For the last six years, the country of Jordan has been working to improve the quality of higher education programs in accounting, business administration, computer science and law.

The country’s new focus on nursing has a local connection—Andrea Lindell, DNSc, dean of the UC College of Nursing.

“I’m very honored to be selected as the U.S. representative to help Jordan measure the quality of its nursing programs and ultimately raise the standards they use to judge themselves,” Lindell says.

“The fact that Jordanian leaders requested the assistance of the United States shows they value what we’ve done to monitor and assess our own nursing programs to ensure quality,” Lindell says.

The review of Jordan’s nursing programs is sponsored by the Hussein Fund for Excellence. A nonprofit organization funded by Jordan’s banking sector, the Hussein Fund was established in 1999, in part to enhance and improve the quality of the country’s higher education programs.

See LINDELL page 2

**UC Offers New Online Cosmetic Program**

Pharmacy College Offers What Is Believed to Be the Nation’s First Distance-Learning Program in Specialty

By Jamie Davis
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The first in the United States to have graduate programs that emphasize cosmetic science, the UC College of Pharmacy is now offering what is believed to be the first distance-learning degree program in this specialty.

“Most people working in the cosmetics industry have their undergraduate degree in either chemistry or biology,” says Randy Wickett, PhD, professor in the College of Pharmacy and director of the cosmetic science program.

“They haven’t had any specific training or measure the effects of products on the skin and hair.

According to Wickett, students interested in the graduate cosmetic science program often work full time and may travel frequently, which can make it difficult to participate in a traditional graduate program.

“People from all over the country have asked me how they can

See PHARMACY page 6

**New Program Streamlines Breast Cancer Treatments**

‘Tag Team’ Method Helps Physicians Reduce Number of Surgeries

By Amanda Harper
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UC breast cancer surgeon Jennifer Manders, MD, has watched many patients struggle through the emotionally and physically draining breast cancer treatment process—accepting the diagnosis of cancer, undergoing surgery, chemotherapy and radiation and then struggling with post-treatment body-image issues.

The seemingly endless, complicated treatment decisions are overwhelming, and the whirlwind doctor visits are exhausting. But for many women facing breast cancer surgery, it’s not only the diagnosis that’s hard to deal with. It’s waking up from surgery with disfigured breasts—or no breasts at all—and realizing part of your identity as a woman is gone forever.

That’s why Manders decided to establish a new program that would streamline the treatment process and make dealing with breast cancer just a little more tolerable.

“With the advanced breast-con serving surgical techniques available today,” adds Manders, See TREATMENT page 3

**Leaving a Mark on UC History**

By Amanda Harper
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Jane Henney, MD, senior vice president and provost for health affairs (right), along with several colleagues from the Academic Health Center, signs her name on the last major steel beam that was installed on the CARE/Crawley Building. The Academic Health Center held a “topping off” ceremony on Aug. 25 to officially commemorate the event.

**Longtime UC Faculty Member Appointed Interim Surgery Department Chair**

By Amanda Harper
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Michael Nussbaum, MD, has been appointed interim chair of the department of surgery. He succeeds Jeffrey Matthews, MD, who served as Christian R. Holmes professor and surgery chair for five years.

Matthews will assume chairmanship of the department of surgery at the University of Chicago’s Pritzker School of Medicine on Oct. 1. A search to replace him will begin this fall.

“Seeing someone like Jeff leave is always bittersweet,” says David Stern, MD, dean of the UC College of Medicine, “but I know Mike will step in where he left off and maintain the momentum for superb patient care and research excellence that this department has achieved under Jeff’s direction.”

During his tenure, Matthews doubled the amount of research funding—a already nationally known department of surgery from 31st to 13th in funding from the National Institutes of Health.

He also doubled clinical revenue through an expanded clinical trials program and multidisciplinary specialized care clinics for pancreatic disease, liver disease, vascular disease, surgical weight loss and cosmetic surgery.

Additionally, the number of UC medical students choosing surgery as their specialty quadrupled as the result of specific initiatives to attract women and other minorities.

Matthews was also instrumental in establishing the Center for Surgical Innovation. This $9.5 million, state-of-the-art research and teaching center brings together military, academic and industry experts to tackle unmet medical needs. Its work focuses specifically on minimally invasive robotic
LINDELL: Raising the Standards of Jordan’s Nursing Programs

from page 1

The Hussein Fund is working with the Center for Quality Assurance in International Education (CQAIE), based in Washington, D.C., to lead the external review of Jordan’s nursing degree programs. The CQAIE selected Lindell to head the review for three primary reasons, according to Marjorie Peace Lenn, PhD, the organization’s executive director. “Dr. Lindell has outstanding experience in United States accreditation and long-standing leadership at a national level in nursing, and has senior-level experience in the administration of one of the most highly esteemed nursing programs in the country,” says Lenn. According to Hilda Ajajati, PhD, executive director of the Hussein Fund, demand for national and regional nursing programs at Jordan’s colleges and universities is increasing. “The nursing profession demands wide knowledge, problem solving and practical skills,” says Ajajati. “That’s why we want to improve the quality of our programs. We’re also experiencing an increased need for nurses because of a number of new hospitals in the region.” The review process began earlier this year when Lindell traveled to Jordan to work with dignitaries, including Her Royal Highness Princess Muna Al Hussein, director of the region. Nurses working in Jordan are currently undergoing self-reviews and preparing documentation that will be evaluated by a team of 20 U.S. nursing professionals selected by Lindell. The review team will be in Cincinnati Sept. 15 for a one-day workshop that will help prepare them for their review of Jordan’s nursing programs. They will travel to Jordan in November and December to meet with Jordanian nursing educators. The reviews are expected to be completed by early next year. The highest quality baccalaureate program will receive $45,000 from the Hussein Fund, and the best associate program will receive $15,000.

“Amy’s very honored to be selected as the U.S. representative to help Jordan measure the quality of its nursing programs and ultimately raise the standards they use to judge themselves.”
Andrea Lindell, DNsC

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Achieving Fertility After Vasectomy Is Possible

By Amanda Harper

Men who’ve chosen the most permanent form of birth control—vasectomy—and now want to have children should consider surgical reversal before they pursue artificial conception methods, according to a UC urologist.

Doing so, says Ahmad Hamidinia, MD, could result in faster pregnancy and save the couple thousands of dollars—not to mention the stress and heartbreak of the multiple failed conception attempts associated with artificial methods. A vasectomy is an elective surgery to make a man unable to conceive children (sterile). During the procedure, a surgeon cuts off and ties the vas deferens, the tube that carries sperm from the testicles for release through the urethra. Once this tube is blocked the man can only ejaculate fluid devoid of sperm, eliminating the risk for pregnancy.

Although the National Institutes of Health estimates that one in six men over 35 choose to have a vasectomy, Hamidinia says that about 10 percent of vasectomized men eventually seek reversal.

“The three Ds—divorce, disaster and death—can put life into perspective and often cause men who’ve had vasectomies to reconsider fatherhood,” says Hamidinia, a professor and urological surgeon at UC. “The most common reason my patients seek reversal is remarriage and the desire to have children with their new partner.”

Not every man is a good candidate for this surgery, though. Hamidinia cautions, because reversing the operation can be complicated and involve more risks than the initial sterilization.

“It’s important to remember that it takes two to make a baby, so before a man decides to have his vasectomy reversed, a physician should confirm that he—and his partner—are fertile and physically capable of conceiving a child naturally,” says Hamidinia.

“For couples who are capable,” he adds, “vasectomy reversal yields better results for becoming pregnant and having a live birth than most means of artificial conception. It also gives the couple the option to have more children in the future, without additional costs.”

Vasectomy reversal costs about $7,000 (including physician, operating room and anesthesia fees) and results in a 70 percent pregnancy success rate compared with in vitro fertilization, which typically results in about 25 to 40 percent success rate and can cost up to $12,000 per treatment.

Another key factor influencing pregnancy success after vasectomy reversal is the length of time that has elapsed between initial surgery and reversal. “Men who are more than five or six years out from their initial surgery are more likely to have scar tissue from fluid build-up in the tubes where sperm develops,” explains Hamidinia. “This causes irreparable damage that has to be carefully bypassed before sperm flow can be reestablished.”

There are alternative conception options for men who have had surgical sterilization, including sperm extraction combined with in vitro fertilization. This involves surgining the sperm from the testicles, then combining it with the female partner’s egg in the lab and injecting the fertilized egg into the woman’s womb.

“It isn’t just about helping a couple get pregnant—it’s about managing the emotions and expectations involved with having a child,” adds Hamidinia. “A team of gynecologists and urologists can help the couple make an educated decision about their fertility and choose what will give them the very best chance to conceive a baby.”

UC Health Line features timely health information for consumers.

Teens Test Surgical Skills at New CSI

Forty local high school juniors and seniors recently tried their hands at performing laparoscopic and robotic surgery at UC’s Center for Surgical Innovation.

The $9.5 million, state-of-the-art research and teaching facility has dedicated to advancing minimally invasive and robotic surgery techniques that will improve patient care. The students are part of a medical technology summer camp put on by INTEGRalliance, a new collaboration between UC and several major local corporations that is designed to give bright young minds a reason to stay in south-west Ohio for their schooling and future careers.

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Vasectomy reversal—known medically as vasovasostomy—involves reattaching the tubes that were cut during the initial surgery to reestablish sperm flow. The procedure is done through small incisions on each side of the scrotum using a microscope and specialized tools. It is performed under general anesthesia and takes one to two hours. Patients can usually go home the next day and return to normal activities—including sex—within three weeks.

Not every man is a good candidate for this surgery, though. Hamidinia cautions, because reversing the operation can be complicated and involve more risks than the initial sterilization.

“It’s important to remember that it takes two to make a baby, so before a man decides to have his vasectomy reversed, a physician should confirm that he—and his partner—are fertile and physically capable of conceiving a child naturally,” says Hamidinia.

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UC Health Line features timely health information for consumers.

At UC’s Center for Surgical Innovation as part of a technology summer camp.

A student practices suturing an incision with laparoscopic instruments used inside the body. More than 40 high school students recently visited the Center for Surgical Innovation as part of a technology summer camp. 2
New Computer-Assisted Video Games Might Help Improve Balance and Walking Speed in Patients

By Dama Kimmon
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Kari Dunning, PhD, was skeptical at the thought of her stroke patients playing video games as part of their rehabilitation.

“I just couldn’t picture them—especially the older ones—finding this type of therapy beneficial or fun,” says Dunning.

But was she wrong?

Dunning, an assistant professor in the rehabilitation sciences department of the College of Allied Health Sciences, says patients find this new form of rehabilitation, in this case for leg muscles, not only challenging but also lots of fun.

A member of the Neuromotor Recovery and Rehabilitation Laboratory at UC and the Drake Center, Dunning is determining whether a computer-assisted video game can improve balance and walking in patients who are more than one year post stroke. Her work is supported by a four-year, $239,000 grant from the American Heart Association.

And so far, she says, patients in her lab who have had a chance to try this new exercise really seem to like it.

Biofeedback equipment built into the video game allows patients to watch their progress as they return to use muscles whose function has been limited by stroke.

A pilot study in Minnesota, led by the physical therapist/engineer inventor of this unique rehab tool, showed promising results.

"From what we saw in the pilot study," Dunning says, "this equipment has great potential to improve both walking speed and coordination."

To "play" the game, the patient sits in a chair with the affected leg on a block or foot stool. Electrodes attached to the calf send feedback into the computer.

The therapist conducts an initial threshold test to verify the patient’s range of ankle motion, which sets the game at an individualized "level." On the computer screen are a series of video games that patients then work through at their own pace. Rather than using a joystick, however, they play the game by flexing and extending their foot.

In one game, for instance, the user must paint lines between various sized circles, making sure to keep the ankle to make the line stop in the center of the circle, and raise the toes to then move the line in the opposite direction.

“This movement sounds simple to someone who’s not suffered a stroke, but it’s often very difficult for my patients," says Dunning.

It’s lack of ankle control that causes walking difficulty among many stroke patients, Dunning says. And this can be a major problem, because the foot may then drop or drag during walking, which can lead to falls.

“Improving walking coordination is so important for these patients,” adds Dunning. “Just being able to cross the street before the light changes definitely improves someone’s quality of life.”

Dunning will study 30 patients over four years—half using the machine coupled with physical therapy, half receiving physical therapy alone. Study participants will go through gait testing at the onset and conclusion of the study.

They will also complete a stroke impact scale survey—a widely used tool to gather information about quality of life.

To learn more about rehabilitation research at the University of Cincinnati, visit rehablab.org.

TREATMENT: New Surgery Methods Curb Patient Stress

“there’s no reason women should have to live with physical disfigurement after breast cancer surgery. A combined approach to surgery can result in cancer-free and aesthetically pleasing breasts in one operation.”

On Aug. 1, she launched a week-long oncoplastics clinic, with support from UC plastic surgeon Anureet Bajaj, MD, at the University Pointe medical campus in West Chester.

Oncoplastics is a new approach to breast reconstruction that combines breast cancer surgery (mastectomy or lumpectomy and lymph nodes evaluation) with reconstructive surgery in one operation. A cancer and plastic surgeon work side-by-side to assess the lymph nodes, remove the cancerous tumor and surrounding tissue, and then immediately reconstruct the disrupted breast using the patient’s own tissue.

The method requires careful presurgery assessment and management to achieve both oncologic and aesthetic aims. Surgeons work together to map out each woman’s surgery so that the tumor and enough surrounding tissue are removed to eliminate the cancer, while conserving sufficient tissue to reconstruct the breast. Once the cancerous tissue is removed, they can then manipulate the woman’s remaining tissue—essentially giving her a breast lift—to form symmetrical, cosmetically pleasing breasts.

“Having a disfigured breast after surgery and radiation is emotionally difficult,” says Manders, an assistant professor and breast surgeon at UC. “With the oncoplastic approach, the breast cancer surgery and the plastic surgeons work closely throughout the patient’s treatment—including in the operation itself.”

“This allows us to surgically control the cancer and, during the same procedure, immediately reconstruct natural-looking breasts that will make women feel more confident afterward,” she adds.

This “tag team” approach, Manders says, minimizes the time the patient spends traveling back and forth for various doctor visits and improves communication among all members of the medical team—which usually includes a breast cancer surgeon, plastic surgeon, medical oncologist and radiation oncologist.

“Oncoplastics lets us make surgery decisions together with the patient from day one,” explains Manders. “As a result we can better visualize exactly what needs to happen during surgery to achieve the best medical and cosmetic outcomes for the patient.”

For more information on this procedure or to make an appointment, call (513) 475-8787 or visit ucbreastcancer.com.

A Story of Hope: Continued Dedication Helps Even More Stroke Sufferers at Drake Center

For the past 16 years, Drake Center patients have benefited from the work of the Friends of Drake Foundation and countless volunteers.

An annual golf outing, started nine years ago by Steve Bernard after his first wife suffered a crippling stroke, raises money for the foundation and has supported the purchase of many pieces of rehabilitation equipment at the Drake Center. In fact, proceeds from the 2005 outing were used to buy the computer-based biofeedback equipment for Dunning’s study. Now remarried, Bernard and his wife, Heather, continue to plan the golf outing each year and recently made a visit to Drake to test-run all the valuable equipment they’ve been able to provide.

The annual “My Mother, My Daughter, Myself” breast cancer luncheon will be held from 11:30 a.m. to 1:30 p.m. Sept. 13 at the Hyatt Regency in Cincinnati.

This year’s event features guest speaker Marisa Weiss, MD, founder and president of breast-cancer.org. Prior to the luncheon, Weiss will lead a frank discussion about intimacy and sexuality issues after breast cancer. Her keynote address will explore both the practical and amusing aspects of the patient-doctor relationship.

The breast cancer luncheon executive committee includes (left to right) Lucinda Heekein, Kris Kalnow, Elders Barrett and Sally Leyman.

Annual Breast Cancer Luncheon Slated for Mid-September

The annual “My Mother, My Daughter, Myself” breast cancer luncheon will be held from 11:30 a.m. to 1:30 p.m. Sept. 13 at the Hyatt Regency in Cincinnati.

This year’s event features guest speaker Marisa Weiss, MD, founder and president of breast-cancer.org. Prior to the luncheon, Weiss will lead a frank discussion about intimacy and sexuality issues after breast cancer. Her keynote address will explore both the practical and amusing aspects of the patient-doctor relationship.

Exhibitors and community organizations will give out informative handouts on the latest developments in breast cancer research, treatment and care. Vendors will also be selling everything from wigs to jewelry. All proceeds benefit research conducted by UC physicians and scientists. Cost is $100 per person. Corporate tables start at $1,000. For more information on attending or sponsoring the event, call UC/Barrett Cancer Center development at (513) 558-6624.
New Gel May Reduce Cervical Cancer Risk

By Amanda Harper amanda.harper@uc.edu

With more than 9,000 cases of cervical cancer diagnosed each year, some in women who are still in their teens, UC gynecological oncologist and surgeon expert Nader Huseinzadeh, MD, says a few things need to change.

"Infection from the human papilloma virus is a chief risk factor associated with cervical cancer, and more infections are transmissible than diagnosed," Huseinzadeh adds. "We can remove abnormal tissue with surgery, but that doesn't protect against future or reoccurring papilloma virus infections, and the procedure itself can cause complications during childbirth." Nader Huseinzadeh, MD (center) performs surgery at University Hospital. He is currently testing a once-a-day gel that might halt the development of cervical cancer in some women.

"Clearly there's a medical need for a less invasive treatment option—such as a gel or pill—that yields better overall results for these women," researchers across the United States are involved in a phase 2 trial to test the effectiveness of the topical gel, applied to the cervix through the vagina, in women who have a precancerous condition called high-grade cervical intrasquamous neoplasia. Left untreated, about 15 percent of these cases will progress to cancer.

Women aged 18 or older who have this advanced neoplasia as well as cervical high-risk human papilloma virus infection, a condition previous research has linked to cervical cancer, may be eligible for this study. Participants must also be using a hormonal birth control method.

The topical drug works by activating a specific receptor on the surface of T-cells, a type of white blood cell involved in fighting off infection. The activated T-cells block the papilloma virus antigen, the substance that actually triggers the body's defense mechanism, and stops the transition from cellular abnormality to cancer.

"Preliminary research suggests this gel may substantially reduce the papilloma virus infection and the risk of cervical cancer," says Huseinzadeh. Study participants are randomised into two treatment groups. The first group uses the gel for five consecutive days, stops for 23 days, and then repeats the process for two months. The second group goes through the same process, but with an inactive gel.

Women have regular physical exams and blood tests and biopsy or colposcopy exams, a method of examining abnormal cells in the cervix to determine if the precancerous lesions are responding to treatment.

Study participants will return in four months to have any remaining abnormal tissue removed.

The American Cancer Society estimates that about 9,700 women—nearly 400 of them from Ohio—will be diagnosed with cervical cancer in 2006.

"The disease, most common in women over 40, will also result in about 3,700 deaths," Nussbaum, a 26-year faculty member, is professor and vice chairman of clinical affairs in UC's surgery department and chief of staff at University Hospital.

Stern says the gastrointestinal surgeon is a proven leader locally and nationwide, most recently in his role as a member of the board of directors of both the areas that weird of Surgery and American Board of Emergency Medicine.

"This department is about innovation in patient care, education and research in the coming years." Nussbaum, "improvements that will make a daily impact on the lives of our patients and teach aspiring surgeons to become better caregivers.

"Moving forward as a team, we'll continue that strong vision reinforced under Jeff's leadership and work to propel UC's department of surgery on to an even greater future."
Medical Student Parlayed Anthropology Major into Public Health Study

By Dama Kimmon

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“Suretail” is the word one first-year College of Medicine student used to describe her experience at the annual White Coat Ceremony. And, after her first full week of classes, Courtney Crane-Sherman is still a little “twirled-out” by the whole thing.

Crane-Sherman joined her new classmates in August when they formally received their white coats, and watched their entrance to medical school.

This Princeton University graduate—who has wanted to be a doctor since her freshman year of high school—has a hard time believing she’s on her way to achieving that goal.

“As I watched my classmates cross the stage and receive their coats, they looked different to me,” she says. “It was as if we were all changing a little.”

As an undergraduate student, Crane-Sherman studied anthropology, a major she chose after writing a final paper for her culture and memory course—on the relationship between Pillabury cookie dough and the changing role of women in society.

“As I was editing my paper, I ran into one of my sorority sisters who was studying anthropology,” says Crane-Sherman. “I described my topic to her, and she told me that I ‘had to be an anthropology major.’”

It was a good choice for Crane-Sherman, considering she wasn’t able to dig as deep into her original choice of molecular biology as quickly as she would have liked.

During her sophomore year, she settled her schedule with medical anthropology and American family law and society classes. After those courses, she says she was “hooked.”

But because anthropologists are a common major for premed students, Crane-Sherman took advantage of her junior and senior years to explore the doctor/patient relationships. She studied why some public health programs worked better than others at attracting interest, and whether modern medicine can span cultures and languages.

“Anthropology is a discipline that lets you think laterally and incorporate knowledge from all fields of study,” says Crane-Sherman.

“Rather than being hyper-focused on a single process or event, it really allows you to think contextually, historically, scientifically and socially.”

Aside from that, it was really fun and also incredibly interesting on a personal level. There were always faces and anecdotes to my research.”

although she’s just beginning her medical training, Crane-Sherman has some ideas about where she’d like to end up.

Her interests range from public health to pediatrics to family medicine, and she has also considered spending some time with the Medical Services Corps. Right now, though, endocrinology has piqued her interest.

“I think it would be challenging to work with the rising diabetes epidemic,” she says. “I’ll just have to see where the next few years take me.”

Finding Debunks Notion That Sleep Apnea Predominantly Affects Men

By Amanda Harper

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Researchers from UC and Cincinnati Children’s Hospital Medical Center have found that young women with asthma are twice as likely to have symptoms of obstructive sleep apnea—a condition that occurs when airways collapse during sleep—than non-snorers and determine risk factors for snoring in women under 50.

Traditional treatment options focus on a single process or event, it really allows you to think contextually, historically, scientifically and socially.

A 49-year-old patient participates in a sleep study. Physicians believe that obstructive sleep apnea is more common in men than women, but new UC research, led by Maninder Kalra, MD, suggests that may not be true.

First-year medical student Courtney Crane-Sherman receives her white coat during the White Coat Ceremony, held at the beginning of each year.

“arrests and innovative...”

University of Cincinnati Academic Health Center

Business Courier Honors UC Docs

Three UC faculty members have been selected for the Cincinnati Business Courier’s 2006 class of Forty Under 40. They include Bibiana Riekelova, MD, associate professor in the neurology department, and Robert Bohinski, MD, assistant professor of emergency medicine. The Business Courier’s Forty Under 40 class honors professionals under age 40 who are considered the area’s next generation of leaders and innovators. All three UC physicians will be honored at an awards luncheon to be held Thursday, Sept. 21, from 11:30 a.m. to 1:30 p.m. at the METS Center in Erlanger, Ky. To attend, call (513) 337-9467 or visit cincinnati.bizjournals.com.
Academic Health Center Gets New Web Site, Address

Beginning this month, Web surfers logging on to the Academic Health Center (AHC) Web site will notice a completely different look and address.

The Web site recently underwent an “extreme makeover,” which included content and page restructuring, enhanced navigation, a new, fresh look, interactive features and a new URL. The new address, health.uc.edu, better reflects the “readapted” Academic Health Center name and the scope of services found on the AHC campus.

Part of the renaming process included creating a new Web home for the original address owners, UC Health (UC’s Area Health Education Center). The program can now be found at its new address health.uc.edu/ahec, which also better defines the program and the services it provides.

Visitors logging on to the AHC site will find an array of new features, including three microsites focusing on patient care, education and research, up-to-minute news and information, human interest spotlights and a comprehensive visitor’s guide.

Key interactive features include a state-of-the-art campus tour and a form repository, which simplifies the process of locating online finance and human resources forms.

The project was a collaborative between the public relations office, which managed the design, content and structure, and Academic Information Technology and Libraries, which provided the technology. For more information, call (513) 558-4639.