Since 1879, the College of Medicine at the University of Arkansas for Medical Sciences (UAMS) has had a progressive history of teaching, service and research. As Arkansas’ only medical school, we educate and train outstanding physicians and scientists who are committed to high ethical and professional standards and lifelong learning. The College of Medicine is one of six academic units at UAMS. The campus includes centers of excellence that are recognized as among the best in the nation and world. They include the Winthrop P. Rockefeller Cancer Institute, the Harvey & Bernice Jones Eye Institute, the Jackson T. Stephens Spine and Neurosciences Institute, the Myeloma Institute for Research and Therapy, the Donald W. Reynolds Center on Aging and the UAMS Psychiatric Research Institute.

As a teaching institution, UAMS Medical Center remains on the forefront of new medical procedures and technologies. UAMS also is the state’s principal biomedical research center, conducting pioneering research that leads to new knowledge and advances in medical care in Arkansas and beyond.

Bob Arrington, M.D., has shaped neonatal care in Arkansas
Cover story: For "Dr. A," babies have always been the bottom line

On the cover: Neonatology Chief Bob Arrington, M.D., cares for fragile newborns while on service in the UAMS Neonatal Intensive Care Unit's critical care nursery. Outcomes are better than ever for premature babies like Malakya Klaire Johnson (in background), who along with her twin sister Eliza Jordan was born at 28 weeks, 6 days gestation and weighing little more than 2 1/2 pounds.

Neonatal Leader: UAMS Nursery gives tiniest babies a head start.

Enjoying Life: Cystic Fibrosis Center helps patients live longer, richer lives.

The Restorers: PM&R specialists are more important than ever for the aging population.

Understanding Addiction: Warren Bickel, Ph.D., finds addicts 'discount' future.

By Their Side: Suzanne Klimberg, M.D., offers hope for breast cancer patients.

Then and Now: A graduating senior and 1958 alumnus talk over coffee.

Knack for People: Raymond Miller, M.D., was an inspiration to many.

Coming Home: The Delta gets five much-needed docs thanks to the Pillow family.

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University of Arkansas Medicine
The magazine of the College of Medicine at the University of Arkansas for Medical Sciences

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We welcome your comments
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Driven to Make a Difference

The novelist E.M. Forster once said, “One person with passion is better than 40 people merely interested.” As you read this issue of University of Arkansas Medicine, notice how many of the stories are about physicians, teachers and scientists who are truly passionate about their work.

I first got to know neonatologist Bob Arrington, M.D., who is featured in our cover story, when I was a medical student. His passion for helping the tiniest, most vulnerable Arkansans was always obvious. Notoriously hard working, Arrington spearheaded the successful regionalization of neonatal care in the state, resulting in the most complex cases being handled at UAMS and Arkansas Children’s Hospital. Arrington’s passion is contagious. His entire team is utterly devoted to excellence in clinical care.

Others featured in this issue are equally dedicated. John Dornhoffer, M.D., for example, is passionately searching for answers about hearing loss – which has tragically affected at least five generations of his family – and related auditory disorders.

V. Suzanne Klimberg, M.D., is a pioneer in breast cancer research who also provides comfort and hope for women with the disease.

Our faculty is rich with women and men who are driven to make a difference. We are pleased to be able to shine the spotlight on some of them.

Debra H. Fiser, M.D.
Dean, College of Medicine
Vice Chancellor, UAMS

“One person with PASSION is better than 40 people merely interested.”

E.M. Forster
Bob Arrington, M.D., was a college junior majoring in chemical engineering when he realized he wanted to do something different with his life. Over the next four decades, he became an engineer of a different sort.

The 1968 College of Medicine (COM) graduate and professor of pediatrics at the University of Arkansas for Medical Sciences (UAMS) has been a driving force in shaping neonatal care in Arkansas while serving as a teacher and mentor to the state’s top neonatologists.

Arrington has been chief of neonatology in the Department of Pediatrics since 1978. Today his section’s 17 neonatologists, along with other neonatal professionals at UAMS and Arkansas Children’s Hospital (ACH), care for the state’s sickest newborns. Both nurseries have outstanding survival rates, and ACH’s NICU is one of the largest in the country outside of a major metropolitan area.

Rob Lyle, M.D., an associate professor of pediatrics and Arrington’s co-medical director in the ACH NICU, first met Arrington while an intern at UAMS 20 years ago. “He immediately struck me as a physician who really loved his work,” said Lyle. “You witnessed this every day in his deliberate attention on rounds and in his caring, compassionate conversations with families. He had unerring devotion to his patients and often stayed long after residents had left for the day.”

But Lyle and others trained by Arrington also saw the engineer come through. “He delighted in being able to not only teach you about ventilating a baby’s lungs, but also in explaining how the ventilator worked,” said Lyle. “I’ll never forget the day he took the time to disassemble an infant incubator to explain to us how it worked to maintain a baby’s temperature.”

Arrington downplays compliments, but he acknowledges that he loves helping young trainees grow into outstanding neonatologists. “I guess if I have a special teaching skill, it’s being able to take something that is complex and making it easier to understand. My engineering background has been of paramount importance in my career. So much of what we do in neonatology blends math, physics and physiology.”

Then and New
Neonatology was a fledgling field when Arrington was a fellow at UAMS in 1970 to 1972, training under Alice Beard, M.D., and J.O. Cooper, M.D. In 1975, he was among the first pediatricians to be board certified in the subspecialty. The nursery had none of today’s sophisticated technology. “We didn’t have ventilators designed for neonates in the mid-1970s and immediately began to see survival in babies weighing less than 2 pounds. Other significant developments included total parenteral nutrition, maternal prenatal steroids, artificial surfactant, high frequency ventilators and, since 1989, the availability of extracorporeal membrane oxygenation (ECMO) at ACH. Another major milestone was the decision in 1991 to provide 24 hour in-house staff neonatology coverage.

“Our survival rates have improved dramatically,” Arrington said. “When Children’s NICU opened in 1980, the survival rate was about 75 percent for all NICU babies. Today, the survival rate is 96 percent. The outcomes are especially impressive because all of the 85-bed NICU’s babies – about 1,000 a year – are outborn babies, the sickest of the sick, transferred from other facilities. “Our survival data compares favorably with units that have both inborn and outborn babies,” he said.

Toward Regionalization
In the mid-1970s, national experts began advocating for regionalization of newborn care to improve pregnancy outcomes by concentrating the best care in a single center. Arrington did his part by building state-of-the-art NICUs that served as regional referral centers.

Colleagues say Bob Arrington, M.D., spends more time on service than virtually any other academic neonatology chief in the country. He works long hours in both the UAMS nursery (pictured) and Arkansas Children’s Hospital.
outcomes. Uncomplicated cases would continue to be handled in communities across a state, primarily by family physicians. Local obstetricians and pediatricians would provide the next level of care. The sickest babies would go to a centralized tertiary care center where neonatologists were joined by pediatric cardiologists, neurologists, surgeons and other subspecialists.

Richard Jacobs, M.D., the current Pediatrics Department chair, was a resident when Arrington became chief of neonatology. He said Arrington worked with then-chairman Bob Fizer, M.D., and UAMS neonatologist Don Hall, M.D., to champion regionalization. “Even then, Bob Arrington had the vision for what it would take to provide the best possible neonatal care for our rural state,” said Jacobs. “He is essentially the godfather of neonatology in Arkansas.”

In the waning months of Gov. David Pryor’s administration, Arrington visited with then Attorney Gen. Bill Clinton to explain the need for regionalized tertiary neonatal care in Arkansas. Pryor appointed a “blue-ribbon” panel, which included ACH and UAMS pediatric leaders Betty Lowe, M.D., and Roger Bost, M.D., to study the state’s perinatal health care needs. Their report was handed off to Governor-elect Clinton and led to 1979 legislation that in part funded a 12-bed NICU at ACH.

Meanwhile, Arrington dealt with a critical component. “We knew that if we were going to make regionalization happen, we needed a neonatal transport system to get the sickest babies to Little Rock,” he said. He was serving as medical director for a five-year, federally funded initiative called the Arkansas Regional Perinatal Program (ARPP) and secured grant money for a specially equipped van based at ACH. Toll-free phone lines were established at ACH and UAMS so physicians could consult with neonatologists and coordinate transfers. The service grew rapidly at ACH. With two helicopters and three ambulances, the service now performs more than 2,000 neonatal and pediatric transports annually.

Reaching Out

As part of the ARPP initiative, Arrington started teaching neonatal resuscitation in hospitals throughout the state. Similar outreach continues to this day, more than two decades after the original grant. But colleagues say Arrington was doing more than teaching neonatal techniques. “He was making person-to-person contacts with nurseries and physicians,” said Whit Hall, a professor of pediatrics and medical director of the NICU at UAMS. “It helped solidify the referral lines with UAMS and ACH, and as a result, more than half of the very low birth weight babies in Arkansas are taken care of in our system.”

Tom Ed Townsend, M.D., who first practiced pediatrics in Pine Bluff in the 1950s, welcomed regionalization and the tertiary care developments in Little Rock. He frequently consulted Arrington and his colleagues, who often rounded with the pediatricians in Pine Bluff. “It was clear that he was vitally interested in the survival and care of newborns,” Townsend said. “He has made a great difference in the care of high-risk infants in our area and the entire state.”

Arrington is a mentor for young faculty like Marla Harrison Lightburn, M.D., who joined the section as an assistant professor last year after serving a neonatology fellowship. “I want to be compassionate like Dr. A.,” she said. “I want to be an excellent teacher like he is. I want to work with other people and look out for our coworkers like he does. He is the model of everything I want to be.”

Colleagues note that Arrington is not one for the limelight. In April, he received the Ruth Olive Beall Award for service at ACH. He soon will become the inaugural recipient of an endowed chair in neonatology at ACH sponsored by Wal-Mart Stores, Inc. Arrington seems a little perplexed by the attention. “I really think I am just a small cog in a large wheel,” he said. “I honestly think I’m where God intended me to be.”

Arrington seems a little perplexed by the attention. “I really think I am just a small cog in a large wheel,” he said. “I honestly think I’m where God intended me to be.”

Arkansas’ tiniest babies get a much-needed head start by being born at UAMS, where the Neonatal Intensive Care Unit (NICU) is a national leader in neonatal outcomes.

More than half of the 2,000 babies born at UAMS each year are cared for in the NICU, including more than 200 very low birth weight (VLBW) babies weighing less than 1,500 grams (3 pounds, 6 ounces), said Whit Hall, M.D., a professor of pediatrics and director of the NICU since 1993. That is one third of the VLBW babies born in Arkansas.

In the smallest group of all, babies weighing 500 to 750 grams (1 pound, 2 ounces to 1 pound, 11 ounces), the survival rate at UAMS is 91 percent, compared to the national rate of 83 percent.

“Our results are the best I’ve seen published, and one of the key reasons is Dr. Bob Arrington’s leadership of the Neonatology Section at UAMS and at Arkansas Children’s Hospital,” said Hall. “His focus on clinical excellence has been a driving force.” The section’s neonatologists attend all high-risk deliveries at UAMS and cover its nursery around the clock with in-house faculty.

Another key factor is UAMS’ outstanding obstetric care,” Hall said. UAMS is home to the award-winning Antenatal & Neonatal Guidelines, Education and Learning System (ANGELS), which has improved high-risk obstetric care throughout Arkansas and resulted in more referrals of complex deliveries. UAMS has the state’s only board-certified perinatology group, comprising maternal fetal medicine specialists in the Department of Obstetrics and Gynecology as well as neonatologists.

In March, UAMS neonatologists began using telemedicine to help stabilize fragile newborns at hospitals in El Dorado, Fort Smith, Fayetteville and Springdale. A Center of Biomedical Research Excellence (COBRE) grant from the National Institutes of Health funded interactive telemedicine units in the outlying nurseries as part of a project to support local pediatrics and neonatologists, encourage appropriate referrals and transfers, and enhance communication between the state’s outlying clinicians and the academic physicians at UAMS.

“This is merely the continuation of the vision and leadership of Dr. Arrington,” Hall said. “It also demonstrates the NIH directive to bring research to the community. In the future we will be able to direct a neonatal resuscitation from UAMS or ACH, utilizing the academic neonatologists on call. Our community clinicians have also taught us how valuable their contributions are for the sick newborns in our state.”

Hall also credited strong nursing and administrative support for the UAMS nursery’s strong outcomes.
John Dornhoffer, M.D., builds ships. He’ll toil over a model for years, gluing thousands of planks to a miniature hull and meticulously hand-tying the rigging. He says it helps train his hands for the intricate, microscope-guided middle- and inner-ear surgeries he performs as a neurotologist at the University of Arkansas for Medical Sciences.

It is one of several hands-on hobbies Dornhoffer has embraced as other pastimes lost their lure. The symphony was forgone years ago — when he could no longer hear the violins, even with a hearing aid. Dornhoffer is going deaf as result of a hereditary disorder that has affected at least five generations of his family, including one of his sons.

“It is hard to separate what I do from who I am,” said Dornhoffer, director of the Division of Otology/Neurotology in the College of Medicine’s Department of Otolaryngology – Head and Neck Surgery. “Sometimes what I can really offer my patients and their families is what comes from my own experiences and the strategies for dealing with hearing loss that I’ve developed over the years.”

Since joining the faculty in 1994, Dornhoffer has garnered international recognition for his clinical achievements and research into hearing loss and conditions such as tinnitus, vertigo and other balance disorders. He has invented two innovative prostheses that are used worldwide for middle ear reconstruction, and he performs hundreds of the surgeries each year. He also performs cochlear implants, an electronic device that provides a sense of sound by stimulating the auditory nerve. It is a procedure he will need himself in a few years.

Dornhoffer and his colleagues are among the first in the United States to explore the use of transcranial magnetic stimulation (TMS) to alleviate tinnitus, the “ringing in the ears” that afflicts as many as 25 million people. He and Mark Mennemeier, Ph.D., director of the TMS Laboratory in the Center for Translational Neuroscience (CTN) and an associate professor of neurobiology and developmental sciences, have been able to provide temporary relief by stimulating certain areas of the brain. The procedure stopped the ringing for about a week in half of the patients, and they have since achieved longer-term results in a couple of cases.

“Our preliminary results are very encouraging,” Dornhoffer said.

Dornhoffer also is working with CTN Director Edgar Garcia-Rill, Ph.D., and others to better understand how people with hearing impairment process sound in the brain. The work could reveal why some children whose hearing tests as normal nonetheless have an “attention deficit disorder of the ear,” making it difficult to sustain attention.

Meanwhile, Dornhoffer serves as executive director of the Prosper Ménière Society, a UAMS-based, international organization of physicians and scientists who specialize in the inner ear and Ménière’s disease, a condition that causes hearing loss and profound dizziness.

James Y. Suen, M.D., chairman of the Department of Otolaryngology – Head and Neck Surgery, first spotted Dornhoffer’s potential when he came to UAMS as a resident. “Not only is he an outstanding researcher and ear surgeon, but a great teacher, role model and a wonderful human being,” said Suen. “His own hearing loss has driven him to find treatments and search for cures.”

Dornhoffer envisions a day when gene therapy will cure or prevent deafness. Scientists already have identified more than 100 genes relating to hearing impairment. He said viable gene therapy won’t come in time to help himself or even his son. “But perhaps my grandchildren’s generation,” he said. “This is the greatest hope.”
As a child, Jessica Thompson feared that on her 10th birthday she would never wake up again. It was the early 1980s, and she knew that many kids with cystic fibrosis (CF) didn’t survive to adulthood.

Thankfully, many other milestones passed: Sweet 16. High school and college graduation. Getting married. And at 31, the birth of her son.

Thompson, now 33, needs daily treatments to clear her lungs of mucus and medications to prevent life-threatening infections and help digest food. But she is grateful for the advances that have made it possible for her and many other adults with CF to lead rich, full lives.

“I look at my little boy and I look at my husband – and I want to be here for a long, long time,” Thompson said.

The Mountain Home resident drives three hours to Little Rock every three months to see specialists at the Arkansas Cystic Fibrosis Care Center, the state’s only program accredited by the Cystic Fibrosis Foundation. The center is a partnership between UAMS and Arkansas Children’s Hospital (ACH).

While growing up in Little Rock, Thompson attended the pediatric program at ACH, which currently serves about 165 children. She transitioned to the adult program at UAMS, which was created in 1992 to meet the growing need for specialized care for adults and now cares for about 70. The pediatric and adult programs work closely together to ensure outstanding care and a seamless transition for patients.

The outlook for people with CF is improving thanks to major advancements following discovery of the gene that causes CF in 1989, said Dennis Schellhase, M.D., a pulmonologist and associate professor of pediatrics. He has been with the pediatric CF program since 1993 and now directs the Arkansas center. “There has been a major emphasis on understanding this disease,” he said, adding that two dozen drugs are in clinical trials today. The median predicted age of survival, now at 37, has nearly doubled in the last 25 years.

But the CF Foundation and its centers are striving to accelerate the progress. The foundation has launched a major quality improvement initiative that helps centers assess their programs and incorporate the most successful strategies. It is one of the first organizations of its kind to publicly release outcomes data from all of its centers. Center-specific information on indicators such as average lung function, nutritional status and adherence to guidelines such as frequency of clinic attendance has been available on the foundation’s Web site (cff.org) since December 2006. Progress is being seen in Arkansas and nationwide, said Schellhase and Paula Anderson, M.D., a professor of internal medicine and pulmonary and critical care specialist who has directed the adult program since its inception.

A key challenge for many centers, especially in rural states such as Arkansas, is getting patients to come to clinic often enough. Quarterly visits are essential for monitoring the disease and obtaining vital medications. But some adult patients can’t miss work or afford to travel long distances, Anderson said, adding that many CF patients lose medical benefits when they become adults. The center has developed new attendance tracking measures and increased communication about the importance of clinic visits, she said.

For more than 15 years, Anderson has watched patients like Thompson reach milestones that were once unlikely. “Some are in college, nursing school or law school,” she said. “They have families and rewarding careers. It is a special privilege for me to know these adults who are living courageous and productive lives in the face of a chronic disease.”
As the population grows older, physical medicine and rehabilitation is moving to the forefront in the prevention, diagnosis and treatment of disabling conditions. Almost 100 million Americans have chronic and disabling disorders, and millions will develop them as America continues to gray.

“The impact of disease and disability and the need for supportive care has become a top concern,” said Kevin Means, M.D., a professor and chairman of the Department of Physical Medicine and Rehabilitation (PM&R) in the College of Medicine.

Physiatrists — physicians who specialize in PM&R — can help put all the pieces in place to restore optimal function and improve the quality of life for aging Americans. The role of the physiatrist reflects the changing patterns of disability today. “We treat acute and chronic pain and musculoskeletal disorders that can result in significant functional limitations,” Means said.

The department also coordinates rehabilitation for patients with spinal cord injuries, sports injuries, cancer, stroke, brain injuries and multiple sclerosis to help them achieve a functional lifestyle.

“Our patients are at the center of the rehabilitation process,” Means said. “We show them what they need to do and give them the resources to get it done. If you get to know people, you get beyond the disability. These are just people who had something go wrong, and we provide the environment they need to get better.”

The rehabilitation process requires a team-based approach to provide a comprehensive program for each patient. Acting as a coach, the physiatrist oversees an interdisciplinary team that can include physical therapists, occupational therapists, nurses, and speech and language pathologists. “As a physiatrist you’re really looking at the big picture and trying to assemble those resources so the patient will benefit,” Means said.

The College of Medicine established the department in 1984. Means joined the faculty one year later and became chair in 1999. Since then, he has worked to build new programs, strengthen established programs such as pediatric rehabilitation and neuro-rehabilitation, and deliver high-quality care.

The COM physiatrists on staff at Arkansas Children’s Hospital are board-certified in both pediatrics and PM&R. They treat patients in inpatient units and extensive outpatient clinics, such as one for patients with spina bifida, a congenital spinal cord disorder that results in muscle weakness or paralysis.

“We have a wide variety of clinics and see a wide variety of patients,” Means said. “The care that’s delivered is the best of the best.”

“If you get to know people, you get beyond the disability.”
For Warren Bickel, Ph.D., substance abuse addiction is a puzzle. "The first piece came when he was in college in the early 70s. While some people he knew "experimented," Bickel began asking questions.

"As I grew up, I started thinking that substance abuse is really a fundamental challenge to understand how people can make choices over and over again that lead them into the same difficulty," Bickel said. "Seeing the problem and thinking about it, it starts to become an interesting puzzle."

Bickel and research team find addicts ‘discount’ the future

Bickel hopes to see this behavioral economic research open new doors, especially in the new field of neuroeconomics, which tries to understand the neuro-basis for economic decisions. "It's sort of an emerging view and I think it's going to change the whole way we think of and deal with addicts in the future. Excitingly for me, we are at the forefront of this at UAMS."

For Warren Bickel, study of addiction is a puzzle. The first piece came when he was in college in the early 70s. While some people he knew "experimented," Bickel began asking questions.

"As I grew up, I started thinking that substance abuse is really a fundamental challenge to understand how people can make choices over and over again that lead them into the same difficulty," Bickel said. "Seeing the problem and thinking about it, it starts to become an interesting puzzle."
National Leader to Direct New Genetics Division

G. Bradley Schaefer, M.D., a national leader in medical genetics, has been named founding director of the new Division of Genetics in the College of Medicine (COM). Schaefer, who will start July 15, also will serve as chief of pediatric genetics and metabolism.

The division was created to prepare students for a new era in medicine that focuses more on the growing understanding of genomics, as well as to consolidate and expand on existing genetics expertise on campus. The free-standing division will serve as both a basic and clinical division. It also will direct the sophomore genetics course.

Schaefer is the Omaha Scottish Rite, Masonic Professor of Child Health at the University of Nebraska Medical Center (UNMC). He directs the Harriet B. Munroe Center for Human Genetics and has served as associate director of the Munroe-Meyer Institute for Genetics and Rehabilitation since 1997. He has been chief of the Human Genetics Section in the Department of Pediatrics at UNMC since 1992.

Since 2004, Schaefer also has served as an adjunct professor and medical director in the UAMS College of Health Related Professions Department of Genetic Counseling. He is a founding fellow of the American College of Medical Genetics. His clinical practice focuses on the genetics of neurologic conditions, neurodevelopmental abnormalities and craniofacial malformations. His research emphasizes neurogenetics and neurodevelopmental disabilities.

Incontinence Specialist Returns to UAMS as Urology Chair

Pat D. O'Donnell, M.D., a 1972 College of Medicine (COM) graduate and former faculty member, has been named chairman of the Department of Urology. A specialist in female incontinence, he holds patents on urological incontinence devices. O'Donnell joined the COM faculty in 1982, became director of the Arkansas Center for Incontinence in 1984 and director of urological research in the Department of Urology in 1989. He left UAMS in 1992 to become a professor of surgery and director of the Cincinnati Continence Center, the Cincinnati Potency Center and the Cincinnati Geriatric Urology Center at the University of Cincinnati Medical Center. From 1996 to 2000 he was chief of surgery at the VA Medical Center in Fayetteville and a clinical professor of urology for UAMS. Most recently, he was a professor of urology at Southern Illinois University (SIU) School of Medicine and director of the SIU Incontinence Center.

Dermatologist Is Expert in Skin and Eye Inflammation

John C. Assel, M.D., has been named chairman of the Department of Dermatology. Assel most recently was a tenured professor of dermatology with a joint appointment in ophthalmology at the University of Colorado Denver Anschutz Medical Campus. He also was on staff at the University of Colorado Hospital in Aurora and the Veterans Administration Eastern Colorado Health Care System in Denver. He has served as a leader in numerous national dermatology organizations, including as a term chairman of the Committee on Scientific Programs for the Society for Investigative Dermatology. His research focuses on the role of both the neurologic and immunologic systems in mediating inflammation in the skin and eye. His interests also include immunotherapeutic approaches for treating malignant melanoma and the mechanisms by which successful approaches appear to function.

Genitourinary Specialist Named Chair of Radiology

Philip J. Kenney, M.D., has been appointed chairman of the Department of Radiology. He came to UAMS from the University of Alabama at Birmingham (UAB), where he was on the faculty for over 20 years, serving as a professor of radiology, chief of the genitourinary section and medical director of outpatient radiology. An abdominal radiologist, Kenney specializes in genitourinary imaging, diagnostic radiology and magnetic resonance imaging. His particular areas of interest are renal and adrenal imaging. He was president of the Society of Uroradiology in 2003-2004 and serves on the American Board of Radiology and in many other professional organizations. He is an associate editor for Radiology and serves as a reviewer for numerous journals. He is a diplomate of the American Board of Radiology.

Hough Named Endowed Chair in Oncologic Pathology

Audrey Hough, M.D., was invested as the Dev. Mae and Anderson Nettleship Endowed Chair in Oncologic Pathology on Dec. 4, 2007. Hough is associate dean for translational research and special projects in the College of Medicine (COM) and a distinguished professor in the Department of Pathology. He chaired the department for more than 21 years and has been a strong advocate for the development of cancer research projects at UAMS. Established in 2002, the Nettleship chair is the result of generous gifts by husband and wife pathologists Anderson Nettleship, M.D., and Mae Nettleship, M.D. The late Anderson Nettleship, chairman of Pathology from 1947 to 1954, was instrumental in developing the COM as a research institution.

Associate Dean for Academics Receives Service Award

Richard P. Wheeler, M.D., professor of medicine and executive associate dean for academic affairs, has been named the third recipient of the Bob Sabalis Exemplary Service Award from the Southern Group on Student Affairs (SGSA) of the Association of American Medical Colleges (AAMC). The award, established three years ago to distinguish service to the organization, recognizes Wheeler’s significant leadership, expertise and creativity in service to the SGSA. He has served as both chair of the SGSA and national chair of the GSA to advance medical education and represent the interests of medical schools and students in admissions, student affairs, financial aid, minority affairs and student records.
Klimberg named to endowed chair in breast surgical oncology

It didn’t take long for Sherry Tuminello and V. Suzanne Klimberg, M.D., to become friends. Since Tuminello was diagnosed in 1992 with breast cancer, they’ve gone through the ups and downs of breast cancer treatment together. But the kindness Klimberg showed her through the years has eased Tuminello’s burden and given her a positive outlook.

“There is so much kindness in Dr. Klimberg,” Tuminello said. “Her optimism during our time together has been so encouraging. I’m a two-time breast cancer survivor and she’s been with me from the beginning. Amidst all the upheaval of cancer, I’ve always gotten hope.”

Klimberg is chief of the Division of Breast Surgical Oncology and a professor in the departments of Surgery and Pathology. She also is director of the Breast Cancer Program at the Winthrop P. Rockefeller Cancer Institute as well as director of Breast Fellowship in Diseases of the Breast.

She was invested in January as the Muriel Balsam Kohn Chair in Breast Surgical Oncology, which was funded by a gift from the Tenenbaum Foundation. The chair is named in honor of Judy Tenenbaum’s mother, who died of breast cancer in 1993.

“The important thing about this chair is that it allows us to do things that are on the edge and out of the box that we might not without funds,” Klimberg said.

Klimberg is a pioneer in breast cancer research initiatives. Five years ago, her team began developing the Auxiliary Reverse Mapping (ARM) procedure to prevent lymphedema, the swelling of the arms due to faulty drainage of the lymph nodes. Lymphedema is one of the most common side effects associated with breast cancer treatment. About a third to half of patients experience it.

The ARM technique evaluates how fluid drains through the lymph node system in the arm, and it has been proven to prevent lymphedema. Klimberg’s study was published last year in the Annals of Surgical Oncology. With the endowment in breast surgical oncology, Klimberg will plan trials and seminars to teach people all over the world this technique.

“We’re just trying to get better care for our breast cancer patients,” she said.

Klimberg also is a leading researcher for Spit for the Cure, a national study to collect saliva samples from thousands of women, with and without cancer. The samples will create a DNA database for studies involving breast cancer risk and treatment, and the potential is great, Klimberg said. If enough DNA is collected, research might show who is at higher risk for breast cancer or if patients with breast cancer will respond to treatment. It could even reveal new genes.

“I’m motivated by new things, thinking of new things, and thinking of better ways to do things,” Klimberg said. “There’s always a better way, there’s always a better mousetrap.”

Match Day for senior Shannon Koeneman was the realization of a dream when she tore open the envelope and saw the words: Internal Medicine, University of Arkansas for Medical Sciences.

Koeneman was elated to have matched with her first choice for residency. She had known she wanted to practice internal medicine long before medical school when she worked at a local hospital. And she was sold on the UAMS residency program because of the people, she said.

“We have a really good program here and I thought, ‘I’d like to be in their shoes one day,’” Koeneman said. “It’s great. It feels like home.”

Match Day is a culmination not only of the residency interviews and ranking process but also of the four years of medical school. At 11 a.m. on March 20, College of Medicine seniors gathered at a local restaurant for the highly-anticipated unveiling when more than 15,000 students at medical schools nationwide simultaneously learned and revealed their matches.

In UAMS tradition, the names were drawn at random and each student shared the announcement on stage to a host of family and friends. The last student called was rewarded by a jar of dollar bills, each placed by the students called before.

The 2008 Match was the largest ever. Nationwide, 28,737 applicants vied for 22,240 first-year residency positions—the most applicants in history. Of those applicants, a record-high 15,242 were U.S. medical school seniors, 94.2 percent of whom successfully matched to a residency program.

“Match Day is so important because you finally realize what you’ve been working for all these years,” Koeneman said. “I’m so excited for my future and the possibilities.”

By Their Side

Klimberg named to endowed chair in breast surgical oncology

During her battle with breast cancer, Sherry Tuminello (left) relied on the encouraging words of Suzanne Klimberg, M.D., the inaugural recipient of the Muriel Balsam Kohn Chair in Breast Surgical Oncology.

By the Number

77 UAMS seniors bound for in-state residencies
59 UAMS seniors going out of state
23 Number of states
50 Percentage of UAMS students going into primary care (internal medicine, pediatrics, family medicine, obstetrics & gynecology)

Most Popular Choices:
19 Family Medicine
19 Internal Medicine
16 Pediatrics
11 Emergency Medicine
11 Radiology-diagnostic
**When Harold Hedges, M.D. ’58, entered private practice in 1963, an office visit cost $5. A house call? Just $10. Times have changed, but not Hedges – he’s still in practice, providing primary care to central Arkansas and thriving on building relationships with his patients. As fourth-year medical student Mary Burgess prepared to enter training and practice in internal medicine, she joined Hedges for a cup of coffee to talk about the changes in medical school, the challenges facing physicians today and how medicine has evolved.**

March 4, 2008, Laughing Moon Café, Little Rock

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**HH:** When I started medical school, we had a class of 96 students. There were just four or five women in my class. Right now in medical school I think it’s almost 50-50.

**MB:** We started out with a class of 150 and I think it’s about half and half. What about your hours in medical school as a student?

**HH:** We didn’t get very much sleep! The first year, it was study, study, study. We would go to school and be in lecture and labs all day. We were there from 8 to 5, and then we would all go get something to eat. There was a group of about six of us that studied together almost the whole time. It really helped us get through medical school. And once we got into clinics, we were there all day long and the hospital too. When we were on call in the hospital, we stayed all night.

**MB:** When I was a first year medical student, we were introduced to patient care and what they call standardized patients. We had more of that in our second year and we were able to see a few patients in the hospital and then in our third year, we started clinical training. Was it similar for you?

**HH:** Our first-year was strictly biochemistry, anatomy, neuroanatomy and physiology. I remember limited contact with patients that first year. I worked part time at a hospital when I was in medical school with no formal training. It’s one of those things you learn on the job. My very first job was sharpening needles, because all the needles were re-used at that time. Hah! That was a long time ago.

**MB:** When did you finally get patient contact?

**HH:** We started a little bit in our second year but in our third year we really started seeing patients. We were in hospitals the third year and then in our fourth year, we did more in clinics. So that was our introduction to that. How did you decide on internal medicine?

**HH:** Our introduction to that. How did you decide on internal medicine?

**MB:** I liked both the surgical and the primary care rotations when I did them. But I just felt much more comfortable in primary care and I liked talking to people and developing that relationship. I felt my calling was to do primary care.

**HH:** You will enjoy that a whole lot. That’s the nice thing about internal medicine – the variety that you have in it and the relationships that you get out of it.

**MB:** Why did you choose family medicine?

**HH:** When I graduated from medical school, I wanted to do family practice but I was really afraid I didn’t know enough. I went into the Navy and became a U.S. Naval Flight Surgeon, and spent two years on the aircraft carrier, USS Saratoga. And then I had a year and half left in the Navy. I became an assistant medical officer at Cecil Field Naval Air Station, a new base in Jacksonville, Fla. and they wanted to develop a family practice clinic. I realized all I needed to know was what my limitations were and where I could get help if I needed it. So that kind of convinced me I could do family practice.

**HH:** Our introduction to that. How did you decide on internal medicine?

**MB:** I started Little Rock Family Practice in 1963 with a friend of mine [Jim Flack, M.D. ’58] when we both got out of the Navy. As a physician, you certainly have to have an inquiring mind and change when medicine changes. You have to have good listening skills. If I have somebody who is really sick today, I’ll call them up the next morning and say ‘how you doing?’

**MB:** The desire to want to be the best at what we’re doing is important. If the desire to be the best possible doctor isn’t there in the beginning, then it’s never going to develop.

**HH:** I want every patient to get the best medical care that’s available. If I think I can’t give that to them, I’m ready to call the specialist or somebody who can. It’s important to know your own limitations.

**MB:** You can’t know everything.

**HH:** You can’t, and it’s rare a patient comes in with one problem. You have to handle all those in a 15 minute office visit.

**MB:** That’s what I love about the heart of medicine. It’s not just the textbook learning - it’s being able to put it all together.

**HH:** That’s what makes it interesting! It’s allowed me to develop personal relationships with patients and make a difference in their lives. I can’t imagine retiring and not being able to continue it.

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**Read the full interview between Burgess and Hedges on the Web: [http://www.uams.edu/com/alumni](http://www.uams.edu/com/alumni).**

**“That’s what I love about the heart of medicine. It’s not just the textbook learning - it’s being able to put it all together.”**
Raymond Miller, M.D. '63, had a way with people. It was a gift that made him a beloved physician, a mentor for many African-American medical students and others, and a highly respected civic leader in Arkansas.

“He loved what he did,” said Tommy Love, M.D. ’74, who was mentored by Miller while in medical school and during his early years in practice. Inspired by Miller, Love went into internal medicine. He became Miller’s doctor, and later cared for Miller when he got kidney cancer. “He was everything a physician should be, and through his community involvement, he showed me that you could be a very well-rounded individual and still give enough focus to your work as a physician,” Love said.

The College of Medicine and partners in the community have launched a campaign to honor Miller, who died in 2005, with an endowed scholarship fund for underrepresented minority (URM) students. Former Dean Tom Bruce, M.D. ’55, has issued a $100,000 challenge grant and is working with the UAMS Medical Alumni Association, the Arkansas Medical Dental & Pharmaceutical Association (AMDPA) and others to raise money for the endowment.

“This is a wonderful opportunity to help recruit URM students to UAMS and careers in medicine in Arkansas while recognizing one of the greatest African Americans the College of Medicine has graduated,” Bruce said. “Raymond Miller was not outstanding because of his race, however. Any one of us would be proud to have his record of distinguished service, whether in the University of Arkansas or through his extensive leadership in the business and professional community. He was a fine physician and a great human being.”

Miller grew up in Cotton Plant, a farming community near Brinkley, the eighth of 14 children. He went to Arkansas AM&N (now the University of Arkansas at Pine Bluff), working in the college cafeteria after forfeiting an agricultural scholarship when he decided to pursue medicine. He chose internal medicine after graduating from medical school and meeting faculty member Joseph Bates, M.D. ’57, on an internship rotation. He completed his residency and then a fellowship in pulmonary disease at UAMS.

Bates and Miller became close friends. “He had a remarkable gift for getting people to do the right thing and to come together,” said Bates. “He was never overt or demanding. He had a very neat style of getting things done.”

Hoyte Pyle, M.D., ’63, was Miller’s lab partner in Gross Anatomy. In 1970 the two friends established the state’s first racially integrated medical practice with two other partners. “Raymond just had a knack for getting along with people,” Pyle said, recalling the time a patient from Memphis complained when he found out that his new physician was black. Miller won him over, and the patient returned to him for many years.

Miller’s wife Clarice remembers seeing him visiting with a patient, an elderly woman who was giggling and clearly enjoyed his company. “He was flirting with her, for lack of a better word,” Clarice said. “It wasn’t the words he said, it was the feeling that emanated from him. He just connected with people.”

In 1972 Miller became the first African-American to serve on the University of Arkansas Board of Trustees. He served as chairman from 1981 to 1982, and his accomplishments were recognized with the national Distinguished Trustee Award from the Association of Governing Boards of American Colleges and Universities. Miller’s growing reputation as a leader, advocate and arbiter led to service on many other boards, including those of Worthen Bank and its successors, AP&L and Entergy Corp., and the Razorback Foundation. He received many accolades, including distinguished service awards from the College of Medicine and the Razorback Foundation and the National Humanitarian Award from the National Conference of Community and Justice.
Pillow family returns to practice in the Delta

For the Delta born-and-raised Pillow brothers – Jim Pillow, M.D. ’99, Gill Pillow, M.D. ’99, and Ned Pillow, M.D. ’02 – practicing in a big city was not an option. Instead, they chose to set up shop in Helena-West Helena to provide much-needed care to one of the poorest communities in Arkansas.

“Like in any small town, you have those dreams of moving to a bigger city,” Gill Pillow said. “We came back and the community was so supportive and glad to see us. There’s always a need for physicians in rural areas. It’s a big plus for the status of health care in Helena.”

Not only did the town’s residents welcome three doctors, they gained five. Ned Pillow’s wife, Jill Pillow, M.D. ’02, is a pediatrician with the Pillow Clinic and Gill Pillow’s wife, Jessica Pillow, M.D. ’03, is a dermatologist down the road.

The close-knit feeling of Helena-West Helena was appealing for them as they chose where they would settle, raise their children and practice medicine. And now they work tirelessly to provide health care to generations of their hometown residents in a primary care setting. One time when the clinic lost power, they lit lanterns so they could see their patients.

“Our patients can tell if we have a general concern and we absolutely do,” Jim Pillow said. “It’s very rewarding.”

The common thread is they all share a genuine interest and affection for the Delta and its people. The brothers grew up in Helena, now part of the merged Helena-West Helena, a town of 15,000 in Phillips County. The Delta is one of the nation’s poorest regions, with more than a quarter of the current population living in poverty.

“There’s a lot of poverty here and it’s not easy for people to afford health care,” Gill Pillow said. “We see lots of diabetes and because it’s a small state and in the Delta, many people can’t afford to eat right.”

It’s the small town feel they’ve known and come to love. Their family working environment has been a blessing since they can consult with each other as business partners and cover each other on call.

“We all bounce things off each other because we are all similarly trained,” Jill Pillow said.

Despite a lack of multi-specialty care in the small town, they work to stay on top of national standards and educate their patients on living healthy.

“It is very evident the positive influence these young physicians are making in the health of our community,” said Becky Hall, Ed.D., director of the UAMS Delta Area Health Education Center. “They are very eager to share their knowledge in the training of medical and nursing students, serving as prime role models of what rural practice is all about.”

“...There’s always a need for physicians in rural areas.”
George Link Ackerman, M.D. ’54, has inspired countless students, residents and others during more than four decades of service to the College of Medicine. In a recent videotaped interview, the professor emeritus reflected on subjects ranging from his early years and other pillars in the Department of Medicine to literature and changing times.

The interview was first presented at Internal Medicine Grand Rounds in March and is available online at www.uams.edu/com/alumni. Interviewers Richard P. Wheeler, M.D., and Robert W. Bradsher Jr., M.D., both 1976 COM graduates, were mentored by Ackerman. Wheeler is now the executive associate dean for academic affairs. Bradsher is director of the Infectious Disease Section and the Richard V. Ebert Professor in Internal Medicine.

“Dr. Ackerman has always been a true Renaissance man,” said Wheeler. “When you went to his house, you might have found him feeding limbs into a wood chipper, or sitting and reading anything from medical journals to Balzac.”

Ackerman joined the faculty in 1961. He served as chairman of the Department of Internal Medicine from 1976 to 1977 and again from 1985 to 1988, and also served as vice chairman of the department. He retired in 2000.

“I’m very optimistic about the profession of medicine. If you take a profession that offers the intellectual and emotional rewards that medicine does, I don’t see how one could be other than optimistic about its future.”

George L. Ackerman, M.D., on rounds in 1980 (large photo), and being interviewed at his home (inset photo, right). Robert Bradsher, M.D., and Richard Wheeler, M.D., (inset, left) conducted the interview.
Since 1879, the College of Medicine at the University of Arkansas for Medical Sciences (UAMS) has had a progressive history of teaching, service and research. As Arkansas’ only medical school, we educate and train outstanding physicians and scientists who are committed to high ethical and professional standards and lifelong learning. The College of Medicine is one of six academic units at UAMS. The campus includes centers of excellence that are recognized as among the best in the nation and world. They include the Winthrop P. Rockefeller Cancer Institute, the Harvey & Bernice Jones Eye Institute, the Jackson T. Stephens Spine and Neurosciences Institute, the Myeloma Institute for Research and Therapy, the Donald W. Reynolds Center on Aging and the UAMS Psychiatric Research Institute.

As a teaching institution, UAMS Medical Center remains on the forefront of new medical procedures and technologies. UAMS also is the state’s principal biomedical research center, conducting pioneering research that leads to new knowledge and advances in medical care in Arkansas and beyond.

Bob Arrington, M.D., has shaped neonatal care in Arkansas
On the cover: Neonatology Chief Bob Arrington, M.D., cares for fragile newborns while on service in the UAMS Neonatal Intensive Care Unit's critical care nursery. Outcomes are better than ever for premature babies like Malakya Klaire Johnson (in background), who along with her twin sister Eliza Jordan was born at 28 weeks, 6 days gestation and weighing little more than 2 1/2 pounds.

Page 2 Cover story: For Dr. A., babies have always been the bottom line

On the cover: Neonatology Chief Bob Arrington, M.D., cares for fragile newborns while on service in the UAMS Neonatal Intensive Care Unit's critical care nursery. Outcomes are better than ever for premature babies like Malakya Klaire Johnson (in background), who along with her twin sister Eliza Jordan was born at 28 weeks, 6 days gestation and weighing little more than 2 1/2 pounds.

Page 5 Neonatal Leader: UAMS Nursery gives tiniest babies a head start.

Page 5 Lending an Ear: John Dornhoffer, M.D., is driven to help others with auditory disorders.

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