Preparing early-intervention specialists is Kilgo’s mission

Personal experience and an unforeseen opportunity pointed Jennifer Kilgo, Ed.D., toward a career in higher education, where she has trained tomorrow’s early-childhood special educators for 25 years.

As a young girl, Jennifer had a brother born with multiple medical complications who died shortly after birth – an event that immediately piqued an interest in childhood disabilities and catalyzed her career in early-childhood special education. While she was an undergraduate at Auburn, Congress passed Public Law 94-142 to provide more and better services for children with special needs and their families. It opened a new avenue for Kilgo, who was studying psychology at the time.

Today, Kilgo is a leader in the field of early-childhood special education. Her mission received a boost recently when the U.S. Department of Education awarded UAB an $800,000 grant to develop a graduate program to attract and train these specialists in critical areas of need.

Kilgo is collaborating with faculty from the UAB departments of Physical Therapy and Occupational Therapy, and speech-language pathology from the University of Montevallo, to create the Project TransTeam – Early Intervention/Early Childhood Special Education (EI/ECSE) program.

High attrition rates are a continuing problem for special education despite the fact that the Bureau of Labor Statistics says employment in the field is expected to increase by 17 percent through 2018, which is faster than the average for all occupations.

“The need for qualified, well-prepared early-interventionists is there,” Kilgo states, “but the way to cut into the attrition rate and sustain success in early intervention and education is to train trans-disciplinary teams to address the issues of children and their families.”

Children with cerebral palsy, for example, have multiple areas of need that must be addressed, requiring early-intervention specialists to work with a team of professionals. Kilgo says a physical therapist likely will be needed to aid with walking and an occupational therapist will be needed to assist in feeding. A speech-language pathologist to help with talking and communicating also is a likely area of need for the child and their family.

“Previously, higher education prepared all of these disciplines and specialists separately,” Kilgo says. “But unless people are prepared to work as a team together with this population, how are they supposed to do it? You don’t just say, ‘Go ye therefore and be a team.’ You must provide proper preparation to learn to work as a member of a trans-disciplinary team.”

The Project TransTeam EI/ECSE grant interfaces with an earlier TransTeam grant received by Kilgo and is designed to prepare early-intervention specialists to work with a team of professionals.

Director swap sends Graham, Moradi back to school

Changing jobs can be tough on anyone, particularly if you have 32 years in one profession and are moved to similar responsibilities, but in another area.

Ralph Graham was lucky. He had two people ready to lend a hand.

One was Al Moradi. After all, he was in the same predicament as Graham. The duo recently swapped job responsibilities, with Graham assuming the role as director of campus maintenance and Moradi the director of hospital maintenance. Graham spent his previous 27 years as director of UAB’s campus maintenance.

The directors exchanged responsibilities to enable them to use their unique experiences and skill sets to strengthen each department and enhance services to customers.

“We’re both learning areas we’ve never been involved with,” Moradi says, “and it’s a fairly steep learning curve. But Ralph and I work closely together and help one another daily, which has made the transition significantly easier for both of us.”

Graham also had someone else on the inside to ease him into his new role – his daughter Sarah, a sophomore working toward her goal of entering nursing school. Father and daughter were riding to campus together one morning when he was explaining his new responsibilities to her.

“She wanted to know which campus buildings were mine, and I told her all of them,” he says. “She asked if I could check on the chemistry building because it was cold in her classroom, so I sent somebody over there, and we found that there was an issue with the heat in the building. From the first day, I had an extra set of eyes in that building because my daughter was sitting in the classroom.”

In fact, Graham and Moradi have support for the role of director of campus maintenance — once held by Moradi — while Moradi now is the director of hospital maintenance, Graham’s previous position.
Service awards rescheduled

The Feb. 12 Service Awards Reception cancelled due to bad weather will be held Wednesday, March 10 from 3 to 4:30 p.m. in the Heritage Room of the DoubleTree Hotel. The drop-in reception is for more than 1,100 employees being recognized for five or more years of service.

Ethics filing deadline is April 30; online option is available

UAB employees who meet a certain salary threshold, or whose job includes management of state funds in certain capacities, are required to file their annual Statement of Economic Interests form with the Alabama Ethics Commission by April 30.

The commission offers an online filing option at www.ethics.alabama.gov, or you may choose to print the form, complete and return it directly to the State of Alabama Ethics Commission, P.O. Box 302300, Montgomery AL 36130-2300.

Employees who meet the filing criteria receive a formal notice of this requirement at their UAB e-mail address. Employees may download and print the form from BlazerNET Employee Resources Tab if they do not choose to file online.

An e-mail from the Ethics Commission (@ethics.alabama.gov) will provide a code that confirms your form has been filed. Keep this confirmation code; you will need it to view your Statement of Economic Interests information during future visits to the site.

Who must file?
- Persons whose base rate of pay at any time during calendar year 2008 would have annu
-alized to $50,000 or greater are required to file, even if employment during the year was for a period as short as one day.
- Persons under that salary threshold whose job includes authority for procurement or investments are required to file.
- Persons whose pay and benefits come primarily from UAB Hospital are exempted from the filing requirement.

Learn to manage finances Feb. 24

Looking for a more secure financial future but not really sure how to get there? Speaker Rick Coleman will discuss the skills you need to manage finances in difficult times dur-
ing a UAB Resource Center class from noon to 1 p.m. Wednesday, Feb. 24 in Whitaker Building STE 104.

Learn to create a budget, manage your credit score, discern financial choices, build your net worth, plan for the future and respond competently to life events that affect everyday financial decisions, including events in the general economy.

The free workshop is open to all UAB and UAB Health System employees, but space is limited. Participants are encouraged to bring their lunch.

The Resource Center, UAB’s Employee Assistance Program, provides counseling and wellness programs for UAB and UAB Health System employees and their family members. For more information about its services, a current class schedule or to register for a class, call 934-2281 or visit www.uab.edu/eadap.

Conversation on Capstones on HIM seminar to be held Feb. 25

Kay Clements, associate professor in the School of Health Professions, will lead a Conversation on Capstones meeting on HIM 481 Issues in HIM Seminar, the capstone course for Health Information Management majors, at noon Thursday, Feb. 25 in Education Building 129. Registration is required; contact Audinta Nienmoe at a.nienmoe@uab.edu by noon Tuesday, Feb. 23.

Conversation on Capstones workshops provide opportunities for administrators, faculty, and staff to exchange best practices and discuss challenges in developing and revising capstone courses and experiences.

Acting workshop to begin Feb. 27

Registration is open for the “Acting Out” Theatre Workshop for children presented by UAB’s Alys Stephens Center and Make It Happen Theatre Company from 10 a.m. to noon each Saturday, Feb. 27 through May 1.

During the nine-week workshop children ages 8-14 will learn the mechanics of acting and performance and then showcase their new skills in a production at noon Saturday, May 1 in the center.

The fee is $100 per student. To register for the workshop, call 934-6012. Classes are held in the Alys Stephens Center Reynolds-Kirschbaum Recital Hall. For more details, call 934-0862, e-mail kirklin@uab.edu or visit www.AlysStephens.org.

BREMSS trains UAB students, health-care providers in CPR

The Birmingham Regional Emergency Medical Services System (BREMSS), located on campus at 1114 16th St. South, is available to provide American Heart Association (AHA) CPR training to students and health-care providers.

“We can train education students, physical therapy students, nursing students, residents and anyone else on campus or in the community who needs CPR training,” says John Reed, education coordinator for BREMSS.

AHA certification is valid for two years. The first part of the CPR class is taken online at www.onlineah.org. After completing the online portion, call 934-2595 to make an appointment to visit BREMSS to complete the certification.

“We’ll work with you and get you in and out in less than a half hour,” Reed says. “Some people complete the process in a day — sign up for the class, complete the test on the Internet and come get their skills check. If you are facing an urgent deadline, we can help you get in and out quick.”

BREMSS also offers continuing education for paramedics, nurses and doctors, including the advanced trauma life-support course for emergency room physicians.

“We have people across the state and across the country who come here for training,” Reed says.

Fees for these classes vary. Contact Reed at 934-2595, ext. 3, or e-mail jreed@uabmc.edu.

For more on BREMSS, visit www.bremss.org.

Snow in the South enjoyed by all

Looks like the students were having a great time plying in the snow on the Green this past week. Classes were cancelled at 2 p.m. Friday. To find the latest information during times of severe weather, go to www.uab.edu/emergency.
I magine if a recent amputee could learn to ski without risking serious injury. Or a bomb squad could disarm explosive devices with no risk of casualties. Or doctors could perform flawless surgical procedures before they ever touch a patient.

The Enabling Technology Laboratory in the UAB School of Engineering is such a place—a virtual-reality environment that can be used for a host of creative applications. This “visualization cube” is the latest expansion of the school’s computer imaging and simulation capabilities, and it will lead to revolutionary advances in medicine, rehabilitation, emergency management, training and education.

“This facility creates a virtual environment and multi-dimension visualization capabilities resembling a real world,” explains Bharat Soni, Ph.D., chair of the Department of Mechanical Engineering. “At UAB, we’re using this technology mostly for engineering and health-care applications, but it will lead to revolutionary advances in medicine, rehabilitation, emergency management, training and education.”

“The savings in time and expenses would be tremendous,” Soni says. “Imagine how much more efficiently students could be trained by performing procedures in this environment.”

Such capability, Soni says, would be a breakthrough for modern medicine, but perfecting the technology and actually incorporating it into hospitals is still five or 10 years away.

Meanwhile, there are infinite other uses for this type of imaging technology—and UAB researchers already are exploring many of them.

**Simulating the possibilities**

Computer-imaging and simulation long have been strengths of the School of Engineering at UAB in 2002, the school set up the Enabling Technology Laboratory that uses the 3-D and high-definition visualization technologies. Lab Director Alan Shih, Ph.D., and his team can simulate and visualize wind currents through cities, blood flow through arteries or airflow around a car or airplane.

On one side of the lab, two projectors beam images onto mirrors, which reflect onto a large screen. This creates a 3-D image when viewed through polarized glasses. On the other side, a similarly sized screen is separated into nine tiles that show images from nine precisely aligned projectors for a combined resolution of 3,000 x 2,300 pixels.

Using these two screens, researchers are able to view 3-D images of medical scans and simulations of mechanical issues such as wind-resistance and airflow. “By creating a visualization of airflow, you can study chaotic behavior, such as turbulence,” Soni says. “By visualizing these things on screen, you can see how the air would flow around them, thereby eliminating much of the time that would otherwise be spent machining parts and testing them in a wind tunnel or laboratory.”

The technology has even broader applications. In a recent study for the U.S. Department of Homeland Security, UAB researchers were able to create a virtual model of Chicago to study wind currents through the city. This allowed them to provide information to first responders about the ways contamination would spread through the city in the event of a chemical accident or attack. A similar model was produced for New Orleans to show population movement in the event of a mass evacuation.

“By entering the relevant data, the computer will simulate precisely the way such an event would play out,” Soni says. “You can see exactly where the problem areas are likely to occur. Of course, you can’t anticipate exactly how events might transpire during a disaster, but this simulation gives you a chance to see where the potential problems might arise and plan accordingly.”

The concepts from those large-scale simulations also could be applied to medical scans. “You could input patient-specific diagnostics and simulate blood flowing through the veins, for example,” Soni explains. “This could help a physician determine whether to insert a stent or to perform a bypass operation. Simulation technology allows you to get that information quickly with less stress on the patient.”

**Putting it into practice**

However advanced, the simulations and images are only images. They can provide tremendous amounts of information, but still there is a gulf between visualization and application. The new visualization cube will help bridge that.

Soni’s team is exploring collaborations with the School of Health Professions and Birmingham’s Lakeshore Foundation that will enable patients to perform rehabilitation activities in this controlled environment. “This is an exciting area in which to expand our 3-D capabilities because it has so many practical applications,” says School of Engineering Dean Linda C. Lucas, Ph.D. “In this virtual environments you can see the limitations and the areas that are showing progress, and all this is done with minimal risk to the patient.”

For example, amputees often are taught to water ski as part of their therapy in order to strengthen their muscles and improve balance. The cube can become a lake, and with the help of haptic and other devices the patients can experience virtual skiing.

“It also gives the patients the feeling of actually participating in these activities,” Soni says. “This allows them to build confidence and a comfort level that is very important in rehabilitation.”

**Playing catch-up**

While the possibilities are exciting, Soni says medicine and education lag in the use of 3-D technology. This past year, he says, the University of Florida filmed a football game in 3-D. “Of course, viewers had to wear glasses to get the 3-D effect, but if you had seen it once, you will never want to watch another game on a two-dimensional screen,” Soni says. “There were 15 movies scheduled to come out in 2009 in 3-D and Samsung and Philips are manufacturing 3-D televisions, so the entertainment industry is definitely a step ahead in getting the technology out there.”

Soni notes, however, that children are being exposed to such exciting technology daily, yet schools are teaching from textbooks and using the same methods established decades ago. “We need to find new ways to incorporate technology into education,” Soni says. “At UAB we’re already using simple computational simulations to introduce high-school students to basic engineering concepts, but we need to get more of those innovations into the classroom.”

Visualization cube offers infinite educational possibilities
The two new suites in the Advanced Medical Simulation Center (AMC) provide the latest technology for students and residents, including a wireless simulator manakin for the obstetrics and gynecology suite and anesthetic gases and a control room for the new operating suite.

"Training is the key to patient safety, and these rooms provide a realistic environment for training," says Dale Davis, center coordinator of the AMC — the central point of advanced medical simulation for all educational efforts, research and event recreation.

"The suite really gives you the feel of a hospital setting, and it gives health-care providers the opportunity to learn, practice and master techniques for patient care."

The new obstetrics and gynecology suite enables health-care workers and students to duplicate problem births and simulate high-risk deliveries and gynecologic surgeries. Surgical technicians, nurses and others can join anesthesiologists in the training.

The stars of the simulation center are the patient simulators possessing the wow factor for the facility, but Mike Moran, nurse manager in the Department of Resuscitation, says there is more to simulation than performing a task on a manakin.

"Most of us who work here have been here a while, and when we came up through nursing school or medical school, the idea of simulators was basically task training," Moran says.

"It was doing things like putting an IV in a dummy arm. There's much more to simulation now. Much of it hinges around communication skills and critical thinking during the simulation. It better prepares caregivers for the way it's going to be in a real operating room."

Orienting techniques include full video and audio recording for practice sessions, give students, residents and trainees an immediate opportunity to review their treatment techniques in the debriefing room. It gives them a chance to assess areas of success and failure and identify areas in which they need to improve — both in technique or communication.

"We can create scenarios that students, residents and trainees can expect to encounter during the simulation. It better prepares them for the patient care they will encounter in the real world." Davis says.

Any hospital department can create and schedule a class for students, residents and trainees.

"Our ultimate goal is to make all simulations interdisciplinary with physicians, nurses, respiratory therapists and anesthesiologists working to create that safe-patient culture and environment," Moran says.

"It's nothing like the hospital, but then again it's not easy," Graham says. "They're both challenging jobs. You have to have tennis shoes on all day long." The open communication between Moradi and Graham is vital to their success, they say.

Maintenance personnel in the hospital that Graham has worked closely with still contact him at times with issues. The same is true for Moradi and campus maintenance personnel.

When that happens, they typically handle the questions or issues and inform each other about the issue and its resolution.

"There are many nuances to our jobs, and we have to take care of each other," Moradi says. "We both have very open minds and we have to take care of each other, to research, to athletics, to performing arts — there's so much out there and you've really got to know what's going on.

"It's much easier to learn these new responsibilities when you've got some ropes in place that you can grab on to if you have a problem. That's kind of what we do. We stay in contact every day."

The open communication between Moradi and Graham is vital to their success, they say.

"It's nothing like the hospital, but then again it's not easy," Graham says. "They're both challenging jobs. You have to have tennis shoes on all day long."
Nurses use bottom-up strategy to transform bedside care

Caregivers are always looking for ways to improve the quality of care their patients receive, but achieving results often can be difficult. The challenge of providing safe, reliable, efficient, timely, patient-centered care in medical and surgical units is compounded by shorter patient stays and complex technologies. Adding to the stress is an ever-expanding range of new therapies for clinicians to incorporate, greater patient diversity and mounting paperwork. In many hospitals the chaotic, inefficient work environment on medical and surgical units contributes to high nursing-turnover rates.

UAB Hospital is one of 32 in the United States participating in a two-year project to identify, develop and disseminate a set of practical, easy-to-use tools to help redesign and improve health-care delivery processes.

The American Organization of Nurse Executives (AONE) is sponsoring Transforming Care at the Bedside (TCAB) with a $1.5 million grant from the Robert Wood Johnson Foundation.

Velinda Block, chief nursing officer, worked with other UAB nursing leaders to submit an application for the grant. The W9N hematology-oncology unit is UAB Hospital’s pilot unit for the grant. The group’s focus is to improve health care in four areas: safety and reliability, joyful and supportive work environment, patient-centered care and value-added work. Faye Williams, the nurse manager on W9N, is the leader of this project for UAB.

Williams recently spoke to the UAB Reporter about the progress made and the goal of the project from UAB’s perspective.

Q. How does TCAB differ from other quality-improvement programs?

A. This initiative is designed to help nursing staff have quick wins. There is a slogan that asks, “What can you do by next Tuesday?” It encourages the staff to generate ideas quickly and test them, knowing that there’s always work to be done. The general length of time is six weeks versus several months.

Q. How successful are the innovations tested?

A. Successful initiatives are implemented through staff education. This also will include physicians and patients if necessary. New processes are developed and tested quickly to test their ideas. Data is gathered via survey from other staff members pre- and post-implementation. Initiatives are accepted, modified or abandoned all together.

Q. What is the innovations tested?

A. They use the PDCA method (Plan, Do, Check, Act). They also use a method called “Adopt, Adapt, Abandon.” After ideas are generated and a plan is formed, they quickly test their ideas. Data is gathered via survey from other staff members pre- and post-implementation. Initiatives are accepted, modified or abandoned all together.

Q. How important is teamwork and collaboration?

A. Effective teamwork and collaboration are essential to transforming care at the bedside. We must have everyone’s help to make a safer environment for our patients.

Q. Does TCAB appeal to nurses?

A. I think the appeal is that staff have the opportunity to make a difference in the way they care for patients. These initiatives come from them, not the nurse manager or director. They are able to see positive changes, such as a safer environment and increased patient satisfaction and know that they are the reason that the change occurred.

Early intervention

**CONTINUED from page 1**

address four critical areas:

- The need for highly qualified EJECS/ES teachers, who are beginning special education programs.
- The need for EJECS/ES teachers who are knowledgeable and skilled in working as members of trans-disciplinary teams.
- The need for preschool teachers who are knowledgeable and skilled in working with young children with disabilities and families from culturally diverse backgrounds.
- The need for teachers who are skilled in working with young children with disabilities and families.

Trainees will gain knowledge, skills and experience through a graduate program that includes coursework, seminars and fieldwork with 60 students prepared in four years. Kilgo says the program will lead to improved services for young children with disabilities and their families, including those who are culturally diverse and from high-poverty environments.

Teamwork, collaboration are key components

Early-intervention and early-childhood special education comprises birth through age 8, and it encompasses all that takes place with children and their families. “It’s not your typical education period,” Kilgo says. “It’s bringing all of the pieces together, whether it is medical, physical or education, and supporting the family as they navigate the system. That’s why teamwork and collaboration are such key components to the program. The educators come together and bring the expertise of field with them to help families get essential information—from the services the children are eligible to enroll in to positioning their child during mealtimes or bathing.”

Kilgo says students in the program are trained to work with families on their typical daily routines. “Are there difficulties at mealtimes? Are there difficulties bathing? Who watches them while you’re in the shower if they are prone to seizures? What kind of foods can they eat? How are you going to transport the child if they don’t meet their developmental milestones of walking? How are they going to communicate if they don’t verbally communicate?” Kilgo says.

**A.** I don’t know of anyone that has gone through our program who hasn’t gotten a job. They are hired in early-intervention and early-childhood special education settings throughout the state.

**Mitchell’s Place,** the Rise Program and the Bell Center are some of the programs that often send their staff to the program for their master’s degree. Kilgo says local school systems also refer people here.

She says her faculty team, which includes Laura Vogtle in Occupational Therapy and Betty Denton in Physical Therapy, are a primary reason the program is successful.

Kilgo says the growing awareness of early intervention and more families engaging these services has created more need.

“Still,” she says, “there’s not enough information readily available for those who need it. Thus has been my focus for many years, but the word is still not out there. When people have a child or grandchild born with a disability, they don’t know what to do. There is a lot of public awareness that still needs to take place.”
Chronic-care doctors show off their vocal, acting chops

If it appears the Division of Gerontology, Geriatrics and Palliative Care is attempting to commandeer Birmingham opera, there is a reason.

“It’s because we are,” says Andrew Duxbury, M.D., professor in the division. “We are taking over the opera.”

Duxbury, along with Assistant Professor Ryan Nash, M.D., and Assistant Professor Sam Perna, D.O., each appeared in the Opera Birmingham production of Aida in January. They also recruited Jim Raper, D.S.N., director of the 1917 HIV/AIDS Outpatient and Infectious Disease Clinics, to join them. Opera and local theater have been outlets for Duxbury, Nash and Perna. Duxbury says they are an opportunity to flex the left side of the brain — something he believes is crucial in their line of work.

“In medicine it’s particularly necessary to have both your right and left brain actively engaged and well-developed,” Duxbury says. “That’s particularly true for us.”

Duxbury says when your patients are chronically ill — HIV, palliative care and geriatrics, among others — it’s essential to understand your patients as people, not as a disease. He says acting and performing help keep his mind sharp and promote strong communication skills.

“The vast majority of what you actually can do for these patients is understand them as people and their social situations,” Duxbury says. “Performers hone those talents for presenting and receiving information. Half of acting is reacting. You learn a lot about how to communicate and get the information you need from other people and how to give them information you want them to have.”

**Opera as an escape**

Aida, described by Duxbury as an intimate opera with a circus in the middle, is considered by Opera Birmingham to be its all-time biggest hit.

*Aida* is the story of a love triangle set in ancient Egypt. It pits Amneris, the daughter of the King, against her slave, Aida. Duxbury had a career in theater behind such emotionally charged work. “It’s something that’s just a lot of fun for me,” he says.

“Knowing the process by which VSV is constructed using a very limited number of genes will enable us to find new ways to stop the assembly of viral particles and eventually stop certain viral infections,” Luo said. “VSV is an established model for studying and understanding RNA viruses, which include viruses that cause influenza, measles and rabies.”

The new 3-D pictures could help lead to advances in the development of VSV-based vaccines for human immunodeficiency virus (HIV) and other infections that contribute to immune disorders. The findings also reveal clues about how the bullet shape can be genetically modified to serve as an anti-cancer agent by killing tumor cells and avoiding healthy tissue, Lou said.

Structures of individual viral protein genes have been reported, but how VSV organizes into a bullet shape has remained unclear until now. The research teams propose a model of a bullet head starting at a pointed tip, the* n* layers of sub-unit proteins in a sturdy spiral cylinder. The research teams at UAB and UCLA hope to reveal in further detail atomicscale viral interactions and explore VSV gene changes that might prove clinically useful. The work is supported by a National Institutes of Health grant to UAB.

Discovery of bullet-shaped virus is first step to disarming it

A team from the UAB Department of Microbiology has revealed the most detailed images to date of a bullet-shaped virus that gives researches important clues to fighting infection and understanding disease progression.

The 3-D pictures of the vesicular stomatitis virus (VSV) are based on a scientific model using X-ray crystallography at UAB’s Center for Biophysical Sciences and Engineering and cryo-electron microscopy at the University of California, Los Angeles. The landmark pictures, published Feb. 5 in the journal *Science*, reveal a biological shape and organizational sequence that has been sought for more than three decades, said UAB Professor Ming Luo, Ph.D., the principal investigator on the virus grant.
Nursing creates new grad program for clinical research management

The UAB School of Nursing graduate certificate in clinical research management program was approved by the University of Alabama System Board of Trustees at its Feb. 5 meeting. Nationally, a 20 percent growth is expected in positions related to clinical research, and new ethical challenges and safety concerns will require expert personnel to ensure that high standards as well as governmental and funding agency regulations are met. The certificate will require completion of 18 credit hours and will be available online.

Seeking intramural grant apps for health policy research

The Lister Hill Center for Health Policy is soliciting faculty applications for one-year grants up to $30,000 to encourage and foster health policy/research services research on the UAB campus. Examples of appropriate proposals are ones that examine the roles of financing, organization, technology or prevention or that investigate the impact of systems of care on outcomes, utilization, cost and/or quality. The application deadline is April 16. Application details for this opportunity are available at healthpolicy.uab.edu or from Lee Howard at leeh@uab.edu.

Seminar to help develop scientific manuscripts March 1

Dale Benson, Ph.D. Endowed Chair in Biomedical Research, will discuss “Developing Scientific Manuscripts” during the CCTS Scientific Writing Seminar from 11 a.m. to 1 p.m. Monday, March 1 in Bevill Biomedical Sciences Building Room 170. Information will include introductory material on types of scientific writing, submitting articles, the elements of a journal article, responding to critiques and corresponding with editors. Light refreshments provided, but feel free to bring your own lunch. Register at scientificmanuscriptsMarch2010.eventbrite.com.

Submit abstracts online for April 21 MHRC symposium

Submit abstracts online through March 1 for the Minority Health and Research Center Research Symposium, The Science of Eliminating Health Disparities, at www.uabmhrc.com. The symposium will be held Wednesday, April 21 in the DoubleTree Hotel. It will highlight the works of investigators in basic and clinical sciences and community-based research in minority health and health disparities. Cash prizes will be awarded in the poster competition.

Protect your intellectual property

Many discoveries that result from funded research can be commercialized for the financial benefit of UAB and its faculty. The UAB Research Foundation can help you protect your interests before you publish your results to the public domain. For more information, visit www.uab.edu/af.

NIH funds new $2.8 million study on aging

A five-year, $2.8 million grant will enable UAB’s aging specialists to study factors that help adults age 75 and older maintain independence and mobility even after experiencing serious illness, hospitalizations and more. The Division of Gerontology, Geriatrics and Palliative Care grant, from the National Institute on Aging (NIA), will provide information needed to develop new approaches to help seniors remain mobile and participate socially.

“The access to transportation, improving care for persons with diabetes and heart failure, reducing symptoms such as pain and fatigue and increasing physical activity all are potential ways to help older adults maintain life-space mobility,” said division Director Richard Allman, M.D.

Low potassium a risk to heart-failure patients with chronic kidney disease

UAB research published in Circulation: Heart Failure, a journal of the American Heart Association, reveals that even a mild decrease in serum potassium levels can produce an increased risk of death or hospitalization in patients with heart failure and chronic kidney disease (CKD).

“It has long been considered that high potassium levels were more common in heart-failure patients with CKD,” said Ali Ahmed, M.D., senior author of the study and associate professor of medicine in the Divisions of Gerontology, Geriatrics and Palliative Care and Cardiovascular Disease. “Our findings indicate that low potassium may be even more common in these patients, and clinicians need to be aware of the risks associated with even mildly low potassium levels and monitor and treat their patients accordingly.”

Heart failure worsens when right ventricle goes bad, too

New UAB research suggests that the inability of the right side of the heart to pump blood may increase the risk of death in heart-failure patients whose condition is caused by low function by the left side of their heart.

“The role of the right ventricle in chronic systolic heart failure has been overlooked for many years, in part because it was considered to be merely a passive chamber,” said Ali Ahmed, M.D., associate professor of medicine in the Division of Cardiovascular Disease and the senior author of the study published in Circulation, a journal of the American Heart Association. “Studies of the effect of RVF on outcomes in heart failure have been limited by small sample size and short follow-up.”

Gerontology center wins five-year $2 million grant renewal

The UAB Center for Applied Gerontology has won a five-year, $2 million grant from the National Institute on Aging (NIA) to continue its research into the prevention of physical and cognitive declines among older adults.

The UAB Center for Applied Gerontology is among nine Edward R. Roybal Centers for Research on Applied Gerontology to receive the grant renewals. “This grant provides infrastructure for our center and enables us to fund $100,000 in pilot grants each year for faculty interested in aging and its impact on mobility and everyday function,” said UAB psychologist Karline Bart, Ph.D., director of the center and chair of the UAB Department of Psychology. “We are one of the few Roybal Centers to have been continuously funded since their inception in 1993.”

Many adults experience difficulty with mobility as they age due to the deterioration of physical, sensory and cognitive function, says Bart. This can affect an individual’s ability to walk, climb stairs or drive a car, which can result in a loss of independence.

10 Postdoc Research Day poster competition winners announced

Winners in the 2010 Postdoctoral Research Day poster competition were announced in six groups following the presentations Feb. 15. In first, second and third place, respectively, by group:

Session One: Frank Wolschendorf, Medicine; Rodrigo Naves, Medicine; and Anthony J. Fillian, Neurology.
Session Two: Braulio C. McFarland, Cell Biology; Hilal Arzouk, Medicine; and Anaud Sawant, Pathology.
Session Three: Richard E. Kennedy, Biostatistics; Kirk V. Williams, Biostatistics; and Robert Makowsky, Biostatistics.
Session Four: David M. Krzywanski, Pathology; Yongjiang Hua, Biochemistry and Molecular Genetics; and Jessy Deshane, Microbiology.
Session Five: Daniel L. Smith, Jr., Nutrition Sciences; Nicolas F. Berbari, Cell Biology; and Kathryn Kaiser, Biostatistics.
Session Six: Anup Srivastava, Microbiology; Juhy Wang, Ophthalmology; and Jianwei Wang, Physics.

The competition is sponsored by the Office of Postdoctoral Education and the UAB Postdoctoral Association.

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