

CALENDAR

Children's Carnival

A fun time for hundreds of children is planned for Saturday, Oct. 28, from 1–4 p.m. at a free carnival sponsored by Children's Hospital and the Children's Hospital Community Advisory Board. For more information, contact Janis Matthews, UTMB Child Life coordinator, at ext. 23424.

Gender issues

Dr. Virginia Valian, a professor of psychology and linguistics at Hunter College in New York, will be the inaugural speaker in a series about faculty development issues on Friday, Oct. 27. Valian is the author of the book, *Why So Slow? The Advancement of Women*, which outlines the ways in which beliefs about gender differences influence interpretations of others' performance. Her visit will be the first of a series of speakers on faculty development issues sponsored by the President's Office and the Core Committee on Women. Details of Valian's visit will be in the Oct. 23 edition of *Impact* and via daily announcements.

All Sports Day

The deadline to register for the Oct. 28 SGA All Sports Day is Oct. 20. Events are open to students, faculty, staff and spouses, and include:

- **Individual sports:** Weightlifting, tennis, 500-meter swim, ping pong racquetball and a fun run.
- **Team sports:** Outdoor volleyball, four-person basketball, seven-person coed soccer, tennis (men's and women's doubles,) doubles ping pong, coed softball, a mud-pit tug of war, a coed obstacle course, and a coed 400-meter swim.

Registration is \$10 per student and \$20 per faculty, staff member or spouse. The registration fee entitles participation in any individual and/or team events. For information, contact Campus Life at ext. 21996 or e-mail rjlacour@utmb.edu. Registration forms can be picked up in room 2.110 of the Jmail Student Center.

Salute to Nursing

The seventh annual Salute to Nursing Golf Tournament and Sponsor Party will take place Friday, Nov. 10, at the Galveston Country Club. This year's Sponsor Party will be hosted by Gerald and Susanne Sullivan at 6:30 p.m., Thursday, Nov. 9. The deadline for entries in the golf tournament has been extended until Nov. 5. For information, contact Sandra Harrison Gerace, ext. 71533.

SECC reminder

The State Employee Charitable Campaign is under way. This year, the university has set goals of \$450,000 and a 40 percent participation. For information and updates on the 2000 SECC campaign at UTMB, go to: www2.utmb.edu/secc.

IMPACT

UTMB THE UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON

Minimally invasive

A procedure to combat stroke can have patients out of the hospital in less than 24 hours.

Story on Page 3.



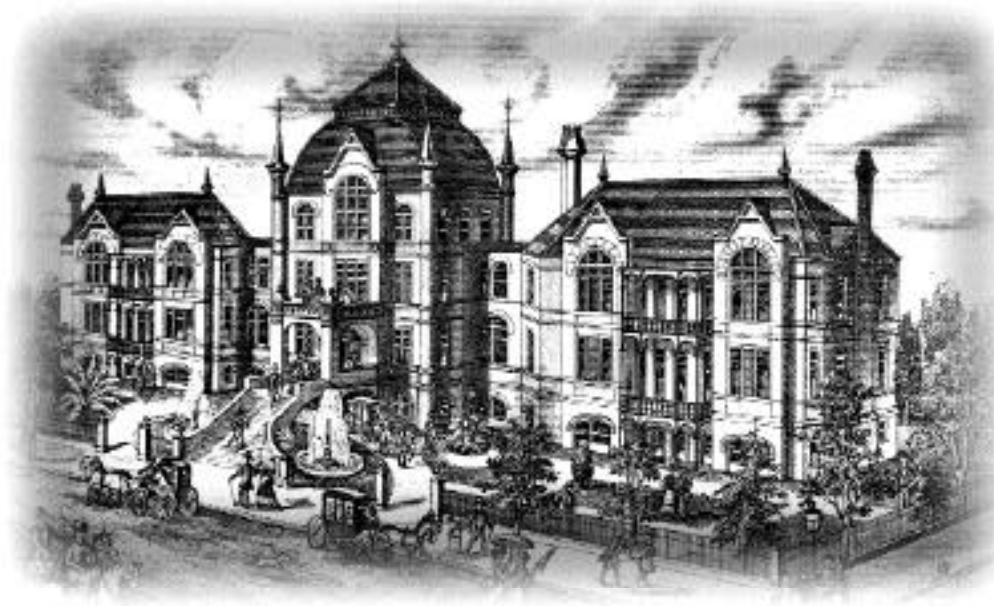
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- **Question and Answer:** Pastoral Care. Page 2.
- **Outreach:** Elderly Texans in rural areas to benefit from UTMB grant. Page 6.
- **Academics:** School of Medicine unveils new integrated curriculum. Page 7.

FOUNDERS DAY WEEKEND

Pioneers

UTMB to celebrate the vision and resolve of the men and women who helped shape health care in Texas on Oct. 13–14.



Dr. Truman Graves Blocker Jr.—an imposing figure in the 100-plus-year history of UTMB and a giant in Texas medicine—will be remembered when the tallest building on the campus is renamed in his honor in ceremonies beginning at 3:30 p.m., Friday, Oct. 13, in William C. Levin Hall. **See story on page 4.**

OHRP: UTMB can resume research studies

The federal Office of Human Research Protections (OHRP) on Sept. 26 approved the corrective action plan submitted by UTMB for re-review and resumption of federally supported research involving human subjects, university officials announced.

In a letter to Dorothea Wilson, vice president for research, Dr. Michael A. Carome, chief of the OHRP's Compliance Oversight Branch, said the plan submitted by UTMB on Sept. 20 effectively addressed the concerns cited by the federal agency on Sept. 14.

Two newly reconstituted Institutional Review Boards (IRB) will begin immediate re-review of the protocols affected by the OHRP's actions so that UTMB faculty can quickly resume the important work of advancing medical knowledge and improving health care. The university anticipates completing re-review of 97 federally funded protocols

See OHRP on page 8

IMPACT

Impact is the semimonthly newsletter of the University of Texas Medical Branch at Galveston (UTMB). Published by the Office of University Advancement, it is distributed free of charge in support of UTMB's education, patient care and biomedical research objectives.

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Submissions

The deadlines for submissions to be considered for the Calendar, People and Briefs sections of the **Oct. 23 Impact** is **noon, Oct. 16**. Submissions should not be more than 100 words for Briefs or 75 words for People items.

Inclusion of all other articles is determined by the Public Affairs staff. Content is generally scheduled two to four editions in advance.

Items submitted for consideration are subject to editing for style and length.

QUESTION AND ANSWER

PASTORAL CARE

Providing for spiritual needs



John W. Riley



Kathy Sapp-Ozenberger



Karen Alcott



Bobby R. Smith

(Editor's note: UTMB's Department of Pastoral Care celebrates National Pastoral Care Week, Oct. 9–13. In addition to a seminar (see box at right), chaplains will have a display in the cafeteria and other events.

The following is from a discussion with UTMB's Pastoral Care chaplains—John W. Riley, Kathy Sapp-Ozenberger, Karen L. Alcott and Bobby R. Smith.)

What is the primary mission of Pastoral Care?

Our mission is to provide for the spiritual needs of our patients, families and staff in a manner respectful of their personal beliefs.

How is that achieved?

We do this by chaplain/priest visits, prayers, sacraments, providing inspirational reading material, seeing that Bibles are available, scheduled worship services and serving as liaisons with the local faith communities. We offer crisis intervention, grief and bereavement support, and staff support as well. We also maintain a chapel, which is open around the clock for personal prayer and meditation.

How do you handle requests to see a representative from a specific faith?

Two priests are in the hospital regularly on behalf of the Catholic Chaplains Corps of the Diocese of Galveston/Houston. They are assisted by a group of trained lay ministers (Eucharistic ministers). Together they provide specific support for Roman Catholic patients. Many community clergy and faith representatives regularly call on patients and their families from their own congregations or faith communities. Generally speaking, for the rest of our patients, we function on an interfaith, interdenominational basis. If we assess that the spiritual needs require a specific faith representative, we have local contacts whom we can call.

I've heard about the lay chaplain program. How does that program work?

Trained lay chaplain volunteers serve twice a month in the UTMB medical and radiation oncology clinics and ICU waiting areas. Most of our chaplain volunteers come to us from the Community of Hope training program offered at William Temple Episcopal Center in Galveston. This basic 42-hour

CARING AT THE END OF LIFE

- **What:** A seminar on exploring end-of-life issues.
- **When:** Friday, Oct. 13, 9 a.m.–noon.
- **Where:** Ashbel Smith (Old Red,) room G-214.

Presentations

Dr. Marcia Levetown, a UTMB clinical associate professor in the departments of Internal Medicine and Pediatrics, will begin the conference with information about:

- how to approach families
- barriers to understanding end-of-life issues
- ways that communities can support education and care
- end-of-life issues facing children and adults

Dr. George Handzo, director of Chaplaincy Services at the Memorial Sloan-Kettering Cancer Center in New York and the speaker for the live teleconference, said discussions will center on "pastoral care of the cancer patient at the end of life, including existential and spiritual issues, ritual needs and the role of the chaplain. Caring for family members and other loved ones, integration with other health care disciplines in an acute care setting, and self-care in the face of repeated deaths will also be covered."

training program is offered on a yearly basis. All of our lay chaplain volunteers have been trained in similar programs. The lay chaplains serve as pastoral caregivers and not as evangelists. They are trained to respond to patients and staff in a manner respectful of the other's personal beliefs.

Let's say that I'm a patient at UTMB. How would I go about contacting Pastoral Care?

There are many ways, though we are surprised by the number of people who aren't aware that there are chaplains at UTMB.

When patients are first admitted to a nursing unit, they should be asked their faith/religious preference. At that time they should also be asked if they want to be seen by a chaplain during their hospital stay. We are then notified by nursing of the request. Patients may simply ask their physician or nurse to see a chaplain. Also, our number (ext. 23909) is listed in the hospital orientation information, and we can be contacted directly by the patient, patient's family or staff.



Foundation helps researchers explore mysteries of the deep

By Alana Mikkelsen

The mysteries of the ocean deep are many, and researchers have longed for a more complete picture of the sea's creatures, what influences them, and how they live. Now, with help from the Alfred P. Sloan Foundation, they may get their wish.

This summer, the foundation awarded \$3.7 million to eight research groups in 15 nations to develop Internet-accessible, point-and-click maps of the world's oceans. The goal is to give the public a global snapshot of marine diversity, showing species distribution, water temperature, ocean currents, predator-and-prey relationships, and other information that could help in conservation efforts, fisheries management, and scientific studies alike.

As a starting point for this 10-year project—dubbed the Census of Marine Life—the foundation chose several fledgling databases, including one constructed at the University of Dalhousie in Halifax, Canada, by James Wood (www.cephbase.dal.ca). An expert on the deep sea octopus (pictured above), Wood joined UTMB this fall as a research associate with the university's National Resource Center for Cephalopods.

For 25 years, the center has studied the group of animals including octopus, cuttlefish, and squid. It also has built an extensive library including more than 4,000 books and publications on cephalopods (some dating from the late 1800s, when the world's ocean depths were just beginning to be explored), plus an estimated 2,500 to 3,000 slides. Moreover, the center has video footage of nearly every aspect of cephalopod life, from swimming and mating to egg-laying. Wood's task, supported by nearly \$450,000 from the Sloan Foundation and almost \$150,000 in matching funds from the two universities, will be to add that information to his already extensive database, which includes an entry for each of the world's 700 species of cephalopod.

"There are just as many pounds of cephalopods in the ocean as other species of fish put together," says Phillip Lee, director of the cephalopod center. "They've been very successful predators," and they're crucial to the ocean's food chains. Placing these animals in their natural context may not only help solve long-standing conundrums of cephalopod science (such as why there are no cuttlefish in New World oceans), it also may give scientists important clues about how global phenomena such as El Niño affect each level of the food chain.

"We'll start learning new things," Wood said, "because we'll be seeing things in a new way."

Minimally invasive

New procedure to combat stroke gaining popularity

By John Tyler

As many people do when it comes to their health, La Marque retiree Marvin Hart, 71, had been procrastinating. Occasionally experiencing numbness in his left arm, he knew it was time to visit the doctor and have himself checked out.

What he didn't realize was that his carotid artery—the principal artery carrying blood from the aorta to the head—was 97 percent blocked on one side of his neck. Every day he put off visiting the doctor, he was speeding closer toward a stroke.

"I just knew that it was time to go in and get it checked," he said. "I'm glad I finally did."

Stroke is the third leading cause of death in the United States, affecting more than 600,000 Americans each year. The doctor Hart visited at UTMB has declared war on this threat by offering the most minimally invasive means available to prevent stroke.



Killewich

Dr. Lois A. Killewich, associate professor of vascular surgery, performs a minimally invasive carotid endarterectomy under local anesthesia that has patients out of the hospital in less than 24 hours. The two-hour procedure clears the carotid artery of plaque, which is actually the buildup of clotted blood, calcium and cholesterol deposits, and has patients back to normal activities in a matter of days. It only requires a two-inch incision, and the scar is generally hidden in the skin crease of the neck.

The traditional means of performing a carotid endarterectomy is under general anesthesia, with the patient asleep. Performing it with local anesthesia, as Killewich does, is quickly becoming a popular method. "Performing the procedure with the patient awake is not a new idea," Killewich said. "However, the pendulum has swung back and forth over the last 10 years as to whether or not that is the favored approach. Most vascular surgeons are switching back to local anesthesia because they believe it is safer.

"I am trying to take it one step further, however, and make it a truly minimally invasive procedure with a short hospital stay, minimal cost, and with the least amount of pain and recovery time for the patient," Killewich said.

Hart came in the day of his procedure and had a smooth recovery. "I can tell you that it wasn't painful at all," Hart said. "A couple days later I was out mowing the lawn, so it didn't take long for me to get back to my routine."

It is not just the post-operative benefits that make the less invasive procedure more desirable, however. Performing the procedure in this manner allows doctors to converse with the patient during surgery, providing a means to evaluate his or

Stroke facts

A stroke occurs when the blood supply to the brain is interrupted, resulting in a portion of the brain dying.

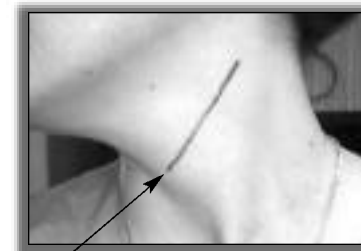
- 600,000 Americans are affected each year and 150,000 die.
- It is the leading cause of disability in adults and the third leading cause of death.

Signs

- Weakness and numbness on one side of the body
- Speech problems
- Loss of vision in one eye
- Severe unexplained headache
- Dizziness and loss of balance and coordination

Treatment

- Blood thinners
- Clot-busting drugs. These can restore function lost during a stroke, but the drugs must be started within three hours of the onset of symptoms



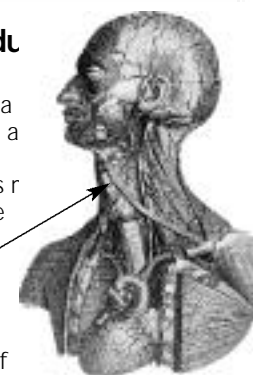
Procedure

Local anesthesia used and a two-inch incision is made along the carotid artery.

The artery is cleared of "plaque,"

which is the buildup of cholesterol, clotted blood and calcium deposits.

This procedure takes about two hours and the patient usually can be released the next day.



her neurological status. This lowers the chance of stroke during the procedure, because doctors can assess how the patient is responding to the reduced blood flow to the brain during surgery.

Information compiled by the University of Missouri Health Sciences Center's Vascular Center of Excellence indicates that performing a carotid endarterectomy with local anesthesia can reduce hospitalization charges by as much as 17 percent by avoiding intensive care unit charges. Additionally, the cost of anesthesia is about 37 percent less when it is applied locally. The center reports that total hospitalization costs have been about 36 percent less when performing the procedure with local anesthesia.

"There really is no good reason not to get this done immediately if you start to encounter the symptoms," Killewich said. Symptoms include numbness or weakness on one side of the body, speech problems, vision loss in one eye, severe headaches or dizziness.

"What we have to offer patients after a stroke is limited," she said. "It is very hard to restore function and quality of life to someone who has had a stroke. This is the safest and easiest way available to prevent that before it happens."

FOUNDERS DAY WEEKEND

Redesignation ceremony for Blocker building Oct. 13

Dr. Truman Graves Blocker Jr.—an imposing figure in the 100-plus-year history of UTMB and a giant in Texas medicine—will be remembered Friday, Oct. 13, when the tallest building on the UTMB campus is renamed in his honor. The campus community is invited to the ceremony, which will kick off the university's inaugural Founders Day Weekend.

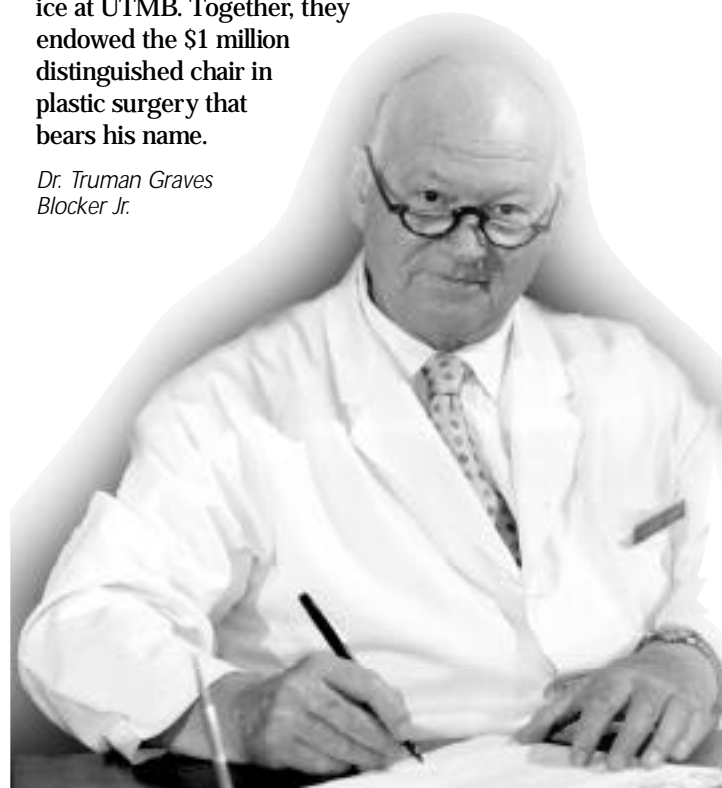
The Truman Graves Blocker, Jr. Medical Research Building is being named for the first man to hold the title of president in ceremonies at 3:30 p.m. in William C. Levin Hall.

The event will feature the official redesignation of the 11-story, 270,000-square-foot research facility by a representative of the University of Texas System Board of Regents, a multimedia tribute, remarks by many who worked with or were trained by him, and music by the University of Texas at Austin Longhorn Singers.

In addition, the university will officially kick off its Blocker Scholars Initiative, the goal of which is to generate \$4 million in endowments for M.D./Ph.D. students and \$1 million for a distinguished chair for the director of this innovative, integrated program designed to train future physician-scientists.

Blocker, who stood six-foot-four, became a legendary figure at UTMB, in Galveston and around the state, not only because of his international reputation in the fields of plastic surgery and academic medicine, but also because he was a stalwart champion of his patients, his students and his university. After he died in 1984, an extended circle of friends, former students and colleagues attended his memorial service at UTMB. Together, they endowed the \$1 million distinguished chair in plastic surgery that bears his name.

Dr. Truman Graves Blocker Jr.



PEOPLE

Phyllis Cohen Jendrusch and Melodee G. Mancuso (both of SAHS Student Affairs) presented "Everyone Plays: A Comprehensive Retention Cycle Spanning Pre-enrollment Through Graduation" during September's National Multicultural Affairs in Higher Education Conference in San Antonio.

Angelina Chambers (School of Nursing) was one of 50 women selected as Houston's Women of Excellence by the Federation of Houston Professional Women at the recent 19th annual awards banquet. Chambers, a certified nurse-midwife, has delivered more than 1,500 babies throughout her career. In 1992, she started the first master's level nurse-midwifery education program in south Texas at UTMB. In addition to her faculty responsibilities, Chambers is a full-time student pursuing her doctorate in nursing.

Joy Blackmon (ABC Center) received the 2000 "Making a Difference" award from the Multi-County Inter-Agency Coalition against Sexual Assault. MICSA is a group of law enforcement agencies, counseling centers and other agencies treating sexual assault victims in Galveston and surrounding counties. Blackmon examines most of the victims seen in ABC and works closely with Child Protective Services and local law enforcement agencies. She has been with the ABC Center for four years.

Dr. Barry Uretsky (Cardiology) has been named to a new scientific advisory board for the Kensey Nash Corp. The board, made up of 13 interventional cardiologists and radiologists, will examine problems in related fields and explore how to develop products that address the needs of the rapidly evolving health care sector.

Dr. David Haber (Health Promotion and Gerontology) presented "Promoting Health Among Older Adults," at the Texas Agricultural Extension Service: Making a Difference in a Changing Texas conference in Austin.

Dr. Martha Hinman (Physical Therapy) presented "Fall Prevention and Intervention Strategies for Elderly Individuals" at the 14th Annual Selenia E. and Joseph C. Valley, Sr. Conference in Houston.

Dr. Elizabeth Anderson and Zena Mercer (both of School of Nursing) presented "Teaching Community Health Nursing on the 'Net: Some Lessons Learned" at the World Health Organization for All: The New Agenda in the United Kingdom.

Patricia Blair (School of Nursing) made two presentations, "Barriers to Correctional Research" and "Babies Behind Bars: The Ethical, Legal, and Social Ramifications of Allowing Mother-Infant Bonding in Correctional Settings," at the National Commission of Correctional Healthcare in St. Louis.

Dr. Charles Christiansen (School of Allied Health) delivered the keynote address, "Identity, Personal Projects, and Happiness: Self-Construction in Everyday Action," at the Millennial Reflections: Third Australasian Occupational Science Symposium in Australia in September. Dr. Loree Primeau (Occupational Therapy) presented "Household

Sodexo Marriott picnic

Dr. C



On Sept. 23, Sodexo Marriott, which provides housekeeping and food services to UTMB, held a picnic for its 550 employees. Included in the day of fun for Sodexo Marriott employees and their families were an egg toss contest (above), a chance for children to test their throwing skills at a dunking booth (left), bingo games for adults, a piñata for children, and other games and contests, along with hot dogs and all the fixings.



The picnic at the Field House was a combined event to celebrate National Housekeeping and Food Services weeks which were Sept. 18-22 and Oct. 2-7, respectively.

"We felt that it was a very important first step for the Environmental Services employees who now work for Sodexo Marriott, to join ranks with the team from the Food and Nutrition

Department who have been Sodexo Marriott employees for the last five years," said Roger K. Hanson, retail team leader.

Work: When Gender Ideologies and Practices Interact" at the symposium.

Dr. Barbara Camune (School of Nursing) presented "Nurse Midwives' and Neonatal Nurse Practitioners' Collaboration in the Labor and Delivery Setting" at the National Association of Neonatal Nurses' Conference in San Antonio.

A paper, "Bladder Scanner Accuracy During Everyday use in the Acute Rehabilitation Setting," was presented at the 17th Annual Conference of the American Association of Spinal Cord Injury by Cheryl Lehman and Steven V. Owen (both of School of Nursing) in Las Vegas.

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ON CAMPUS

CALENDAR, NEWS AND EVENTS



Dr. Connie Silva (School of Nursing) presented "Alternative and Complementary Approaches to Pediatric Pain Management" at Approaches to the Management of Pain in the Pediatric Patient: A Lecture Series, hosted by Nursing Joint Ventures and the UTMB Department of Pediatrics.

EVENTS AND PROGRAMS

Drug and Alcohol Awareness

Activities planned for National Drug and Alcohol Awareness Week, Oct. 23-27, will include red ribbons, door prizes and informational brochures for students and employees. To order free red ribbons for your department or for more information, contact Employee Assistance at ext. 22485.

Employee activities sponsored by the Employee Assistance Program will take place in the hallway connecting John Sealy Hospital and John Sealy Annex from 10 a.m.-2 p.m., Oct. 24 and 26.

Student activities sponsored by the Alcohol and Substance Abuse Awareness and Prevention Project will be noon-1 p.m., Oct. 24, in the SAHS/SON lobby and noon-1 p.m., Oct. 26, in the Jamail Student Center cafeteria. Alcoholics Anonymous will present "Carrying the Message to the Professional," noon-1 p.m., Oct. 25, in Medical Research Building room 2.308. For information, contact the Student/House Staff Counseling Center at ext. 23148.

Special medical art exhibit

The Blocker History of Medicine Collections of the Moody Medical Library currently has on exhibit, "The Art of Healing." This showcase of 15 prints is on special loan from the Jack S. Blanton Museum of Art at UT-Austin and is from the Dr. Elgin W. Ware, Jr./Texas Medical Association Collection.

Numbering more than 40 works, the collection examines the relationship between medicine and art in Western culture. The prints selected for the exhibit span the centuries from the Renaissance to the present and include the works of Francisco Goya, William Hogarth, and UTMB physician and artist Eric Avery.

Between the 16th and 19th centuries, the interrelation between medicine and art was frequently displayed in prints. Some were used for serious study and artistic purposes, while others satirized the practice of medicine in different historical periods.

The exhibit may be viewed in the Rare Book Room from 8 a.m.-noon and 1-5 p.m. Monday through Friday until Oct. 31. The Blocker History of Medicine Collections is in Room 425 of the Moody Medical Library.

'Showin' Out' exhibit

During October, Moody Medical Library will host the second annual watercolor show of the students of Sallie Anderson of Anderson Studio. The display, entitled "Showin' Out," features the works of first-time exhibitors Carole Arie, Lori Del Buono, Margaret Canavan and Dr. Thomas J. Collins.

Three exhibitors are on the UTMB staff. Margaret Canavan is the director of the Student House Staff Counseling Center. Del Buono is administrator of the Marine Biomedical Institute and the Department of Anatomy and Neurosciences. Collins is associate professor of anatomy and neurosciences.

The public is invited to a reception on Oct. 19, 5-7 p.m. The

exhibit will be on view in the lobby during regular library hours: Monday-Friday, 7:30 a.m.-midnight; Saturday, 10 a.m.-7 p.m.; and Sunday, noon-midnight.

Environmental award

UTMB will receive an environmental excellence award from the Recycling Coalition of Texas in the special event category. UTMB's Annual Earth Day Exposition is a team effort that takes the commitment from volunteers in order to make it a success.

The award will be presented in Houston on Oct. 17 during the five-day Texas Recycling Summit. De'Anne Meeh and Ken Steblein also will be giving a presentation that morning at the conference on the same topic.

Adult carnival

The various forces that make a party a huge success came together in style on Sept. 21 for the Children's Hospital Community Advisory Board "Come Out and Play" fund-raising event. Food, games—such as Pin the Fin on Dr. Dolphin—and entertainment were the order of the day at UTMB's Levin Hall as scores of the community's movers and shakers rediscovered the child within.



Many attendees took the opportunity to take don their play clothes while

supporting a number of Children's Hospital programs that help kids in need. Major event sponsors include Landry's Restaurants Inc., Dr. Lillian Lockhart, the Jamail Galveston Foundation, Dr. C. Joan Richardson, Frost Bank-Galveston and ChoiceONE. Sodexo Marriott Services was the event's underwriter.

Brain Injury Conference

The Galveston Brain Injury Conference, co-sponsored by UTMB and the Transitional Learning Center, will be Oct. 20-22 at the Moody Gardens Hotel and Conference Center.

This by-invitation event will attract some of the world's foremost scientists, physicians and rehabilitation experts in the fields of brain injury research and rehabilitation to discuss the latest research and theories. The first recipient of the Robert L. Moody Prize for Distinguished Initiatives in Brain Injury Research and Rehabilitation will be announced during the conference.

ANNOUNCEMENTS

Campus Security Report

The 2000 Campus Security Report and the text of Maintaining a Drug-Free Campus are available for review at <http://www2.utmb.edu/security> report and <http://www2.utmb.edu/drug-free>.

If you do not have access to the Internet and would like a printed copy of these reports, contact Campus Police at ext. 21503 for the security report, and the Employee Assistance

STUDENT SPOTLIGHT



From left, Texas Sen. Carlos F. Truan, Dr. Garcia's widow Wanda Garcia, Ebeny Nwanguma, Dr. Garcia's daughter Cecilia Garcia Akers, and her husband, Jim Akers.

Garcia award

Ebeny Nwanguma, an occupational therapy student in the School of Allied Health Sciences, took home the \$1,000 award for his first place essay—"The Importance of Cultural Competence in U.S. Healthcare."

Texas Sen. Carlos F. Truan spoke during a luncheon in Levin Hall on Sept. 12 and presented the 2000 Dr. Hector P. Garcia Cultural Competence Award. His presentation, "The Legacy of Dr. Hector P. Garcia," reviewed the doctor's life, the obstacles he faced in accomplishing his goals and his belief that doctors should not only do good medicine, but good work in their communities as well.

Program at ext. 22485 for a copy of the drug-free campus brochure.

Bicycle thefts

There has been an increased number of bicycle thefts occurring on campus during the past few weeks. Campus police are asking you to contact them when you observe suspicious activity or people on campus at ext. 21111.

Shriners Hospital cafeteria

The Shriners Burns Hospital's cafeteria will be closed to UTMB employees on Tuesdays due to the increased number of patients visiting the hospital on that day.

Correction

Dr. Clifford W. Houston, center, the Associate Vice President for Educational Outreach, accepts the 2000 Presidential Award for Excellence in Science, Mathematics, and Engineering Mentoring on behalf of the Board of Education and Training of the American Society for Microbiology. In the Sept. 25 Impact, a photograph accompanying a story about the award was misidentified as Houston. We deeply regret the error.



OUTREACH

SUPPORT GROUPS

ALZHEIMER'S SUPPORT GROUPS

- **When:** Second Tuesday. Noon–1 p.m. (Oct. 10).
- **Where:** Trinity Episcopal Church, 22nd and Winnie.
- **Contact:** Ramona B. Mason, (409) 948-0368 or (409) 948-8862.

- **When:** Fourth Monday. (Oct. 23) 7:30–9 p.m.
- **Where:** St. John West Classroom at St. John Hospital in the Nassau Bay area.
- **Contact:** Nancy Malley, (218) 212-5894 or St. John Hospital, (218) 333-5503.

BEREAVEMENT SUPPORT GROUP

- **Purpose:** For family and friends who are coping with the death of a loved one. The group will offer emotional support and an opportunity to talk about the dying process.
- **When:** Second and fourth Thursdays. 5:30–6:30 p.m. (Oct. 12, Oct. 26).
- **Where:** Primary Care Pavilion, Entrance B, Suite 124.
- **Contact:** Sandra Linton, ext. 20054, or Ramona B. Mason, (409) 948-0368 or (409) 948-8862.

CARING FOR THE OLDER ADULT SUPPORT GROUP

- **Purpose:** To maintain emotional and physical well-being through support and access to resources.
- **When:** Second Tuesday. 5:30–6:30 p.m. (Oct. 10).
- **Where:** Primary Care Pavilion, Entrance B, Suite 124.
- **Contact:** Sandra Linton, ext. 20054, or Lisa Bellard, ext. 23412.

DIALOGUE CANCER SUPPORT GROUP

- **Purpose:** Support for cancer patients, their families and friends.
- **When:** First Tuesday. 9–10:30 a.m., (Nov. 7). Third Thursday. 2–3:30 p.m. (Oct. 19).
- **Where:** 1.300 McCullough. (Radiation Oncology)
- **Contact:** Chaplain Karen Alcott, ext. 73910.

EATING DISORDER SUPPORT GROUP

- **Purpose:** A weekly confidential support group for people who have eating disorders.
- **When:** Tuesdays for 12 weeks. Began Oct. 3. Noon–1 p.m.
- **Where:** Bethel Hall Conference Room.
- **Contact:** Employee Assistance Program, ext. 22485, or fax ext. 74289. E-mail: Annette Martinez at ahmartin@utmb.edu.

UTMB Fraud and Abuse Hotline

1 (800) 898-7679.

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Elderly Texans in rural areas to benefit from UTMB grant

By John Tyler

With the help of a \$467,000 grant from the Texas Telecommunications Infrastructure Fund, UTMB is developing a network of telemedicine locations that next year will begin serving elderly Texans who would normally have to travel long distances to receive care.

With five remote telemedicine sites in the rural Texas communities of Fort Stockton, Edna, Port Lavaca and Mineral Wells, UTMB geriatricians will provide care in areas that have been traditionally underserved, especially for elderly patients.

"In 1998, there were only 40 registered geriatricians in the state for what we know now is a population of around 20 million elderly," said Dr. Jose Loera, a geriatrician at UTMB. "Most of those geriatricians are concentrated in urban centers. The number of the elderly is increasing, and this is a great way for us to reach out to those patients."

Telemedicine allows UTMB doctors to conduct long-distance patient evaluations via video link. The university's Center for Telehealth and Distance Education provides the link and technical support that allows UTMB doctors to "see" patients in rural communities. UTMB's Geriatrics Services will provide consultations in the areas of memory disorders, fall prevention and urinary problems.

The geriatric community is the perfect population for the use of telemedicine, said Loera. Traveling is generally more difficult for elderly people, and many older adults do not live near family members who could drive them to doctors appointments. Additionally, the financial cost of traveling can place extra hardships on elderly people and their loved ones.

An added benefit to the telemedicine linkage is that it will also allow rural doctors to receive the continuing education required to hold a license. UTMB's Geriatric Medicine Division will provide lectures to rural doctors. "We have established lectures every Thursday and Friday at noon, because we are training other physicians to become geriatricians," Loera said.

This service complements a current UTMB program in which physicians travel to numerous locations throughout the state to provide one-hour accredited lectures to rural doctors. Utilizing telemedicine linkages, lectures can be provided by UTMB doctors without leaving campus.

"They will be able to receive training now much more conveniently," Loera said. "Also, when a doctor must take a day to travel away from his or her office to receive education, it is an inconvenience to their patients."



Telemedicine... should be used to improve access, and that will only make patient care better."

Dr. Jose Loera, UTMB geriatrician

The telemedicine links will also provide a social function for families and doctors. Families wanting to spend time with a patient who is separated by a long distance can do so without traveling, and doctors can stay in touch with patients who have left UTMB for remote locations around the state. While telemedicine cannot provide the physical contact and closeness of a face-to-face encounter, it does provide the next best thing.

"Critics have complained that it takes away the 'touchy-feely' aspect of a normal doctor-patient encounter, or the need for a good physical exam," Loera said. "My feeling is that these patients didn't have access to me at all previously. Telemedicine should not be used to replace anything. It should be used to improve access, and that will only make patient care better."

Dr. Ben Raimer, UTMB's vice president for community outreach, said the university will continue to look for new ways for UTMB to reach beyond Galveston. "Through its telemedicine program, UTMB is committed to help increase access to medical care in the underserved communities of our state," he said. "Due to this TIF grant, UTMB can reach out to an elderly population that rarely gets the medical access it needs in rural communities. We will take advantage of these opportunities as the university's telemedicine program continues to grow."

ACADEMICS

By John Tyler

An integrated method of medical education



“We are trying to train students in a setting that is more similar to the one in which they will see patients.”

Mike Ainsworth
Assistant Dean for
Educational Affairs at
UTMB.

Five years after a small group of School of Medicine students begin participating in a pilot program designed to test a new learning track, the Integrated Medical Curriculum (IMC) has emerged as an innovative approach to transforming aspiring UTMB students into successful doctors.

Since the fall of 1998, all UTMB medical students have benefited from the same integrated course load that marries traditional group lectures with small group tutorials and science labs. By transforming courses into interdisciplinary collaborations, the new SOM curriculum sends tomorrow's doctors into the medical field from an educational environment that closely mirrors the real world of medicine.

The pilot program, called the Interactive Learning Track, kicked off in the fall of 1995, placing 24 of the 200 incoming students into a test project for a new curriculum. After several years of determining what worked best for students and faculty, the curriculum has evolved into the integrated course of study all graduating School of Medicine students complete today.

In 1996, a 100-member faculty Curriculum Task Force was charged with researching and developing new course work for the IMC. Eight task force subgroups began scrutinizing areas such as basic sciences, primary care, specialty care, and evaluation and testing. The goal was to examine successful and innovative programs elsewhere that could be gleaned from to add depth and overall value to a UTMB medical education.

One major change in the curriculum is a new integrated style of learning. “Most of the courses are far more interdisciplinary than traditional medical school courses ever were,” said Dr. Mike Ainsworth, assistant dean for educational affairs at UTMB. “The most common models in past years, both here and in other medical schools, have been fairly discrete, departmentally based courses.

“We now merge areas, such as gross anatomy and radiology, to bridge the basic science discipline and what we might claim is the clinical correlate of anatomy,” he said.

“Neuroscience is not just a neuroanatomy course; it covers neurology and psychiatry or human behavior, for example.”

In year two of the IMC, the courses are primarily organ-based. Instead of learning subjects discipline by discipline, students take an organ system and tackle the anatomy and physiology, the pathology and the pharmacology of the organ system at the same time.

“We do this because these are the ways in which patients usually present,” he said. “They don't necessarily present with a biochemical problem, they present with a stomach problem or a reproductive problem.

“We are trying to train students in a setting that is more similar to the one in which they will see patients,” Ainsworth said.

During years one and two, the schedule provides a balance between traditional basic science-oriented lectures; more

personal small-group tutorials; laboratory experiences; and periodic, half-day clinical visits in the community. Even the lectures tend to focus more on underlying concepts and principles than on minute facts.

On a typical week during the first two years of study, the students' time is not fully scheduled. The schedule is decompressed deliberately because this style of learning requires time outside class to assimilate and reinforce information, Ainsworth said. “Students need productive time outside of class in study groups, the library, or using computer-based resources,” he said. “The old model of being in scheduled classes Monday through Friday, eight-to-five, is really not used here.”

Additionally, UTMB educators now use problem-based learning to introduce students to complex medical concepts. Students are often presented with a clinical problem—using a live patient or the description of a patient on paper—before they have received lectures or background on the topic. It is actually going through the case that stimulates learning, and helps students identify the most valuable areas in which they need to prepare. The large group lectures and laboratory experiences then serve to reinforce or address issues raised in the small group sessions.

Students in the IMC are also equipped to deal with both the technological and informational changes that will exist in the practice of medicine in the future, according to Dr. Andrew Payer, assistant dean for educational affairs.

“It is now important to train medical students on how to access information in a rapid, but accurate way—namely using the power of the computer and Internet,” Payer said. “They will also need to be able to assess the scientific accuracy of the information. The Integrated Medical Curriculum stimulates this type of ‘student-centered’ learning versus the traditional ‘faculty centered’ method of attempting to try to present all information.”

No change comes without challenge, and Ainsworth pointed out several challenges that have emerged during the transition. It has been a struggle for many faculty members to accept that this diverse means of passing on information, as well as the different types of student-instructor interaction, is as valuable to students as a more rigorous series of lectures, Ainsworth said.

Secondly, a significant addition of small group-based learning opportunities is more faculty time-intensive than a lecture with one faculty member speaking to 200 students. “To justify that, faculty must decide that this type of learning adds value to the educational process,” he said. “I think that has been an adjustment for the faculty as well.”

The SOM will continue to adapt to changes in the health care community and the needs of its students. The school now plans to look at ways it can improve upon the second two years of medical education.

UTMB IN THE NEWS

Here is a sample of where UTMB was recently mentioned in print, broadcast and on-line media.

Magazine

Drs. Charles Fulhorst and **Robert Tesh** of UTMB's Pathology Department were quoted in the Aug. 11 issue of **Science** about the diagnosis and treatment of arenaviruses, one of which has been blamed for recent deaths in California.

Newspaper

Dr. Harold Vanderpool, a professor in UTMB's Institute for the Medical Humanities, spoke on what he calls the "revolutionary findings concerning the effects of religion on human health and healing" as part of a lecture series at the Harrington Regional Medical Center in Amarillo (**Amarillo Daily News**, Aug. 17).

Dr. George M. Bernier Jr., UTMB's vice president for education, has been appointed to the White House Commission on Complementary and Alternative Medicine by President Clinton (**Galveston County Daily News**, Aug. 7).

An Associated Press article reprinted in the **Houston Chronicle** quotes Andrew Payer, UTMB's assistant dean for educational affairs,



New York Times, Aug. 22

In an article, "Medical Schools Discover Value in Dispensing Compassion," UTMB is recognized for its Gold-Headed Cane Award to "medical school graduates who embody the ultimate in patient care."

The article was also reprinted in the **Omaha World-Herald** on Sept. 3.

on the great potential for classroom instruction offered by virtual reality—computer technology that allows the viewing of complex, three-dimensional images of the body. (Aug. 8)

A father whose son was treated for cerebral palsy at UTMB's hyperbaric facility discusses the positive impact it had on his son's condition (**Houston Chronicle**, Aug. 15; **Woodland**

Hills (Calif.) Daily News, Aug. 21; **Albuquerque (NM) Journal**, Aug. 28).

Television

On Aug. 28, **Dr. Robert Shope**, UTMB professor of pathology, was interviewed on **KUHT-TV** (the Houston PBS affiliate) about the health effects of global warming.

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approved as "expedited review" within a week. Re-review of 207 protocols approved as "continuing review" will likely take one to two months to complete, depending on how frequently IRB members can meet. The OHRP letter also affirmed that enrollment of prisoners in federally and non-federally supported research may resume following appointment to the IRB of OHRP-approved prisoner advocates, full IRB re-review, approval and documentation of each protocol, and final OHRP approval of the IRB's determinations.

"We share the OHRP's commitment to the health and welfare of every patient enrolled in clinical research and thank agency officials for helping us develop a satisfactory plan," said UTMB President John D. Stobo.

Stobo also expressed his appreciation of the efforts of those at UTMB who made a timely response to the OHRP findings possible. "It's a testament to the tremendous effort put forth by our research community that the corrective action plan submitted less than a week ago was accepted so soon after the agency's site visit," he said.

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