 percent of nurses surveyed said they received no IT training in the last year, while 56 percent received just one to eight

hours in the last year.

And when asked what would have the greatest effect on improving how to use IT in their jobs, 55 percent said more professional training and/or professional development.

For most healthcare organizations there seems to be a disconnect between the IT decision makers and nurses.

At UTMB, however, the institution involves its nurses and other clinicians in the important decisions that affect them, from the early planning stages to post implementation and important feedback at each step of the way.

The study also revealed that nursing informatics positions are important to the advancement of IT within the nursing environment. Healthcare organizations with nursing informatics positions are more likely to provide a higher level of IT training for nurses. In fact, 65.7 percent of organizations offering more than 16 hours of training per year had a nursing informatics professional compared with 34 percent of organizations with no such positions.

Other survey findings include:

- 64 percent of the responding nurses said that IT is an important factor when job hunting
- Those who had no IT training or between one and eight hours are more

likely to indicate that they don't have time to use technology than respondents who received more training

- 60 percent use IT to document electronic medical records, 69 percent use it for email, more than 50 percent use it to order patient tests and prescriptions through computerized physician order entry
- 61 percent of respondents said they do not have nurse informatics positions at their facilities although 45 percent of respondents were from organizations with more than 1,000 employees

Nurses believe IT can be beneficial to the efficient care of patients, but they need to be involved in the implementation process at all levels, from the information gathering stage, to the selection of IT products, to the implementation of IT, to training and updates and post-training refreshers. Also, work environment and workflow issues are vital in deciding the workability of IT products to the particular nursing environment.

The survey supports the need for a nursing informatics position and/or department in advancing IT development within the ranks of the nursing staff.

UTMB, with a director of nursing informatics in place, has positioned itself for continued advancement in technology and success for its nursing team.

Study shows weak immune response critical to RSV in children

By Jim Kelly

The most common cause of infant hospitalization in the United States, respiratory syncytial virus, infects virtually all children by age two. Along with the influenza virus, RSV is a major contributor to the approximately two million infant deaths worldwide caused every year by respiratory infections, according to the World Health Organization. Worse yet, there's no safe and effective RSV vaccine available to prevent severe respiratory infections, and no specific antiviral therapy to treat them.

Normally RSV results only in a cold-like upper respiratory infection. But in some babies, it spreads deep into the lungs, where it prompts coughing, wheezing and extreme difficulty in breathing, a clinical syndrome known as bronchiolitis. In these cases, the child's survival may require immediate medical attention.

For the past four decades, medical science thought it knew how this dangerous condition arose from such a common virus. Scientists blamed an overreaction in the lungs by specific immune-system cells, T lymphocytes (also known as "T cells"), for the most severe symptoms of infection.

But now, UTMB researchers in conjunction with researchers at the State University of New York at Buffalo, the University of Chile, the Hospital Roberto del Rio in Santiago, Chile, the University of Texas Southwestern Medical Center, Dallas, and MedImmune Inc. of Gaithersburg, Md., have turned that dogma on its head.

Instead of being caused by too strong an immune response, they've shown that severe RSV infections in the lower respiratory tract actually are associated with an inadequate immune reaction—a characteristic they share with fatal influenza infections, which were also studied by the

group. Their findings have major implications for efforts to develop therapies for RSV and perhaps other viral respiratory infections during infancy.

"As part of our studies funded by the UTMB National Heart, Lung and Blood Institute Proteomics Center to study airway inflammation, we compared respiratory secretions from RSV-infected and influenza-infected babies, looking for proteins and cytokines—immune signaling molecules—made by T cells, and we saw no evidence that T cells had been activated in the RSV babies," said UTMB professor Roberto Garofalo, a senior author of a paper on the research that appeared in the April 15 issue of the *Journal of Infectious Diseases*. "In fact, irrespective of RSV or influenza infection, the cytokines we found in these infants were mostly those made by other types of cells of the lung, such as macrophages or epithelial cells," Garofalo added.

Garofalo and his colleagues then put this data together with postmortem lung samples from autopsies of infant victims of severe RSV and influenza in Chile. (Although RSV causes extensive serious illness and a significant drain on medical resources in the United States, the widespread availability of advanced respiratory therapy makes U.S. RSV fatalities rare.) Analysis of the lung samples showed high concentrations of RSV and inflammatory signaling molecules associated with infection, but no sign of T-cell activity.

"This significantly changes the way we look at how we want to intervene in terms of therapy," Garofalo said. "We all agree that killing the virus with anti-viral drugs, which we still don't have, is important. But it looks like we also need to find a way to control unwanted inflammation and boost the disease-fighting T-cell response."

Internal Medicine Alumni Society hosts annual meeting



Dr. Michael Boyars receives the Department of Internal Medicine Alumni-Faculty Excellence in Teaching Award from the Department of Internal Medicine Alumni Society.

More than 150 practitioners attended the Department of Internal Medicine's 14th annual Essentials in Internal Medicine: Update on Principals and Practice and Alumni Society meeting at the end of March. The day and a half scientific meeting covered a variety of topics, including the presentation of the William P. Deiss Jr. Lecture by Dr. Marschall S. Runge.

Runge, whose lecture was titled "Cardiovascular Screening: Yesterday, Today and Tomorrow," is the Marion Covington Distinguished Professor and Chair of the Department of Internal Medicine at the University of North Carolina School of Medicine. He previously served at UTMB as director of the cardiology division and director of the Sealy Center for Molecular Biology from 1994–2000.

Also invited to speak was Dr. Janet Tornelli-Mitchell, an alumnus of the internal medicine department who currently has a private practice in Dallas. She discussed "Ethics in Medicine," based on her experiences as a member of the Texas State Board of Medical Examiners.

The annual Alumni Society Dinner was hosted in honor of Dr. James C. Guckian for his lifelong service to UTMB and to the Department of Internal Medicine.

"To honor Dr. Guckian isn't just the right thing to do, it's the only thing to do," said Dr. Randall J. Urban, the Edward Randall and Edward Randall Jr., Distinguished Professor and Chair for the Department of Internal Medicine. "He has served this department and institution as a faculty member and alumnus for over four

decades. He is truly one of our most precious jewels."

Dr. Michael C. Boyars, professor of internal medicine, received the Department of Internal Medicine Alumni-Faculty Excellence in Teaching Award.

"The fact that our department's alumni return each year for our CME course and Alumni Society meeting tells of their affection for UTMB," said Dr. J. Marc Shabot, vice chairman for alumni affairs and development for the Department of Internal Medicine. "We are quite proud of our department's history, and the collegiality that our Alumni Society has fostered. One of our department's greatest strengths is our alumni and friends, and we look forward to building even stronger ties with them in the years ahead."

NEWS IN BRIEF

Major landscaping project begins on campus

Portions of west campus are closed for approximately six months, as a major landscaping and beautification project gets under way. The West Campus Landscape Project is part of the GNL effort, and serves to restore and upgrade areas disturbed during the construction phase.

Improvements will include shaded brick walkways echoing the colors of the Ashbel Smith Building and additional seating and lighting throughout the area.

Phase 1 of this project is scheduled to last through December. Some entrances of buildings surrounding the work area will be closed, and pedestrian traffic will be re-routed, but every building will maintain appropriate pedestrian ingress and egress. Entrances, exits and pedestrian routes will be clearly marked.

Facilities Operations and Maintenance (FOAM) is making every effort to minimize the impact of this project. Get details, including concept sketches and a map, on the UTMB Construction site, www.utmb.edu/construction.

Free skin cancer screenings offered May 5

UTMB and the Department of Dermatology will offer free skin cancer screenings May 5 from 10 a.m.–1 p.m. at the Galveston Family HealthCare Center, 3828 Ave. N. No appointment is necessary.



Conference celebrates legacy of Dr. G.W.N. Eggers

From left to right: Drs. Kelly Carmichael, Steven Viegas, Jesse Jupiter, E. Burke Evans and Ronald Lindsey at the 25th annual GWN Eggers lectureship. UTMB faculty members Carmichael, Evans and Lindsey (chairman of Orthopaedics and Rehabilitation Services) served as course directors for this year's program. Jupiter, a professor of orthopaedic surgery and chief of hand surgery at Harvard Medical School, was the visiting professor at the conference. The annual conference is named for Dr. G.W.N. Eggers who was professor of orthopaedic surgery and chief of the division of orthopaedic surgery at UTMB for 20 years. Born in Galveston, Eggers graduated from UTMB and became an internationally recognized orthopaedic surgeon, inventor and educator. Eggers was a fellow of the American College of Surgeons, a Diplomat and a former President of the American Board of Orthopaedic Surgery. He received international recognition for his research, especially for his self-designed orthopaedic appliance, the "Eggers Splint."

The UTMB screening is part of a national effort, coordinated by the American Academy of Dermatology and the American Cancer Society, to educate the public about the benefits of early skin cancer detection.

UTMB dermatologists will screen for cancerous or pre-cancerous growths. Patients who require further attention will be

referred to their own physicians for follow-up care. The clinic will provide sunscreen samples, a list of dermatologists who practice in the Galveston/Houston area and literature on how to spot suspicious growths.

For information, call the UTMB Department of Dermatology at (409) 772-1911.

Hospital and Nurses Week activities

UTMB will celebrate Hospital and Nurses weeks May 7–11. Here are highlights of the activities. See the nursing services web site or watch iUTMB for additional activities.

- **Nursing poster exhibit:** 8 a.m.–5 p.m. May 7–9 on the first floor of John Sealy Hospital
- **Kickoff luncheon:** 11 a.m.–1 p.m. May 7 in the cafeteria courtyard and E. Burke Evans Plaza
- **Gloria Mackey Memorial Blood Drive:** 7 a.m.–4 p.m. May 8 in 2C John Sealy Towers
- **Labyrinth walks:** 7:30 a.m.–5:30 p.m. May 8 in the library courtyard for UTMB nurses (rain location Levin Hall Foyer)
- **A Service of Healing Prayers for all UTMB employees:** Noon, May 8, in the UTMB Chapel
- **Ice cream social for all UTMB employees:** 2–4 p.m. May 8 in the cafeteria courtyard and E. Burke Evans Plaza
- **Hand blessing:** 8:30–10 p.m. May 9, 9:30 a.m.–11 a.m. May 11 and 1:30–3 p.m. May 11 in the campus clinic areas
- **Evening reception for all UTMB employees:** 10 p.m.–midnight May 10 in 7.134/7.136 John Sealy Annex

Use good sense when transporting sensitive data

By Bob Shaffer

Technology is a wonderful thing. We use it for entertainment, information access and sharing, innovative research, communications, education, and the list goes on. With the advent and convenience of mobile computing devices such as laptops, USB flash drives, PDA's and smart phones, we have the ability to access, transmit and store huge amounts of data from almost anywhere, without giving it a second thought.

I recently went to a conference in Austin and part of my essential gear included a laptop, Blackberry, USB flash drive and an iPod. Add up all that storage capacity and I have enough room to store an entire library floor of academic journals. That in itself isn't a bad thing, especially if all you carry around are videos, music, games and information about your local softball team. But it does have a down side.

Think about this. An employee plugs a USB flash drive into his desktop computer, downloads some data and plans to get

Got "how to" questions?

Visit <http://cirt.utmb.edu>. You'll find a wealth of information on a variety of security topics, including tips on mobile computing security and encryption.

caught up on some work from home over the weekend. Well, Monday comes around and the USB flash drive can't be found. What's the problem with that you ask? The USB flash drive contained Protected Health Information (PHI) on 26,000 patients. What now?

Although the above scenario is an example of what could happen. A similar incident personally affected me and millions of military veterans. In May of 2006, an employee of the Veterans Affairs Administration took home a computer disc that contained the names, Social Security Numbers and birth dates of 26,000,000 veterans. The employee's house was burglarized and the personal information subsequently stolen.

Fortunately for me, there's no indication that the information has been misused. The fallout from the VA incident has been enormous, bad press, congressional hearings, financial impact, etc.

According to Privacy Rights Clearinghouse 2006 statistics, 327 incidents involving the unauthorized disclosure or theft of personal information were reported, affecting at a minimum, 100,453,730 individuals. Thirty seven percent of these incidents involved the loss or theft of a laptop, thumb-drive PDA, and compact discs.

These incidents are far too common, and with a couple "good sense" security measures can be avoided. When removing, storing or transporting sensitive data using mobile computing devices, users must follow these basic principles:

- Gain appropriate authorization prior to removing sensitive information from UTMB.
- Take only the data you need.
- Never leave data storage devices unattended. Physically secure them when not

in your personal possession.

- When driving, lock your laptop and portable storage devices in your trunk or glove-box when away from your car.
- When flying, never check personal computing devices as baggage.
- Using UTMB approved encryption solutions, encrypt your laptop, USB flash drive and Smart phone.
- Always use strong passwords, six characters or more, include numbers, upper and lower case letters and special characters.

By applying these "good sense" security practices, you not only protect yourself and UTMB, but most importantly you protect the public we serve from unauthorized disclosure and possible theft of their personal information.

Bob Shaffer is the UTMB information security officer. Watch for more articles highlighting how you can help keep UTMB's information systems safe and secure.

UTMB IMPACT

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UTMB is ranked within
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ADDRESS CORRECTIONS

If you're an employee and would like to make an address correction, please contact your department administrator. He or she is the only person authorized to make changes to the main employee database (our source for employee labels) on your behalf.

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