

2018-2019

ISSUE 11.3

CELEBRATING MATCH DAY

DR. BRITT LEADS NEW SURGICAL SPECIALTY

EVMS

MAGAZINE



Caring and Curing

*When a serious illness is diagnosed,
palliative care
should be part of the treatment*

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DEAN OF THE SCHOOL OF MEDICINE**

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From start to finish, producing an issue of EVMS Magazine takes about four months. For example, we began working on stories for this issue in January.

Before I invite you to read those stories, let me address the elephant in the room: the news reports about the racist photo published in a student yearbook 35 years ago. In considering how to address this in our magazine, we had to make a decision. Should we scramble to add an article about this matter in the next issue — the one you are reading now — or should we wait until we receive the reports from the Community Advisory Board and McGuireWoods law firm, which were engaged in March to investigate diversity and inclusion at EVMS?

We opted to wait for this reason: I believe this aspect of our campus culture is simply too important to rush a story into the magazine. Diversity and inclusion are important to us, and we will not only continue our existing efforts but also tackle any additional issues identified.

Until then, I invite you to read about the good work being done by our faculty, staff, residents and students. Learn how some of our faculty members are focused on how palliative medicine, a specialty created in 2006, can improve the quality of life for anyone with a serious illness (*see page 12*). And we profile an alumna whose EVMS education led her to a residency at the Mayo Clinic and a lead-author credit on an acclaimed medical-reference book (*see page 18*).

On May 18, a brand-new class of alumni — more than 400 students in the EVMS Class of 2019 — is set to cross the stage and step into their new lives. Wherever their journeys take them, we hope they, too, will benefit from their time here. On behalf of everyone at EVMS, I offer our newest graduates best wishes for meaningful and rewarding careers.

Sincerely,

Richard V. Homan, MD

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EVMS selected for national diversity award

In March, EVMS was honored with the 2019 Institutional Excellence Award from the National Association of Diversity Officers in Higher Education at the 2019 NADOHE Annual Conference in Philadelphia. The organization presents the award to recognize institutions of higher education that have “demonstrated measurable progress in promoting and sustaining innovative diversity efforts within their campus community.” Look for more on EVMS’ diversity and inclusion efforts in a future issue of EVMS Magazine.

From left: Richard Homan, MD, President and Provost of EVMS and Dean of the School of Medicine; Mekbib Gemedo, MA, Vice President of Diversity and Inclusion, and Marcus Martin, MD (MD ’76), University Vice President and Chief Officer for Diversity at the University of Virginia and a member of the EVMS Board of Visitors, who nominated EVMS in January for the award.

EVMS brings home nine Health Care Hero awards



EVMS faculty members had a strong showing at Inside Business’ 2019 Health Care Heroes celebration, held in March. Pictured from left are Health Care Heroes judge Kathryn Barrett; Thomas Grant Jr., MD, Professor of Clinical Family and Community Medicine; Robert Palmer, MD, who picked up the award for Jerry Nadler, MD, former Professor and Chair of Internal Medicine; Marybeth Hughes, MD (MD ’97, Surgery Residency ’02), Associate Professor of Surgery; John Sinacori, MD, Assistant Professor

of Otolaryngology-Head and Neck Surgery; Andrew Plunk, PhD, Assistant Professor of Pediatrics; R. Clinton Crews, MPH, Associate Professor of Health Professions; and Reese Jackson, President and CEO of Chesapeake Regional Medical Center, lead sponsor of the event. EVMS-affiliated honorees not pictured: David Baran, MD, Professor of Internal Medicine; M. Ann Kuhn, MD, Assistant Professor of Clinical Surgery; and Joseph Legan, MD, Assistant Professor of Pathology and Anatomy.



Barry Strasnick, MD

HB 2026 signed into law

Thanks to a new bill led by Barry Strasnick, MD, Professor and Chair of Otolaryngology, hundreds of children born with hearing loss will now be screened for cytomegalovirus (CMV). HB 2026 requires that all newborns who fail their hearing screening be checked for this serious virus. Most people infected with CMV show no symptoms, but it can cause serious health problems.

EVMS chair honored as top state educator

The State Council of Higher Education for Virginia recently recognized Alfred Abuhamad, MD, as one of the top educators in the Commonwealth. He was named one of 13 recipients of the 33rd annual Outstanding Faculty Award, which is presented for excellence in teaching, research and public service.



As part of their annual Community Care Day in February, more than 100 students volunteered their time to give health and vision screenings and educate visitors about CPR, nutrition and stroke awareness at MacArthur Center in Norfolk.



EVMS@EVMSedu - Mar 4



Check out these EVMS students at the Society of Student Run Free Clinics Conference in Kansas City! We are so proud of the work they are doing to make an impact here and around the world!

#ssrfconference2019 #evmsedu#medstudent #student
#globalhealth #4patients #futuredoctors



Check your **EVMS Pulse** daily. Read these stories and more at evms.edu/pulse.



OB-GYN Chair sees research as “labor of love”

Alfred Abuhamad, MD, had just completed his training in 1992 when he heard about an opening at EVMS.

“I came on a Friday and fell in love with the place,” Dr. Abuhamad recalls. “I called back on Monday and said ‘I want the job.’”

Dr. Abuhamad’s rare combination of knowledge and abilities could have landed him a job nearly anywhere. His decision to come to EVMS was fortuitous not only for him and



In March, Dr. Abuhamad's work with EVMS students and residents earned him the 2019 Virginia Outstanding Faculty Award from the State Council of Higher Education for Virginia.

the institution but for mothers everywhere.

Over the last quarter century, he has earned an international reputation for his work in ultrasound, prenatal diagnosis, global outreach and patient safety. He now holds the Mason C. Andrews Chair in Obstetrics and Gynecology and is Vice Dean for Clinical Affairs and Professor and Chair of Obstetrics and Gynecology. He is a leader in his profession and the author of two textbooks, which have been translated into seven languages. He has brought ultrasound education to remote villages in Haiti and led a multi-society task force to standardize ultrasound teaching for OB-GYN residents.

With all these responsibilities, he somehow still finds time to conduct research.

His research interest began during his residency and evolved over the years to focus on prenatal diagnosis, ultrasound and now — thanks to a \$2.7 million grant from the National Institutes of Health — the human placenta.

“Traditionally we have not studied the placenta to any extent that really allows us to understand how it works and how it impacts the development of the baby,” he says. “There is evidence today that shows that the human placenta has an impact on us and on diseases that happen years later in our lives.”

The placenta plays a major role in who we are, Dr. Abuhamad says.

“The placenta is the organ for providing oxygen to the baby. It’s the organ that protects the baby from a lot of infections

or external stimuli. It’s also the organ that provides a lot of information to the baby and to the mother about the progress of pregnancy.

“Pregnancy has a beautiful outcome more than 90 percent of the time,” he says. But when there are problems, the risks can be serious for mother and child.

His research is following 550 women to see if there is evidence within the placenta that a pregnancy will become problematic. That evidence could be the basis of a test pregnant women could take in the first trimester.

“In the not-so-distant future,” he says, “we are hoping there will be some intervention we can do — maybe some medicine or some changes in activities — that would really provide significant improvement to those high-risk pregnancies.”

Dr. Abuhamad often works nights and weekends to keep apace with his research and other responsibilities.

“I love what I do, so it is a labor of love,” he says. “I wouldn’t do it any other way.” □

“There is evidence today that shows that the human placenta has an impact on us and on diseases that happen years later in our lives.”

—Alfred Abuhamad, MD



It's a Match!

Graduating MD students celebrate Match Day 2019

The drumline from Norfolk State University's marching band led the way. The parade of EVMS fourth-year medical students marched to the beat from Lewis Hall into Lester Hall, as supporters lined the sidewalks. Then at noon, those students joined their colleagues around the nation in celebrating Match Day, held Friday, March 15, by opening their envelopes to learn where they'll spend their residences.

According to the Association of American Medical Colleges, this year nearly 35,000 U.S. and international applicants

matched to residency training positions at the nation's teaching hospitals. EVMS students were chosen for some of the most prestigious programs, including Johns Hopkins, Mayo Clinic, Duke University and the University of California, San Francisco.

They matched in 15 specialties, with half of the class pursuing primary care. The top represented specialties were internal medicine at 19 percent, pediatrics at 16 percent, surgery at 15 percent, emergency medicine at 12 percent and family medicine at 10 percent. □

Match Day 2019





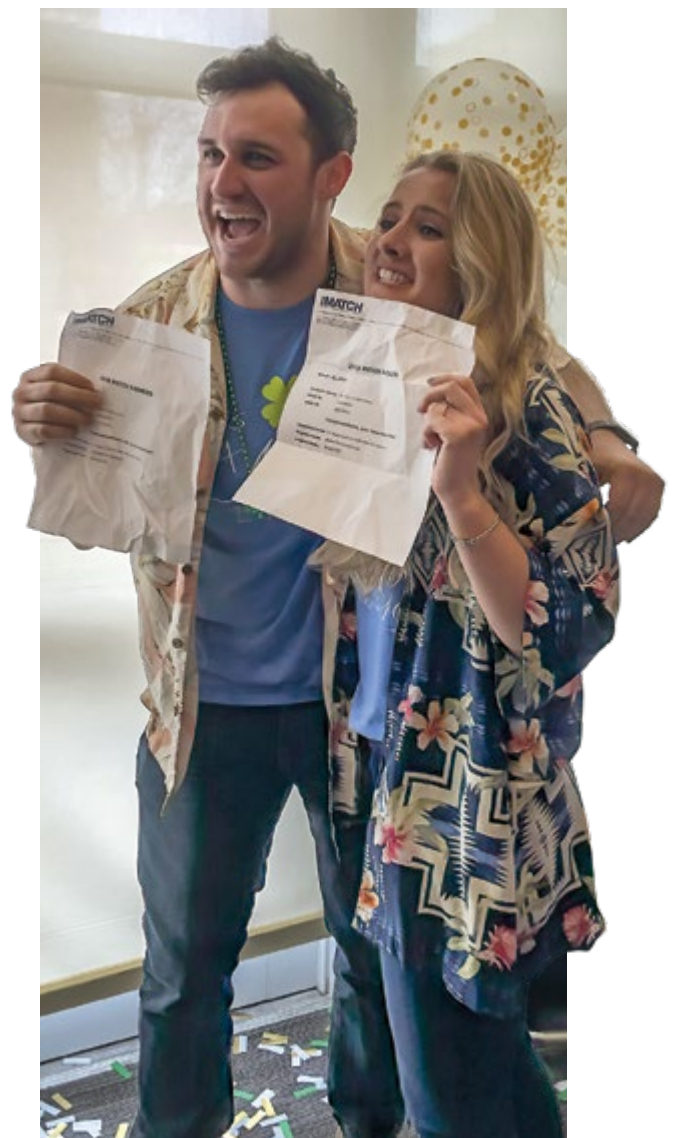
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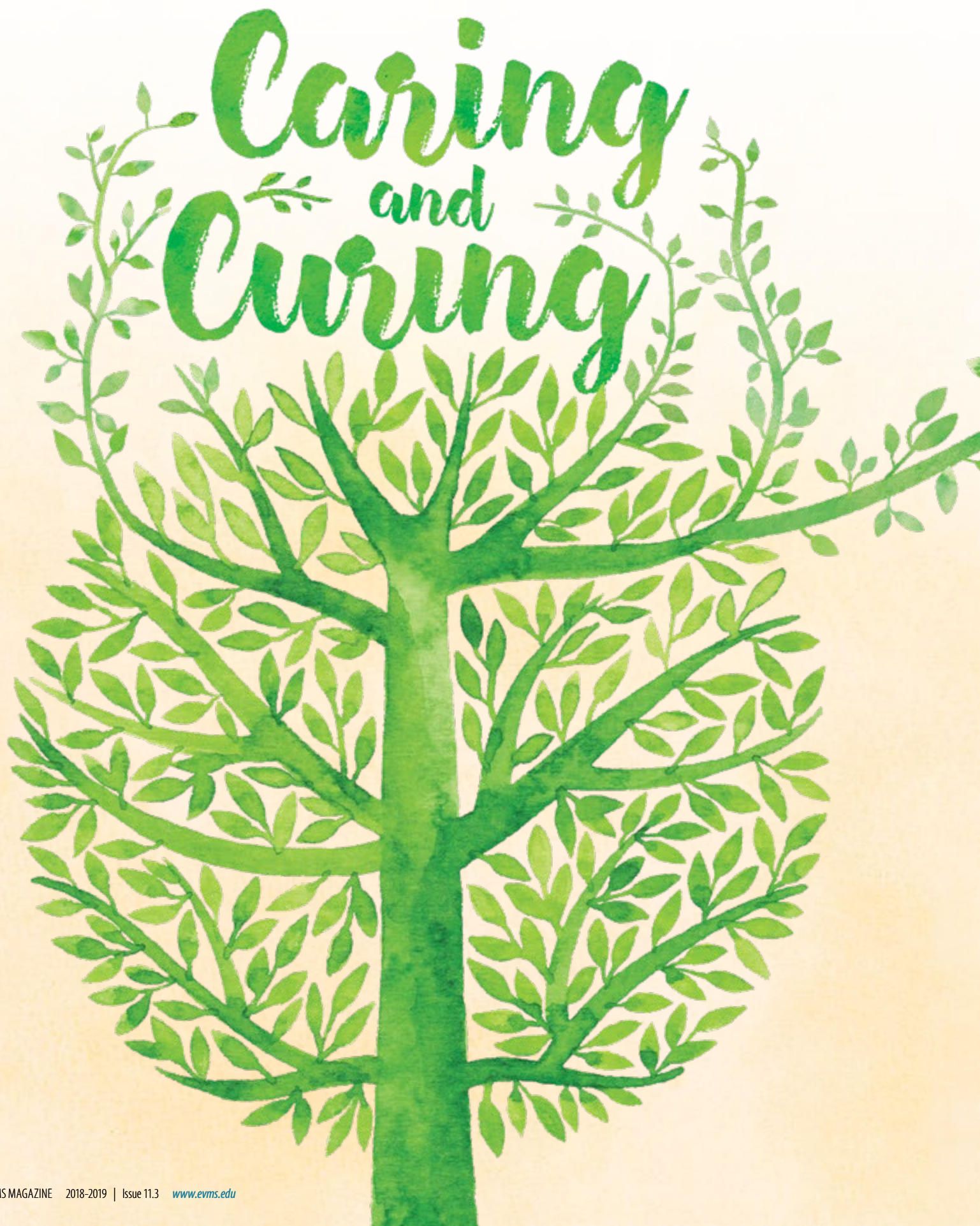




What will they train in?

- 19%: internal medicine
- 16%: pediatrics
- 15%: surgery
- 12%: emergency medicine
- 10%: family medicine
- 6%: obstetrics & gynecology
- 22%: other specialties







When a serious illness is diagnosed, *palliative care* should be part of the treatment

Abigail Mayer was 26 years old and married for just six months when she got the diagnosis: neuroendocrine carcinoma. Stage 4.

The prognosis was bleak, says her father, Christopher Rhoden.

That was February 2017. Abi and her husband, John Mayer, sold their condo and moved in with her parents. Her father took a leave of absence from his job to care for her. And Abi fought hard — chemotherapy, surgery, prayers.

“But I wish we had known about palliative care from the beginning,” Mr. Rhoden says. “Abi endured a lot of unnecessary pain.”

It was a year and a half after the diagnosis when they sought it out. “I had no idea what it was,” he says. “At first, we thought it was the same as hospice, and we knew Abi wasn’t ready to give up.”

That’s a common misconception, says Marissa Galicia-Castillo, MD (MD ’97, Internal Medicine Residency ’00), the Sue Faulkner Scribner Distinguished Professor in Geriatrics, Professor of Internal Medicine and Chief of Palliative Medicine at EVMS.

Palliative care, she explains, is a team-based approach to relieving the symptoms and stress of a serious illness. Unlike hospice care, it accompanies the illness’ curative treatments. A palliative-medicine specialist leads the team, which can include other physicians, nurses, social workers and chaplains. As a subspecialty it’s fairly new, approved in 2006 by the American Board of Medical Specialties.

But to Dr. Galicia-Castillo, “It’s simply old-fashioned medicine. Today, medical care can be so specialized that sometimes no one is addressing the person as a whole.

“Palliative medicine is all about the patient’s quality of life,” Dr. Galicia-Castillo says. “What’s important to you? What are your goals? Then it’s getting all the silos together to help the patient achieve those goals.”

Dr. Galicia-Castillo asked those questions when she first met with Abi Mayer.

That stood out to Mr. Rhoden. “We met with a palliative-care specialist on Tuesday,” he wrote in the blog he and Abi launched after her diagnosis. “She was pretty terrific and spent a good deal of time just listening to our girl, hearing what Abi had to tell her.”



**Palliative medicine is all about
the patient’s quality of life.
What’s important to you? What
are your goals? Then it’s getting
all the silos together to help the
patient achieve those goals.”**

*Marissa Galicia-Castillo, MD (MD ’97,
Internal Medicine Residency ’00)*



Christopher and Marcia Rhoden's late daughter, Abigail Mayer, received palliative care from an EVMS specialist while she was treated for neuroendocrine carcinoma. "My deepest regret is that Dr. Galicia-Castillo didn't enter our lives sooner," Marcia Rhoden says.

Dr. Galicia-Castillo learned that Abi, fearing addiction and the feeling of being high and disconnected from the world, had been reluctant to take her pain medications. So she worked with Abi on a pain-management plan.

“Her pain was much better after that,” Mr. Rhoden says.

Abi never did go into hospice care. Instead, she chose to fight until succumbing to her cancer last December.

“The oncologists extended her life,” Mr. Rhoden says, “but Dr. Galicia-Castillo made that extra life as good as it could possibly be.”

“What makes life meaningful enough to go on living?”

—Paul Kalanithi, MD, from the book *When Breath Becomes Air*

Thomas Smith, MD, is Director of Palliative Medicine for Johns Hopkins Medicine, as well as the Harry J. Duffey Family Professor of Palliative Medicine and Professor of Oncology for the Johns Hopkins University School of Medicine. A nationally known expert, Dr. Smith was the guest speaker at a recent EVMS MedEd Talk on palliative medicine.

He’s also a tattoo artist — of sorts. “Every health professional should have primary palliative-care skills,” Dr. Smith says. As a reminder, he and his team created a temporary tattoo with these questions that he believes should be asked of every patient:

- How do you like to get medical information?
- What is your understanding of your situation?
- What is important to you?
- What are you hoping for?

- Have you thought about a time when you could be sicker — living will or advance directive?

“Then do the hardest thing in medicine,” Dr. Smith says. “Be quiet and listen.”

As for palliative medicine specialists, he explains that their first job is to find out who their patients are and how they fit into the world. So another question he suggests they ask: What gives you joy?

By reducing stress and pain, palliative care can help the patient medically. “The data are reasonably clear in oncology, where it’s been studied the most,” Dr. Smith says. “Symptoms are better controlled, quality of life is better and anxiety and depression are lessened.”

Bruce Waldholtz, MD, is living proof. A gastroenterologist, Dr. Waldholtz is Assistant Professor of Clinical Internal Medicine at EVMS, a member of the EVMS Board of Visitors — and a 19-year cancer survivor.

“Battling cancer helped me become a better doctor,” he says. And the palliative care he received back then sparked his interest in the field.

Today, as a board member of the American Cancer Society Cancer Action Network, Dr. Waldholtz advocates for the Palliative Care and Hospice Education Training Act. This proposed federal

legislation would fund an increase in the number of palliative-care faculty at schools of medicine, health professions and nursing around the nation.

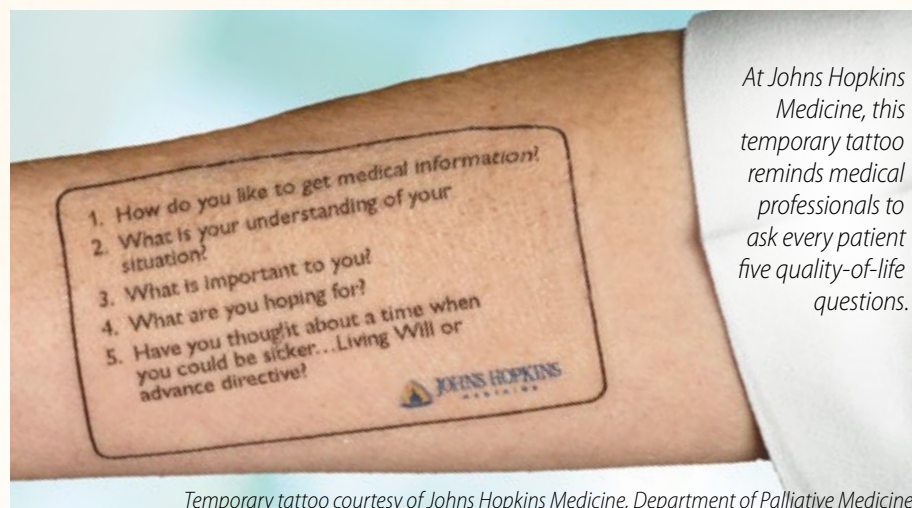
Until Congress takes action, though, he and his wife, Baila Waldholtz, have taken up the cause. Last year, they made a gift to the new Brock Fellowship for Hospice and Palliative Medicine at EVMS, established by philanthropists Joan Brock and her husband, the late Macon Brock.

“It became clear what was needed was a training program,” Dr. Waldholtz says. “If you train one person, you’re affecting literally thousands of people.”

That one person at EVMS is now Jerry McQuain, DO, who was chosen for the fellowship and will begin training in July. A hospitalist with Sentara Healthcare, Dr. McQuain is also an Assistant Professor of Internal Medicine at EVMS. But well before that, he was a physical therapist.

“Back then,” Dr. McQuain says, “I knew I wanted to do more to help people. That’s why I went to medical school. But I’ve realized that I want to treat people, not diseases. That seems to line up best with hospice and palliative medicine.”

While the trend now is for all health professionals to be trained in primary palliative-care skills, a fellowship-trained specialist learns to manage complicated



Temporary tattoo courtesy of Johns Hopkins Medicine, Department of Palliative Medicine

symptoms that require advanced knowledge, assist with difficult decisions about treatment and pain management and even help mediate conflict within families.

Palliative care needs to be part of a patient's treatment plan from the time of any diagnosis that may limit quality of life, Dr. McQuain says. "It can benefit patients of all ages and has been shown to increase quality and duration of life."

"When care is our first concern, cure can be received as a gift."

— Henri Nouwen, Priest and Author

In 2016, when EVMS launched the new CareForward curriculum, medical students began learning about palliative medicine in their first year.

"EVMS has been open to including these concepts for our learners and doing it in innovative ways," says Lauren Mazzurco, DO, Assistant Professor of Internal Medicine and a hospice and palliative medicine specialist.

Dr. Mazzurco helps lead the MD curriculum's four-year approach to palliative medicine, which she calls true patient-centered care.



Christopher and Marcia Rhoden with Dr. Marissa Galicia-Castillo, who provided palliative care to their daughter until she lost her battle with cancer.

"We're all learning to reframe what success looks like in terms of caring for patients," she says. "We're training doctors and other health professionals to think about what we can do *for* patients, rather than what we can do *to* patients."

This is especially important as the nation's population ages, she says. "More people are living with multiple chronic illnesses and have complex healthcare situations. As they age, they start to go in and out of the hospital more often. We need to ask them questions like where they want to spend their time and whether the hospital is improving their health."

The national Center to Advance Palliative Care reports that about six million people in the U.S. have a need for palliative care, but most aren't receiving it. The World Health Organization says 39 percent of the people who need this care have cardiovascular diseases, 34 percent have cancer, 10 percent have chronic lung diseases, 6 percent have HIV/AIDS and 5 percent have diabetes.

The main barrier to access is a shortage of providers. According to the Center to Advance Palliative Care, the nation's 120 accredited palliative-care fellowship programs graduate fewer than 330 specialists per year.

Another barrier is that palliative care is still confused with hospice care — sometimes even by medical professionals. One patient remembers a family physician telling her, "You don't need that. You're not dying."

Still, Dr. Marissa Galicia-Castillo encourages any patient with a serious or chronic illness to ask about palliative-care options.

Reiterating that message, Dr. Bruce Waldholtz recites his mantra: "We will cure sometimes. We will comfort often. But we will care always." □

To join the Brock and Waldholtz families in funding hospice and palliative medicine fellowships at EVMS, call EVMS Development at 757.965.8500.

“

**We will cure sometimes.
We will comfort often.
But we will care always.”**

Bruce Waldholtz, MD

What's the difference?

Along with her roles at EVMS, Dr. Marissa Galicia-Castillo runs the Palliative Medicine Clinic at Sentara Norfolk General Hospital, which operates every Tuesday afternoon.

"There's so much confusion between palliative and hospice care," she says, "that we're changing the clinic's name to the Supportive Care Clinic."

Here's how palliative care and hospice care are similar and different.

Palliative Care	Hospice Care
Focuses on the pain, symptoms and stress of any serious illness that limits a person's quality of life.	Focuses on the pain, symptoms and stress of a serious illness for people who likely have six months or less to live.
Appropriate at any age and at any stage in a serious illness and provided along with curative treatments.	Usually provided at end of life after curative treatments have ceased.
Usually covered by health insurance, Medicare and Medicaid.	Usually covered by health insurance, Medicare and Medicaid.
Can be provided in the home, hospital, clinic, skilled nursing facility, long-term care facility, long-term acute-care facility, assisted living facility, group home.	Can be provided in the home, hospital, hospice facility, skilled nursing facility, long-term care facility, assisted living facility, group home.

Sources: National Hospice and Palliative Care Organization; Center to Advance Palliative Care



He Wrote the Book *(Twice)*

Father of acute-care surgery sees equitable healthcare as a right

L.D. Britt, MD, MPH, the Edward J. Brickhouse Chair in Surgery, the Henry Ford Professor of Surgery, and Professor and Chair of Surgery, loves music. He has over 20,000 songs in his collection.

“I could almost be a producer,” he says.

When he begins a surgery, he plays classical music — Vivaldi’s a favorite. As a procedure progresses, the operating-room soundtrack switches to jazz, perhaps Chris Botti. He usually closes with Motown: Aretha or the Temptations.

But Dr. Britt knows that just like any musical recording, great things come not from the work of one, but from many.

Dr. Britt is known as the founder of the acute-care-surgery specialty. In fact, he literally wrote the book on it — the second edition of *Acute Care Surgery*, with co-editors Andrew Peitzman, MD, from University of Pittsburgh; Phillip Barie, MD, from New York Presbyterian Hospital/Weill Cornell Medical Center; and Jerry Jurkovich, MD, from the University of California, Davis — Sacramento.

He’s quick to note he’s part of a group. “There are many fingerprints on the evolution of acute-care surgery,” he says. “It was the right thing to do, and we had a good team.”

Acute-care surgery, a specialty that’s only 15 years old, blends three disciplines: trauma, critical care and emergency surgery. It covers conditions that present in the emergency room and warrant general surgery.





“Healthcare disparity is the most challenging disparity we have.”

– L.D. Britt, MD, MPH

This could include appendicitis, gastrointestinal perforation, abscesses, vascular emergencies and kidney failure.

Collaboration is a key feature of acute-care surgery, says David Hoyt, MD, Executive Director of the American College of Surgeons (ACS). “We are moving toward organized teams of care, focused on specific diseases where we can measure performance and outcomes. It puts the patient first.”

Another goal, Dr. Hoyt explains, is to develop a verification program for acute-care surgery at a hospital, similar to how trauma centers are ranked, such as Level 1, 2 or 3.

Dr. Hoyt has known Dr. Britt for about 25 years. “We have worked together closely on many programs,” he says, “including the Committee on Trauma at ACS. Dr. Britt is an icon, a gentleman and a scholar.”

The two are currently partnering on a \$2.5 million National Institutes of Health grant to address disparities in healthcare, a passion of Dr. Britt’s.

“Healthcare disparity is the most challenging disparity we have,” Dr. Britt says. “We need to pay attention to it, because it’s not getting better. My goal has always been to level the playing field, to give people the same status of healthcare everywhere.”

Creating the acute-care-surgery specialty — with the goal of better health for patients no matter where they’re located — fits into Dr. Britt’s goal of improved care for everyone, everywhere. He has pursued this goal

since he arrived at EVMS, including 25 years of spending every Tuesday providing pro bono care to people in his hometown of Suffolk.

“It is a right for people to have good health,” he explains.

When Judith Verbel of Fredericksburg was diagnosed with breast cancer, Dr. Britt provided thoughtful advice and care.

“He was kind and considerate,” she says. “He made me feel comfortable. When I was given my choices, he told my husband and me, ‘If you were my mother or sister, these are the decisions I would recommend.’ And we followed his advice because if we hadn’t, I wouldn’t have survived.”

Dr. Britt credits his successful patient outcomes to hard work and has no intention of slowing down: He still awakens at 3:19 a.m. Though his schedule remains tightly packed, he likes to relax by reading.

He prefers nonfiction, especially biographies. He likes that they showcase what happens when things don’t go right. “People are not perfect,” he says. “They always have problems, but you see how they work through imperfections.”

And he sees imperfections when it comes to his goal of making the best possible care accessible to everyone. But acute-care surgery is a crucial part of improving that situation.

“Acute-care surgery is based on what’s best for the patient,” he says. “It is gratifying.

“And it is needed.” □

**YOU GAVE
THEY GAVE**

thank you



Checkered Flag

You helped us cross the finish line! Checkered Flag has contributed \$25,000 to support the EVMS Fund, bringing the total amount raised through the Checkered Flag Challenge to \$83,770, exceeding the amount raised last year!

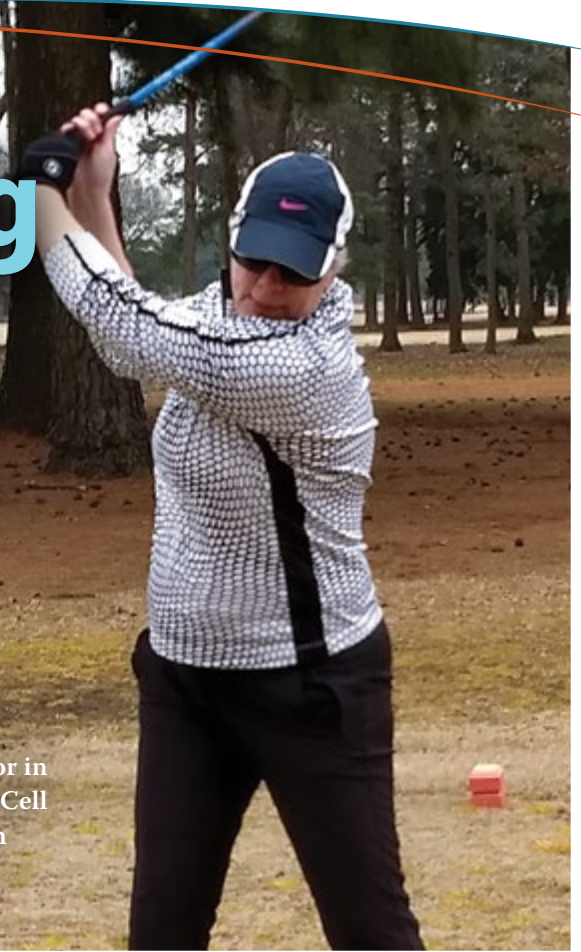
Thank you!

EVMS
Eastern Virginia Medical School

Teaching, training and teeing off

Professor builds strength in the gym to improve performance on the green

On campus, Julie Kerry, PhD, is the EVMS Foundation Distinguished Professor in Biomedical Sciences and Professor and Chair of Microbiology and Molecular Cell Biology. Off campus, Dr. Kerry is a golfer who recently changed her lifestyle in pursuit of a better golf game. She's been working with a personal trainer and has lost 60 pounds.



What sparked your interest in golf?

When I was in my early 20s, I came home from college, and my dad said, "We're going out to a par-3 course!" We had never played golf before. I hit one shot at that time that was a perfect golf shot. I always thought I would like to be able to play golf, but I was busy with graduate school and a career.

I was around 40 when I went to visit my sister at St. Andrews University in Scotland, and we had a chance to walk around the course. I said to her, "I've always wanted to learn to play golf." My sister doesn't drive, so she said, "Let's make a deal: You learn how to play golf, and I'll learn how to drive." I went home, started taking lessons and was instantly hooked. To this day, my sister still hasn't learned to drive.

What do you enjoy most about golf?

In order to play golf well, you have to clear your mind. In the work I do, it's rare that I have the opportunity to have my mind be blank, so I kind of get into a Zen state when I'm playing really well.

Where has golf taken you?

I've played in Portugal, Puerto Rico, St. Kitts and Hawaii. I have a goal of playing in every state in the U.S., and I've got about 25 down, so I'm halfway there.

Is there a golfer who inspires you?

That very first time I picked up a club, I closed my eyes and said, "What would Greg Norman do?" I tried to imagine that as I was hitting the ball, so I think he was my first inspiration.

My first golf lessons were with Michelle Holmes. She was also an inspiration. She's local and runs a golf school for kids, and her kids do amazingly well.

How has exercising helped your golf?

Toward the end of the season last year, I hit my longest drive ever — 275 yards — so I was super excited about that. Usually I average around 200 yards. It's nice to see I get more distance and more consistency, and it's all definitely due to being fitter and stronger.

What are you most passionate about in your work at EVMS?

My work with students. I run one of the courses for MD students. I also run a program for students who need a little extra help to be successful, and I find that very satisfying. I see my role as an educator as helping students achieve their dreams. That keeps me coming back day after day. □



Dr. Theresa Emory's travels brought her back to Hampton Roads in 2013.

Photo Credit: Wallace J. Roark Jr.

Alumna's career journey includes military and seven continents

Theresa Emory, MD (MD '89), thought she wanted to be a veterinarian. But after studying animal science for a year, she wound up doing volunteer work at a hospital alongside a pathologist. She liked that the pathologist's job required knowledge about a variety of diseases and provided the opportunity to do research. So she changed her path. And when she began applying to medical schools, EVMS stood out.

"It was so patient-oriented, and they were really trying to teach medicine holistically," Dr. Emory says. "It was just so different than any other place I interviewed."

Dr. Emory had a full Navy scholarship as a student and eventually transferred into the Army. After graduating, she completed her pathology residency at the Mayo Clinic, spent six years at the Armed Forces Institute of Pathology (AFIP) as a gastrointestinal and hepatic pathologist, and went on to co-author *The Atlas of Gastrointestinal Endoscopy and Endoscopic Biopsies* in collaboration with her Mayo Clinic and AFIP colleagues. She left the military in 2000 to practice in southwest Virginia before returning to Hampton Roads in 2013.

Now a member of Peninsula Pathology Associates, Dr. Emory serves as medical director for three of the five hospitals in the

Riverside Health System and is responsible for validation of all laboratory testing. She also meets with teams of oncologists, radiologists and surgeons each week to decide treatment plans for patients.

"Eighty percent of all medical decisions are initiated from laboratory results," Dr. Emory says, "and I love being at the center of those decisions. The science and medicine are changing all the time, and every day I have to learn something new to make sure patients are getting up-to-date treatments."

In her spare time, Dr. Emory likes to travel — she's been to all seven continents — and spend time with her husband, Roger, whom she met at EVMS. They volunteer with United Way of the Virginia Peninsula and Dream Catchers, a therapeutic riding center in James City County. And she serves on the EVMS Board of Visitors and the Mayo Clinic Alumni Board.

"The EVMS philosophy of teaching medical students to be patient-centered in everything they do is the most important thing for a physician to learn," Dr. Emory says. "EVMS prepared me to go every step of the way because I learned that philosophy from my very first day in medical school." □

Polio, family support shape success of physician-researcher



Dr. Sunita Dodani, right, and her husband, Arvin Choudhary, shown with their son, Aneesh, work together to support polio survivors through their nonprofit.

As a toddler, Sunita Dodani, MBBS, PhD, would dart around her home in Pakistan, her mother struggling to keep up. Until one day, she woke up and could no longer stand. At 2, she was diagnosed with polio.

Relatives urged her parents to put her in an orphanage. No one would want to marry her, they said. Instead, her family pursued treatment, and her mother resolved to make her a doctor.

Through surgeries and physical therapy, Dr. Dodani regained strength in three limbs within four years. She began wearing a brace on her right leg, which still has severe muscle weakness. Growing up, she had to cope with people making fun of the way she walked.

“But my father and my mom always reminded me,” she says, “the world will not change, the circumstances will not change. I have to change myself.”

Now, Dr. Dodani is in a position to change the world — for fellow polio survivors and many others. An accomplished researcher, cardiologist and epidemiologist, Dr. Dodani is Professor of Internal Medicine and Founding Director

of the EVMS-Sentara Healthcare Analytics and Delivery Science Institute, leading efforts to improve research collaboration and health outcomes in the community.

She also speaks publicly on living with a disability and runs the nonprofit Center for Post-Polio Rehabilitation. Through the nonprofit, she and her husband, who have a 13-year-old son, host camps in Pakistan and India to provide orthopedic surgery, physical therapy and social services to children with polio.

“This was my mom’s dream,” she says, “that once I become a doctor, I should do something for those kids in these developing countries — like India, Pakistan, Bangladesh, Nigeria — where polio is still prevalent.

“I not only help build their physical capabilities but also help make them self-sufficient as I have become. Because not everybody is blessed like me to have wonderful family support.”

While support at home is important, Dr. Dodani reminds her colleagues of their responsibility to give patients with disabilities hope.

“I believe in miracles,” she says. “Yes, medicine can cure the disease, but a smile

“This was my mom’s dream, that once I become a doctor, I should do something for those kids in these developing countries where polio is still prevalent.”

— Sunita Dodani, MBBS, PhD

can also help cure the disease and can provide such a great strength to a patient.

“Whenever somebody touched my hand, that ‘I am with you’ message, it really meant a lot. It took me a notch up in terms of boosting my morale that I can do it, I can do it. And I did it.” □



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evms.edu/digitalmagazine.

OUR VISION: Eastern Virginia Medical School will be recognized as the most community-oriented school of medicine and health professions in the United States.

A group of graduates in black gowns and caps are celebrating, throwing confetti into the air. The confetti is a mix of blue, white, and gold. The graduates are smiling and looking up at the confetti. The text "Congratulations, EVMS grads!" is overlaid in large white letters.

Congratulations, EVMS grads!

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