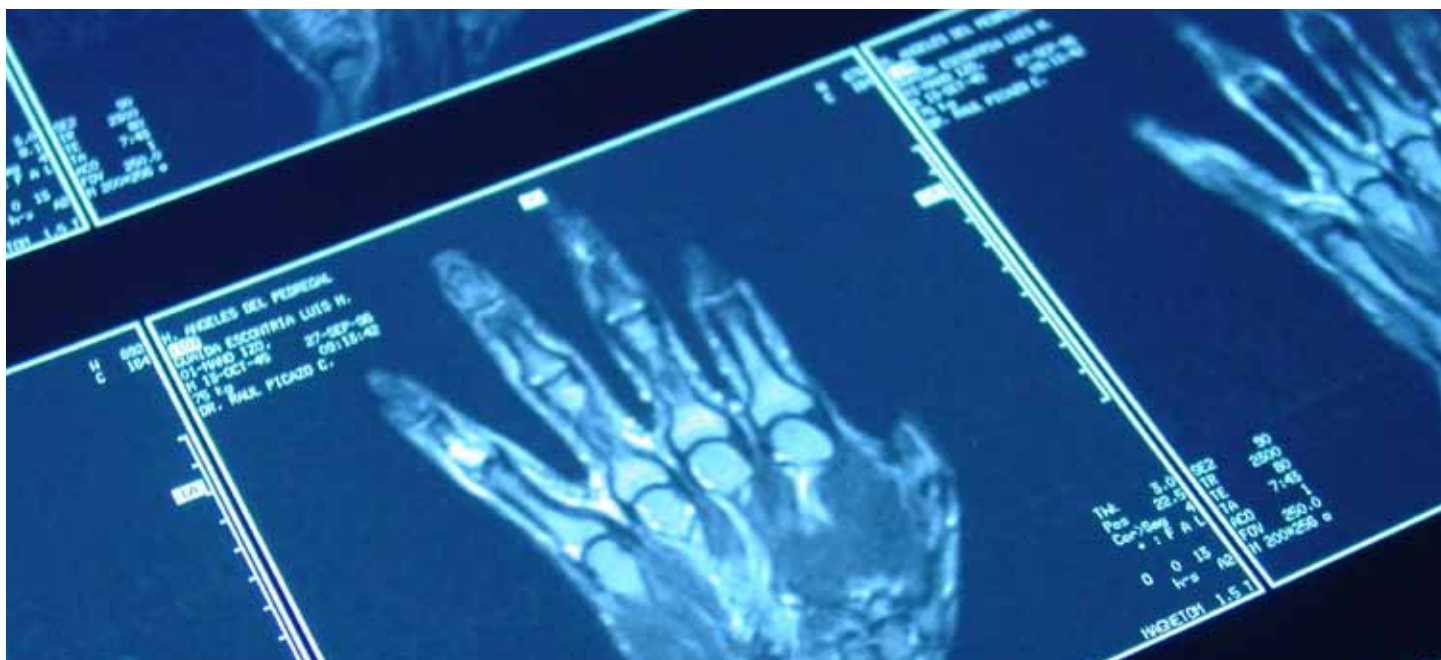


HEALTH WISE

Your Resource for Healthy Living ■ University of South Carolina School of Medicine ■ University Specialty Clinics



Extremity MRI

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UNIVERSITY OF
SOUTH CAROLINA

School of Medicine

New imaging technology delivers greater comforts to patients at USC Sports Medicine Center

The Department of Orthopaedic Surgery and Sports Medicine at the University of South Carolina School of Medicine recently debuted the first 1.5T extremity MRI in South Carolina.

The extremity magnetic resonance imaging (MRI) scanner delivers greater comforts to patients while providing superior imaging for physicians responsible for diagnosing a soft-tissue injury.

Unlike a traditional full-body MRI system, which can require patients lay motionless in an enclosed tube for a prolonged period of time, the extremity MRI takes place in an open environment. The patient sits in a padded chair beside the scanner. The joint requiring imaging — an elbow, wrist, hand, knee, foot or ankle — slides comfortably into the circular imaging device. During the scan, patients can tilt the chair back, read a book and enjoy the mobility not offered to them in a traditional full-body scan.

“Extremity MRI scans reduce the anxiety in patients who experience claustrophobia in an enclosed scanner,” said John Walsh, M.D., chair of the Department of Orthopaedic Surgery and Sports Medicine.

See Extremity MRI, p. 5



Helpful advice in meeting your health challenges

Coping with a diagnosis

Receiving a tough medical diagnosis can spark a flood of emotion and fear. But coping with your diagnosis in a thoughtful and healthy way can prepare you for the challenges ahead.

Craig Stuck, M.D., associate professor of clinical neuropsychiatry and behavioral science at the School of Medicine, consults with pediatric cancer patients and their families at Palmetto Health Children's Hospital. He works with people struggling to accept life-changing news.

"It's natural for a patient to question their diagnosis," Stuck said. "But when assessing their mental health, we want to know if they are keeping their doctor's office appointments and making the decisions to get treatment that they need – that's very important. We evaluate to what degree the emotional distress is impacting them. If they are employed or going to school, are they still able to function in those roles?"

Stuck advises patients on several important ways to cope with a diagnosis. First and foremost, keep your support groups in place.

"It's important to use supports in your life – your friends, family, church – to keep in touch with people and use the resources they can offer you," Stuck said. "Cancer can be a diagnosis that isolates people, and it's important that they not let it cut them off from the loving support that they are going to need to get through the illness."

Odds are that you are not alone in your fight. Take the initiative to seek out patients facing a similar diagnosis. More than likely, these individuals can bring answers to questions and share experiences and expectations. Ask your doctor if support groups exist in your community.

Maintaining a daily routine proves vitally important. Your familiarity with people and activities can be reassuring during this stressful time. But be prepared to modify your routine when necessary.

Your daily routine should include making smart lifestyle choices. Continue to eat a healthy, well-balanced diet and exercise regularly to improve energy levels. In addition, make sure you plan for an adequate amount of rest and relaxation.



Craig Stuck, M.D.

Stuck cautions that you will likely feel many different emotions following a diagnosis—but this is normal. The emotional roller coaster you experience is best served by being patient with yourself. Sometimes the best coping strategies are learned from within.

"In my role working with people with cancer, I'm continually amazed and impressed by all the things that patients have taught me in terms of coping, finding inner strength and perseverance," Stuck said.

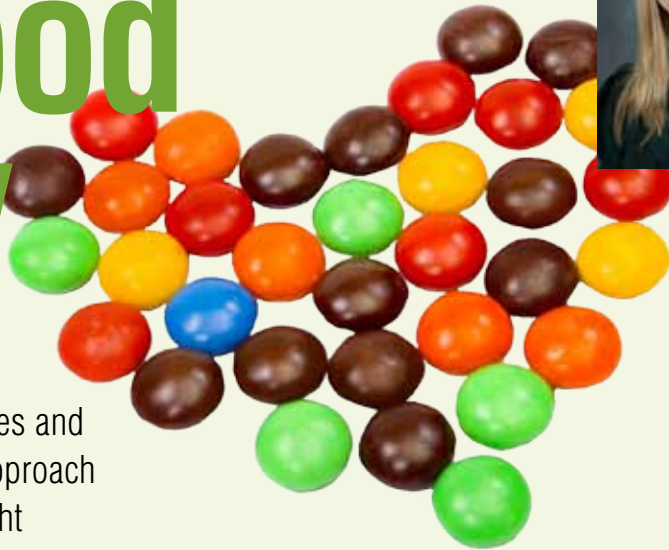
If the emotional challenges prove to be overwhelming, Stuck suggests working with a therapist. Help is available through the School of Medicine's Department of Neuropsychiatry and Behavioral Science outpatient clinic by calling (803) 434-4300.

Taking aim at childhood obesity



Lisa Knight, M.D.

Specialists at USC's Pediatric Diabetes and Obesity Institute are taking a team approach in helping children control their weight



In a state where nearly one in three children is overweight, a team of specialists at the University of South Carolina School of Medicine's Department of Pediatrics is taking aim at one of South Carolina's pressing health concerns.

USC's Pediatric Diabetes and Obesity Institute opened in November 2011, and offers a weight management clinic for children and adolescents ages 2-19 years. A multidisciplinary team includes three pediatric endocrinologists, two pediatric endocrine nurse practitioners, a dietitian, physical activity specialist and behavioral counselor to help children and their caregivers find success in losing weight and improving health.

"The goal of our clinic is to attack pediatric obesity from different angles and provide maximum support to children and their families in reaching goals," said Lisa Knight, M.D., assistant professor of clinical pediatrics, USC School of Medicine.

The 18-month weight management program begins with a physical exam in which a physician determines the overall health of the patient and screens for other health conditions such as diabetes, high blood pressure and cholesterol.

During the second visit, a four-hour group education session helps establish healthy eating habits and an exercise routine. A dietitian works interactively with the patient on basic eating principles, proper portion sizes and healthy snack choices. The physical activity specialist develops an exercise routine that promotes weight loss. Finally, the behavior specialist helps the patient set attainable goals and learn how to reward oneself after reaching those goals.

"The goal of our clinic is to attack pediatric obesity from different angles and provide maximum support to children and their families in reaching goals," said Lisa Knight, M.D., assistant professor of clinical pediatrics, USC School of Medicine.

After the group education session, the patient returns to the institute monthly for five months. The frequency of visits then decreases to once every three months for a year. Studies show the more frequent the visits, the better the weight-loss results, Knight said.

Another contributing factor to a child's weight-loss success comes from the support offered by caregivers.

"The success of the program correlates very well with how motivated the child is and the support provided in the family environment," Knight said. "Throughout our program, we are constantly encouraging parents to make the same changes, and we try to reinforce to them that their child will be more successful if they are acting as role models."

The institute welcomed 400 new patient referrals in the first five months of existence. With each new patient comes an opportunity to improve the health of the next generation of South Carolinians.

"We have had kids lose 10, 20 even 30 pounds, which from a pediatric perspective is a big deal," Knight said. "It is rewarding to see these individual triumphs and know we are making a difference in making our children healthier."

For more information, or to make an appointment with USC's Pediatric Diabetes and Obesity Institute, call (803) 434-7990.



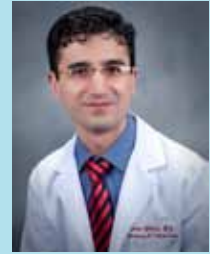
Watch Lisa Knight, M.D., explain a simple way for your child to achieve weight-loss success at www.youtube.com/USCSchoolofMedicine

Good night's sleep

Sleep medicine specialists help you get a healthy night's sleep



Antoinette Rutherford, M.D.



Imran Iftikhar, M.D.

Sleep is as much a necessity in life as food, water and shelter. But as many as 60 million Americans a year suffer from sleep disorders that prevent them from receiving the full benefits that sleep provides.

Sleep medicine specialists at the University of South Carolina School of Medicine's Division of Pulmonary, Critical Care and Sleep Medicine treat patients suffering from a range of sleep disorders — from common conditions such as sleep apnea to the occasional diagnosis of restless leg syndrome.

Antoinette Rutherford, M.D., assistant professor of clinical internal medicine, and Imran Iftikhar, M.D., assistant professor of clinical internal medicine are fellowship trained. Rutherford and Iftikhar say the first sign of a sleep disorder is often noticed by your bed partner. Symptoms such as snoring and gasping for air are indicators of sleep trouble. Persistent drowsiness and trouble staying awake during meetings are two self-diagnosing symptoms.

"There are many warning signs of a sleep disorder that can lead to life-threatening situations," Iftikhar said. "For example, if you are drowsy driving and cannot stay awake at a traffic light, you are putting yourself and others at risk."

Sleep disorders can lead to additional health conditions such as diabetes, high blood pressure and an increased risk of having a heart attack or stroke.

"A person suffering from sleep apnea may experience an event at night where their airway closes down," Rutherford said. "When this happens, there is a decrease in the level of oxygen in the blood stream. As a result, your blood pressure increases and decreases throughout the night, straining the cardiovascular system."

Correcting a sleep disorder may be as simple as changing your sleep habits or lifestyle. The average American adult needs between seven and nine hours of sleep, but achieving a healthy night's sleep begins long before laying your head on a pillow.

USC sleep medicine specialists recommend developing a regular nightly routine that does not include watching TV or playing computer games.

"Research shows that bright light emanating from electronic devices such as televisions and laptops can stimulate the brain sleep center and prevent one from going into the deep sleep that your body needs to be fully rested," Iftikhar said.

Instead of watching TV, consider a relaxing activity such as listening to music, reading a book or completing a puzzle. The environment in which you sleep is also critically important.

"You must make your bedroom as comfortable as possible for sleep," Rutherford said. "If possible, remove any computers and exercise equipment from the bedroom and do not watch TV in bed."

Rutherford and Iftikhar also recommend limiting caffeine intake, especially after 3 p.m.

If your primary care physician suspects you have a sleep disorder, ask to be referred to a sleep specialist at USC School of Medicine's Division of Pulmonary, Critical Care and Sleep Medicine by calling (803) 799-5022.

Tips for healthy sleep

- Limit caffeine consumption after 3 p.m.
- Avoid viewing TVs and computers before bed
- Keep computers, TVs and exercise equipment out of bedroom
- Develop a consistent bedtime routine



Learn about sleep apnea and healthy sleep habits at www.youtube.com/USCSchoolofMedicine

A powerful, state-of-the-art 1.5 Tesla magnet — comparable to a magnet in a full-body MRI system — produces a clear, quality image. Physicians depend upon these images in the diagnosis of soft tissue injuries.

“MRI is the most powerful imaging tool to aid in the diagnosis of soft tissue injuries,” Walsh said. “Our physicians love the extremity MRI technology, because it produces consistent quality images.”

Orthopaedic surgeons at USC will rely on the technology in diagnosing ligament tears, sprains, occult fractures that do not appear in x-rays, infections, tumor analysis, and cartilage and tendon injuries.

The extremity MRI scanner is located in the Department of Orthopaedic Surgery and Sports Medicine’s new Sports Medicine Center at Two Medical Park, Suite 104. The 3,000 square-foot center features seven exam rooms, a concussion testing room, consultation area and fully digital x-rays.

While athletes with joint injuries will benefit from the presence of the extremity MRI’s location, the technology is available to any referring physician.

“We encourage any physician requesting an MRI scan for a soft-tissue joint injury to consider USC’s Sports Medicine Center,” Walsh said. “We are excited to offer this state-of-the-art technology to residents of the Midlands and beyond.”

To schedule an extremity MRI appointment, call (803) 434-5462.



John Walsh, M.D.

School of Medicine opens first vulvar medicine clinic in the Midlands



Jennifer Greene, M.D.



Judith Burgis, M.D.

A new comprehensive vulvar medicine clinic aims to help women suffering vulvar disorders — an often complex and difficult condition to diagnose and treat.

In August, The Department of Obstetrics and Gynecology at the University of South Carolina School of Medicine opened the Clinic for Vulvovaginal Disorders, the first vulvar medicine clinic in the Midlands. Located at 4311 Hard Scrabble Road in northeast Columbia, the clinic provides comprehensive care for a full range of vulvar-related disorders and conditions.

Jennifer Greene, M.D., assistant professor of clinical obstetrics and gynecology, is specially trained in diagnosing and treating vulvar disorders. She describes vulvar disorders as a constellation of very intimate and often undiagnosed conditions impacting women of all ages. Common symptoms include persistent pain, itching and burning of the vulva and vagina area as well as discomfort during intercourse.

“With vulvar pain, it is very important that we have the correct diagnosis so that we can work on a treatment plan that may cure the problem or at least keep symptoms under control,” Greene said. “We want our patients to return to the normal focus of their lives, rather than being absorbed by these intimate problems that are difficult to discuss or find care for.”

Prior to opening the new clinic, patients living in the Midlands had to travel to Greenville or Charlotte to see a vulvar specialist. The opening of the School of Medicine’s new vulvar medicine clinic delivers new treatment options closer to home.

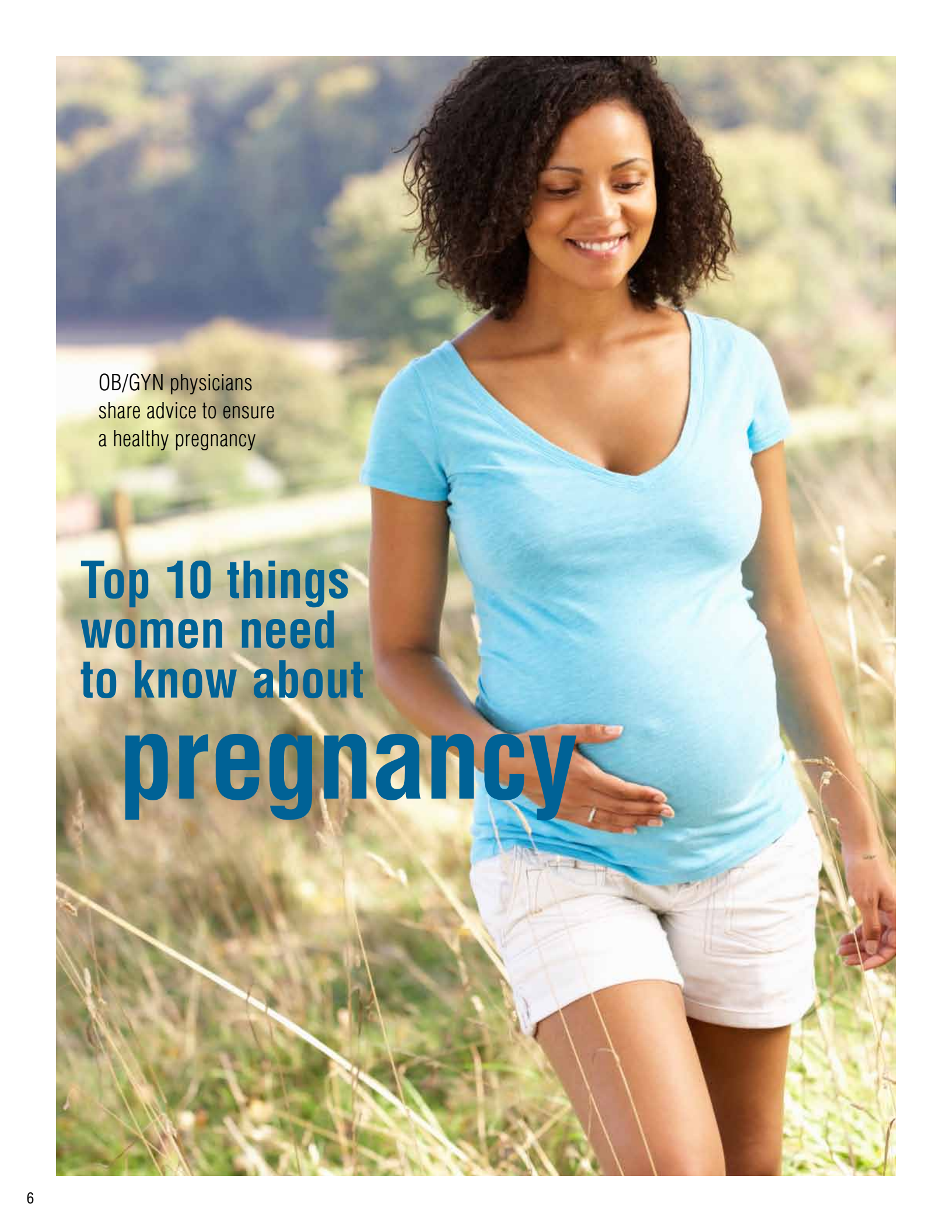
“Women of all ages have come to trust our team of specialists with their health care needs,” said Judith Burgis, M.D., chair of the Department of Obstetrics and Gynecology. “The vulvar medicine clinic offers another example of our commitment to providing the most comprehensive health care to women living in the Midlands.”

To schedule an appointment or for more information about the Clinic for Vulvovaginal Disorders, call (803) 545-5700.



Dr. Greene discusses the opening of the Clinic for Vulvovaginal Disorders at www.youtube.com/USCSchoolofMedicine



A pregnant woman with dark curly hair, wearing a light blue t-shirt and white shorts, is smiling and gently touching her belly. She is standing in a field of tall grass with a blurred background of trees and hills under a bright sky.

OB/GYN physicians
share advice to ensure
a healthy pregnancy

**Top 10 things
women need
to know about**

pregnancy



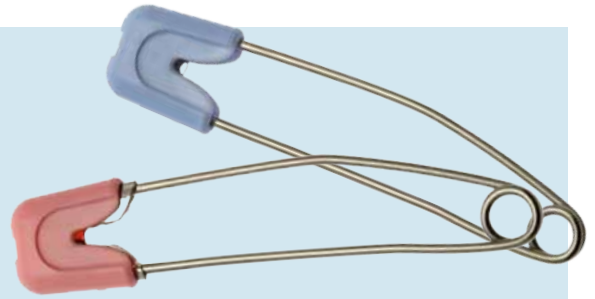
Courtney Brooks, M.D.



Allison Giddings, M.D.



Jennifer Greene, M.D.



Pregnancy is an exciting and stressful time in a woman's life. Preparing for the arrival of a child is made easier when mom and baby are healthy. Physicians from the Department of Obstetrics and Gynecology at the University of South Carolina School of Medicine offer 10 ways to ensure mom and baby enjoy a healthy pregnancy. To schedule an appointment with a physician in the Department of Obstetrics and Gynecology, call (803) 545-5700.

- 1 Women should plan to see a doctor, especially their OB/GYN, prior to conceiving. A doctor can address any chronic medical conditions that might need to be under control prior to pregnancy.
— Courtney Brooks, M.D.,
instructor of clinical obstetrics and gynecology
- 2 It's very important for women to take prenatal vitamins that contain .4 to .6 milligrams of folic acid prior to conception and during the first 12 weeks of pregnancy. Folic acid helps prevent neural tube defects.
— Courtney Brooks, M.D.
- 3 Try to maintain a well-balanced diet during pregnancy. A diet should contain healthy portions of fresh fruit, veggies, lean meats and carbohydrates.
— Jennifer Greene, M.D.,
assistant professor of clinical obstetrics and gynecology
- 4 Weight gain is expected during pregnancy but should not be excessive. The popular notion that an expectant mother is "eating for two" is false and can lead to too much weight gain. A pregnant woman should increase her daily caloric intake by no more than 340 calories in the first two trimesters and by no more than 500 calories in the third trimester. Eating smart during pregnancy begins by making healthy food choices like fruits and vegetables and select dairy products.
— Allison Giddings, M.D.,
instructor of clinical obstetrics and gynecology
- 5 Stay in shape by exercising during pregnancy. Physical activity will definitely help during the time of labor, which is a big aerobic workout. Training appropriately with daily or weekly exercise is going to help in the delivery of the baby.
— Jennifer Greene, M.D.
- 6 Drink six to 10 glasses of water, juice or milk a day to stay hydrated. Summers in South Carolina can be very warm, and we tend to see a lot of women who are dehydrated. Pregnant women tend to feel better if they maintain good hydration.
— Jennifer Greene, M.D.
- 7 Everyone needs a flu shot — especially pregnant women. Expectant mothers can get very sick, very fast with the flu. Be sure to receive the intramuscular injection and not the nasal mist. The nasal mist contains a live virus, which is not recommended for pregnant women.
— Allison Giddings, M.D.
- 8 Everyone should wear a seatbelt, especially expectant moms. There is a misconception that pregnant women should not wear a seatbelt because their belly is increasing in size. If mom and baby are in a car crash and the car jars forward and then backwards, there is risk of damage to the placenta. A baby is more protected if mom is restrained against the seat.
— Courtney Brooks, M.D.
- 9 Decide prior to delivery whether to breast-feed. Breast-feeding moms tend to lose weight faster and better enjoy the bonding time with their baby. Infants who are breast-fed often have fewer infections. I encourage all my patients to breast-feed and make that plan prior to delivery.
— Allison Giddings, M.D.
- 10 It's normal after a delivery for women to experience some anxiety, sadness and feelings of being overwhelmed about having a new baby at home. But one in 10 women experiences these symptoms in a severe form and suffers from post-partum depression. If these symptoms interfere with a mom's ability to care for her baby, she should seek help from a physician.
— Courtney Brooks, M.D.



Watch OB/GYN physicians share tips for a healthy pregnancy at www.youtube.com/USCSchoolofMedicine

USC School of Medicine adopts



smoke-free campus

Because your health matters to us, University of South Carolina School of Medicine is now a tobacco and smoke-free campus. While our buildings have been tobacco and smoke-free for years, we've expanded our commitment to good health by including campus areas surrounding the buildings.

To see the new smoke-free campus property boundaries at the School of Medicine's VA Campus and University Specialty Clinics campus, please visit: <http://www.med.sc.edu/maps.asp>

The School of Medicine joins numerous tobacco and smoke-free medical schools across the country in modeling healthy behaviors to our community.

SMOKING CESSATION RESOURCES:

Phone:

- South Carolina Tobacco Quitline: 1-800-QUIT-NOW (784-8669)
- American Lung Association of South Carolina: 1-803-779-5864
- Palmetto Health Richland — Free Yourself from Smoking: 1-803-296-2273
- BlueChoice and State Health Plan — Quit for Life Program: 1-866-784-8454
- CIGNA — Quit Today: 1-800-244-6224

Websites:

- quitadvisormd.com
- www.smokefree.gov
- www.stopsmokingcenter.net
- www.ffsonline.org

PHYSICIANS' ADVICE:

Smoking cigarettes is one of the hardest addictions to give up. Most people start smoking in their teens for various

reasons— peer pressure, rebellion, experimentation— and wind up with a life-long addiction.

Every time you light up a cigarette you are inhaling harmful chemicals and toxins. Smoking impacts every organ and leads to 443,000 deaths annually in the United States.

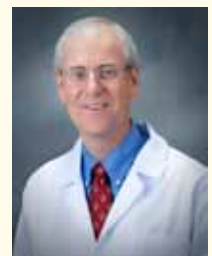
Fortunately, there are thousands of Americans every year who successfully quit smoking. They enjoy the benefits of living healthy, smoke-free lives and significantly decrease their chances of premature death or disability due to heart attacks, strokes and lung disease.

Research shows the most effective way to quit smoking is through a combination of medications and behavioral support. Your doctor might prescribe prescription medications or you might choose to take over-the-counter drugs. Family, friends, loved ones and your doctor can provide the support you need to take this all-important step toward quitting smoking and improving your overall health.

In addition, there are many no-cost community and state resources available to assist your efforts.

If you are serious about quitting smoking, contact USC Family Medicine at (803) 434-6113. Consider making an appointment today. Our physicians are here to help you quit smoking by providing the medication and support you need to live tobacco free.

Scott Strayer, M.D., M.P.H., professor and interim chair of the Department of Family and Preventive Medicine, is a nationally recognized expert in smoking cessation clinical practice and research.



Scott Strayer, M.D., M.P.H.

Palmetto Health/USC School of Medicine Neurology Residency Program receives accreditation

The Accreditation Council for Graduate Medical Education (ACGME) has approved a new neurology residency training program at Palmetto Health and the University of South Carolina School of Medicine.

The four-year accreditation allows USC School of Medicine's Department of Neurology, Palmetto Health Richland Hospital and Wm. Jennings Bryan Dorn VA Medical Center to develop a neurology residency program that provides comprehensive training for future physicians.

"Receiving accreditation is a significant accomplishment for the Department of Neurology," said Richard Hoppmann, M.D., dean of the USC School of Medicine. "Future residents will join an emerging program that promises to provide a wealth of educational, clinical and research opportunities."

"We are delighted that the ACGME has approved our request to add a neurology residency program at our institution," said Katherine Stephens, Ph.D., M.B.A, FACHE, vice president for medical education and research at Palmetto Health. "Resources invested in the neurology program will further strengthen our graduate medical education programs and will add to our ability to provide comprehensive neuroscience services at Palmetto Health and the University of South Carolina."

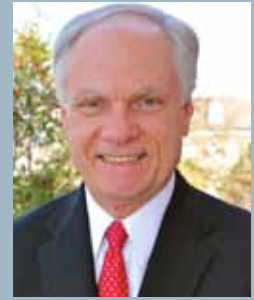
The Palmetto Health/University of South Carolina Neurology Residency Program becomes only the second accredited neurology residency program in South Carolina.

Souvik Sen, M.D., M.S., M.P.H, FAHA, chair of the Department of Neurology at the USC School of Medicine, said establishment of the program fulfills a critical need for trained neurologists in the state.

"Neurologists care for a variety of health conditions including stroke – the third leading cause of death among South Carolinians," Sen said. "Our residency program will attract many young, talented physicians eager to begin their careers and provide exceptional, life-saving care to patients in need. Training neurologists in South Carolina will go a long way to fulfill the need for neurologists in the state."

Residents joining Palmetto Health/USC School of Medicine will train under the direction of Sen, an internationally recognized stroke neurologist. He joined the School of Medicine in 2010 and played an instrumental role in developing the first Stroke Center in the Midlands of South Carolina. The Stroke Center at Palmetto Health Richland and USC School of Medicine is a multidisciplinary program that provides 24/7 life-saving care using state-of-the-art technology and the latest advancements in stroke diagnosis and treatment.

Recruitment will begin soon to fill three positions as inaugural residents of the Palmetto Health/University of South Carolina School of Medicine Neurology Program. These residents will begin their four-year residency program in July 2013.

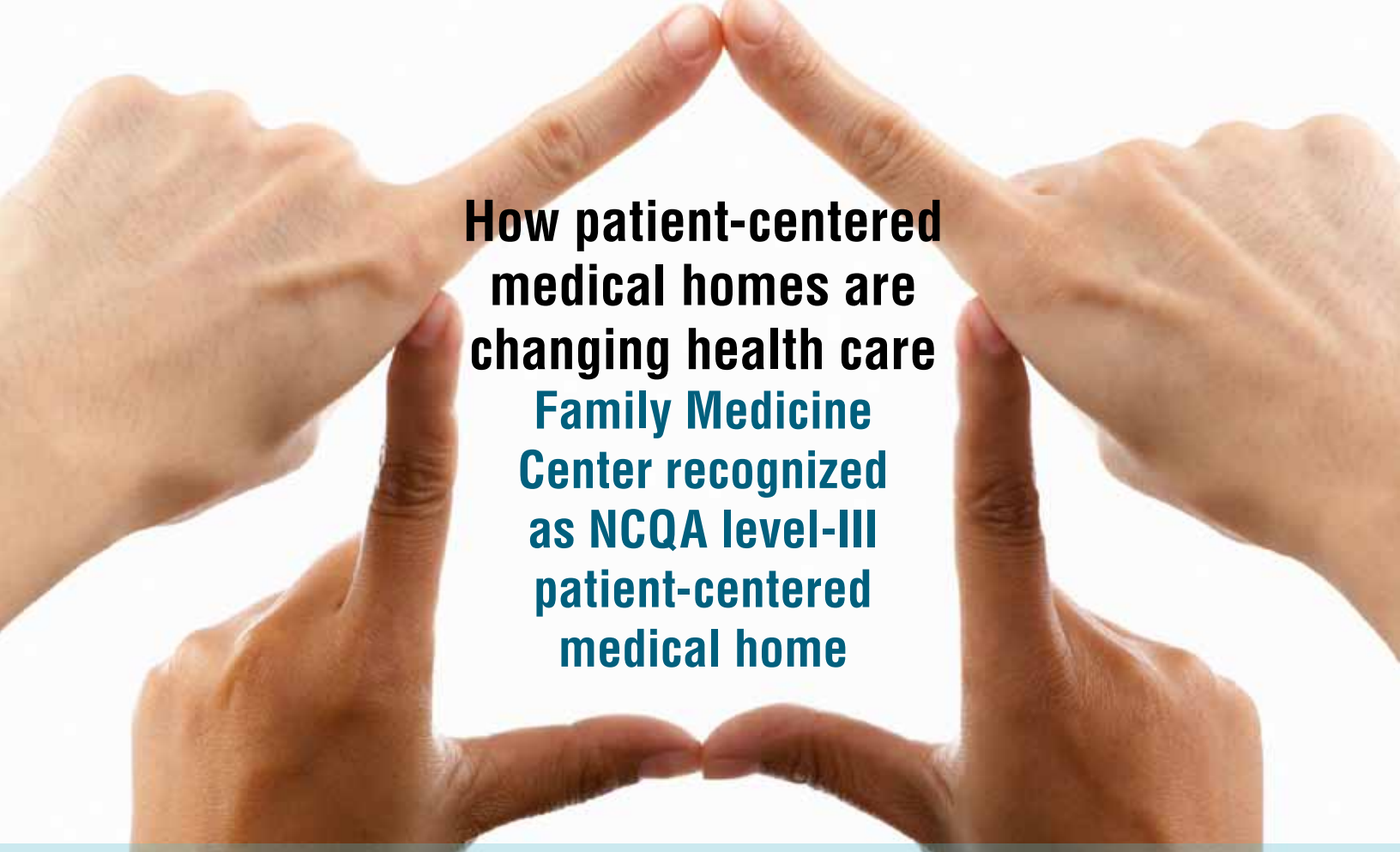


Richard Hoppmann, M.D.



Souvik Sen, M.D., M.S.,
M.P.H, FAHA

"We are delighted that the ACGME has approved our request to add a neurology residency program at our institution," said Katherine Stephens, Ph.D., M.B.A, FACHE, vice president for medical education and research at Palmetto Health.



How patient-centered medical homes are changing health care

Family Medicine Center recognized as NCQA level-III patient-centered medical home

Patient-centered medical homes are transforming the delivery of health care nationwide and at the Family Medicine Center, operated by the School of Medicine's Department of Family and Preventive Medicine and Palmetto Health.

Patient-centered medical homes are health care settings that facilitate partnerships between individual patients and their personal physicians. The settings accommodate a team approach to health care, led by the patient's physician.

"The exam room becomes the space around which we revolve as a medical team," said William Anderson III, M.D., assistant professor of clinical family and preventive medicine at USC's School of Medicine. "Physicians, nurses, patient service representatives, social workers, pharmacists and behavioral health specialists – this coordinated team of professionals work cohesively to deliver care in the best interest of the patient."

The Family Medicine Center is the first primary care practice in South Carolina to be recognized by the National Committee for Quality Assurance (NCQA) as a Level-III patient-centered medical home – the highest possible designation.

In a patient-centered medical home, a diabetic patient may discuss her diet with a nutritionist, visit with a pharmacist about medications, receive a medical evaluation from her physician and schedule an eye exam through a patient service representative – all in the same doctor's office visit.

Nurse case managers track patient information and outcomes through electronic medical records. In addition to identifying high-risk populations, these care coordinators call patients when they are overdue for an appointment and remind patients when routine medical screenings such as a mammogram are needed.

"Our care coordinators have a checklist of care responsibilities that are due based on the accepted national criteria for receiving optimal care," said Tan Platt, M.D., associate professor of clinical family and preventive medicine at



William Anderson III, M.D.



Tan Platt, M.D.

USC's School of Medicine. "The patient-centered medical home model greatly improves our ability to meet the standards of optimal care established by national organizations."

Advances in information technology – in particular electronic medical records – improves the coordination of the medical home model. Physicians and the care team can track a patient's medical history, exchange health information with other providers and measure patient outcomes and performance.

A pilot study initiated by BlueCross BlueShield of South Carolina at the Family Medicine Center is validating the patient-centered approach. BlueCross BlueShield enrolled 150 diabetic patients in the program. A year-end evaluation found that patients improved in all 10 key measures established as goals, including lowering blood pressure and cholesterol levels, controlling glucose levels and losing weight. In addition, hospital admissions were reduced by 27 percent and emergency room visits declined 41 percent.

To schedule an appointment at the Family Medicine Center, call (803) 434-6113.

R. Stephen Smith, M.D., FACS, named chair of the Department of Surgery at USC School of Medicine



R. Stephen Smith, M.D., FACS

Smith obtained his medical degree from the University of Arkansas College of Medicine. He completed his general surgery residency from the University of Kansas School of Medicine – Wichita and received fellowship training in trauma and surgical critical care at St. Mary Medical Center in Long Beach, Calif.

Smith is a nationally recognized trauma surgeon with an accomplished career in medicine and military service. Prior to joining USC, he worked as System Chief of the Division of Acute Care Surgery at West Penn Allegheny Health System and adjunct professor of surgery at Temple University School of Medicine. He has authored numerous peer-reviewed journal articles and has given more than 400 lectures nationally and internationally. In 2006, he retired as captain of the United States Naval Reserve Medical Corps. His military service includes working as a surgeon and medical director of the intensive care and casualty reception units on the USNS Mercy Hospital Ship during Operations Desert Shield and Storm.

“Dr. Smith brings a wealth of talent and expertise to the University of South Carolina School of Medicine,” said Richard Hoppmann, M.D., dean of the USC School of Medicine. “Our aspiring surgeons will benefit from his distinguished career as a medical educator that spans more than 20 years. As chair of the Department of Surgery, his leadership will be instrumental in building a world-class surgery program that will serve patients throughout the state.”

Smith’s surgical expertise includes trauma, critical care, emergency and general surgery. His recent surgical interest includes

thoracic trauma with a focus on chest wall injuries. Additionally, he has been involved nationally and internationally in advancing the use of ultrasound in several surgical specialties.

“I have a great deal of respect for the history of excellence at the University of South Carolina School of Medicine,” said Smith. “It is an honor to join many well-respected faculty in advancing the educational, research and clinical missions of the school. I am inspired by the opportunity to train talented young surgeons, lead groundbreaking research endeavors and deliver world-class surgical care to the citizens of South Carolina. Through the expansion of clinical services, recruitment of world-renowned faculty, and enhancement of education opportunities, I look forward to leading the Department of Surgery into a new era of medicine.”

Smith is a fellow of the American College of Surgeons (ACS). For more than 20 years, he has taken an active role in serving ACS on a national and statewide level. He has been president of the Kansas Chapter of ACS, chairman of the ACS Kansas State Committee on Trauma and immediate past chairman of the ACS Ultrasound Users Group. He is currently a member of the ACS Committee on Trauma. He is board certified by the American Board of Surgery with a certificate of special qualifications in surgical critical care.

University Specialty Clinics Welcome New Full-Time Clinical Faculty



Suzanne M. Bertollo, M.D., M.P.H.
Family and Preventive Medicine
 Interests: Preventive and integrative medicine
 Phone: (803) 434-6113



Jamae C. Campbell, M.D.
Neuropsychiatry and Behavioral Science
 Interests: Geriatrics
 Phone: (803) 434-4300



Robert D. Dawson, Ph.D.
Neuropsychiatry and Behavioral Science
 Interests: Rehabilitation counseling, complementary and alternative therapies, and assistive and educational technology
 Phone: (803) 434-4300



Courtney R. Brooks, M.D.
OB/GYN
 Interests: Laparoscopic and robotic surgery, irregular menstruation cycle including polycystic ovarian syndrome, and management of abnormal uterine bleeding
 Phone: (803) 545-5700



Portia N. Cohens, M.D.
OB/GYN
 Interests: Minimally invasive surgery and pediatric and adolescent gynecology
 Phone: (803) 545-5700



Elizabeth W. Edwards, M.D.
Internal Medicine
 Interests: General internal medicine
 Phone: (803) 540-1000

New Full-Time Clinical Faculty (cont.)



Curt Elliott, M.D.
**Family and Preventive
Medicine**

Interests: Diabetes,
cardiovascular diseases and
international medicine
Phone: (803) 434-6113



William B. Owens, M.D.
**Division of Pulmonary, Critical
Care and Sleep Medicine**

Interests: Critical care medicine,
mechanical ventilation, neurocritical
care and hemodynamic monitoring
Phone: (803) 799-5022



Chung Han Yoon, M.D.
Internal Medicine

Interests: Medical education
and ultrasound
Phone: (803) 540-1000



Courtney T. Frye, M.D.
Pediatrics

Interests: Medical education
and quality improvement
Phone: (803) 434-6155



Matthew R. Pollack, M.D.
**Orthopaedic Surgery and Sports
Medicine**

Interests: Sports medicine,
ligament sprains, muscle strains,
concussions, joint injections
including Viscosupplementation
Phone: (803) 434-7121



**Beverly I. Huegel, M.S.N.,
WHNP
OB/GYN**

Interest: Diabetes counseling
during pregnancy and
adolescent gynecology
Phone: (803) 788-0293



Nicole M. Psaltis, O.D.
Ophthalmology

Interests: Primary eye care
and specialty contact
lens fittings
Phone: (803) 434-6836



Jeffrey P. Holloway, M.D.
Pediatrics

Interests: General pediatrics,
sports medicine and
concussions
Phone: (803) 434-4100



Sirinart Sirinvaravong, M.D.
Internal Medicine

Interests: General endocrinology,
thyroid cancer and fine needle
aspiration of thyroid nodules
Phone: (803) 540-1000



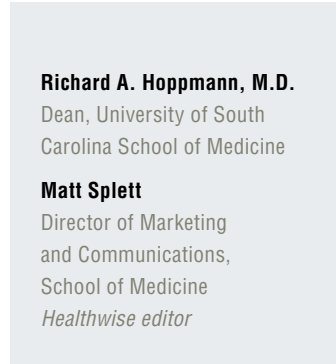
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