

C onnections

August 2004

Meeting The Needs of Patients With Visual Disabilities

When Nancy Levi was born 53 years ago, she weighed only 1.7 pounds. Arriving three months early with her twin brother, she was the lucky one; her brother didn't survive. Because Levi's retinal blood vessels did not have enough time to complete growing in the womb, she developed a condition called retinopathy of prematurity. "Nancy was born a long time before we had the knowledge we have now about the disease," said Dr. Al Pakalnis, a professor in the Department of Ophthalmology, who has been treating Levi for almost 15 years.

As Levi grew up, she could only see shadows out of her right eye. While her left eye was corrected to 20/20 with glasses, she never had depth perception or a full field of vision. Yet the Charleston resident didn't allow her limitations to prevent her from earning a degree and pursuing a career in nursing. Unfortunately as time went on and her vision deteriorated, Levi had to aban-

don hospital nursing and later a position with the Department of Health and Environmental Control. "The combination of her disease, which is permanent and chronic; aging; the medicines we had to

began exploring the possibility of getting a guide dog. When she selected California-based Guide Dogs for the Blind, she was required to complete an extensive application, which included input and documentation from her ophthalmologist. "A guide dog seemed like a good match for her," said Dr. Pakalnis. "Some people do very well with a cane, yet it's a pretty slow way to go. A dog can

See Levi's Guide Dog on Page 12.



Nancy Levi chats with her guide dog Luna.

Photo by Heidi Mehlretter

give her; and the normal formation of cataracts and macular degeneration caused her vision to slowly drop," explained Dr. Pakalnis.

An independent woman who had raised three children while her husband was away on Navy assignments, Levi wanted to stay that way. So she

◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ Focus on Disability

This issue is dedicated to the services and programs available through the USC School of Medicine that provide health care for and enhance the lives of children and adults with disabilities.

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Addressing Special Needs

Visit Our Website At:
www.med.sc.edu/specialtyclinics

Palmetto Children's Clinic Provides Medical Home For Children With Disabilities



Enjoying a good rapport with her patient, nurse practitioner Sallie Prugh examines ten-year-old Jessica Stroman during an appointment at the Palmetto Children's Clinic.

Photo by Heidi Mehlretter

For some 120 children in Richland, Lexington and Fairfield counties, it's more than a place where mom brings them for check-ups or for the occasional earache. For these youngsters with disabilities and chronic illnesses, the Palmetto Children's Clinic provides a medical home where they can receive a consistent source of primary health care.

"While the concept of a medical home is a relatively new one, it's an important one for children with special needs," said Dr. James Stallworth, an associate professor in the Department of Pediatrics of the USC School of Medicine, and Medical Director of the Palmetto Children's Clinic. Now in its tenth year, the clinic serves children from low-income homes with a complexity of medical issues, including cerebral

palsy, Down's syndrome, and autism. Before the School of Medicine partnered with DHEC and what was then Richland Memorial Hospital to provide the services, such children frequently ended up in the emergency room for routine problems. Not only did these visits pose a costly and inefficient use of medical services, but the children's ongoing comprehensive needs couldn't properly be addressed in an ER setting.

Whether a troublesome rash or a well-child exam is on the day's agenda, office visits at the Palmetto Children's Clinic are geared toward each child's particular set of circumstances. "Development may be different in these children in that a three-year-old could just be learning to walk or a seven-year-old receives much of his nutrition from a formula given

through a tube in the stomach," explained nurse practitioner Sallie Prugh, who provides the majority of the patient care. Dr. Stallworth added, "Many factors have to be taken into account, and these kids require a whole lot more time and attention."

Prugh provides that time and attention in abundance, bolstered by RN Gloria Speed, the medical supervision of Dr. Stallworth and four other pediatric faculty members, and 24-hour coverage provided by pediatric residents. This can mean anything from coordinating appointments with various specialists to explaining the side effects of medications to just lending a listening ear. "A lot of the families' concerns are day-to-day problems with paying rent and having enough food for the family. Sometimes the needs of the disabled child have to compete with the basic issues of survival," Sallie said.

Over the years Prugh has had the opportunity to follow patients like ten-year-old Jessica Stroman through their childhood. Jessica and her six-year-old brother, Joshua, both have sickle cell anemia. "Miss Sallie treats my kids as if they were hers," said Columbia resident Carol Stroman. "She will sit down and say, 'Mom, this is what I am looking at from a medical point of view. Now I want your point of view.'"

Prugh and Dr. Stallworth's hope is that ongoing parent education and a stable health care environment will guide their young patients into a healthier future. "We're seeing some of these kids living a whole lot longer, and we want to be sure to transition them into adult care," Dr. Stallworth said. Prugh added her observations, "I watch with amazement how much families learn. After coming to us confused and worried, I see how con-

See Clinic on Page 11.

Research Explores Disabilities And Health

A thirty-one-year-old man with cerebral palsy. A college student with a spinal cord injury. A woman with mental retardation, living in a group home.

For the past 13 years Dr. Suzanne McDermott has done extensive research on the lives of people with disabilities. In 2000 the professor of Family and Preventive Medicine began a Centers for Disease Control-funded study entitled "Secondary Conditions Associated With Disabilities." While the study was funded for three years, ongoing analysis continues on data collected from over 2,500 persons with disabilities and 2,100 adults without disabilities.

The objective of the research was to identify and compare specific secondary conditions in persons with disabilities with the onset and course of the same conditions in adults without disabilities as the comparison group. The conditions studied included congestive heart failure, coronary artery disease, chronic obstructive pulmonary disease, cancer, dementia, transient ischemic attacks, hypertension, obesity, depression, diabetes and seizures. Both the case and comparison groups were comprised of patients who received primary care at the Department of Family and Preventive Medicine's Family Practice Center in Columbia and the John A. Martin Primary Care Center in Winnsboro. The thousands of medical records of patients with disabilities were classified into five case groups: cognitive, sensory, trauma-induced, psychiatric, and disabilities with late adult onset.

"We wanted to take a look at the health of people with disabilities from the physician's point of view," explained Dr. McDermott, who was the principal investigator for the

study. "Do they tend to be sicker than other patients? Do they present more challenges to doctors?" As Dr. McDermott and her team reviewed years of patient records, they identified relationships between particular diseases and disabilities, such as a higher rate of heart disease in people with schizophrenia and a significantly lower rate of depression in persons with developmental disabili-

adults with mental retardation. Dr. McDermott elaborated, "If they live in a facility under supervision, then other people are involved in their decisions and their care, with their diets and exercise set or strongly influenced by someone else."

As the research team continues to pore through the data, both Dr. McDermott and Dr. Platt hope that the study's results will have a posi-



(Left to Right) Dr. Suzanne McDermott, Dr. Tan Platt, and rehabilitation engineer Catherine Graham look over statistical research data.

Photo by Heidi Mehlretter

ities. With the exception of people with severe mental illness, the incidence of diabetes was no different in the groups of persons with disabilities studied than those in the comparison group.

Dr. McDermott and co-investigator Dr. Tan Platt discovered that on the whole the people with disabilities were as healthy as the general population. "Many of these people are in a fairly controlled environment," said Dr. Platt, an associate professor in the Department of Family and Preventive Medicine, and Medical Director of Columbia's Babcock Center, one of the country's largest residential facilities for

tive impact on health care delivery to persons with disabilities. "I think that clinicians aren't entirely comfortable taking care of people with developmental disabilities and have concerns about the complexity of disease process in these individuals. Hopefully we can help show that this is an appropriate population for family practitioners and internists to take care of," said Dr. Platt.

Dr. McDermott would like to see the impact extend to the insurance industry as well. "We'd like insurers to see that the risks are not as high as they previously thought, and that these patients are not having the high cost outcomes that insurance companies anticipate," she said.

Family Practitioner Didn't Let Deafness Stand In His Way Tackling The Obstacles



Dr. Michael McKee signs with patient Vickie Joyner outside the Family Practice Center.

Photo by Heidi Mehlretter

When Michael McKee first considered the idea of becoming a doctor, he really didn't think it was possible. After all, the Florida native was deaf. Yet as he completed his Family and Preventive Medicine residency at Palmetto Health Richland in June, he proved that his goal wasn't an unrealistic one.

Taking challenges head-on was nothing new to Dr. McKee, who was diagnosed with profound hearing loss at the age of two-and-a-half. Following the diagnosis, he was fitted with hearing aids and underwent continual speech therapy for years. Even with his hearing aids, he had to rely on lip reading and the limitations that presented. Classmates weren't always understanding, and if he couldn't look directly at someone, he wasn't able to discern what he or she was saying. By the time he reached high school he used involvement in sports to feel less like an outsider. "Other kids just wanted to win; they

didn't care if I was deaf or not," he said.

As a college student, determined to make his way in a hearing world, Dr. McKee began networking in a place where his deafness didn't present an obstacle. Taking to the Internet, he found two deaf physicians in particular who encouraged his interest in medicine. "Talking with them made me more confident," he said. He needed that confidence throughout his four years at the University of Florida College of Medicine. "I always had to work harder to prove that I belonged," he recalled.

He actually found residency to be less difficult, partly because it involved more one-on-one communications. "Small group discussions in medical school were a challenge, along with professors that would walk around while they were talking," he said. The other advantage during his residency was the cochlear implant he had last year. Once he

adapted to the implant, which consists of an electrode placed inside his cochlea and an accompanying computerized external processor, he could understand speech without having to look right at someone's lips. The surgical procedure also made it possible for him to talk on the phone - something he had never been able to do before. Though the surgery would open up new opportunities for him, the decision whether to have it done was a soul-searching one. "I thought that if I got the implant I was rejecting who I was," he said.

Dr. McKee's hesitation on the implant came from a strong tie to the deaf community, a community he well understands through personal experience and involvement in organizations for the deaf. So it's no surprise that a number of deaf patients found their way to his care at the Family Practice Center. "For

See Tackling The Obstacles on Page 9.

Overcoming Obstacles To Children's Learning

“Intervention totally changes a child’s outlook.... Children find that they can sit and pay attention now or are able to understand assignments.”

Mark Posey, Ph.D.



Dr. Mark Posey conducts a patient evaluation.

Photo by Heidi Mehlretter

Sometimes math and reading just don't click. Or sitting attentively at a desk for hours seems an impossibility. For school-age children who experience learning or behavior problems, or whose disabilities affect their performance in the classroom, the Developmental Pediatric Clinic of the Department of Pediatrics offers a valuable resource to parents throughout South Carolina.

Comprised of a team of developmental pediatricians, psychologists and speech-language pathologists, the clinic provides evaluations for children from infants to age 21. Assembling a comprehensive summary obtained from hours of evaluation,

medical records and school reports, the staff develops an appropriate treatment plan for each child.

“We are able to take all the information that we gather here and give it back to the school personnel and parents in terms they can relate to,” said Mark Posey, Ph.D., assistant professor of clinical pediatrics and a psychologist with the Developmental Pediatric Clinic. Because Posey and the other psychologists on staff are all school psychologists, they understand the classroom and administrative environments that factor into a child's educational experience. “We try to make very practical step-by-step recommendations for teachers to use,” he said.

Recommendations are mapped out for both school personnel and parents. A child who is found to be a slow learner, for example, may need extra assistance from his teacher in reviewing previous lessons. “The teacher has to build a bridge for that child to show how the work they did yesterday relates to what they are doing today,” Dr. Posey said. Sometimes an assistive technology device is needed (see Assistive Technology article on pages six and seven) to address a problem, such as when a child has limited manual dexterity. “A lot of kids are pretty bright, but their hands will not do what they need them to do. The assistive technology lets them get out what their brain is trying to say,” he said.

While some children's problems are identified reasonably quickly, other children may flounder in school for months or years before they are referred to the Developmental Pediatric Clinic. It's not unusual for anxious, frustrated parents to show up at the clinic. “They come in saying, ‘The school isn't sure and the pediatrician isn't sure. Can you please help us find out what's wrong? We want to help our child and just don't know what to do,’” said Dr. Posey. Attention deficit hyperactivity disorder is one condition that often baffles families and school personnel until formally diagnosed at the clinic. “There are numerous ADHD look-alikes that have medical components of it,” Dr. Posey explained. “There are also medication side effects that can look like ADHD.”

Noting that schools can be hampered by a limited amount of information available on children, Dr.

See Developmental Pediatrics on Page 9.

Finding Solutions For

Kirk Garrett, Jr. can't walk or talk because of his cerebral palsy. Yet the 22-year-old Laurens resident completed high school and college courses with honors, earned an online college certificate in computer technology, and is employed part-time as a computer technician.

Through the use of a specialized keyboard, Garrett's extremely limited dexterity hasn't been an issue in working on the computer and holding down a job. In fact, throughout his schooling, the use of a range of assistive devices and equipment has kept his disability from hampering him. "He can't pick up a pencil or pen and write, so the computer and keyboard became his pencil and paper,"

said his father, Kirk Garrett, Sr.

When Kirk, Jr. was in high school his parents' interest in keeping up with technology that could benefit him led them to the Assistive Technology Project, a federally funded program dedicated to helping persons with disabilities. Though based in the Department of Pediatrics' Center for Disability Resources, the project serves both adults and children through education and training on a broad scope of assistive and information technology for persons with disabilities.

"We get a lot of calls from people saying something like, 'Joey really needs a computer,'" said Evelyn Evans, the project's director. "Joey

may need a computer and he may not. Until we meet with him and the people who work with him and see what his special needs are, we cannot determine that," she said. Serving individuals, school systems, agencies, and organizations throughout South Carolina, the Assistive Technology Project helps people with disabilities to find the best solutions to specific needs presented by their disability. "It's a lot of, 'let's try this to see what works for that person,'" said Mary Alice Bechtler, one of the staff's three program

coordinators.

Sometimes a need can be addressed by an easy modification such as a plate guard that keeps food from slipping off while eating. "We introduce technology from the simple to the complex," said Evans. Other times an individual can benefit from the use of highly sophisticated voice-activated software that converts spoken words into typed words. In either instance, the Assistive Technology Project offers an expansive resource demonstration and equipment loan center stocked with all manner of devices, software, and equipment to aid persons with disabilities at work, school, and home.

"If we don't know what you need, we know someone who does."

**-- Janet Jenron,
Program Coordinator**

Children, who are often accompanied to the resource center by school personnel and/or health care professionals along with their parents, can try out communication devices that allow them to press a button for the word or phrase they want to say. Toys are outfitted with special switches that accommodate for a range of physical limitations, so that a child can merely blow into a tube or turn his cheek against a pillow to make a penguin waddle or a fireman travel down a ladder.

A short-term loan program enables equipment to be tried out. Staff member and speech language pathologist Carol O'Day feels this can be particularly helpful when trying to determine the appropriate item for a youngster. "If it doesn't suit the child and the child doesn't



Kirk Garrett, Jr.

Photo by Heidi Mehlretter

People With Disabilities

use it, then it's a waste of money," she said. Janet Jenron, another program coordinator, added, "Sometimes a parent may want a \$6,000 communication device, and then borrows a \$200 one and find out it works great."

In addition to what's available in the center, the staff has amassed an extensive network of local and state-wide resources. "If you're looking for a type of technology to assist someone who is blind for example, we can hook you up with the right folks," said Janet Jenron. She added, "If we don't know what you need, we know someone who does."

The Assistive Technology Project also works with public schools, consulting with teachers, therapists, and administrators on the best ways to help children with disabilities in the classroom. Along with serving individuals, the staff members provide group-training sessions and work on a broader scale with professionals throughout South Carolina to address assistive technology issues. Their efforts have included collaborative work on web accessibility and on grant proposals that focus on assistive technology for rural and minor-

"You don't buy a wheelchair and then decide next month that it doesn't work."

-- Kirk Garrett, Sr.

ity populations. "One of our big goals is to help state agencies understand web accessibility, and how, for example, a person who cannot hear, see, or use a keyboard can access the web," said Evans. For the past 11 years, the project staff has teamed up with partners including the S.C. Department of Education, the S.C. Department of Disabilities and Special

Needs, and the S.C. Association of Blind Athletes to host the South Carolina Assistive Technology Expo each spring.

SC Assistive Technology Expo

A rainy March day didn't put a damper on the crowd that turned out for this year's Assistive Technology Expo in Greenville. In fact, over 700 people from South Carolina, North Carolina and Georgia traveled to



Speech-language pathologist Carol O'Day demonstrates a communication device to Brandon Reeves.

Photo courtesy of the Assistive Technology Project

check out more than 50 free exhibits and to attend workshop sessions on topics ranging from jobsite accommodations to recreation and fitness opportunities. "There has been so much development just in the last five years that it can be hard to keep up with all the changes in technology. Expo is a great way to stay up to date on devices and software," said Evans. Participants can talk directly to product vendors, and try out products such as a voice activated TV remote control or a keyboard configured for one-handed typing.

In addition to people with disabilities and their family members, the Assistive Technology Expo is attended by school and health care professionals, agency personnel and senior citizens who find they've come to

need help with particular tasks. Both Kirk Garrett, Sr. and junior have become familiar faces at the expo. "My son always wants to see if there is something out there that we haven't heard about," said Garrett, Sr., who is firmly convinced of the expo's value to people with disabilities. "Technology is not cheap. You don't buy a wheelchair and then decide next month that it doesn't work. Useful

information is priceless at a place like this," he said.

Garrett, Sr., who serves on the Assistive Technology Project's Consumer Advisory Board, is also convinced of the impact that assistive technology has made in his son's life. He recalls when Kirk, Jr. was enrolled in the online web design program. "His special keyboard leveled the playing field. While it took him a lot more steps to complete an assignment, no one else knew that. The technology was the equalizer that gave him the same empowerment as everyone else," he said.

The Assistive Technology Expo will be held in Columbia next spring. For more information on the expo or other available resources, contact Sally Young at 935-5340.



Skin testing extracts, such as dust mites and grasses, are loaded into a testing device, which is then placed on an asthma patient's back or forearm to determine if he or she reacts to a particular allergen.

It's not just a kids' disease. In fact, an estimated ten million adults in the United States have asthma, and the chronic respiratory disease is on the rise in this country. Billions of dollars a year in costs can be attributed to asthma, in direct medical expenses, lost work time, and premature death.

Dr. David Amrol, an assistant professor of clinical internal medicine and allergy and immunology specialist, knows all too well how asthma can disable patients and increase mortality. Yet he also knows that asthma treatment has benefited from a better understanding of the disease that has evolved over the years. "In the late 80s and early 90s we found out that you have to treat this disease with anti-inflammatory agents," he said. So physicians began shifting away from medications that just opened up inflamed airways for a few hours. Instead they adopted a new front line defense, turning to the use of inhaled steroids, which also decrease the hyperactivity in the airways and the bronchospasms that patients with asthma experience. "Rather than just treating only the

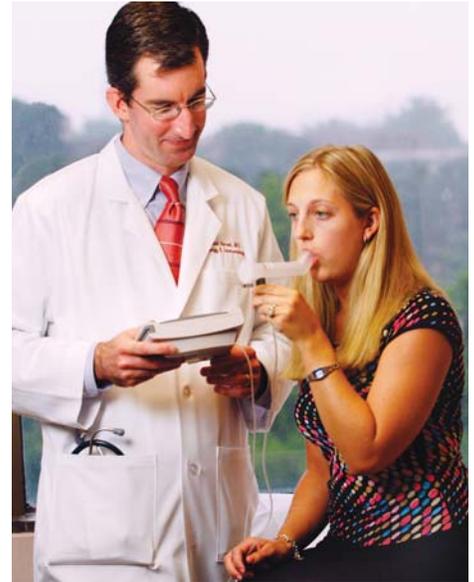
Asthma In Adults: Treating A Grown-Up Disease

PHYSICIAN HELPS PATIENTS
COMBAT POTENTIALLY
DISABLING DISEASE.

end symptoms, you are getting at the underlying cause of the inflammation," Dr. Amrol said.

While the mention of steroids can carry negative connotations, Dr. Amrol noted that inhaled steroids are very well tolerated by patients and do not have the side effects commonly associated with oral steroid use. While sometimes prescribed alone, inhaled steroids can also be used in conjunction with other long-acting medications to control symptoms and improve lung function. Yet they don't replace the need for short-acting medicine to quickly relieve acute symptoms. "Every person with asthma should carry a short-acting agent such as Albuterol with them. With acute symptoms this is still the treatment of choice," said Dr. Amrol.

Although inhaled steroids work well for many patients, there are any number of asthma medications available to treat what is a very individualized disease. Not only are there different types of asthma, but the symptoms, their severity, and the environmental factors that trigger them vary from person to person. So researchers continue to delve into new ways to keep the disease under control.



Dr. David Amrol uses pulmonary function testing to obtain a measure of lung function.

Photos by Heidi Mehlretter

One new medication to hit the market is Xolair, given in injection form once or twice a month. "It looks like its niche is for patients with moderate to severe asthma who continue to have problems while on other therapy. It tends to cut down on asthma attacks," said Dr. Amrol. Work is currently being done on a modification to allergy shots to increase their effectiveness for people with asthma. "Patients have been taking allergy shots for years as effective asthma treatment, but they have not been first line or a substitute for pharmacological treatment," he said.

The key to keeping asthma under control, Dr. Amrol stressed, is ongoing medical treatment. "We want to see patients on a regular basis, check their lung function, and make sure they are on medication," he said. The goal, he explained, is for a normal lifestyle with the lowest dose of medication possible for each individual patient. Citing examples of athletes with asthma who have gone on to become Olympic champions, he said, "I tell patients to exercise and work and do anything someone without asthma can do."



Tackling The Obstacles (From Page 4)

many of them it's the first time they've been able to communicate directly with a doctor," said Dr. McKee, who learned sign language as a teenager. Because interpreters aren't always available, at times physicians have to rely on note writing during deaf patients' office visits. "It's very poor communication," Dr. McKee said, explaining how a low reading level and the difference in grammatical structure between American Sign Language and English present difficulties.

"Probably the biggest problem I've seen is that physicians aren't aware of the deaf culture," Dr. McKee said. "They need to be able to relate to

these patients as they would to any other particular culture, and to help them find a way around their barriers," he said.

Dr. McKee's commitment to the deaf community led him to accept a position in Rochester, New York, which has one of the most concentrated deaf populations in the country. He's now working in a clinic that serves a large number of deaf patients. As he continues to treat patients without hearing disabilities, Dr. McKee doesn't see his own disability as an issue. In fact, his need to read lips during most of his residency turned itself into an advantage. "I had to look directly at pa-

tients and they liked that eye contact," he said. Though his patients were aware he had a hearing impairment, he didn't think most knew how severe it was or were concerned about it. "If you have compassion and knowledge, that's what patients are looking for in a doctor."

As he left the academic environment to go into practice, Dr. McKee hopes his career can serve as an inspiration for other young people. "A few deaf physicians have blazed the trail; I hope others will follow me," he said. As he's currently mentoring two deaf medical students, it seems his influence is already making its mark.

Developmental Pediatrics (From Page 5)

Posey stresses how the clinic's thorough evaluation is based on extensive observations of several professionals. "With the team approach we are looking at as much of the whole child as we can. There are instances when we get together and get a little different picture than each of us thought individually," he said.

While some children are advised to come back for a follow-up, the goal is to turn the children back to their primary care doctor. Children are also referred out for various types of therapy (occupational, speech, etc.), as well as to state agencies and groups that serve families with disabilities and special needs. Sometimes families need help balancing the demands of a special needs child with those of the child's siblings. "The other children are in just as much need of their parent's attention and support. I try to give them tips on helping their other kids feel loved and included, like scheduling a date night or special time together," said Dr. Posey.

By making a diagnosis and mapping out how to address specific issues, the Developmental Pediatric Clinic sets a new direction for the rest of the child's education. "Intervention totally changes a child's outlook. Whereas they were getting a lot of unnecessary negative feedback and may have started hating school and teachers, the chil-

dren find that they can sit and pay attention now or are able to understand assignments," said Dr. Posey. "We can help give them a better sense of who they are and minimize the feelings of failure they had. Our hope is that they can come to grips with whatever needs they have and be able to achieve their full potential and be happy," he said.



Dr. Mark Posey discusses a child's special needs with a parent.

Photo by Heidi Mehlretter



Kids In Foster Care With **SPECIAL NEEDS**

It's not uncommon for questions to abound with a new child in foster care. When was Freddy's last appointment with a neurologist? Who has been doing speech therapy with Monica? Why isn't Cedric using leg braces?

As the Clinical Coordinator at the School of Nursing's Children and Family Healthcare Center, Suzanne Hardeman is responsible for managing the health care needs of foster children with disabilities who are served by the center. Because there is often sparse or incomplete medical information available on these children when they enter foster care, Hardeman must first identify what services kids have been receiving and from which providers. "The Department of Social Services personnel can get overwhelmed with huge case loads," she said, noting that she routinely offers to help DSS obtain medical information that is not already on hand.

"After we have gathered this information, we determine if a child needs a referral back to a specialist or if we can maintain their care here," she said. A registered nurse and a rehabilitation counselor with almost 30 years experience in psychiatric nursing, Hardeman has spent the last year at the center learning the ins and outs of the foster care system and how to meet the needs of kids with disabilities within the system.

When specialist care is required, Hardeman gets involved with the children's social workers and foster parents to clarify particular needs

and assure that appointments are made. Sometimes this means making the calls herself. "I choose providers that treat them respectfully and with dignity," she said. She tries to follow up whenever possible after scheduled appointments. "Parents may show up at a physician's office not knowing that they need to bring a Medicaid card or a child's x-rays to be seen. Then they get discouraged and don't go back," she explained. During Hardeman's follow-up calls she may discover that prescriptions weren't filled because a family could not afford the cost. "Do parents call us and say they couldn't get the medicine? No, they just do without it," said Hardeman.

Hardeman also makes referrals to other agencies and organizations as needed, such as the Assessment and Resource Center for forensic evaluations of abused children and BabyNet for early intervention serv-

ices with children from birth to age three. "In many instances if you can get kids into treatment early you can minimize or prevent a permanent disability," she said.

As she looks ahead, Hardeman would like to enhance the services that she provides to children with disabilities. The recent addition of an assistant will enable even more follow-up to be conducted with families. And while she has had limited contact with foster parents because of how the system is structured, she would like to work more closely with them and conduct more home visits. Another goal is increased health care education for foster parents, as well as for the children and their social workers.

In assisting children with disabilities, Hardeman feels that the crux of her work is providing a centralized place for coordinating their care. "Not only do we make sure that they are referred for the appropriate services, but we assure that they get any test results and understand what those results mean," she said. "We take a comprehensive approach to their medical care and what benefits each child most," she added.



Suzanne Hardeman shares a laugh with a teenage patient at the Children and Family Healthcare Center.

Photo by Heidi Mehlretter

Sallie Prugh examines six-year-old Joshua Stroman's hand at the Palmetto Children's Clinic.

Photo by Heidi Mehlretter



Clinic (From Pg. 2)

fident they become. I hope that through it all I have made a bit of a difference," she said.

Stroman will attest to that difference. "After being poked and prodded so much in their little lives, my kids don't like the word doctor. But when I tell them that we are going to see Miss Sallie they beat me to the door, saying, 'Mom, aren't you ready yet?'"

Managed Care Credentialing Update

Clinical Faculty Appointments
Since March 1, 2004

Department of Internal Medicine

James A. Barker, M.D.

Professor of Clinical Internal Medicine, Director, Division of Pulmonology and Critical Care

Karen Barnard, M.D.

Associate Professor of Clinical Internal Medicine

Wayne A. Duffus, M.D.

Assistant Professor of Clinical Internal Medicine

Lucinda M. Elko, M.D.

Assistant Professor of Clinical Internal Medicine

Alexander Sy, M.D.

Assistant Professor of Clinical Internal Medicine

Mary Beth Poston, M.D.

Assistant Professor of Clinical Internal Medicine

Lee S. Carson, M.D.

Assistant Professor of Clinical Internal Medicine

Department of Family and Preventive Medicine

Jason J. Stacy, M.D.

Assistant Professor of Clinical Family and Preventive Medicine

Department of Neuropsychiatry and Behavioral Science

Nioaka N. Campbell, M.D.

Instructor of Clinical Neuropsychiatry and Behavioral Science

James G. Bouknight, M.D.

Associate Professor of Clinical Neuropsychiatry and Behavioral Science

Department of OB/GYN

Judith T. Burgis, M.D.

Assistant Professor of Clinical Obstetrics and Gynecology

Anthony R. Gregg, M.D.

Associate Professor of Clinical Obstetrics and Gynecology

College of Nursing

Ella S. Weinkle, M.S.N., R.N., FNP

Clinical Instructor, College of Nursing

Department of Ophthalmology

Keshia Elder, O.D.

Assistant Professor of Clinical Ophthalmology

Joshua Frankel, M.D.

Assistant Professor of Clinical Ophthalmology

Department of Pediatrics

Anne S. Abel, M.D.

Associate Professor of Clinical Pediatrics

Cara M. Parsons, M.D.

Instructor of Clinical Pediatrics

Laura M. Pirich, M.D.

Assistant Professor of Clinical Pediatrics

The next quarterly credentialing meeting will be held on September 20 at 10:30 a.m. in Conference Room B at Two Medical Park. For information on future meetings, contact Susan Wilhelm at 255.3417.

Upcoming Alumni Association Events

School of Medicine alumni, faculty, and staff, along with current students and residents, are invited to all USC School of Medicine Alumni Association events.

Annual Tailgate Weekend

Friday, September 17

3:00 - 5:00 p.m.

Alumni Association Committee and full membership meetings

All alumni are invited to vote on alumni awards.

Dean's Office, VA Campus

Saturday, September 18

Tailgate at Rebekah's Garden
Three hours prior to kick off USC vs. South Florida game

All food and drinks will be provided, along with live "alumni" band, The

Throttle. Parking available for \$15 at Farmer's Market; enter National Guard Armory Road.

Walk For Juvenile Diabetes

Sunday, October 31

1:00 p.m.

Carolina Research Park

Volunteer walkers are welcome to join the School of Medicine walk team.



