

C onnections

May 2005

Family Medicine Physicians Choose Rural Practice

It's renown for the string of billboards that litter Interstate 95 and the giant sombrero that welcomes travelers to South of the Border. Yet underneath all the glitz of its sprawling tourist attraction, Dillon, South Carolina, is basically a small town, one that opened its arms to Dr. Granville Vance when he arrived in 1990. "A new physician coming into a small town does not go unnoticed by the community; you are widely welcomed," said the family medicine physician. A graduate of the Family Medicine Residency at Palmetto Health Richland, Dr. Vance chose to join a rural practice in Dillon, near

the North Carolina/South Carolina border, when he finished his medical training.

Thirty-five family medicine physicians that completed their residency at Palmetto Health Richland now practice in rural areas throughout South Carolina. It's a career choice with unique challenges and rewards, explained Dr. Jamee Lucas, an associate professor in the USC School of Medicine's Department of Family and Preventive Medicine and the program director for the Family Medicine Residency. "There is no referral right next door," Dr. Lucas said, noting that while physicians are in short supply

in South Carolina's rural areas, specialists are an even scarcer commodity. "Family medicine physicians in rural areas have to decide if a referral is worth a 60 or 90-minute trip for the patient," she said. This places a more extensive burden of care on the physicians who serve the residents of these communities. "Out of necessity we have to incorporate a lot of skills into our prac-

tice that would be under the umbrella of specialists in another setting," Dr. Vance said.

Residents who plan to enter rural practice often pursue additional training in specialties such as urology, surgery, ophthalmology, and pediatrics. "They have a very challenging third year. We try to cram in every bit of specialty training so they can be well-equipped to handle most things in the office," said Dr. Lucas.

When particular medical problems require outside expertise, Dr. Jody Ellison doesn't have to sched-

See Family Medicine on Page 4.

◆ ◆ ◆ ◆ ◆ ◆ ◆ ◆ Focus On Rural Health Care In SC

This issue looks at some of the ways the USC School of Medicine addresses the health care needs of citizens in rural communities throughout the state.

- The Changing Faces of HIV** Providing Services in Sumter **2**
- A Heartfelt Endeavor** Pediatric Cardiology Clinics **3**
- Walking In Winnsboro** Center Addresses Obesity **5**
- Educating Patients in Kershaw** Grant Directed at Health Literacy **6**

Also In This Issue: Dr. Mary Ann Parsons is retiring after 16 years as Dean of the College of Nursing. See the article on her career in nursing education on page ten.

Visit Our Website At:
<http://specialtyclinics.med.sc.edu>



Dr. Granville Vance gets ready to ride one of his horses at his home on the outskirts of Dillon.

Photo by Heidi Mehlretter

A New Era Of HIV Infection: Treating A Changing Population Of Patients In A Rural Community

The patient waiting for her appointment at Sumter's Family Health Center is a woman in her mid-50's. Not unlike many patients today infected with the HIV virus, she has only been involved in heterosexual relationships. The faces of AIDS and its precursor of HIV infection are changing, and that's no exception for the residents of Sumter County and the rural counties surrounding it.

More than half of the 200 low-income patients that nurse practitioner Pat Derajtys sees at the community health facility are women, with a disproportionate number of them African American. Derajtys and Dr. Rohit Talwani, an infectious disease specialist in the Department of In-

“In the past we were basically getting people ready to die. It's a whole different ballgame today.”
- Pat Derajtys

ternal Medicine, provide services to HIV/AIDS patients three times a month under the umbrella of the Ryan White Clinic, a federally-funded program managed by the USC School of Medicine.

A disturbing lack of awareness is common among the patients that Derajtys treats. “There are still too many people out in rural areas who do not realize that they are at risk, especially women. A new man comes along and says, ‘You are the love of my life,’ and the woman doesn't ques-

tion his sexual history,” she said. With homosexuality still an unaccepted practice in small Southern towns, she explained that men often carry on sexual relationships with other men, unbeknownst to their female partners. Consequently, heterosexual spread of the disease is on the rise, with Sumter consistently ranking among the top three counties in the state of South Carolina for prevalence of HIV infection.

Thanks to the development of AZT and other medications currently used in treatment, the prognosis for patients with HIV infection has improved dramatically since the School of Medicine established their relationship with the Family Health Center in 1995. “In the past we were basically getting people ready to die. It's a whole different ballgame today. As long as patients are consistent in

taking their medications they can do extremely well,” said Derajtys.

Treating the disease is a complex job, one that's frequently compounded in Derajtys' patients by such issues as unemployment, poverty, and substance abuse. “A lot of times the HIV is just piled onto all these other problems they have,” she said. Fortunately, services available for HIV/AIDS patients through the Family Health Center have expanded over the course of the last ten years. In addition to a physician and nurse practitioner in Sumter who care for patients between the visits from Dr. Talwani and Derajtys, resources include a full-time social worker and public health assistant, a substance abuse counselor, and a perinatal case manager, who follows pregnant women until the birth of their babies.

See HIV/AIDS Treatment on Page 12.



(From left) Dr. Rohit Talwani and Pat Derajtys discuss treatment options with one of their patients in Sumter.

Photo By Heidi Mehlretter



(To Left) Dr. Luther Williams examines three-year-old Mary Ashley Robinson of Turbeville, while her mother, Becky, observes.

Photo by Heidi Mehlretter

said. As parents learn to live with their child's diagnosis, he stressed that, "It behooves us to repeat, repeat, repeat what needs to be done and what to expect in the future."

As for Mary Ashley's future, it's not certain if another procedure may be required in the years ahead. "The doctors told me they would just have to keep watching her. It would depend on how the valve grew with her and if it stayed open," said her mother, Becky Robinson. For the time being, the little girl exhibits no symptoms of a heart abnormality and enjoys the rambunctious pursuits of a three-year-old. "In fact, she's the wildest child I have," her mother said about the youngest of her three children. "She's wide open; nothing stops her."

While Mary Ashley needs only annual checkups now, monthly appointments were not uncommon through her first year of life. "Going to Sumter is certainly more convenient than if we had to make the trips



to Columbia," her mother said. That's the beauty of the pediatric cardiology clinics, Dr. Williams explained. "Getting transportation to an appointment with a specialist in Columbia can be a logistical problem for many folks in rural areas," he said, "and finding their way around in a city like Columbia can be daunting

See Pediatric Cardiology on Page 9.

Pediatric Cardiology Clinics Take Services On The Road

Mary Ashley Robinson is a typically energetic three-year-old. What's not typical about the preschooler from Turbeville is that she was born with aortic stenosis. Three days after she was born, her parents were told that her aortic valve, between her left ventricle and aorta, was narrowed. The severe narrowing made it difficult for the baby's heart to pump blood to her tiny body.

Mary Ashley's aortic valve opening was enlarged using a balloon catheter when she was two months old. While the procedure improved the stenosis, it did not change the fact that the valve didn't form properly, and she needs to be followed medically throughout her life. With only 15 pediatric cardiologists in South Carolina, her parents could have been burdened with almost an hour and a half trip to Columbia for each doctor's appointment. Yet because of a pediatric cardiology clinic established by the Department of Pediatrics, the Robinsons only need to make a 25-

mile trip to Sumter for their daughter's checkups.

The clinic in Sumter was the first of four that serve rural areas of South Carolina. Since it opened almost ten years ago, additional clinics have been set up in Orangeburg, Lancaster, and Aiken. A team from the Department of Pediatrics provides on-site care in Sumter and Orangeburg on a monthly basis, and in Aiken and Lancaster once every other month. Two cardiologists are accompanied by two nurses, an echocardiography technician, a clerical employee to do charting, and usually a pediatric resident and medical student.

To Dr. Luther Williams, a professor in the Department of Pediatrics, education is an important component of the team's role. He makes it a point to assure that parents thoroughly understand their child's condition. "If a child has a significant defect, the parents hear almost nothing during the first visit other than the fact that their child has a heart problem," he

Family Medicine (From Page 1)

ule her patients for an inconvenient out-of-town appointment. Several specialists come to the Richland Community Health Care Association in Eastover on a monthly basis. Located halfway between Columbia and Sumter, the practice is in an area where there are few amenities. “I wondered about going to a community where I didn’t have access to other types of care when necessary,” said the 2000 graduate of the Family Medicine Residency. “Yet it’s worked itself out,” she said, adding, “I don’t

it,” he said of the 92-bed facility. “With the hospital providing medical continuity and a major employer for the area, we view hospital care as a service to the local community and patients,” he said.

Transportation to office visits tends to be a problem when lower income and elderly patients are spread out through sparsely populated terrain. “There are little dirt roads after little dirt roads,” Dr. Ellison said in describing Eastover. Her practice responds by sending a van down county

minutes from Columbia. “We treat a lot of family members and generations of family members. Because everyone knows each other, word of mouth helps get in patients who really need to be seen,” she said. Since Dr. Vance lives in the community where he works, he shares another level of interaction with his patients. “Your personal encounters outside the office are largely your patient population – they serve you at restaurants, care for your car, and are the electrician and plumber you call for your home,” he said. “Most of my children’s friends are also patients of the practice,” he added.

Such a degree of familiarity can also have its disadvantages. “Another challenge is that you have very little privacy,” Dr. Lucas said. Before Dr. Vance moved his family to a home on the outskirts of Dillon, it wasn’t uncommon for people to drop by the house for a quick piece of medical advice. Though the move eliminated the “front door consults,” he and his wife both continue to field ongoing requests in public places. “It’s a practice in graciousness,” he said of how they respond. Sometimes it’s easy to field a simple question. In other cases he draws the line, particularly when his wife is asked to act as an intermediary. “When someone asks my wife to give me a message, she tells them nicely that I have asked her not to relay messages, but I would be glad to assist them through the regular office channels,” he said.

Despite the inherent limitations, Dr. Vance and Dr. Ellison are both more than content with the choice they made to work in rural medicine. In fact, Dr. Vance was so committed to the practice in Dillon that he recruited three other family medicine physicians, two of them classmates



Dr. Jody Ellison takes time to discuss health concerns with patient Delorise Porter of Eastover.

Photo by Heidi Mehlretter

hesitate to pick up the phone and call someone if we don’t have the help we need here.”

Because Columbia’s hospitals and Sumter’s Tuomey Healthcare System are a cumbersome 30 to 45-minute commute from Eastover, Dr. Ellison and her partner rely on hospitalists to provide inpatient care for their patients. Conversely, Dr. Vance and the five other physicians at Dillon Family Medicine, are located close to McLeod Medical Center of Dillon, where they regularly admit patients. “For the hospital to survive we have to support

roads to pick up patients. Dillon Family Medicine found another way to address the dilemma. “More than 50 percent of our patients are walk-ins based on acute illness or when transportation became available,” said Dr. Vance. “If it’s your only opportunity to get in for the next two weeks, then it’s okay with us,” he said.

Both physicians agree that small town medicine provides a greater degree of familiarity with patients. “It’s more personable than in a larger city,” Dr. Ellison says of the practice in Eastover, where she commutes 40

See Family Medicine on Page 8.



A Practical Approach To Addressing Obesity

Ask the people of Winnsboro, South Carolina, what they have in common with the people in New York City, and they might be hard-pressed for an answer. Yet there's one tie that binds the residents of the tiny Southern town not only to New Yorkers, but to every segment of the U.S. population. Obesity. Across this country increasing numbers of Americans are tipping the scales at increasing weights.

Yet the citizens of Winnsboro and the other small communities in rural Fairfield County are fortunate to have an educational program that was created to address the obesity problem in their community. The Right Weigh to Health was introduced three years ago by the John A. Martin Primary Health Care Center, a primary health care facility managed by the University of South Carolina School of Medicine. Established in conjunction with a number of agencies in Fairfield County, the program's objectives are to increase awareness of the health risks of obesity and to offer tools to individuals interested in making lifestyle changes.

One component of the program is conducting body mass index (BMI) screenings in the community. The height/weight assessment has been provided at festivals, during health screenings at the local Wal-Mart, and in the last year for every eleventh grader enrolled in Fairfield County schools. "We explain to people how a high BMI puts them more at risk for health problems, and how even losing 10 or 20 pounds can decrease their risk for certain diseases," said Sandy Kammermann, M.S., Ed.S., Education and Research Director at

the center and an assistant professor in the Department of Family and Preventive Medicine.

Determined to provide local residents with a tangible tool for weight reduction, the center joined forces with a number of local organizations to create a walking path. Complete with attractive landscaping and welcoming park benches, the path is located outside the John A. Martin

the Martin Center, involvement with the Right Weigh to Health fulfills a community project requirement. "This gives them the opportunity to focus on a long term project that could have a long-term impact on the community," said Kammermann.

Medical student Jim Richter worked on arrangements for the path's grand opening celebration.



Nancy and the Reverend Tom Hutto have completed enough miles on the walking path to earn 100-Mile Club t-shirts. *Photo by Heidi Mehlretter*

Primary Health Care Center on the grounds of Fairfield Memorial Hospital. "There were many people that just needed to start walking, yet felt there wasn't a safe place to walk," explained Kammermann. As an incentive to keep using the .2-mile track, the first 100 walkers to complete 100 miles will receive T-shirts identifying them as members of the 100-Mile Club.

When third-year medical students serve a four-week rural clerkship at

Over the course of the 18 months it took to plan and implement the walking path, Richter and other medical students gained an appreciation of the interrelationships with Fairfield County Hospital, Clemson Extension Master Gardeners, the Fairfield County Recreation Commission, the Fairfield County Soil and Water Conservation District and various local businesses and organizations.

"We tried to convey to the students that by getting others involved, the walking path would be seen as a community project and not a Martin Center or medical student project. We have more buy-in now than if we had done it all ourselves," Kammermann said. Richter observed, "This project brought people in the community together to create a safe, well-lit place where they can get out and walk," he said.

Structured weight loss classes are
See Addressing Obesity on Page 8.

Program In Kershaw Impacting Lifestyles

Barbara Jackson used to make some mean homemade biscuits. These days she doesn't touch them anymore. "Instead I have a sherbet push-up when I get a craving for something to eat," said the Kershaw, South Carolina, resident.

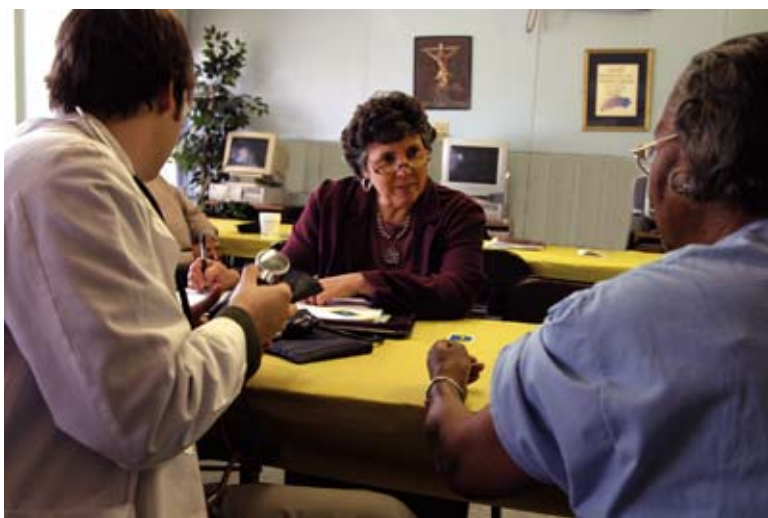
Jackson, who has high blood pressure, has been learning how to bring her blood pressure down and adopt a healthier lifestyle. She's done so through the efforts of a grant-funded health literacy project conducted through the USC School of Medicine's Kershaw Primary Care Education Project.

The three-year program, funded by the J. Marion Sims Foundation, is aimed at improving the health literacy of patients in the rural community of Kershaw in southern Lancaster County. "The ability to read, understand, and act on health information and your doctor's instructions has a tremendous impact on your health," said Duncan

Howe, Ph.D., Office of Clinical Research at the School of Medicine, and the grant's principal investigator. "There is a direct correlation between a person's health literacy level and their health. Patients who struggle with understanding health information tend to miss appointments, make mistakes with medications, and show up at the emergency room more often," added Brenda Remmes, Director of Education and Research at the USC-Kershaw Project and the grant's project manager.

The initial focus of the grant was to help patients read, understand and

complete the complex application forms that low-income patients use to apply for free prescriptions provided by drug companies. Each drug company has their own form to complete, and for people who may require a number of medications and are not good readers, the process can be overwhelming. The grant staff recruited patients who had already been receiving the free medications into focus groups. The purpose of the groups was to help develop a proce-



Brenda Remmes (center) talks with Sarah Threatt during a meeting at the Mt. Calvary Outreach Center, while a medical student gets ready to check her blood pressure.

Photo by Heidi Mehlretter

cedure that was appropriate for the participants' health literacy levels.

An assessment of functional health literacy was given to the participants and will be repeated at the end of the project. The focus group participants were found to be fairly representative of the state and national populations with 50 percent reading at less than an eighth grade level. "The results were surprising in one regard in that a number of patients who we thought we knew quite well turned out to be non-readers," Remmes said. Dr. Howe explained, "People are embarrassed to admit they cannot read well.

Unfortunately, this can worsen their health problems as they are unwilling to ask their doctor questions even when they don't understand written or oral instructions."

From input received during a series of focus group meetings, the staff developed an informational brochure and video on the step-by-step process of obtaining the free medications. Several rounds of patient reviews and staff revisions were done before the final products were completed.

"These instructional materials have been very helpful to patients, most of whom can now fill out the forms without assistance," Dr. Howe noted. He added, "Some people still need help, but now they understand the process. They are more likely to come in a month before their three-month prescription runs out to fill out a new application so that they don't miss getting their medications on time."

Another objective of the project is to improve the readability of general health education materials distributed to patients. Additional patients were asked to participate in focus groups that targeted specific health conditions such as hypertension and diabetes. "Patients told us that they didn't understand what was happening to their body when their blood pressure went up. They'd ask, 'What does 140/90 mean?'" Remmes said. "We tried some different types of charts to help them understand their blood pressure and they really liked the one that related their blood pressure readings to a thermometer."

Through Focus On Patient Health Literacy

A wallet-size card was produced that shows a colored thermometer with a range of blood pressure readings on it. As the numbers rise, the colors on the thermometer change, with a reading of 200/100 a bright red and anything below 120/80 in green. Lower readings are closer to a smiley face placed at the bottom of the card and higher readings approach a frowning face at the top.

As the groups met over time and discussed the causes for high blood pressure, nutrition surfaced as an area of particular interest. “They would tell us, ‘I know what foods I shouldn’t eat. I just don’t know how to put foods together that I should eat,’” Remmes said. So using the same process of trial and error, the grant staff designed a set of nutrition placemats. Using photos of food and suggested serving sizes, the placemats show practical examples of healthy meals and snacks that provide a balance of protein and carbohydrates. Another approach to nutrition is being pursued in the development of a series of short, animated videos on topics such as balanced meals and portion sizes.

Program Proves To Be An Ongoing Learning Process For Medical Students And The Local Community

Medical students have been involved throughout, most recently producing a video on how doctors can best communicate with their patients. “A lot of patients feel intimidated by their doctor’s education and won’t ask questions,” Dr. Howe said. Remmes believes that the process has been an invaluable one for the medical students, who have learned the importance of explaining information to patients in a manner they can under-

stand. “I think it has been a huge eye opener for the students. They say over and over that the issue of health literacy has never come up before in their education,” Remmes said.

A by-product of the program is that one of the focus groups enjoyed meeting so much that the members still get together with the staff on a monthly basis. “We are doing the listening and they are doing the talking. I firmly believe that they have a lot to teach us and it’s important that we take the time to listen. As soon as the meetings turn into a lecture format, it turns cold and we lose their interest,” Remmes said.

Another by-product is the ripple effect throughout the community, such as the group that Barbara Jackson meets with every Wednesday. Each week between 10 and 25 people come together for a prayer meeting, lunch and bingo at the Mt. Calvary Outreach Center in Kershaw. The center’s two volunteer cooks have been involved with the nutrition fo-

cus groups at the USC-Kershaw Project, and the effect has been a positive one. Fatty meats are served less at the luncheons and fried foods, which were once a common staple, are rarely on the menu. Volunteer cook Anne Patterson has also modified her habits in her own kitchen, though her husband has accepted the new recipes better than some of her friends at Mt. Calvary. “I’ve been trying to get them to eat healthier, but they still want fried chicken,” she said.

Yet as Remmes reassures Patterson, change doesn’t happen overnight, and her new approach to cooking has already made a significant impact on the group. The way Remmes sees it, the potential for change is even greater. “I firmly believe that if you have ten people show up for a meeting, they are going to tell another ten people what they learned. People like Anne Patterson and Barbara Jackson can have a much greater influence on the health of their families and friends and church groups than I can,” she said.



Medical students such as Andrew Taber have played an active role with the health literacy program. Above: He monitors Mozell Harris’ blood pressure.

Photograph by Heidi Mehlretter

Addressing Obesity (From Page 5)

another means of addressing obesity, and the Right Weigh to Health promotes classes that are offered in Fairfield County. With so many children who are struggling with excess weight, the staff helped write a grant to fund a pediatric weight loss program. To combat sedentary lifestyles, an investment was made in a supply of step counters, which are offered to patients at a discount price. Patients are instructed about the 10,000 steps per day fitness program developed by an exercise physiologist as a daily target for their activity and exercise level. "It's another motivating tool

for people," Kammermann said. "We find out their baseline amount of steps per day, then work with them to slowly increase that number, whether it's taking a walk, going to the gym or making changes to their daily routine," she said.

Adopting healthy changes is a process, one that Richter learned more about during the medical student's month in Winnsboro. He anticipates the process will be a significant one when he begins practicing Internal Medicine. "The hard part is getting people to choose skim milk instead of coke and vegetables instead of French

fries. It's a long road, not just in Winnsboro but everywhere." Yet Richter appreciates the efforts underway through the Right Weigh to Health. "The doctors at the center see health problems every day caused by obesity. This is one way of intervening and making steps out there in the community," he said.

Family Medicine (From Page 4)

from the Family Medicine Residency at Palmetto Health Richland. "In general, physicians change practices three times in a career, most within the first two years. We have noticed that our graduates in the rural areas tend not to move," said Dr. Lucas. While federal programs to help repay medical school loans may factor into

a physician initially selecting a rural location, Dr. Lucas doesn't see this as the tie that binds. "They may get there thinking this isn't where they will spend their whole lives. Yet they become a part of people's families and such crucial members of the community that nobody will let them leave," she said.



Dr. Granville Vance (second from left) relaxes at home with (left to right) son Daniel, wife Cheryl, and daughter Chayce, along with the family's dogs.

Photo by Heidi Mehlretter

School of Medicine Alumni Events

School of Medicine alumni, faculty, staff, current students and residents are invited to all events.

Mini-Med School

The dates for the six-week program in the Fall will be determined at a later date.

School of Medicine Football Tailgating

Tentative Date: October 22
USC vs. Vanderbilt

South Carolina Academy of Family Physicians, Hilton Head, S.C.

November 10 - 11, Thursday and Friday

Please visit the School of Medicine exhibit.

November 12
Saturday - 7:00 a.m.

Breakfast

To register for events, go to the USC School of Medicine Alumni Association's website at <http://alumni.med.sc.edu>.

Registration can also be done by contacting Debbie Truluck, Alumni and Special Events Office, at 733-1568 or by e-mail at truluck@med.sc.edu.





Mary Ashley Robinson has an echocardiogram done during her annual cardiology exam in Sumter. *Photo by Heidi Mehlretter*

Managed Care Credentialing Update

Clinical Faculty Appointments
Since August 2004

Department of Family and Preventive Medicine

Pamela R. Cromer, F.N.P.

Assistant Professor of Clinical Family Medicine

Holbrook W. Raynal, M.D.

Assistant Professor of Clinical Family Medicine

Medical Director, Family Practice Center

Department of Internal Medicine

Brandon Foster, BSN, MSN, ACNP

Teaching Associate of Clinical Internal Medicine

Thomas Gaffney, M.D.

Professor of Clinical Internal Medicine

William B. Owens, M.D.

Instructor of Clinical Internal Medicine

Department of Obstetrics/Gynecology

Sarah E. Smith, M.D.

Assistant Professor of Clinical Obstetrics/Gynecology

Whitney W. Thoma, M.D.

Assistant Professor of Clinical Obstetrics/Gynecology

Department of Pediatrics

Robert C. Holleman, Jr., M.D.

Assistant Professor of Clinical Pediatrics

Olga C. Rosa, M.D., FAAP

Assistant Professor of Clinical Pediatrics

Department of Surgery

Gregory Barefoot, PA-C

Teaching Associate of Surgery

Alicia Borst, PA-C

Teaching Associate of Surgery

Bobby Tipton, ARNP

Teaching Associate of Surgery

College of Nursing: Women And Family Healthcare Center

Janet L. Douglass, MSN, APRN, BC

Clinical Assistant Professor, College of Nursing

Pediatric Cardiology (From Page 3)

sometimes. My guess is that some patients would just not seek the care," he added. For these potential problems and others, Dr. Williams notes that a rural practitioner can be reluctant to make an out-of-town referral to a pediatric cardiologist. Yet he's found that the physicians in rural communities are receptive to the clinics "knowing that we are coming to their neighborhood."

Not all of the children referred have serious problems. "We see many kids with heart murmurs that need

What started with six or eight patients in Sumter in 1995 has grown so much that a fourth pediatric cardiologist will be joining the department this summer.

to be evaluated, and are determined to have no abnormalities," Dr. Williams said. And while patients of the clinics range from newborns on up, some adults are seen as well. "We have a number of patients with con-

genital heart disease we have been following since they were kids who are just comfortable staying with us."

Dr. Williams believes that the clinics are particularly helpful to younger pediatricians who are starting out in practice. "As they are training, they are used to having pediatric subspecialists on the scene. Then they set up their practice in a rural area and realize there isn't a pediatric cardiologist nearby." The four clinics in the state provide rural physicians with expertise that's in increasing demand. What started with six or eight patients in Sumter in 1995 has grown so much that a fourth pediatric cardiologist will be joining the department this summer.

The service is also a welcome relief for families like the Robinsons who have been spared the time and expense of numerous trips to Columbia for Mary Ashley's follow-up care. What does the active three-year-old think about the clinic that has been such a benefit to her parents? "The only thing she knows is that we are going to the doctor and he is going to listen to her heart," Robinson said.



Dean Parsons' Career Marked By A Myriad Of Accomplishments

The year was 1966; the place was Columbia's Providence Hospital. In her crisp white cap and white dress, Mary Ann Coward cared for patients who were recovering from gallbladder surgery, hospitalized with pneumonia, and being treated for complications of diabetes. And while her part-time position at the hospital was challenging for the young nurse, it certainly wasn't the full extent of her involvement in nursing.

Having just earned a diploma in nursing from the Medical University

found a clinical area that peaked my interest, yet something about the opportunity to teach appealed to me. From that point on, I spent my career in nursing education."

Now known by her married name of Parsons, Dr. Mary Ann Parsons, Dean of the University of South Carolina College of Nursing, is winding down a 40-year career. When Dr. Parsons retires in June 2005, it will follow 16 years on the job as the longest serving dean of nursing at USC. Before she took on the leadership

of Florida in 1976. "From the very beginning, I stayed on track to get the education needed for a faculty position at a university, never dreaming that I would have the opportunity to be the dean at the University of South Carolina College of Nursing," she said.

During her tenure, Parsons distinguished herself as a forthright leader whose list of accomplishments is both extensive and impressive. "I have high expectations of myself and others," she said. Those expectations yielded such successes as the establishment of Columbia's Women's



At home overlooking the city of Columbia, Dr. Mary Ann Parsons looks forward to her retirement and more time with her family and pursuing her interests of cycling and reading.

Photo by Heidi Mehlretter

of South Carolina in Charleston, Coward was also pursuing a bachelor of science in nursing from the University of South Carolina. She recalls a turning point in her education "when I was in a senior class and other students were talking about what they wanted to do. I hadn't

role, Dr. Parsons had taught over 10 years at USC and held teaching positions at the Medical University of South Carolina and the University of Florida in Gainesville, Florida. She also continued her own education, earning a Ph.D. in higher education administration from the University

"It's certainly what we have accomplished together and not just what I have done."

Dr. Mary Ann Parsons

Healthcare Center in 1996, one of the first independent nurse-managed primary care centers in the nation. "We wanted to open a facility that would demonstrate excellence in practice with our nurse practitioner faculty and deliver health care services," Dr. Parsons said of the center. Since renamed the Women and Family Healthcare Center, its services have expanded to offer health care to the entire family. Within the next couple of years, the College of Nursing also opened the Children and Family Healthcare Center, a primary care center in Columbia with a particular focus on children in the foster care system, as well as serving low-income families in an urban neighborhood. Another nurse-managed center, Primary Care Partners, provides health care services on the USC campus to faculty, staff, and

See Dean Parsons' Career on Page 11.

Dean Parsons' Career (From Page 10)

local residents.

In 2004, under Dean Parsons' leadership and guidance, the Center for Nursing Leadership was created. The center offers workshops, conferences and continuing education courses to help equip nurses to be managers and leaders. "One issue in health care is the lack of nurses who want to be in management because they are not prepared with the skills they need for these positions," said Dr. Parsons. "I have tremendous anticipation of the kind of impact the center will have in building the future leadership capacity of nurses."

A particular source of pride to Dr. Parsons is the Doctorate of Nursing Practice (DNP) program that the College of Nursing began offering in

1999 to provide an alternative to a Ph.D. in nursing research. A risk taker by nature, she was not intimidated by the fact that "there was not a lot of support of such a program on a national level, and we questioned if the timing was right." The timing turned out to be right on target, and today DNP programs are growing rapidly across the country. The program is now flourishing at USC with more than 30 students currently enrolled. The DNP attracts students with undergraduate degrees in biology; psychology; public health; and other disciplines, as well as those with undergraduate and graduate degrees in nursing.

The same year the new doctorate program was introduced, the College

of Nursing was named one of nine funded National Institutes of Health (NIH) Nursing Research Centers in the nation. The highly competitive designation was awarded to the College of Nursing based on research in health promotion and risk reduction in special populations.

Despite her many achievements and their impact on nursing education, Dean Parsons is not one to claim accolades for herself. "It's clear that the College of Nursing has not had a single success in which the idea didn't move through the system as a result of discussions, dialogue and decisions with faculty, staff and students," said Dr. Parsons. "It's certainly what we have accomplished together and not just what I have done," she said.

2005 School of Medicine Alumni Award Recipients

Distinguished Physician Alumni Award

William M. Moore, Jr., M.D.
Class of 1983
Vascular and General Surgery

Franklin O. Smith, III, M.D.
Class of 1984
Pediatric Hematology/Oncology

Distinguished Young Physician Alumni Award

John P. Batson, III, M.D.
Class of 1999
Pediatrics/Sports Medicine



Humanitarian Alumni Award

G. Grattan Correll, M.D.
Class of 1994
Family Medicine

Distinguished Doctorate Alumni Award

Richard A. Rabin, Ph.D.
Class of 1979

Distinguished Master's Alumni Award

Herbert O. Poole
Class of 1997
Nurse Anesthesia

Distinguished Master's In Genetic Counseling Alumni Award

Victoria A. Vincent, M.S., CGC
Class of 1987

Alumni Association Honorary Life Member Award

O'Neill Barrett, Jr., M.D.
Distinguished Professor Emeritus,
Internal Medicine



HIV/AIDS Treatment (From Page 2)

Reducing the risk of transmitting the disease is an important component of Derajtys' work. While educational efforts in the past have been targeted to groups at risk for the infection, such as gay men and drug abusers, today's focus is on patients who are already HIV-positive. "Are they in relationships right now? Have they disclosed their illness to their partners? Where are they in terms of their practices that may put other people at risk? These are the type of questions that need to be discussed with patients' health care providers," she said.

South Carolina HIV/AIDS Clinical Training Center

Patients with HIV infection aren't the only ones who benefit from education on the disease. A year ago the Department of Internal Medicine took on the management of the S.C. HIV/AIDS Clinical Training Center. The statewide program is devoted to providing health care providers with the knowledge and skills necessary to treat patients with HIV infection who have difficulty in affording or accessing treatment. "The care changes so rapidly, with new patterns of resistance and new combinations of medicines," said Derajtys. "A com-

munity doctor who is operating under what he knew five years ago can't serve a patient as well as someone who takes care of HIV patients all the time. He or she should have opportunities for updated training," she said. The center does just that in a variety of ways, from phone consul-



tations on individual patients, to a statewide annual conference, to practical on-site training at local clinics to clinical preceptorships at Columbia's Ryan White Clinic.

"Some physicians struggle with

caring for these patients and others do a very good job with it. Unfortunately, many times physicians in rural communities just turn patients over to an infectious disease specialist because it's a little more than they can get comfortable with," said Derajtys. The center's objectives include changing this comfort level and increasing the number of health professionals caring for HIV/AIDS patients.

Just learning what resources are available can be helpful to physicians and other health care professionals throughout South Carolina. Others have taken advantage of the structured workshops, preceptorship opportunities, and technical assistance available through the training center, which can be adapted to meet particular needs.

"Obviously you can sit people down in a classroom and tell them how to take care of HIV patients. If their schedule permits, we've offered to see patients with them at their practice. Or we may say, 'Tell me about your patients and how you treat them and we'll give you some suggestions.' There are any number of options," Derajtys said.

Connections is published two times a year by University Specialty Clinics® to enhance connections among member physicians. Comments and suggestions for articles are welcomed.

Larry Faulkner, M.D.

Vice President
for Medical Affairs
and Dean,

University of South Carolina
School of Medicine

Loretta O. Cafferty

Director, Clinical Services
Development
Office of Clinical Affairs

Phone: 803.255.3400

Fax: 803.255.3420

E-Mail: loretta@sc.edu
jhubbard@gw.mp.sc.edu

Diane J. Epperly

Connections Editor
surreyacewriter@sbcglobal.net

Heidi Mehlretter

Contributing Photographer



University Specialty Clinics®
Office of Clinical Affairs
University of South Carolina School of Medicine
Fifteen Medical Park, Suite 300
Columbia, SC 29203

Website: <http://specialtyclinics.med.sc.edu>