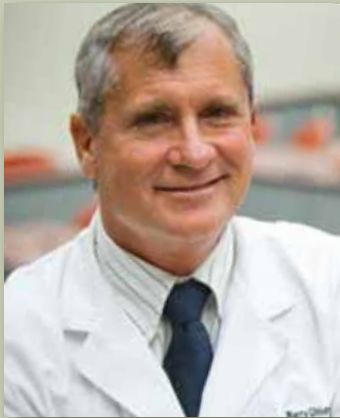


# MED *express*

SCHOOL OF PODIATRIC MEDICINE | PHYSICIAN ASSISTANT PROGRAM

For Barry podiatric surgeons,  
Haiti leaves a  
haunting impression





John Nelson, DPM

## We Need You in Academic Medicine: Become a Residency Director

Podiatric medical education has grown 30 percent in the last six years with the addition of Arizona Podiatric Medicine Program at Midwestern University in 2004 and Western University of Health Sciences College of Podiatric Medicine in 2009. That brings to nine the total number of schools of podiatric medicine in the United States. With recent passage of the national health care bill and the aging of the baby boomers, there will be a dramatic need for podiatric physicians to help meet our country's primary health care needs. The editor spoke with Dr. John Nelson, interim dean, and Sister Myra Jackson, coordinator for clerkships and graduate placement for the School of Podiatric Medicine, about how expanding or establishing residency programs by Barry's podiatric alumni and other podiatric practitioners can help with the future of graduate podiatric medical training.

EDITOR: With the establishment of two new schools of podiatric medicine, is there an adequate number of residency positions for postgraduate residency training for podiatric medicine?

DR. NELSON: There should be enough residency positions for this year, however with the increasing number of podiatric schools and changes in the number of hospitals with residency programs, we need to diligently prepare for the future so we will not face a shortage.

EDITOR: How can podiatric alumni from Barry University's School of Podiatric Medicine become involved?

DR. NELSON: There is a tremendous incentive for hospitals to establish residency programs as they receive funding from Medicare for each residency position.

**This funding assists the hospital with training costs involved with training the resident including medical malpractice insurance, lab tests, meals, salary for the resident, and salary for the residency director, among other costs.**

The level of compensation is many times the salary of the resident alone. It is in the interest of all of us in the profession for podiatric physicians who practice in a hospital to develop residency programs. This is where our podiatric alumni can answer the call to service and become a residency director.

EDITOR: How can the School of Podiatric Medicine help alumni who are seeking to establish a residency program?

DR. NELSON: Barry faculty who have been involved with residency development or currently serve as residency directors would be most willing to help any alumni interested in starting a residency program. The Barry podiatric faculty are keenly aware of residency training requirements and keep abreast of the latest changes in postgraduate medical education. The clinical faculty are on staff at many teaching hospitals, and are actually training residents, not just in podiatric medicine and surgery but in other specialties. There is

also a how-to manual available from the American Association of Colleges of Podiatric Medicine.

EDITOR: What is the role of the Office of Clerkships and Postgraduate Placement?

SISTER MYRA: For post-graduate placement assistance our podiatric medical students use the office to review podiatric residency programs, obtain applications, and gather information on residency programs and requirements. The information is used to apply for and obtain the students' desired postgraduate training. This is vital for the match



Myra Jackson, OP

between the residency program and the student to take place. In September the podiatric medical students conduct an Annual Podiatric Medical Residency Fair on campus so residents and directors are able to personally meet with interested students.

EDITOR: With the passage of the new health care bill and expanding health care needed to care for the retiring baby boomers, will there be enough podiatric residency training programs and as a result podiatric physicians to meet the demand?

DR. NELSON: I am confident in the future of our profession of podiatric medicine and the direction we have been following. Within the next five years all podiatric residency programs will be a minimum of three years in length with uniform competencies. This will bring parity to all podiatric postgraduate training programs. Since there are nearly 7,000 hospitals in the United States, establishing 700 Council of Podiatric Medical Education approved positions should be doable. We are looking to you, our alumni, to become involved with the future of your profession. Consider a position in academic medicine. You don't have to leave your current position. You will get paid to serve as a residency director, playing a key role in shaping the future of our profession with the residents you guide into practice. Give me a call at Barry and let's talk.

## IMPORTANT DATES

- **JULY 9, 2010**  
 School of Podiatric Medicine  
 Class of 2012  
 Rite of Passage Ceremony, 5:00-7:00 pm  
 Barry University Campus, Broad Center  
 Contact: Bob McKinlay, 305-899-3283
- **JULY 16, 2010**  
 School of Podiatric Medicine  
 Alumni Reception  
 During the annual APMA Meeting  
 Sheraton Seattle, 6:00-7:30 pm  
 Contact: Paulina Muñoz, 305-899-4873
- **AUGUST 27, 2010**  
 PA White Coat Ceremony, Class of 2012  
 Broad Center, Barry University Miami  
 Shores Campus and by simultaneous  
 videoconferencing from St. Petersburg, FL  
 University Partnership Center Digitorium,  
 3:00 pm  
 Contact: Valerie Williams,  
 305-899-3293 (MS)  
 Debbie Winton, 727-302-6602 (SP)
- **DECEMBER 18, 2010**  
 PA Convocation Ceremony, Class of 2010  
 Broad Center, Barry University Miami  
 Shores Campus  
 and by simultaneous videoconferencing  
 from St. Petersburg, FL  
 University Partnership Center Digitorium,  
 3:00 pm  
 Contact: Valerie Williams,  
 305-899-3293 (MS)  
 Debbie Winton, 727-302-6602 (SP)

**MEExpress** is published for the alumni, students, faculty, staff, and friends of the Barry University School of Podiatric Medicine and Physician Assistant Program. Barry University is a Catholic institution of higher education founded in 1940 by the Adrian Dominican Sisters. Grounded in the liberal arts tradition, Barry University is a scholarly community committed to the highest academic standards in undergraduate, graduate and professional education. Barry University's core commitments are: knowledge and truth, inclusive community, social justice, and collaborative service.

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**On the cover:**  
 A child's sandal is among the ruins of a collapsed house as a woman digs through the rubble in Port-au-Prince, Haiti.

# WHAT'S *inside*

## 4

### A Soldier's Tale

In two new novels, Dr. Southerland uses his experience as a Special Forces medic as inspiration.



## 10

### The Weight of the World

As podiatric challenges rise, images and stories of Haiti quake victims linger for Barry DPMs.



## 13

### Stelnicki Scholarship Awarded

Peter Highlander (right), earned a \$10,000 scholarship recognizing his interest and research in lower extremity vascular medicine.



## CONTENTS

Message from the Dean .....	2
Dr. Southerland Writes Two Novels .....	4
Message from the PA Program .....	6
Physician Assistant Program News .....	8
Faculty News .....	9
Haiti Earthquake Relief .....	10
Student News .....	12
School of Podiatric Medicine 25th Anniversary .....	14
Research News .....	16
Alumni News .....	18
Money Matters .....	19

# A SOLDIER

In 'De Oppresso Liber' and 'A Thousand Autumns,' Dr. South



Ask Charles "Chip" Southerland, Jr., DPM, FACFAS, FACFAOM, what he has always wanted to be and he'll tell you, "an adventure novel writer, of course." After studying creative writing in high school, the professor of podiatric orthopedics and biomechanics at the Barry University School of Podiatric Medicine has finally come full circle, publishing not

one, but two adventure novels.

His first novel, which begins a series by the same name, *De Oppresso Liber* (To Liberate the Oppressed) and the second book in the series, *A Thousand Autumns*, were recently published by BookSurge Publishing and are both part of the De Oppresso Liber Series.

*De Oppresso Liber*, the motto of the United States Army Special Forces, chronicles a classified mission in Laos intended to provide highlander "Montagnards" with an option for their own independent nation-state during the final throes of the Southeast Asian conflict. The central character is a young Special Forces medic, "Bac Si," who along with his comrades establishes a remote "Lima Site" mountain fortress, which serves as the nidus for a brave new world within the violent maelstrom of that time and circumstance.

**"The horrors of war brought me to the realization that I might accomplish more for humanity as a missionary than as a soldier."**

*A Thousand Autumns* is part of an engraving taken from a dedicatory monument located in Arlington National Cemetery. It concludes the suspense of the first novel,

detailing field training exercises, romance in wartime, the nature of Special Forces, and the remarkable medical care provided in the midst of the agonizing struggles of human warfare. Both novels are semi-autobiographical, based on his own service as a U.S. Special Forces medic in the 1970s.

## CREATIVE INSPIRATION

Dr. Southerland's own life and career biography reads much like an Ernest Hemingway novel, who ironically was his inspiration for pursuing a career in medicine.

Born at Jackson Memorial Hospital in Miami, Dr. Southerland grew up in Hialeah and appeared to be following in the footsteps of his uncle, actor Kevin McCarty (*Invasion of the Body Snatchers*). As a freshman at Monsignor Pace High School, Dr. Southerland played the role of Alfred Doolittle in *My Fair Lady* and Emile DeBecqu in *South Pacific*. Later, he developed his talent in writing, winning several national honors for his essays and short stories. As a high school senior he discovered Hemingway and his autobiographical novels. Hemingway's heroic actions as a medic in Italy in World War I influenced Dr. Southerland to volunteer as a medic with U.S. Special Forces during the Vietnam War.

As a decorated Green Beret, Dr. Southerland served three years on active duty and nine years in the National Guard and Active Reserves. The medical work he conducted in the mountain villages of Korea and Southeast Asia, ranging from delivering babies to treating patients with malaria, was rewarding. "The horrors of war brought me to the realization that I might accomplish more for humanity as a missionary than as a soldier," he said.

## A DEDICATION TO SERVICE

After volunteering for a year in the emergency room at Hialeah Hospital, Dr. Southerland served a two-year mission for the Church of Jesus Christ of Latter Day Saints in Central California, providing social work services for

# 'S TALE

## Southerland summons war experience

migrant farm workers. The compassionate experiences he had witnessed with podiatric physicians treating combat-wounded patients on active duty and migrant farm workers with injured lower extremities in California were the catalyst for completing his Doctorate of Podiatric Medicine from the California College of Podiatric Medicine in 1983.

In 1987 Dr. Southerland was recruited to serve as a faculty member for the Barry University School of Podiatric Medicine. Over his 23-year tenure at Barry, Dr. Southerland has conducted numerous research studies and published many articles in scholarly journals and textbooks. He teaches lower extremity anatomy and biomechanics to podiatric medical students as well as foot and ankle surgery to podiatric residents. In addition, he sees hundreds of patients a year with foot and ankle injuries and diseases at the Barry Foot and Ankle Institute in Hialeah.

As the founder and director of the Barry University Yucatan Crippled Children's Project since

1996, Dr. Southerland has led or overseen more than 60 mercy flights and the treatment of over 6,000 crippled indigent children from the villages and rural areas of the Yucatan Province in Mexico.



Dr. Charles Southerland in 1970  
at age 19





Doreen C. Parkhurst, MD, FACEP

# The Role of PAs in Health Promotion and Disease Prevention

Physician assistants are health care professionals licensed to practice medicine with physician supervision. As part of their comprehensive responsibilities, physician assistants provide physician services and support physician practice. A growing and important role is delivering patient education in health promotion and disease prevention. The editor discussed with Dr. Doreen C. Parkhurst, associate dean and director of the Barry Physician Assistant Program, the significant part PAs play in educating their patients about overall health and wellness. Bill Demshok, assistant professor of medical education, teaches a course in health promotion and disease prevention and weighs in on the future of health care.

**EDITOR:** Do you have any courses in the PA curriculum that instructs PA students on the importance of health promotion and disease prevention?

**DR. DOREEN PARKHURST:** We have a course called “Health Promotion and Disease Prevention” in the first year of the program. It is a public health course that focuses upon health issues. Students are trained to offer basic counseling and education to help patients and their families adhere to a prescribed plan of treatment and to modify their behaviors to a healthier pattern. In addition, we have incorporated nutritional training in our curriculum.

**EDITOR:** Are there any requirements for core competencies for a PA relating to health promotion and disease prevention?

**DR. PARKHURST:** PAs need to be able to counsel patients on healthy lifestyle choices. One of the objectives of our program is to promote the importance of health maintenance, health education, and the prevention of disease for individual patients and communities. There are several high-risk problems facing patients today, including but not limited to smoking, obesity, high cholesterol, heart disease, and diabetes. There are public health issues of substance abuse, HIV/AIDS, sexually transmitted disease, immunizations, and so many more issues that should be addressed.

**EDITOR:** What about heart health? How are PAs involved with patient education?

**DR. PARKHURST:** PAs play a pivotal role in promoting healthy heart education by instructing patients about diet and their medications. Many cardiac patients require frequent follow up to monitor their electrolytes, medication levels, clotting studies among others and are educated about it by their PA.

**EDITOR:** Why is health promotion so important to patients?

**DR. PARKHURST:** The goal is to improve the health and quality of life of patients in general.

**EDITOR:** How can the PA help patients to practice healthy behaviors?

**DR. PARKHURST:** PAs play a crucial role in helping patients to practice healthy behaviors. They are taught to take the time to educate their patients about diet, exercise, and healthy lifestyle practices.

**EDITOR:** What about the PA provider's role in cancer screening?

**DR. PARKHURST:** PAs are trained to screen patients for risk of cancer. They are trained to do pap smears and to order mammograms. Essentially, they learn the CDC's recommendations for cancer screening and incorporate it into their routine practice.

**EDITOR:** How have your faculty and students been involved in health promotion and disease prevention efforts?

**DR. PARKHURST:** Over the years the faculty and students have participated in health fairs primarily in medically underserved areas to help identify those at risk for hypertension and diabetes, which is significantly higher among minorities than the general population. By taking blood pressures, testing glucose, or handing out information about healthy living, we are encouraging our students to practice prevention with their patients.

**EDITOR:** What do you think about the future of health promotion and disease prevention?

**BILL DEMSHOK:**

With the aging of the baby boomers, unless we move rapidly to practicing preventive medicine, we will face a health care crisis of extraordinary magnitude. Our nation spends a tremendous amount of its health care dollars on the devastating effects on patients of diabetes and cardiovascular disease. If we all practiced preventive medicine, we would all be healthier and save billions of dollars for the health care system. With health care reform I believe we will see a much more prominent role for prevention.



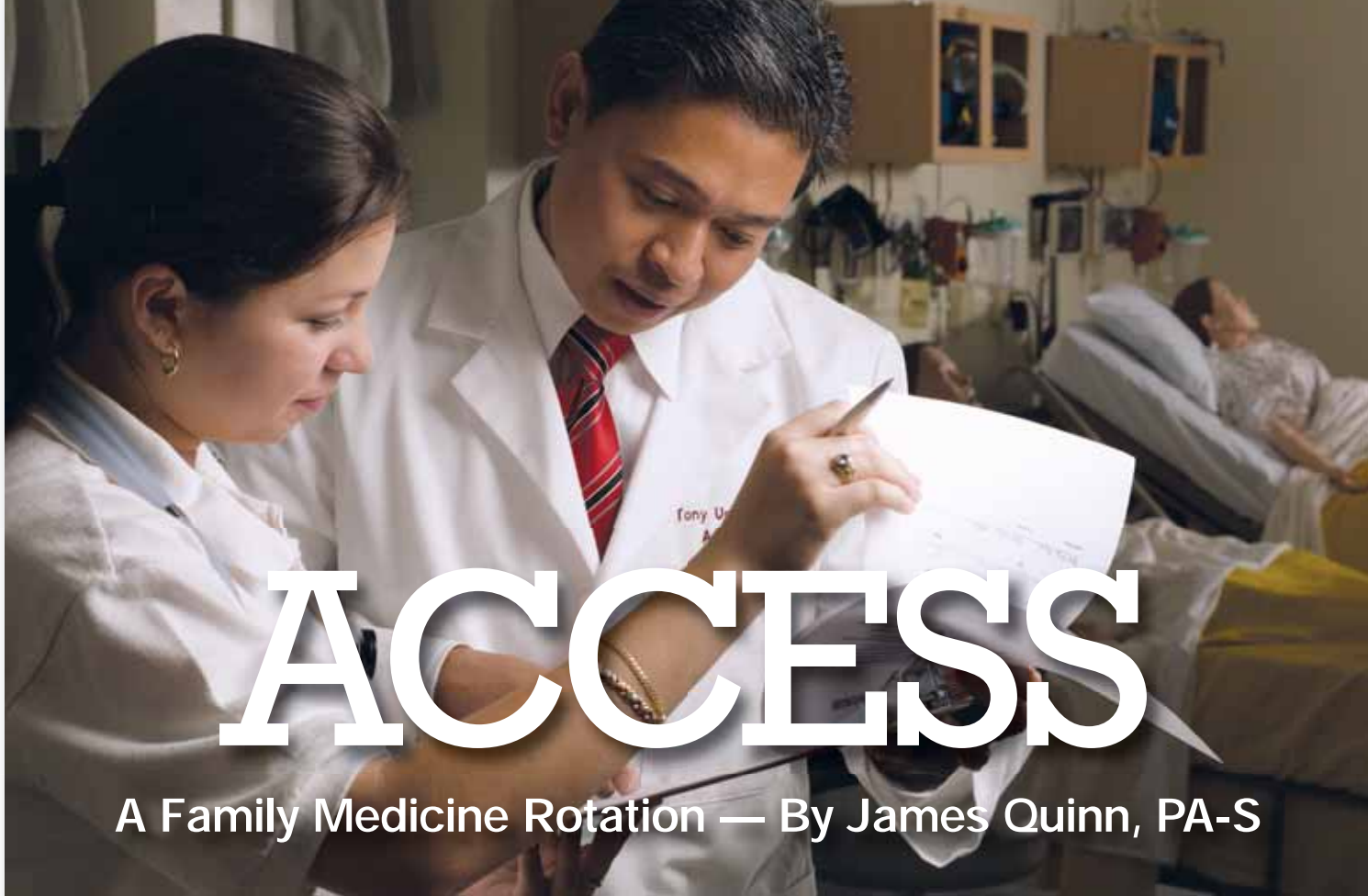
William Demshok, MS, PA-C, Associate Director of Didactic Education, PA Program

## IN MEMORIAM



The Barry University Physician Assistant Program is saddened to report the loss of one of its former faculty members, **Steven Weinreb, MD**, of New York City. Dr. Weinreb

passed away on January 16, 2010, of multiple sclerosis at age 59. Dr. Weinreb served the Barry PA Program as associate professor of medical education until his illness. We miss his intellect and loving care.



## A Family Medicine Rotation — By James Quinn, PA-S



James Quinn, PA Student,  
Class of 2010

My recent rotation at a local community health center revealed a moderate difference in treatment, based on the ability to pay.

As a physician assistant student from Barry University, I recently spent six weeks at a community health center in rural Florida. This area of Miami has a unique population and clientele. Eighty-nine percent of patients who come to this facility are of Hispanic or African American descent. Sixty-three percent of patients don't have any insurance, and another 24 percent are on Medicare or Medicaid. This community health center has a variety of services including obstetrics, optometry, laboratory, radiology, dental, and mental health.

I worked under an older family medicine doctor with the energy of a 30-year-old. He came out of retirement in 1984 and became one of South Florida's unofficial HIV experts.

**“The moral test of government is how it treats those who are in the dawn of life, the children; those who are in the twilight of life, the aged; and those in the shadows of life, the sick, the needy, and the handicapped.” — Hubert Humphrey**

More than 50% of the patients seen in this family medicine practice are HIV positive. West Palm, Broward, and Dade are the three counties in the United States with one of the highest populations of HIV patients. Almost all patients at this facility are screened with 20-minute HIV tests. We monitored the patient's viral load, CD4 count, and side effects of the medications. A few times a week, if not daily, drug representatives for companies that made HIV medications visited the office and tried to educate/convince us as to why their drug was the best. They all

had a long-standing relationship with the doctor and knew this was the market to be in.

HIV, hyperlipidemia, hypertension, hepatitis C – whatever the diagnosis – compliance was clearly the No. 1 issue with patients. Why did they not take their drugs as prescribed? The No. 1 answer was money. They could not afford the copay to see the provider or the few dollars per month that a prescription cost. Surprisingly, many of the health care costs were paid for in full, thanks to government subsidies. There are two major problems that existed, however. On a daily basis we had to make choices based on what the patient could afford, and not what the optimal method of treatment was. Also, it seems virtually nothing was done to prevent these problems in the first place.

It bothered me when a patient who needed surgery was denied the right, due to a lack of insurance or money. It bothered me when patients had cirrhosis of the liver from untreated hepatitis, which could have been easily prevented with a vaccine. Many patients didn't understand the severity of HIV or untreated hypertension. I spent extra time with each patient, educating them about safe sex, healthy eating, cessation of smoking, and regular exercise. Education is one key to combating many of these problems, however, insurance companies do not compensate providers for this time.

My family medicine rotation was a great experience as a future physician assistant, but it was also a lesson on empathy and learning to work within the system that exists. Let us learn from the words of Hubert Humphrey and help those who are less fortunate.

Associate Dean, Doreen C. Parkhurst, MD, PA-C responds: *On March 30, 2010 President Barack Obama signed the Health Care and Education Reconciliation Act of 2010 at Northern Virginia Community College in Alexandria, Virginia.*

## CONVOCATION CEREMONIES

### PA graduates ready to share their gifts

In December, Barry University's Physician Assistant Program proudly celebrated the Class of 2009 graduation in dual convocation ceremonies in Miami Shores and St. Petersburg, Florida.

"You are entering a very attractive profession from the standpoint of other health professionals and future students," said Dr. Albert Armstrong, assistant professor of radiology and interim academic dean for the Barry University School of Podiatric Medicine.

William Demshok, MS, PA-C, assistant professor of medical education and keynote speaker at the December 20 ceremony at St. Petersburg, challenged graduates to examine "the healing gifts that you are bringing to humanity that we all so need. They are gifts you have inside yourself that needed to be developed and have been brought into reality."



Palavi Gopal, Desiree Burich and Danielle Green, Class of 2009

"*Money* magazine along with Salary.com listed the PA profession as the fifth best in America, based on salary and job prospects."

Dr. Armstrong served as keynote speaker for the convocation held December 19, 2009, at the Broad Center for the Performing Arts at the Miami Shores main campus.

**"The healing gifts that you are bringing to humanity ... are gifts you have inside yourself that needed to be developed and have been brought into reality." — William Demshok, MS, PA-C, keynote speaker**

The PA Class of 2009 from Miami Shores and the St. Petersburg University Partnership Center, at St. Petersburg College, join the more than 400 Barry University Physician Assistant Program graduates and the more than 75,000 physician assistants eligible to practice medicine in the United States.

#### STUDENT HONORS

The ceremony honored outstanding students including Katie Kopin, who was presented with the Dean's Award as the class valedictorian, and Kirsty Leavy, who received the Program Director's Award as the class salutatorian in St. Petersburg. Kimberly Flynn was honored with the President's Award for demonstrating overall excellence that epitomizes the values of the PA profession.

Onyebuchi McCrea, Palavi Gopal, and Erin Mollitt in Miami Shores and Michelle Gibson, Kimberly Flynn, and Ann McManus in St. Petersburg received the Vernon A. and Virginia M. Culver Memorial Scholarship for excellence in research analysis through the Literature Review Paper and performance in clinical epidemiology. The Marc and Mildred Rice Memorial Award for Excellence in Pediatrics was presented to Kristen Szewczyk in St. Petersburg based on her essay "What a Child Taught Me."

The Barry University Physician Assistant Scholarship Endowment Fund was awarded to Nicole McCann in St. Petersburg and Jennifer Stagis in Miami Shores. The Dr. Jules Ross Award, a memorial to one of the PA Program's first and finest faculty members, was awarded to Nora Watson in St. Petersburg and Miguel Garcia, Mayret Padron, and Claude Guerrier in Miami Shores.

This year several students were inducted into the prestigious Pi Alpha Honor Society, the national PA honor society for the promotion and recognition of significant academic achievement, leadership, research, community/professional service, and the encouragement of a high standard of character and conduct among PA graduates. Kendra Aalund, Lee DeDore, Laura Duncan, and Danielle Green were honored in Miami Shores, and Kimberly Flynn, Lindsay Pelletier, Travis Rogers, and Natalie Wilbanks were honored in St. Petersburg.

The Barry University PA Program has grown tremendously since its inception in 1997. The first class had 28 students; the Program now has 68 students total in each class. Through the use of interactive videoconferencing, the Program has successfully undertaken the training of PA students on two campuses. The Program has now graduated three classes using this method.





Dr. Lee Goldberg

# From Medical Practice to the Halls of Academia

Dr. Lee Goldberg recently joined the Barry University School of Podiatric Medicine and Physician Assistant Program as an adjunct professor for medical education. While growing up in New Jersey he debated becoming a mathematician vs. becoming a physician. He was ranked seventh in the U.S., Canada, and Scotland among 23,000 contestants in a national math contest sponsored by the Mathematical Association of America in 1955.

“I was afraid if I became a mathematician I would only be able to converse with my colleagues in math about the Pythagorean Theorem and the like. But in medicine there is much to discuss with patients, students, and other medical colleagues. At the same time, you can see the benefits of your treatment of a patient, bringing him/her back to health,” said Dr. Goldberg.

Dr. Goldberg’s career in science was launched in 1959 when he completed a Bachelor of Science degree from Yale University in zoology and mathematics. This led him to pursue and earn his MD from Yale University in 1963. During his postgraduate education, he completed a one-year residency at The Mount Sinai Hospital of New York, a two-year residency in internal medicine at Montefiore Hospital in the Bronx, a U.S. Public Health Service Clinical Research Fellowship in endocrinology at Albert Einstein College of Medicine in the Bronx, and a fellowship in clinical endocrinology at Bellevue Hospital-New York University Medical Center in Manhattan. Prior to completing his postgraduate medical education, Dr. Goldberg was a medical officer in the United States Navy, serving for two years in Asia and the Mediterranean.

Heading to Florida, Dr. Goldberg served as supervisor for the ER at the University of Miami Medical School while acting as clinical instructor in medicine at UM. At the same time, he was an associate in private practice in internal medicine and endocrinology. He then moved into a partnership practice from 1974 to 2004 and then managed his own practice in endocrinology until 2008. All the while he was still teaching at the University of Miami as clinical assistant professor of medicine from 1971 to 1980, clinical associate professor of medicine from 1980 to 1999, and from 1999 to the present as voluntary professor at the UM Miller School of Medicine. Dr. Goldberg was

chief of endocrinology at Mount Sinai Hospital of Greater Miami for over 30 years. He had attending staff appointments at Jackson Memorial Hospital and Miami Jewish Home and Hospital, both in Miami, prior to retiring from private practice.

But retiring is not in Dr. Goldberg’s vocabulary. Pursuing his lifelong interest in teaching brought him to the Barry University Physician Assistant Program as an adjunct professor in 2008. He now teaches endocrinology, geriatrics, and physical diagnosis to the PA students, and internal medicine to the students in Barry’s School of Podiatric Medicine. He also is clinical professor of medicine at Florida International University’s Herbert Wertheim College of Medicine and clinical professor of medicine at Nova Southeastern University’s College of Osteopathic Medicine.

In his spare time, Dr. Goldberg enjoys traveling, reading, and playing with his 12 grandchildren. He has enjoyed traveling to Italy, Greece, Israel, and England, but most of his travel today is to see his children and grandchildren in Teaneck, New Jersey, and Boston.

“The PA students at Barry are highly motivated and academically well prepared.

I want them all to succeed and do well in their medical careers,” Dr. Goldberg said.

For a physician who has been trained at some of the country’s most prestigious medical schools and hospitals, practiced and taught at South Florida’s best medical institutions, the knowledge he imparts to Barry’s future PA practitioners can only produce caring, concerned and highly qualified health care professionals.

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# The WEIGHT

## As podiatric challenges rise, images and stories of Haiti

By Richard A. Webster



Dr. Jacqueline Brill with a young Haitian patient

Dr. Jacqueline Brill broke down shortly after she returned from Haiti.

Her 12-year-old son told her about a group of Haitian children who began classes at his school in Miramar. They were refugees from Port-au-Prince, where a 7.0 magnitude earthquake killed more than 200,000 people on January 12. Her son said his classmates were bullying and making fun of the newly orphaned children.

Up until that point, Dr. Brill said, she had managed to keep her emotions in check, despite spending nearly a week in Haiti providing medical care to the distraught population.

"I thought I was going to be a mess," Dr. Brill said. "I'm typically an emotional person. I connect with my patients, and that was the one thing that scared me about going to Haiti, that I wouldn't be able to handle it. But I was solid as a rock the entire time."

When her son told her about the Haitian children at his school, however, Dr. Brill "lost it." All of the images and experiences from the time she spent in Port-au-Prince came flooding back: thousands of homeless and disabled people in desperate need of help, the countless number of amputations that have created a growing population of limbless survivors, and the newly orphaned children who lost mothers, fathers, sisters and brothers.

"You feel so much guilt when you get back home. You want to stay there and keep helping as many people as possible," Dr. Brill said, her voice cracking. "Hearing about those children who had been through so much being bullied – it was something I couldn't handle, and that's when I broke down. It brought me right back to Haiti."

Dr. Brill, who specializes in podiatric surgery and wound care, was one of three professors from Barry's School of Podiatric Medicine, including Drs. Tom Merrill and Charles Southerland, who took part in medical missions to the small island nation following the earthquake.

Dr. Brill spent five days in February with the University of Miami's Project Medishare in a tent hospital outside of the Port-au-Prince airport. Alongside her senior resident Dr. Sandra Garcia-Ortiz from Mount Sinai Medical Center in Miami Beach, Dr. Brill and the medical team saw up to 70 patients per day while working 12-hour shifts. She dealt mainly with post-operative complications from surgeries and amputations performed in the chaotic days immediately following the earthquake. Dr. Brill also treated acute injuries from car accidents, a gun shot wound on a police officer and severe fractures from children falling off piles of rubble.

Dr. Merrill, who specializes in podiatric reconstructive surgery, organized two missions of his own, the first from January 27-29 and the second from February 12-14.

On the first trip he worked out of the Centre de Diagnostique et de Traitement Intégré du Sacre Coeur Hospital in Port-au-Prince with three Barry resident doctors from Mercy Hospital: Drs. Victor Herrera, Mario Cala and Zia Mustafa.

On the second trip, Dr. Merrill organized a 19-person medical team including surgeons, an anesthesiologist, nurse anesthetists and scrub technicians. They operated out of Centre Hospitalier Eliazar Germain in a suburb of Port-au-Prince.

Dr. Southerland, professor of podiatric biomechanics and orthopedics, was part of the second team. Not long after he arrived in Port-au-Prince he witnessed how dire the situation had become.

"We were warned not to give out any money, but one physician in our group gave a fellow a dollar in front of the hospital," said Dr. Southerland, author of *A Thousand Autumns*, an account of his years serving in Vietnam. "Right after he did, another fellow came up, stabbed him in the chest and took his dollar."

Drs. Brill, Merrill and Southerland had all previously participated in medical missions with the Yucatan Crippled Children's Project in Mexico, a humanitarian effort through Barry's School of Podiatric Medicine that provides surgical care for children with deformed limbs. So they were hardly unfamiliar with tragic cases in Third World countries, but the situation in Haiti was like nothing they had ever experienced. In addition to killing more than 200,000, the

earthquake injured 300,000 and left more than 1 million people homeless.

The population basically triaged themselves, Dr. Merrill said. People who were healthy and lost their homes slept on the ground in a Port-au-Prince park. The people with injuries lived in tents and the most seriously injured lived either in the parking lot of the hospital or in the soccer stadium.

"There was a girl who broke her leg and had been lying in the hospital parking lot for two weeks with an open fracture," Dr. Merrill said. "That's how desperate it was. So you just grab a patient. But they weren't yelling or screaming. When you walked by it was more like, 'please pick me.'"

### STUNNED AND DISORIENTED

The Port-au-Prince Soccer Stadium had been transformed into a massive tent city for thousands of people. Each day the doctors drove to the stadium in a pickup truck to find those in the most need. It was a grim sight, said Dr. Southerland, who noted that the most common injuries in natural catastrophes such as earthquakes are lower extremity fractures, breaks and crushed bones caused by falling debris.

In the immediate aftermath of the disaster, the first medical teams to arrive were inundated with patients with life-threatening injuries. They were pressed for time and had few resources, so they saved the limbs they could; those they couldn't were amputated. It is estimated that the crisis will result in more than 200,000 amputees.

Dr. Southerland treated a young girl who had one leg amputated below the knee and suffered from a gaping wound in her other leg.

"This [girl] lives in a world that depends so much on the capacity to get to one place to the other," Dr. Southerland said. "They don't have public transportation, and if she's ever going to get a public education, she has to be able to walk to school. Her life from this point forward is going to be very tough for her."

The doctors from Barry spent much of their time correcting or adjusting the external fixators applied by the first wave of doctors after the disaster. Dr. Brill treated a young girl whose leg had been cast in its fractured position.

"It was completely misaligned, and I was thinking, 'What in the world did they do to this girl?' They knew there was a fracture because the leg was bent mid-thigh but without an X-ray they didn't know the exact position," Dr. Brill said. "So they just put on an external fixator to stabilize the soft tissue structures. They didn't worry about the bone; they just wanted to salvage the limbs. Now the hard work begins, making sure the bone is in

# of the WORLD

## quake victims linger for Barry DPMs

the right position and deciding whether to do a corrective procedure or amputate.”

Dr. Merrill describes the patients as stunned and disoriented. The worst part for the Haitians is that they had no idea what was happening, as most didn't speak English and translators weren't always available for the doctors.

“Put yourself in their spot,” Dr. Merrill said. “You're in Haiti and there is an earthquake and you break your leg. It's in two pieces and the skin is torn. A bunch of doctors come and take you to the operating room and we don't speak Kreyol so there's no communication. So they just let us perform surgery on them, and they don't know if we're going to cut their leg off or not.”

Once the surgery or amputation was completed the patients were given a few hours to recover before being forced out of the cramped hospital to make room for others.

“It hurts to say that, but we only had so many resources, so much food and water, and there were thousands of people who needed to be helped,” Dr. Merrill said.

Despite the lack of proper medical supplies and the tense and often uneasy situation, the Haitians were capable of withstanding massive amounts of pain, said Dr. Brill, who had to repair a man's ruptured Achilles' tendon in what could best be described as crude conditions.

In the United States such a patient would be admitted to the hospital where doctors would take an MRI of the injury before wheeling him into an air-conditioned and sterile operating room. The patient would be given anesthesia so he wouldn't feel anything during surgery and then afterwards go through extensive rehabilitation.

In the U.S. it would be a two-month ordeal, Dr. Brill said, but not in Haiti.

“I had to repair the man's Achilles' tendon outside in a tent, in 90-degree weather. I numbed him with local anesthetic, reattached his Achilles' tendon, put a bandage and splint on, gave him some Tylenol, and he left on crutches. What they could deal with there compared to here is crazy.”

### LASTING EFFECTS

The Haitians managed to cope with the physical pain, but what concerned Dr. Brill the most were the children orphaned during the earthquake. She worried that when the true emotional scars of the event surface years later, they will not be able to deal with the memories.

“We had a few orphans in the hospital. They were initially brought in to be treated. They no longer have any medical problems, but they're being kept at the facility because they have nowhere to go,” she said.

One 2-year-old boy named David lost his mother, father and five brothers and sisters. He became the unofficial camp orphan, Dr. Brill said.

“All the doctors and nurses came to love and adore him. It was so hard to leave him there. He was so incredibly needy. Any time you

walked by his crib he grabs onto your scrubs. He's suffered a lot but hopefully he's young enough that there won't be long-term effects as long as he's put into a good situation.”

But what are the chances that David will find a good situation, Dr. Brill asked. When her son told her about his classmates teasing and

“You feel so much guilt when you get back home. You want to stay there and keep helping as many people as possible,” Dr. Brill said.

bullying the orphans from Haiti, her thoughts turned to David and it brought her to tears.

They had survived so much, endured great hardships, and were fortunate enough to find temporary homes in the U.S. only to be tormented by their fellow students.

No matter where they went, it is unlikely that the hardships facing the children of Haiti will end any time soon, Dr. Brill said.

But despite the sadness she felt upon returning, Dr. Brill also felt an overwhelming sense of pride for the first time in a medical career she said is often spent focused on complicated bureaucratic issues that can take the focus away from medical decisions.

continued on page 17

Only a portion of Sacre Coeur Catholic Church remains standing in Port-au-Prince, Haiti.

The most common earthquake injuries were caused by falling debris.



## In 20th year, Agnes Seminar rocks Barry



Co-organizer of Agnes, Titorya Stover with Dr. John Steinberg

lecture offered attendees a look at imaging modalities including: plain film x-rays, CT, MRI, nuclear medicine triple phase and WBC scans. Barry Tuvel, DPM, then presented “External Fixation: Correction of Congenital Deformities.” The highlight for the students was when he described how to lengthen bones.

Following a coffee break and a chance to meet with the exhibitors, “Foot Toxicology: Treatment of Poisonous Bites and Stings,” presented by Robert Del Valle, MD, offered a unique look at local snakes and insects and how they affect daily life in South Florida. Information was also provided from the Poison Control Center on how to treat various bites and stings. “The Future of Biomechanical Protocols for the Common Podiatric Diagnoses:

The Foot Typing Methodology,” presented by Louis J. DeCaro, DPM, was an enlightening method of breaking down biomechanics and feet into 24 different types.

### RESEARCH RECOGNITION

Throughout the seminar, third-year podiatric students showcased research posters. Jacqueline Buchman, DPM, presented the winners of these research posters. First place went to “Modified ‘S’ Type Elliptical Excision of a Dermatofibroma” by Youssef Aoun, Kelli Ashe, Nicholas Noah, Jasmine Shelford. Second place was awarded to Timothy Caballes, Nicole Dabul, David Liss, and Kelli Stevens for “Revascularization of Ischemic Lower Extremity via Excimer Laser Atherectomy, Angioplasty, and Stenting.” Tied for third place: “External Skin Expansion in Wound Closure” by Deryck Fernandez, John Marion, Sidharth Reddy, and Anthony Tacoma; and “Achilles Tendon Rupture Associated with the use of Fluoroquinolones: A Cause for Concern” by Deandrea Duffus and Stephen Wigley. Congratulations to all the winners!

### FUNDRAISING

The Agnes Seminar is the FPMSA’s annual fundraiser. The money raised will be used to support student clubs, activities, trips, scholarships, and a portion will be donated to the AMPA-PAC. Sponsors and vendors supported the event by setting up tables in an Exhibitor Hall to display their products and

talk to the doctors and students present. This year the seminar was sponsored by Bako Pathology Services, Merz Pharmaceuticals, Dynasplint Systems, Integra, Pedinol, Dr. Comfort Shoes, Dermpath Diagnostics, Formula 3, Edser Orthotic Labs, Podiatry Plus Program, and Organogenesis. Other sponsors included: Gordon Laboratories, PICA, ASPs, Gill Podiatry, and Costal Podiatry Associates. Also generous donations were made by John Steinberg, DPM, Barry University’s Alumni, Barry Cares, Biofreeze, and AmLactin.

The seminar was a success because of the hard work of the Agnes committee made up of current podiatric medical students. Among those on the committee: Titorya Stover (Agnes Co-Chair), Allyssa Knowles, Sarah Haller, Natalia Batista, Marien Rodriguez, Vinay Matai, Biren Shah, Mo Eltahir, Paul Fawson, and Cliff Burmeister.

Thank you to everyone who supports BUSPM and we look forward to seeing you at the 21st Annual Agnes Seminar next year!

### The Agnes seminar raised awareness of the new and upcoming techniques, procedures, and treatments in podiatry

Every year the Florida Podiatric Medical Student Association (FPMSA) at the Barry University School of Podiatric Medicine hosts an educational seminar. The event is student planned and led, in which the students choose a theme and invite guest speakers to educate DPMs and current students on pertinent podiatric issues.

This year the 20th Annual Agnes Seminar, on February 20, 2010, rocked the Barry University School of Podiatric Medicine with record attendance by sponsors, local DPMs, faculty, and students. With the theme of “Podiatry Tomorrow: A Preview into the Future,” the goal of this seven-hour CME seminar was to raise awareness of the new and upcoming techniques, procedures, and treatments in several podiatric subfields (imaging modalities, surgery, trauma, external fixation, foot toxicology, biomechanics, diabetic wound care, infectious disease, lasers, and vascular medicine).

The seminar featured lectures on eight topics. Albert Armstrong, DPM, the assistant academic dean, started the morning with a lecture on “Current Diagnostic Imaging in Commonly Misdiagnosed Pathologies.” This



## Scholarships awarded

Shamir Bhikha and Lauren Karger, fourth-year podiatric medical students, Class of 2010, have won the Podiatric Insurance Company of America (PICA) Group Scholarship Award for 2009. The students, who will each receive a \$2,500 tuition scholarship, were selected by Barry’s full-time podiatric clinical faculty based on their excellent performance in third-year clinical rotations this past academic year.

Said Dr. John Nelson, School of Podiatric Medicine interim dean: “Student doctors Bhikha and Karger are most worthy and admirable awardees. They serve as fine role models for their classmates for their hard work and high level of clinical achievement. PICA is to be congratulated and gratefully thanked for all they are doing to support the future of podiatric medicine by recognizing quality podiatric medical students who soon will become fine podiatric physicians.”



Dr. James Stelnicki with Peter and Lindsey Highlander

## Highlander named Dr. Stelnicki Scholarship winner

The Barry University School of Podiatric Medicine (BUSPM) is pleased to announce that Peter Highlander has been awarded the Dr. James V. Stelnicki Scholarship for Excellence in Lower Extremity Vascular Medicine. The scholarship, from Dr. Stelnicki's \$100,000 donation to the School of Podiatric Medicine, will award a \$10,000 scholarship to Highlander, a junior podiatric medical student at Barry University.

Highlander was selected by the podiatric medicine clinical faculty committee based upon his strong interest in lower extremity vascular medicine and submission of his research paper, "Current Pharmacotherapeutic Concepts for the Treatment of Cardiovascular Disease in Diabetics," which was published in the journal *Therapeutic Advances in Cardiovascular Disease* in December 2009.

"This means so much to me to be selected for this prestigious award. I want to thank Dr. Stelnicki for providing this tremendous opportunity to me and the School of Podiatric Medicine to conduct research in podiatric vascular medicine. It means my dream of becoming a podiatric physician is just that much closer to reality," said Highlander upon

receiving the award notice and meeting Dr. Stelnicki at BUSPM's recent 25th anniversary celebration in Orlando.

The competition for the 2010 Dr. Stelnicki Scholarship has been opened. Interested students must have completed a short application and one-page research proposal in an area related to lower extremity vascular medicine by May 25, 2010. The project can be empirical research, case review, or literature review. A faculty member must collaborate on the project, and the final research paper must be submitted for publication to a peer reviewed professional journal in podiatric medicine, vascular medicine, or a related field.

The faculty selection committee will entertain papers and posters from students at any level of their podiatric education for the \$10,000 research scholarship award. Completed papers must be submitted by October 15, 2010, and the chosen student will be announced within 30 days of the paper deadline. The scholarship will be applied to the tuition account of the selected student.

For more information please contact Assistant Dean Bob McKinlay at 305-899-3283 or [rmckinlay@mail.barry.edu](mailto:rmckinlay@mail.barry.edu).

## AAWP's 'The View' gives glimpse of life as a DPM

By Bridget Moore, AAWP Secretary



Danielle Green (left), The View organizer, with Lucilla Ramirez from sponsor Pedinol Pharmaceuticals

Barry University's chapter of the American Association for Women Podiatrists (AAWP) is an extraordinary student organization geared to empower women and serve their community through leadership, charitable fundraising, and volunteer work. On March 11, 2010, the delightful ladies of AAWP held their annual panel, The View. This year's theme, "A Night of Elegance," definitely coincided with the tone of the event. Featured was a panel of doctors including: Charles Southerland, DPM; Suzie Southerland; Jacqueline Brill (DPM '95); Tyreen Heybeck (DPM '09); Zia Mustafa (DPM '07); Sandra Garcia-Ortiz (DPM '07); Olivera Jovic (DPM '09); Marian Davis, (DPM '06), and Biblonde Joseph (DPM '05).

The goal of this annual panel is to bring awareness to podiatric medical students (both male and female) as well as their spouses/significant others of the challenges and advantages of being a female podiatric physician, as well as to encourage them to keep pursuing their dreams. The panel enthusiastically answered specific questions and concerns from the audience. With questions ranging from what are the stereotypes encountered and when to start a family, to how will the podiatric profession be impacted by health care reform, these stellar doctors provided valuable input.

The event was sponsored by Pedinol Pharmaceuticals and was held in the Andy Gato Gallery in Thompson Hall. It also included a full-course dinner for all who attended. The night concluded with the AAWP presenting their advisor, Dr. Brill, with an award as well as presenting the panel members with gifts of appreciation.

The Barry University student chapter of AAWP was nominated for the 2010 Greater Miami Chamber of Commerce Health Care Heroes Award by Sister Linda Bevilacqua, president of Barry University. The Chamber acknowledged Danielle Green, AAWP president, for the chapter's nomination.

# CELEBRATING 25 YEARS

Barry University's School of Podiatric Medicine celebrated 25 years of success in Orlando recently at The Barefoot Ball anniversary event. The fundraiser, aimed at providing students of podiatric medicine with scholarships to help offset the cost of their education, raised more than \$22,000.

Established in 1985 as the first podiatric medical school in the southern United States, the Barry School of Podiatric Medicine has grown considerably from the modest 18-student class in its first year. The School has now graduated more than 1,100 doctors of podiatric medicine, trained more than 125

podiatric primary care residents, and provided more than \$20 million in charitable care to the medically underserved. The School has more than 250 hospital-based clerkships and boasts a 36-month podiatric medical and surgical residency training program.



FPMA President Dr. Terence McDonald, with family

## '92 graduate elected president of FPMA

Dr. Terence McDonald, DPM, a 1992 graduate of the Barry University School of Podiatric Medicine, was installed on January 22, 2010, as the president of the Florida Podiatric Medical Association (FPMA) during their annual scientific and management meeting in Orlando. More than 250 podiatric physicians and their guests attended the presidential banquet.

This marked the third time a Barry University podiatric graduate has been elected FPMA president. Dr. Bradley Haves, DPM '90, served in 2009. And Dr. Roger G. Beck, DPM '90, served in 2006.

Currently in private practice in Fort Lauderdale and Pembroke Pines, Florida, with his wife Cynthia McDonald, DPM '92, Dr. McDonald served as the president of the Broward County Podiatric Medical Society and was the first vice president of FPMA in 2009. Dr. McDonald earned his Bachelor of Science in biology at Fairleigh Dickinson University in Teaneck, New Jersey, and completed his residency training at Universal Medical Center in Plantation, Florida.

"I am very excited about the opportunity to serve the profession of podiatric medicine as president of FPMA. I pledge to be a strong advocate on legislative issues that might challenge our scope of practice. This is extremely important to maintain current practice capabilities," Dr. McDonald said.

He is looking forward to the FPMA events around Florida in the years to come. He hopes that the FPMA and the Florida Podiatric Society will work with the Florida Chapter of the American Diabetes Association to increase the Diabetes Foot Campaign, which seeks to reduce the devastating impact of diabetes by improving diabetes care by physicians and patient self-care. Dr. McDonald has two children who have been diagnosed with juvenile diabetes.

The School of Podiatric Medicine is also proud to have another alumnus in office with the FPMA. Samir S. Vakil, MS '88, DPM '91, was selected to serve as the second vice president of the FPMA. Dr. Vakil practices with the Foot and Ankle Centers of Charlotte County in Punta Gorda and Port Charlotte, Florida. He is scheduled to be installed as FPMA president in 2012.



# ERS OF SUCCESS!





Kal Ouzounov, DPM

# Literature review a great way to begin research experience

Dr. Kaloian Ouzounov serves as the research director for the Barry University School of Podiatric Medicine. The editor asked Dr. Ouzounov to discuss the role of literature review in podiatric medical research. While providing journal readers with general overviews and broad understandings, the development of such papers is also particularly well suited for academic purposes. They often offer an inexpensive and timely approach to satisfying the requirements of a master's thesis and terminal degrees. Other advantages include not being subject to the rules and regulations of Institutional Review Board reviews, as there are no human participants.

**EDITOR:** What topics in podiatric medicine are applicable for literature review?

**DR. OUZOUNOV:** Anything could be of potential interest for a literature review publication. Oral treatments of onychomycosis, external fixation for diabetic limb salvage, and brachymetatarsia have been some of the more common ones in the past.

**EDITOR:** How do students go about doing a literature review?

**DR. OUZOUNOV:** Selecting the topic and the title of the literature review according to the specific researcher's interests and matching those to the general editorial guidelines of the targeted publication journal early in the process facilitates the development of the literature review. As most literature reviews are summaries of scientific information, it is fairly easy to lose sight of where one is going in the abundance of information. Focusing on the title and aligning the existing information with that title is paramount to providing a comprehensive yet cohesive and structured article.

**EDITOR:** Do students conduct a literature review in any of their classes at Barry?

**DR. OUZOUNOV:** Conducting a literature review to at least a minimum extent is a necessary part of every scientific publication or research paper. Thus, the students at Barry have the opportunity to perform a literature review anytime their course instructor requires a paper.

**EDITOR:** How can the director of research aid the students in conducting a literature review for a journal article?

**DR. OUZOUNOV:** As with any paper, the students can greatly increase the chance of successfully publishing it by developing the

literature review through the director of research and/or in collaboration with another faculty member. There is no substitute for experience and familiarity with both the topic of the research paper and the editorial process of a particular journal. The director and the faculty member can provide essential insight to the student, based on their expertise and knowledge of the specific research topic, adding depth and color to the article by raising important issues from the journal audience's point of view and strengthening the paper's organizational structure and relevance.

**EDITOR:** Do you have any examples of students who have conducted literature reviews that are now published?

**DR. OUZOUNOV:** Perhaps the most recent example is the collaboration between the podiatry student Peter Highlander and his biochemistry professor and basic science faculty member Dr. Graham Shaw, who together developed and published a literature review article for the journal *Therapeutic Advances in Cardiovascular Disease* under the title "Current Pharmacotherapeutic Concepts for the Treatment of Vascular Disease in Diabetes."

**EDITOR:** Anything else you would like to add?

**DR. OUZOUNOV:** As always, I encourage the readers of MEDexpress to e-mail me with any questions they may have at [kouzounov@mail.barry.edu](mailto:kouzounov@mail.barry.edu). Thank you very much.

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President, Barry Podiatric Alumni Chapter

### To RSVP or for more information

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alumnievents@mail.barry.edu

continued from page 10

"At times you question yourself, whether you made the right career choice. But I'll never question it again," Dr. Brill said. "In Haiti, the medical decisions I made were changing people's lives, and to have this experience where you go, 'Oh my God, I'm a doctor and helping people' – that's what it should be all about. It was a life-changing experience."

Dr. Southerland said he experienced the same sense of fulfillment. "For me, to do something meaningful like we did in Haiti, it reaches down into the essence of who we are," said Dr. Southerland, who as a young doctor served as a Mormon missionary to the migrant populations of the San Joaquin Valley in California. "We hope we are a caring, compassionate race of people who want to help others in a time of need. And we trust in the higher powers to look after us poor fools trying to do something good."

But Dr. Southerland was also plagued by questions regarding the fate of the Haitian people. "My daughter is a third-year student nurse at Barry rotating through Miami Children's Hospital. This month the wards are full of children brought over from Haiti. Many came here without parents, and once we get them stabilized, what can we do with them? I'm not sure."

Dr. Merrill shares Dr. Southerland's concerns. The remaining work to be done in Haiti will take decades to complete and infinitely longer without the assistance of the U.S.

That's why Merrill is planning more medical missions and hopes to raise money to assist in rebuilding the hospitals and medical infrastructure of the battered island nation.

Given the available resources in the U.S., it is the least they can do, said Dr. Merrill, who upon returning from his first mission to Port-au-Prince was immediately struck by the vast differences between the two countries.

"We're walking out of the (Orlando) airport and there's a cocktail party reception with hors d'oeuvres and an open bar. Everyone is all dressed up and there are servants walking around. It was surreal considering where we came from. It's just a two-hour flight, but the two worlds couldn't be farther apart."



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## Alumna recognized for service



Madeline Ramil, DPM

The Barry University School of Podiatric Medicine recently celebrated its 25th anniversary in Orlando during the Florida Podiatric Medical Association meeting. Barry's faculty recognized

medical school brought her to South Florida, where she earned a Doctor of Podiatric Medicine from the Barry University School of Podiatric Medicine in 1996. Dr. Ramil is a diplomat of the American Board of Podiatric Surgery and is board certified both in the foot and reconstructive, rear foot and ankle surgery. She is also a Fellow with the American College of Foot and Ankle Surgeons and has received a Certificate of Achievement in completing the Salto Talaris Anatomic Ankle Prosthesis Training Course. This enables Dr. Ramil to join an elite number of podiatric physicians who have the ability to provide patients with a total ankle replacement.

alumni from the School who have made a difference. Madeline Ramil, DPM '96, was nominated for the Podiatric Community Service Award and was recognized at the gala with a certificate of achievement.

Dr. Ramil, was born in Cuba and grew up in Glendale, California, where she earned her undergraduate degree from the University of California, Los Angeles (UCLA). Podiatric

Dr. Ramil is in private practice at the Center for Surgery in Plantation, Florida. She has been involved with the Barry University Yucatan Crippled Children's Project since its inception in 1996, where she first served as the student translator between the university and the Mexican government. She then continued her involvement as a surgical resident, and now as an attending physician. As attending, she is

responsible for the entire surgical team on their mercy flight to Merida, Mexico, where the team provides surgical treatment to crippled indigent children. Since the inception of the project, more than 6,000 children have received treatment.

While in private practice, Dr. Ramil is an active staff member for three hospitals in Broward County. She has served as an attending staff physician for both Plantation General Hospital and Westside Regional Medical Center's Wound Healing Centers. She has also held the directorship of Plantation General Hospital's Foot and Ankle Center. Presently she is the clinical director for Westside Regional Medical Center Medicine and Surgery Podiatric Residency Program, where she is highly involved in residency training. She also is the director of wound care at Manor Care, a skilled nursing facility in Plantation. Dr. Ramil has been honored to lecture abroad in Spain for Podology State conferences and has taught surgery at the University of Barcelona.

## PA graduates assist victims of earthquake in Haiti



Brian Peterkin, PA-C '07

Two recent graduates of Barry University's Physician Assistant program traveled to Haiti recently to assist thousands of victims left wounded by the magnitude-7 earthquake. Brian A. Peterkin and Kyle

Horner, both 2007 alumni, spent three days helping the people of Haiti who were left homeless, wounded, and in desperate need of medical care.

"What I discovered in Haiti was an earthquake ravaged nation full of beautiful, stoic people who were looking for guidance and medical relief during this time of terrible devastation," said Peterkin, a licensed physician assistant in orthopedic spine surgery.

Peterkin joined several medical practitioners, dental professionals, architects and engineers to help in the mission of assisting earthquake victims with basic medical and wound care. Through a small nonprofit group called "Love-for-Haiti" they also

began work to help rebuild the foundations of the damaged country.

"The [group] is unique because they develop the funds for their medical missions in

Haiti from the individuals who participate as well as the leaders of the nonprofit," said Peterkin of the organization.

During his medical mission, Peterkin began his work doing everything from wound care to fitting people who lost their glasses during the quake with new eyeglasses.

"I was really able to comprehend the complete devastation of the capital city of Haiti and the quality of life the people had while [still] trying to strive ahead in wake of the earthquake's destruction," said Peterkin. "But this is why I went into medicine."

In a letter to his professor, Dr. Richard Fien at Barry, he described how he had to make splints from limited resources like "malleable metals with cast padding" and ace wraps, or how he had to treat infections both internal and superficial without confirmation or laboratory analysis but instead by using history, physical exam findings and knowing the epidemiology of the country.

Said Peterkin: "I could not [have] performed at the level at which I did without the core knowledge and clinical skills I learned while being a Barry University PA student."

For more information on the nonprofit organization visit [www.love-for-haiti.com](http://www.love-for-haiti.com)  
Reprinted from Barry University BUCWIS - Published on: April 09, 2010, [www.barry.edu](http://www.barry.edu)



Alumni Dr. Madeline Ramil (DPM '96) and Dr. Justin Lewis (DPM '08) perform surgery in a Yucatan clinic.

# Money Matters

## Minimizing Financial Impact (Part 2)

Starting a new practice? Changing addresses or moving your office? Joining or leaving a group? These decisions can financially impact your practice. Minimize the impact with careful planning, months in advance.

In our previous article we discussed the need to obtain a Federal Tax ID number, National Practitioner Identification (NPI) number and Medicare provider number. Next, create a list of all the major insurance companies in your area, e.g., Medicare, Railroad Medicare, the DMERC contractor, Medicaid, Blue Cross Blue Shield, Aetna, Cigna, Humana, and United HealthCare. Be sure to include contact names and telephone numbers. Contact the insurance company and request to speak with a provider representative. If possible, it is preferable to speak with a supervisor. Explain the exact changes you are making and obtain the appropriate forms needed for this change. Always document the name of the person you speak with and a direct line telephone number. Don't be afraid to ask for help.

Changes made with many of the smaller insurance companies, such as Medicare secondary, can often be accomplished by simply submitting a copy of your W-9 form. Sometimes the change can be made by submitting a claim. Always call first to find out what is required.

Finally, don't forget to change your address with the post office at least three to four days prior to your move. Make a list of any mail received at your new location that is delivered with a yellow change of address sticker. Follow up by contacting the vendor or insurance company.

Starting a new practice or moving your location requires methodical planning and execution. To avoid many financial obstacles and pitfalls, give us call at 800-394-1169, Podiatry Billing Services.

## Foundations grant \$24,575 to Crippled Children's Project

The Barry University Yucatan Crippled Children's Project (YCCP) has recently received \$24,575 in generous grant support from the Frank J. Lewis Foundation of Riveira Beach, Florida (\$10,000), the International Foundation of Fairfield, New Jersey (\$10,000), and the Northwest Podiatric Foundation (\$4,575).

The Yucatan Project, now in its 14th year of operation, has treated more than 6,000 crippled children in the Yucatan, Mexico, with the help of podiatric physicians and surgeons from the Barry University School of Podiatric Medicine.

The grant from the Lewis Foundation will support travel costs, medical equipment, and medication to help the crippled children. Previously, the Lewis Foundation provided Barry with \$215,000 to support the Project.

The grant from the Northwest Podiatric Foundation (NWPF) will support costs of airfare, medical supplies, and equipment. Funds for the Project were raised from the Northwest Podiatric Foundation's Yucatan Pediatric Seminar held on November 17-21, 2009 in Merida,

Mexico. The NWPF is a nonprofit organization established in 1979 and dedicated to the advancement of podiatric research, education and development of new and useful techniques in reconstructive foot and ankle surgery. In addition, physicians from NWPF have traveled to the Yucatan to also render treatment to crippled children.

The International Foundation grant of \$10,000 will be put toward medical equipment, surgical instruments and medicines.

"These magnanimous gifts have changed the lives of thousands of young, underprivileged crippled children, which enables them to live normal and productive lives," said Dr. Charles Southerland, director of the YCCP.

To help the Yucatan Crippled Children's Project, please send your check made payable to Barry University School of Podiatric Medicine, Attn: Bob McKinlay, Assistant Dean, 11300 NE Second Avenue, Miami Shores, Florida, 33161, with a notation to the Yucatan Crippled Children's Project.



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