I recently read an opinion piece on the growing discontent among medical doctors, particularly those practicing in primary care, in the Wall Street Journal. The article was composed by a physician currently serving as the director of a heart failure clinic at a prestigious hospital in New York. The author pined for the halcyon days of primary care medicine in the mid-1900s, a time when people supposedly referred to family physicians as “their” doctors and medical practitioners were considered “the physician knights of the golden age of medicine.” The author lamented the growing career dissatisfaction, insensitivity, payment complexity, and lack of income growth that frequently accompanies modern practice in physician-provided primary care medicine. As possible solutions to these professional maladies, the author suggested increased income for physicians, revised payment mechanisms, greater publicity for positive patient outcomes and clinical excellence, and movement away from business-oriented practices such as excessive or unnecessary testing. However, it seemed to me that the author was describing a time in the practice of health care that no longer exists writ large. Many of the issues described involve high caseloads, a confusing combination of payment systems, and often disappointing case outcomes; effectively, the author was describing burnout. The concerns described, while valid, are not solved with increased physician incomes or modified payment streams; the solution to 21st century healthcare provision problems will not be a 20th century provider model, but rather a new paradigm of healthcare delivery that embraces and solidifies a team approach. For example, not mentioned as a possible solution were the extremely valuable and care-centered roles that so-called “mid-level providers,” such as physician assistants and nurse practitioners, increasingly fill within the provision of primary and specialized health care.

The recent passage of the Affordable Care Act (ACA) has increased the amount of patients with access to the traditional health care system in the United States. Some estimates put the number of new individuals entering the health care system at 30 to 40 million persons following the enactment of the ACA. At the same time, very little was included in the ACA regarding increasing the supply of providers to serve the health care needs of not only those already using the health care system, but also the millions of new participants. Development of new medical schools and expansion of existing schools is not occurring rapidly enough to meet the needs of current and future patients, and the medical school process is largely still based on the traditional four-year curriculum followed by a multi-year period of internship and residency. The process of educating and training a medical doctor has not shortened in length and there is little additional capacity in the traditional physician training model to meet the demand: physician and nursing projections suggest a significant shortage in health care providers in

continued on the next page
future years. In fact, the Association of American Medical Colleges (AAMC) projects a shortage of approximately 91,000 doctors by 2020, and a shortage of nearly 130,000 doctors by 2025, even with medical schools working to increase medical education capacity going forward. In short, despite the greatly increased demand for health care services in the years ahead, the mechanisms to supply that demand with quality health care provision have been generated piece-meal or are proceeding at much too slow a pace. Who will meet the health care needs of the US population – particularly given that job burnout and career dissatisfaction is already rampant in the health care sector (especially in primary care)? One valid and viable solution is to increase the supply and scope of practice of physician assistants and nurse practitioners.

The mid-level provider model began in the 1960s and firmly started to take hold in health care as of the late 1990s and 2000s. Mid-level providers include practitioners such as physician assistants and nurse practitioners, but also include many other specialized providers such as midwives, certified registered nurse anesthetists (CRNAs), and various additional practice roles. The College of Health Professions and Social Work possesses an existing nurse practitioner program that is in the process of transitioning to the Doctor of Nursing Practice (DNP). Nurse practitioner programs have traditionally required two to three years of training beyond the Registered Nurse credential to achieve competencies as a nurse practitioner, and the DNP raises the practice competency of nurse practitioners to an even higher status. Thus, nurse practitioners require a period of several years for training as a registered nurse first, followed by advanced training at the graduate level as a nurse practitioner. Their competence as practitioners is well-regarded within and without the US healthcare delivery system. In fact, recent studies show that the quality care provided by nurse practitioners can be equivalent to care provided by physicians, particularly in primary health care.

Physician Assistant (PA) programs are designed to train and graduate practitioners in slightly more than two years, and students in such programs can come from a variety of majors or disciplines, as long as program prerequisites – many of which are similar to the prerequisites required to enter medical school – have been completed. Many PA students enter programs with hands-on experience in clinical fields (clinical lab scientists, certified athletic trainers, EMTs, paramedics, military corpsmen, etc.), while others have shadowed mid-level health professionals at work in a clinical setting – programs vary on such requirements for entry. PAs are trained on the medical model and perform many of the same basic tasks that physicians do. They can diagnose, treat, and provide follow-up care within primary health care settings as well as specialized settings. For example, PAs can be found working in the offices of specialists in areas such as: Dermatology, Cardiology, Neurology, Orthopaedics, and Oncology, among many other fields of specialization. Anecdotal observations suggest that PAs are much more frequently specialized in practice than nurse practitioners. They are also associated with an extremely high quality of health care provision at a very competitive cost for such services.

The Department of Health Sciences within the College of Health Professions and Social Work is preparing to host an exciting new program in Physician Assistant Studies at the Master's Degree-level. A search is currently underway to recruit the Founding Program Director of this forthcoming program. It is currently anticipated that the program will be developed and progress to consideration for provisional accreditation in the spring of 2017. There are many administrative approvals and accreditation-related requirements necessary for the program to begin seating a cohort – so timelines may very well change. However, at this time, it is anticipated that the first PA cohort may begin classes in the summer of 2017, only a few short years from now. Please keep in touch with the Department to receive updates on future PA program developments as the program draws closer to initiation.
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By the Numbers

Enrolled Fall 2014:
Health Science students (undergraduate): 155
Pre-Health Science students (undergraduate): 241
Health Science students (graduate): 50
Clinical Laboratory Science students: 22
Pre-Clinical Laboratory Science students (undergraduate): 51

Alumni:
Number of graduate alumni: 120
Number of undergraduate alumni: 444
Number of post-baccalaureate certificate alumni: 60

Faculty & Staff:
Number of full-time faculty: 9
Number of adjunct faculty: 7
Number of support staff: 1
Number of graduate assistants: 1
Message from the Chair

Greetings FGCU alumni, current students, and prospective students! There is so much exciting news to share in this year’s Message from the Chair!

Welcome to the second annual issue of our Departmental newsletter. These are exciting days in the Department of Health Sciences and the College of Health Professions and Social Work. I am now in my second year as Department Chair at FGCU. Not only have we seen stable growth in our graduate Master of Science in Health Science and limited-access Bachelor of Science in Clinical Laboratory Science programs over the last academic year, but the Bachelor of Science in Health Science program now has the highest enrollment in its history, with nearly 200 majors in the program as of the fall semester. In addition, there are nearly 250 declared BSHS pre-majors (sophomores) currently being advised in the College, with an anticipated entry into the major as juniors in the next year! The program has nearly doubled in size in the last two years.

The Department welcomed a new faculty member in August, 2014. Dr. Renee Hotchkiss joined FGCU from the Jiann-Ping Hsu College of Public Health at Georgia Southern University. She brings a background in health policy and management and was recently named the new program director for the Master of Science in Health Science program. Last fall, the Clinical Laboratory Sciences program, under the direction of Julie Zemplinski, completed the reaccreditation process through the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) and received the maximum possible reaccreditation period of seven years. Additional clinical sites for student practicum experiences are being actively recruited, particularly in areas on the east coast of Florida near Miami, and the program continues to achieve 100% placement of its graduates. We anticipate slow but steady program growth as new clinical practicum sites come online and demand for our graduates increases as more clinical laboratories require four-year degrees for entry-level hires.

The College of Health Professions and Social Work is evolving with program developments and in dynamic response to synergistic goals. The Department’s Anatomy & Physiology courses were recently moved to the Department of Physical Therapy and Human Performance. The move enhances research capabilities relevant to A&P and effectively houses these courses within a clinically-focused department. This January, the Bachelor of Science in Community Health program will join the Department of Health Sciences. There are approximately 100 majors in this program, with an additional 80 declared pre-majors. The Department is working towards the development of a degree program in Public Health in the near future, pending administrative approval. Combining the strengths of the current BS in Health Science and BS in Community Health programs within one department strengthens interdisciplinary research, curricular, and program development opportunities for both programs going forward. The Community Health program is currently conducting a search for a new faculty member. Moreover, the Department is currently conducting a search for a new faculty hire in Epidemiology in order to support the tremendous growth in BSHS majors and in anticipation of the possible development of a Public Health program. The two faculty hires from these searches are anticipated to join the Department of Health Sciences in August, 2015.

The Department is engaged in preparations for a forthcoming Master of Physician Assistant Studies program. A site visit by the Physician Assistant accreditation body (ARC-PA) is anticipated in October, 2016. ARC-PA will then meet to decide on Accreditation – Provisional status for the PA program at FGCU in spring 2017. If Accreditation – Provisional status is granted at that meeting, the first PA student cohort should be seating in summer 2017. Thus, the program may possibly begin accepting applications in the fall semester of 2016 – only two years from now! In anticipation of this new program, the Department is currently recruiting the Founding Program Director of the forthcoming Physician Assistant Program. The hire from this faculty search is also anticipated to join the Department of Health Sciences in August, 2015.

The Master of Science in Health Science program completed a follow-up program review last fall, with the next MSHS program review not anticipated for five more years. The Bachelor of Science in Health Science program, under the leadership of Karen Landy, is going through a program review this fall, including an external review by a health scientist in an accredited program at a different institution. The Department recently recruited its first graduate assistant to help faculty with research needs, assist in both publication and website development efforts, help prepare teaching materials for taught courses, and aid in recruitment of students and instructional staff.

The Department’s first study abroad offering is currently scheduled for June, 2015, assuming successful recruitment of student participants. The study abroad program is a customized nutrition course that will explore the Mediterranean diet and the farm-to-table movement in Crete (Greece); the program also includes an examination of the art, history, and culture of the ancient Minoan civilization and health-oriented lifestyle practices. The Department continues to add information and links to its website and will continue expanding outreach activities to social media in the next few semesters. New course offerings in the BS and MS in Health Science are anticipated beginning in summer 2015 and going forward.

Until next time – Live Healthy, Live Happy.
Vaccines: Prevention Made Simple
By Renee Hotchkiss, PhD, MHSA, Assistant Professor, Program Director – Master of Science – Health Science

Vaccinations gained attention recently as the US faced outbreaks of diseases thought to belong to the past. Tuberculosis and Measles are affecting children for the first time in decades. Why the sudden upsurge in these illnesses? Many parents are now opting not to vaccinate their children due to fears of side effects or complications. These fears are not based on sound scientific evidence but their results – unnecessary outbreaks – are scientific support for the widespread use of vaccines.

One illness that can be easily prevented through the use of vaccines is the yearly flu. Healthy People 2020 set a target goal that 80% of adults between the ages of 18 and 65 obtain vaccination yearly. American College Health Association’s Healthy Campus 2020 outlines the target goal for university vaccination obtainment rates as 43.9%. However, on most college campuses this goal is not being met. Without vaccination, the risk of spreading communicable disease and resulting absenteeism remain high on college campuses. A multifaceted approach is necessary to increase vaccination rates, consisting of influenza clinics and education regarding the vaccine’s importance.

The CDC recommends that everyone 6 months old or older be vaccinated against influenza yearly due to the virus’s constant change and the waning of immunity over time. The influenza vaccine is updated each season to protect against the most common circulating strains of the virus and yearly vaccinations are necessary for optimal protection due to the decline in immunity over time. The influenza vaccine should be obtained as soon as it is available.

Creating vaccination plans requires knowledge of what motivates people to obtain vaccination. Adults who believed the following were more likely to get vaccinated: influenza is a serious illness, the influenza vaccine is effective, and/or there are minor side effects to the vaccine. The barriers to obtaining the influenza vaccine are extensive and may include concern about side effects and vaccine safety, perceptions of the effectiveness of the vaccine’s ability to prevent illness, and perception of the severity and ramifications of acquiring the disease. Most young adults feel they are not susceptible to disease, making college-aged students especially vulnerable to low vaccination rates.

The CDC and ACHA recommend that universities consider all media channels to immunize as many members of the university population as possible. Mass media campaigns are used to disseminate information at a low cost and are a vital component in improving a population’s health behaviors. A recent study I participated in at Georgia Southern University found that students that obtained a flu vaccine after the onset of an on-campus campaign indicated that it had a moderate to strong influence over their decision to get vaccinated and resulted in an increased vaccination rate of nearly 30%. Use of mass media to influence students at Georgia Southern University to perceive, retain, and act on the message of obtaining the influenza vaccine did prove effective. This study provides evidence that communication channels of varying interactivity levels should be utilized to increase obtainment of the influenza vaccine on university campuses.

An interdisciplinary team of faculty, including myself and other faculty in the College of Health Professions and Social Work, will be applying these findings to test prevention programs at the Student Health Center (SHC) beginning this semester with the goal of eventually implementing similar programs in the larger Fort Myers community. This study will focus on the prevention of communicative diseases through increased use of the influenza vaccine. It will begin with a pilot survey to determine the current levels of vaccination among users of the SHC with the end goal of raising awareness and vaccination rates.

Currently, only about 35% of the FGCU student population is utilizing the Student Health Center. However, these students are a captive audience for the duration of their visit, and we believe that time could be used for prevention education. Students who visit the SHC will be given a short survey on a tablet after their registration process is completed. This survey will collect data on their demographics, exercise habits, and influenza vaccine usage. Based on their answers, a follow-up email will be sent to them with a link to pertinent content housed on the SHC website, including the de-bunking of vaccination myths.

In order to have a healthy society, individuals must not only be free from disease but also be mentally and physically able to carry out their daily activities. Once these conditions are achieved, an individual is said to have obtained a state of wellness. Many of the diseases that cause mortality and morbidity today are preventable, but our current health care system has typically focused on treatment of acute illness rather than prevention. Vaccines are one of many options available to aide in the prevention of disease. Be well!
In the summer of 2014, the Clinical Laboratory Science (CLS) program received funding to purchase a Piccolo® Xpress™ chemistry analyzer. The Piccolo Xpress is manufactured by Abaxis, Inc. and sold through Abbott Point of Care Inc. The CLS program purchased this analyzer for student education and for use in potential future research projects. This benefits CLS students because they have the opportunity to see and operate the instrument before completing their clinical rotations, where they will train on the large analyzers that are used in their assigned clinical laboratories.

The Piccolo is a great instrument for physician practices. It can help by allowing physicians to perform all of their routine general chemistry diagnostics on-site in just minutes. When using the Piccolo, patients can receive a complete plan of care during their initial visit, allowing care providers to improve their practice revenues and throughput by diagnosing and treating in a single visit. The Piccolo also helps improve patient compliance as a result of real-time, lab-accurate information at the point-of-care.

Other places where the Piccolo is an asset include the military, emergency services, and outer space, where accurate, precise, and timely diagnostic information is needed. This is where the Piccolo really delivers: it is portable, easy to use, rugged, reliable, and delivers consistent and comprehensive diagnostics right where and when they are needed most.

The analyzer provides quantitative in-vitro determinations of clinical chemistry analytes in lithium-heparinized whole blood (waived testing), heparinized plasma, or serum (moderate complexity testing). The system is compact and easy to transport. It consists of a portable analyzer and single-use disposable reagent discs. The analyzer contains a variable speed motor to spin the disc, a photometer to measure analyte concentrations, two microprocessors to control testing and analytical functions, a thermal line printer to print out results, a VGA color touchscreen for communicating with the analyzer, and optional data functions for more detailed analysis information.

Each reagent disc is self-contained, clear plastic, 8cm in diameter and 2cm thick, and contains an aqueous diluent in its center and dry reagent beads in cuvettes around its edge. All blood separation and sample diluent mixing is performed within the disc itself. Starting with a small 100-microliter whole blood sample, the Piccolo utilizes unique microfluidics to centrifuge and separate the plasma, calibrate the instrument, perform quality control on the disc, mix the diluted plasma, rehydrate the reagent beads, monitor up to 28 enzymatic reactions on 9 different wavelengths, and then record the results.

To perform an analysis, the operator needs to only collect a blood sample, place the sample in the reagent disc, put the disc into the analyzer drawer on the front of the analyzer, and input patient information. When analysis is finished, the results print automatically.

The analyzer self-calibrates with every test run. Every self-contained reagent disc is barcoded for automatic self-calibration. Additionally, the Piccolo has built-in liquid and electronic quality control measures (“Intelligent Quality Control” or IQCTM) which ensure the analyzer, disc, and chemistries are operating within specification. The IQCTM system performs continuous quality control checks on every run, eliminating daily control testing requirements. Also, as part of the IQCTM system, the Piccolo measures the amount of hemolysis, lipemia, and icterus in the sample and will suppress any questionable results that could be impacted by sample interferences. High- and low-level liquid controls are run once a month or at reagent disc lot change.

The entire analysis requires ~100 µL of sample and is capable of providing results in about 12 minutes. A wide range of CLIA waived panels are available:
- Comprehensive Metabolic Panel (ALB, ALP, ALT, AST, BUN, Ca, Cl-, CRE, K+, Na+, TBIL, tCO2, TP)
- Basic Metabolic Panel (BUN, Ca, Cl-, CRE, GLU, K+, Na+, tCO2,)
- Lipid Panel (CHOL, CHOL/HDL*, HDL, LDL*, TRIG, VLDL*) * calculated
- Lipid Panel Plus (ALT, AST, GLUC, CHOL, CHOL/HDL*, HDL, LDL*, TRIG, VLDL*) * calculated
- Liver Panel Plus (ALB, ALP, ALT,AMY, AST, GGT, BIL, TP)
- General Chemistry 6 (ALT, AST, BUN, CRE, GLU, K+)
- General Chemistry 13 (ALB, ALP, ALT, AMY, AST, GGT, GLU, BUN, Ca, CRE, GGT, GLU, TBIL, TP, UA)
- Electrolyte Panel (Cl-, K+, Na+, tCO2)
- Kidney Check (BUN, CRE)
- Renal Function Panel (ALB, BUN, Ca, Cl-, CRE, GGT, K+, Na+, PHOS, tCO2)
- MetLyte 8 Panel (BUN, CK, Cl-, CRE, GLU, K+, Na+, tCO2)
Every October, millions of volunteers around the world unite for a common mission to improve the lives of others. For the third year, FGCU and Wells Fargo partnered with over 12 community agencies to “Go Out and Make a Difference.”

I led a group of about 30 students, alumni, Wells Fargo representatives, community members, and Foundation board members to the Gladiolus Food Pantry. These volunteers bagged over 500 pounds of rice, sorted canned goods, stocked pantry shelves, planted an herb garden, and participated in beautification projects for five homes in the Harlem Heights Neighborhood where they trimmed trees, cleaned and painted homes, and removed debris for elderly or disabled residents.

Miriam Ortiz, president of the Harlem Heights Improvement Association and Director of the Gladiolus Food Pantry said that with the help of our students “they finished all the [planned] projects and more.” I felt extremely lucky to have such a great team to lead. From start to finish, they were all incredible volunteers, who made a commitment of time and energy to this important community agency. It was their kind spirit and helping hands that made a difference.
Clinical Microbiology: Past to Present

Pamela St. Laurent EdD, MT (ASCP)
Instructor I

The field of Clinical Microbiology entails the identification of pathogens, which are bacteria that have the capability of causing infections. Clinical microbiologists are also responsible for providing information to physicians regarding the best antibiotics to use to eliminate infections in patients. I have been active in the field of Clinical Microbiology as both a student and then an educator for approximately 20 years. The procedures for identifying pathogens and choosing antibiotics have changed drastically over the past two decades. Today’s Clinical Laboratory Science students use new techniques and equipment that have greatly reduced the time it takes for testing to get results.

During the 1980s, Clinical Laboratory Science students learned procedures for identifying pathogens and generating an antibiotic report for physicians through traditional methods of testing. These traditional methods generated results after a lengthy process. Using these methods, students would begin by evaluating patient cultures (urine, stool, sputum, throat, wound, etc.) for pathogens. When a pathogen was suspected, the student would perform a specific set of biochemical tests as a means of identifying the bacteria. These biochemical tests were incubated at body temperature (98.6°F or 37°C) for 24 to 48 hours. Depending on the growth patterns of these bacteria, biochemical reactions were interpreted at 24 or 48 hours, and the identification of the pathogen was made via the use of a flow chart. The procedure for providing a physician with an appropriate antibiotic treatment plan followed the same principle. Students would select the pathogen and test it against paper disks that were infused with specific antibiotics. The antibiotic tests were incubated at body temperature (98.6°F or 37°C) for 24 hours before the physician could be informed of the antibiotic therapy that was best suited to eliminate infection caused by the selected pathogen. Traditional methods of testing were cost effective for Clinical Microbiology laboratories due to the fact that many supplies were relatively inexpensive or could be prepared in the laboratory. However, quite often the amount of time it took to identify pathogens and report antibiotic results to physicians caused longer patient hospital stays, possibly increasing patient care costs.

Between the 1990s and the present day, technological advances in Clinical Microbiology have changed the manner in which pathogen identification and treatment tasks are performed. Students still evaluate patient cultures for pathogens, but instead of using the traditional methods of identification and antibiotic testing, special automated instruments have been developed for these purposes. These automated instruments provide an advantage over traditional methods of testing: the time it takes to generate results is significantly less when using modern analysis methods. Automated instruments provide the identification of pathogens and generate antibiotic reports within 4 to 8 hours of a sample being placed inside the instrument. Rapid testing kits have also been developed to identify specific pathogens, which allows students to identify these infectious agents within minutes.

These time-saving innovations in Clinical Microbiology are especially important in today’s healthcare environment, particularly when considering the emergence of ‘Superbugs’ such as Methicillin Resistant Staphylococcus aureus (MRSA), a potentially lethal pathogen. When using modern automated instruments, once a pathogen has been identified as Staphylococcus aureus a physician does not need to wait 24 hours to know if the bacteria is MRSA. Now, an automated process known as Polymerase Chain Reaction, or PCR, is designed to identify MRSA by examining the DNA sequence of the pathogen. Again, in a matter of hours, the rapid test of PCR can inform the physician if the patient has acquired an infection with MRSA. Once the physician is made aware that the patient has acquired an infection with MRSA, antibiotics, such as Vancomycin, can be used to try to eradicate the infection. Isolates that are not identified as MRSA are known as MethicillinSusceptible Staphylococcus aureus (MSSA). These strains are susceptible to the antibiotic methicillin. MSSA strains are not considered lethal, and infections with these isolates of Staphylococcus are most often eradicated with the use of methicillin and other commonly used antibiotics used to eradicate infection with MSSA. However, PCR techniques remain instrumental in informing the physician if the patient has acquired an infection with the ‘Superbug’ MRSA.

For Clinical Laboratory Science students, patients, and physicians, the process of automation has become a time-saving tool. In addition, Clinical Laboratory scientists who left the laboratory and transitioned into the role of educator in Clinical Microbiology stay abreast of the continual changes in automation through contact with students. The introduction of automation in the Clinical Microbiology laboratory has created a win-win situation for all involved. Patient hospital stays are shorter, and thus less costly. Patients are treated sooner with the proper antibiotic therapy, resulting in improved health outcomes. In addition, students as well as educators remain life-long learners in keeping up to date with the continual changes of rapid and automated techniques that serve to improve the overall quality of patient care.
The Lee County Mosquito Control District is committed to improving residents’ quality of life, facilitating outdoor activities, and protecting public health through the implementation of environmentally sound practices that control mosquito populations throughout Lee County. The objective of the Lee County Mosquito Control District is to serve the residents and visitors of Lee County by controlling the mosquito populations through an integrated pest management approach consistent with applicable laws and justified by tenets of public health, vector control, environmental safety, and fiscal responsibility. The District also provides leadership, research, technical information, and education on mosquitoes and their control.

Mosquitoes can carry a variety of viruses that can be transmitted to humans and cause disease. Some of the viruses that the Lee County Mosquito Control District tests for include: West Nile, St. Louis Encephalitis, Eastern Equine Encephalitis, Chikungunya, and Dengue Virus.

The mosquito-borne disease surveillance program at Mosquito Control is made up of four parts. The first part of this program is the sentinel chicken surveillance. This surveillance technique uses the appearance of mosquito-borne disease in chickens to monitor the transmission of disease among the disease’s reservoir host, birds. Blood samples collected from the chickens are spun down in a centrifuge. The sera is then tested using the Enzyme-linked ImmunoSorbent Assay, also known as the ELISA method, to look for viral antibodies. The second part of the surveillance program consists of specialized adult mosquito trapping. This trapping is performed with CDC light traps to monitor the level of vector mosquito, Culex nigripalpus. The third part is the analysis of the collected vector mosquito through RT-PCR for the presence of viral RNA. During the analysis, the mosquitoes are ground down and tested to determine if they have picked up a mosquito-borne disease. Data collected from this test indicates the presence of infected or potentially infected mosquitoes in the Lee County area. The final part of the surveillance program is human investigation. Human case investigation involves determining when and where a disease was contracted. Disease contraction can occur almost anywhere, from outside the neighborhood of a victim to outside the country. When a mosquito-borne disease is detected in a sentinel chicken the District responds immediately by controlling adult mosquito populations in the vicinity of the disease detection site to try and prevent further spread of the disease. You can reduce your risk of becoming infected with a mosquito-borne disease by using insect repellent, wearing protective clothing, and staying indoors while mosquitoes are most active.

Milton Sterling, a graduate from the Clinical Laboratory Science program at Florida Gulf Coast University, works as a Biotechnology Specialist at the Lee County Mosquito Control District. Milton graduated in 2003 and has worked at Mosquito Control since 2004. Milton performs molecular diagnostics laboratory work on mosquitoes and chicken sera samples, and is also responsible for field validation coordination. Milton is responsible for disease surveillance and testing for mosquito-borne viruses throughout the county. Milton also performs procedures for mosquito identification. He uses Reverse Transcriptase-Polymerase Chain Reaction for the rapid detection of West Nile (WN), St. Louis Encephalitis (SLE), Eastern Equine Encephalitis (EEE), Dengue Virus, and Chikungunya Virus from mosquito pool samples. Milton also uses Enzyme-Linked Immunosorbent Assay for testing avian sera samples for WN, SLE, and EEE antibodies. Milton’s duties also include conducting wind tunnel operations, droplet testing on aircrafts and ULV trucks, and fluorimeter testing and analysis.

Milton is now pursuing a Master’s in Public Health from the University of Massachusetts, Amherst.

*Information and permission received from Lee County Mosquito Control District for article and photos.
Let’s be partners!  
Call for senior seminar project ideas

Karen Landy, MS, Instructor III  
Program Director – Bachelor of Science – Health Sciences

The College of Health Professions and Social Work at Florida Gulf Coast University invites you to submit ideas for projects that may be developed by our students to benefit your agency, the persons you serve in the community, and our students as they complete their final semester in their respective academic programs. This is the time to refer to your “wish list,” knowing that health profession students are ready to assist you and your agency!

The undergraduate students enrolled in our interdisciplinary capstone course, Senior Seminar, are completing degree requirements in our clinical laboratory science, community health, health service administration, and health science programs.

Senior Seminar is an interdisciplinary course designed around topics which integrate a broad range of intellectual perspectives. The students in Senior Seminar will engage in a community agency project and will present their findings in both oral and written form to the community agency.

Senior Seminar is, by definition, a meeting of prepared minds. This course emphasizes client-directed health care, critical thinking, ethical decision-making, professional commitment and responsibility, civic responsibility, community alliances, and the principles of interdisciplinary collaboration, theory, and practice through shared leadership and the principles of change agents. This integration prepares professionals for contemporary and future practice with the opportunity for reflection on real-world issues in health care.

The optimal learning experience for our students is to work in groups of four to six students and develop a project that will serve the needs of a community agency. Course instructors supervise each project in collaboration with a representative from your agency during the semester, and the students will produce a deliverable project near the last week of the semester.

A suggested project might require an extensive review of research literature and development of educational materials for one of your target populations. Another example is a review of best practices and related literature for proposing a new health-related program to be provided by your community agency. If your desired project requires more than one semester to be completed, successive groups of students can continue its development during the following semester(s). The opportunities are endless! Students have successfully completed projects which include:

- The Effects of Food Insecurity on Obesity in Homeless Individuals
- Research of Best Practices and the Development of a Simple Exercise Program for Long-Term Care Residents
- Research of Best Practices and the Development of a Posture Program for Long-Term Care Residents
- and many more project topics over the last decade.

Role of the partner agency:

- Identify topic and project description. Identify the main purpose of the project.
- Meet with the students and instructor during the first week of the semester to make sure students understand what your agency wants to accomplish.

Role of the FGCU students:

- Students will participate in a Senior Seminar project that will involve a thorough search for and integration of best practice models, evidence-based literature, related documents, and other information resources to optimally respond to the respective community agency’s request.
- Students will meet the established Student Learning Outcomes of IHS 4938 Senior Seminar.
- Students are expected to learn and interact with the mentor and their respective project group members, and participate in class activities.
- Students are expected to complete individual learning modules and required learning activities.

We have recently partnered with Lee County Homeless Coalition, Moorings Park, Literacy Council Gulf Coast, Parkinson Association of Southwest Florida, Shelter for Abused Women and Children (Collier County), Cypress Cove Retirement Community, Dr. Piper Center for Social Services, Goodwill Industries, and many more. We look forward to working with you and your (non-profit, not-for-profit, or governmental) agency in the near future!

Please contact Karen Landy to discuss your project ideas: klandy@fgcu.edu or 239-590-7463.
Joshua Winn

Please tell us about yourself.
I am a full-time student and work part-time at Starbucks. I am also involved in my church serving in the Youth Ministry as a Youth Leader and helping middle school to high school age students develop their faith. When I am not studying, working, or at church I enjoy spending time with my friends or reading a book with a cup of coffee in hand.

How will the Bachelor of Science in Health Science degree help you meet your career goals?
My career goal is to become a Health Law Attorney. The Bachelor of Science in Health Services Administration that FGCU offers will help me reach that goal by giving me foundational knowledge of health care and how it operates. One course that really guided me into choosing to pursue a career in Health Law was Legal and Ethical Principles of Health Care. I was fascinated with how law and ethics are practiced in a health care setting and it really became the fuel that led me to where I am today.

What assignment/activity in your program has had the most impact on you as a student?
I am currently taking Senior Seminar and have had the opportunity to work with the Parkinson Association of Southwest Florida (PASWFL). My group’s goal is to research evidence of the impact of exercise and movement on persons with Parkinson’s disease so that the PASWFL can use our findings to request grant money and donations to fund free exercise programs for their members. This opportunity has been very humbling and has left an impact on me as a student.

Have you had any experience in your major’s work field so far? If so, will you discuss the realities of the work world and what to expect?
Prior to studying Health Services Administration, I studied Medical Assisting at another college. I got the opportunity to intern at an Orthopedic Surgeon’s office and found I enjoyed the administrative tasks as a Medical Assistant. That is what led me to pursuing a B.S. in HSA degree. My clinical and administrative experiences have given me unique insight when working on case studies and examining different scenarios in my courses.

What do you wish you would have known your first day about the Health Science Program?
I wish I had known more about the doors that the Health Science program opens on my first day. Over the past few years I have had the opportunity to meet awesome leaders in the health care industry, to join the Community Emergency Response Team (CERT), to intern for one of the best health systems in the United States, and to impact my community through my Senior Seminar project.

What is your projected graduation date?
I will be graduating on December 13th, 2014! I am very excited to wrap up my final semester as an undergraduate student.

Any last words of wisdom to fellow Health Services Administration students?
My last words of wisdom to fellow students are to get involved. Join professional organizations like the American College of Healthcare Executives and establish friendships and networks with your fellow classmates. These are the things that have made my experience with the Health Science program all the more enjoyable.

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Leobardo Rodriguez

Please tell us about yourself.
I was born in Monterrey, Mexico. At a very young age my family migrated to South Florida where we have resided for the past 30 years. I left only to attend the University of Florida where I received a Bachelor of Science degree. Fast forward to today, I have a beautiful and supporting family of my own. My wife-to-be, Lillie (our wedding is set for December 27th), is my anchor and my two little ones, Brandon and Maxleen, ages five and two respective-ly, are my world. My humble beginnings and family fuel my desire to excel.

What has FGCU been able to offer you that other universities can’t?
Being that I reside locally, I have always said that if I could do it all over, I would have elected to stay close to home and attend this wonderful institution. Currently, the Master of Science in Health Science program has allowed me to work full time while fulfilling my desire to continue my education. This is rewarding and truly a blessing.

How will the Master of Science in Health Science degree help you meet your career goals?
My desire is to help those in need. As a proud member of the Florida Department of Health, my current role allows me to positively impact high-risk or at-risk infants, teens, and mothers residing in rural Hendry and Glades counties. It is truly rewarding to make a positive impact in someone’s life and there is real value in having someone that lives in the community serving the community. This degree has helped me realize this role and, if the opportunity arises, I know that it has prepared me to take on more responsibilities.

What concentration did you pick? What made you choose this over the other?
Public health administrators are tasked with creating programs that promote and protect the health of the communities we serve. Knowing this, I elected the Health Services Administration concentration. This path combines business, policy, and human and fiscal resource management coursework. This specialized education can help one develop, implement and deliver effective health programs and services.

What has been your biggest challenge as a student, and how did you overcome it?
Time management. As a working father attending school, I have learned that time is a valuable commodity. It is an opportunity for everything we aim to accomplish. As such, I have learned to truly appreciate it. In doing so, planning and scheduling has become second nature.

How do you prepare for important tests or exams?
It has been important to maintain or stay ahead of the reading schedule. In doing so, the exams and/or assignments are very manageable.

What assignment/activity in your program has had the most impact on you as a student?
The most impactful assignment I have worked on was a research proposal in Dr. Renee Hotchkiss’s Research in the Health Professions class. My paper, “Relationship Between Substance Use and Teen Pregnancies in Rural Hendry County” allowed me to delve into the role of a researcher and, more importantly, apply the concepts locally to identify and discuss a critical health concern.

Describe your most rewarding college experience so far.
The entire learning experience has been rewarding. I truly appreciate the opportunity to be a member of this graduate class and display my abilities. However, most rewarding is that this degree, or the coursework leading to this degree, helped me attain my current professional role. In accepting my current position I accomplished a major goal of mine. This accomplishment was the most rewarding thing to come from my educational experience.

Have you had any experience in your major’s work field so far? If so, will you discuss the realities of the work world and what to expect?
I can say that public health will always need dedicated workers. As a public health employee, I have the privilege and responsibly to help community members in need. One tasked with this should have a passion toward improving people’s health. If so, it is meaningful work.

Public health faces many challenges. Funding is by far the biggest challenge. Public health needs leaders who can help manage these challenges and protect the public’s health today and beyond.

What is your projected graduation date?
I have applied to graduate May 2015.

Any last words of wisdom to fellow Health Science graduate students?
Hang in there. Given the current state of managed care, there is high demand for health care professionals in both Health Services Administration and Health Professions Education. Each plays a crucial role in local, state, and national agencies and organizations. Best of luck!
Kristina Tranchina

My life has become quite an adventure since I graduated from Florida Gulf Coast University! I was in the first graduating class to walk in Alico Arena in 2003. My degree in Clinical Laboratory Sciences has allowed me to work in clinical, research, and government laboratories.

My first job was at Southwest Florida Regional Medical Center in Ft. Myers. About a year later, I got into the University of Alabama at Birmingham’s Genetics graduate degree program. I studied mouse models of fatty acid metabolism while in this program, and received my Master’s degree in 2008. I went on to work at Emory University as a Lead Research Specialist using mouse models in a drug discovery program for dystonia. I left this position because of the flu pandemic in 2009, as I was offered a position at the CDC in the Influenza Division. In this position, I performed surveillance and diagnostic testing on flu using phenotypic and genotypic assays.

The most exciting opportunity I have had yet is currently at the Georgia Public Health Laboratory. I am cleared to work in the BSL3 to perform molecular testing for the Bioterrorism Unit, which includes testing unknowns for the FBI. I can honestly say that all of my education and experience has prepared me well for these critical responsibilities. Looking back, I would not do anything differently because I cannot imagine having a career other than one in the laboratory.
Michelle Angeletti, MSW, PhD

Dr. Michelle Angeletti, a native of Fort Myers, teaches both undergraduate and graduate Health Services Administration courses. Her research focus is lactation management and policy. She is a La Leche League Leader and serves as the Area Professional Liaison for La Leche League of Florida and the Caribbean Islands. Dr. Angeletti was recently named the Associate Professional Liaison Department Administrator for the Eastern United States Alliance for Breastfeeding Education. She is a Past-President of the Southwest Florida Healthcare Executives Group and a Founding Board Member of the Western Florida Chapter of the American College of Healthcare Executives (ACHE). Dr. Angeletti has presented at state, national, and international conferences. While she lived abroad in Italy, she wrote and published a book chapter on the Italian Healthcare System in the Handbook of International Healthcare Systems. She has also published in peer reviewed academic journals such as the Journal of Health and Human Services Administration, the Journal of Emergency Management, and the International Journal of Human Lactation. Most recently, she co-authored an article with graduate student Charles Nothdurft, which was published in the International Journal of Community Health Education.

Brian Bossak, PhD, MPH

Dr. Bossak’s research interests fall within the field of Environmental Health, as broadly defined. He studies climate change and health, with a focus on vector-borne diseases and water quality, with a secondary research interest in public health preparedness, including natural hazards prediction and modeling. He developed coastal hazard prediction models at the US Geological Survey and conducted disease outbreak response and analysis of traveler’s health issues at the Centers for Disease Control and Prevention (CDC). Since 2009, he has published in Journal of the American Medical Informatics Association, Journal of Urban Health, American Journal of Public Health, PLOS ONE, Health & Place, Geography Compass, Emerging Infectious Diseases, Medical Hypotheses, and the International Journal of Drug Policy. Dr. Bossak is currently Chair of the Health and Medical Geography Specialty Group (HMGSG) of the Association of American Geographers (AAG), an affiliate of the Georgia Coastal Research Council, chair of the academic membership committee of the Georgia Environmental Health Association, and the principal investigator on a research project funded by the Georgia Sea Grant Program.

Tony Burkett, MS

Mr. Burkett teaches courses related to the U. S. healthcare system, exercise physiology, and wellness. He is certified by the American College of Sports Medicine as a Clinical Exercise Specialist (CES) and has maintained certification for over 20 years. Mr. Burkett has collaborated on a number of federally funded research projects and has presented and published several papers in the areas of cardiac rehabilitation and cardiovascular risk modification. His interests also include strategies for improving human performance in both healthy and clinical populations.

Laura Carlton, B.A.

Laura Carlton joined Florida Gulf Coast University in January of 2010. She earned her B.A. in Philosophy with a minor in Creative Writing and is currently pursuing her master’s in English at FGCU. Laura worked as an OPS employee in Library Services, the Writing Center, and as a Teaching Assistant before receiving a full time position in the College of Health Professions and Social Work. As the executive secretary for the Department of Health Sciences, Laura aids in program development, assists current and prospective students, and coordinates admissions materials. She is thrilled to have been given the opportunity to put her writing and research skills to use in a rapidly growing department.

continued on the next page
Joan Faris, MS, RD

Joan Faris joined Florida Gulf Coast University in 2001. She earned her undergraduate degree from Colorado State University and holds a master’s degree in nutrition from the University of Maryland. Ms. Faris has over twenty years of experience in the field of nutrition and wellness. Prior to joining FGCU, Ms. Faris held positions as the Director of Health Promotion at George Washington University and the Nutrition Manager for the Lee Memorial Health Education Center. While working at FGCU, she has taught courses including Nutrition for Human Health and Wellness, Nutrition for Older Adults, Wellness and Spa Cuisine, and Human Performance and Energy Supplies. In addition to teaching nutrition courses, Joan is the sports dietitian for FGCU’s Dept. of Athletics and provides nutritional counseling to FGCU students through Student Health Services. Ms. Faris maintains a license as a Registered Dietitian and is also Board Certified as a Specialist in Sports Dietetics. She is listed in the United States Olympic Committee Sport Dietitian Registry (2012-2014). Ms. Faris’ research interests include athletics, aging, and sustainable nutrition.

Barbara Fischer, BA

Barbara Fischer graduated from Florida Gulf Coast University with a B.A. in Communication (P.R. concentration) in 2013 and is currently pursuing an M.A. in English at the same institution. At FGCU, Barbara works as a graduate assistant in the Department of Health Sciences and teaches Composition in the Department of Language and Literature. In addition to her time spent at FGCU, Barbara works as a freelance harpist and private music instructor, and also enjoys assisting in various capacities at Dance Bochette.

Joan Glacken, Ed.D, MT (ASCP)

Joan Glacken is a founding faculty member of Florida Gulf Coast University and serves as Associate Dean in the College of Health Professions and Social Work. She served as the Interim Dean from June 2010-June 2011. She earned an Ed.M. and an Ed.D. in Health Professions Education with a minor concentration in Educational Statistics and Measurement from The Graduate School of Education at Rutgers University in New Jersey. Dr. Glacken attended Douglass College in New Jersey, where she earned a Bachelor of Science degree in Medical Technology. She is an associate member of the American Society of Clinical Pathology. Her achievements at Florida Gulf Coast University include Professor of the Year for 2000-2001, Team Faculty Service Excellence Award (2002-2003), and Best Faculty Poster at FGCU Research Day (2005). She teaches courses in the Health Professions Education concentration, Statistics, and Research. Her research interests are in the scholarship of teaching.

Renee Hotchkiss, PhD, MHSA

Dr. Hotchkiss is excited to join the Department of Health Sciences as the new Program Director of the Master of Science in Health Sciences. She holds a master’s degree in Health Services Administration and a doctorate in Public Affairs with an emphasis in Health Administration from the University of Central Florida. Prior to joining FGCU in August, 2014 she was a tenured Associate Professor of Health Policy and Management at Georgia Southern University. Dr. Hotchkiss has published numerous articles in international peer-reviewed journals including Journal of American College Health, Journal of Health Administration Education, International Journal of Public Policy, Health Care Management Review, and Nonprofit and Voluntary Sector Quarterly. She has also published two book chapters that focus on emerging trends in the health policy field. She was the recipient of an Academy of Management Best Papers award in 2008. Her research emphasizes vulnerable populations, intervention strategies, unique human resource structures/developments, and economic viability of programs.

Karen Landy, MS

Karen Landy has been a longtime advocate for vulnerable populations in the southwest Florida community. While serving as the Program Director for the B.S. in Health Science, Professor Landy provides education, training, research, and services for the varied needs of the growing aging population in southwest Florida. Her honors and awards include: FGCU Faculty winner in recognition of Scholarly Excellence in the Service Learning category (2007 and 2008). Professor Landy’s primary continued on the next page
interests are in the areas of gerontology (aging), health care law and ethics, leadership in health care, and the integration of service learning into course curricula.

Pamela St. Laurent, Ed.D, MT (ASCP)

Dr. St. Laurent’s teaching interests fall within the field of Health Sciences and Clinical Laboratory Science. As a faculty member at Florida Gulf Coast University, Dr. St. Laurent currently teaches various Health Science courses; however, her primary responsibilities lie in teaching Clinical Laboratory Science courses, while also serving as the Academic Coordinator of Clinical Education for the Clinical Laboratory Science program. Her research interests include critical thinking skills and learning styles. In order to earn her Doctorate of Education, Dr. St. Laurent’s dissertation focused on the effect of an interdisciplinary Health Science course on students’ critical thinking skills.

Julie Zemplinski, MSH, MS, MT (ASCP)CM

Julie Zemplinski is a faculty member in the College of Health Professions and Social Work, Department of Health Sciences, and Program Director for Clinical Laboratory Science at Florida Gulf Coast University. Julie earned a master’s degree in Clinical Laboratory Science from the University of Wisconsin – Milwaukee and a second master’s degree in Health Service Administration from Cardinal Stritch University- Milwaukee, Wisconsin. She is certified by the American Society of Clinical Pathology and licensed by the State of Florida as a Clinical Laboratory Scientist - Supervisor. Prior to her arrival at FGCU in 2000, Julie worked in the clinical laboratory science field for over 20 years, specializing in Microbiology/Virology/Mycology. Julie also spent one year as the Administrative Director Clinical Laboratory/Pathology at Governor Juan F. Luis Hospital, St. Croix, US Virgin Islands. Julie has presented her work at national conferences and has published in the areas of microbiology, virology, mycology, clinical laboratory education, reducing laboratory errors, and effective use of educational technology tools. At FGCU, Julie has taught courses in all clinical laboratory science areas, in general sciences, in the health professions core, and University Colloquium. Her areas of research interest are microbiology and medical research.
Alumni Spotlights

Name: Christina A. Ilczyszyn, M.S.

Place of Employment: I have 13 years of experience in the field of healthcare. However, for the last two years I have been with the Eye Centers of Florida.

Position/Title: Quality Improvement and Regulatory Compliance Manager (Over Compliance, the Health Information Department as well as the Medical Coders/Auditors).

Degree/Program: Bachelor of Science in Health Science, with a Health Services Administration concentration; Graduate Certificate in Compliance Specialist; and a Master of Science in Criminal Justice (with an emphasis in Compliance). I have received all of these degrees from Florida Gulf Coast University.

Year of Graduation: Bachelor’s 2007, Master’s 2013

Currently, I am part of a great management team at Eye Centers of Florida. I firmly believe that my educational endeavors through FGCU have enabled me to have great career success within healthcare, especially with the challenges of Healthcare Reform, Electronic Health Records, ICD-10 Conversion, in addition to the ever expanding legal and regulatory requirements facing the Healthcare Industry.

Name: Steven G. Shelfer

Place of Employment: Florida Hospital- Lake Placid; Southern Tech, Adjunct instructor, Tampa, FL. Position/Title: Week-end Clinical Lab Technologist

Degree/Program: Master of Science in Health Science, with a Health Services Administration concentration

Year of Graduation: 2010

I was recently appointed by Governor Scott to the Clinical Laboratory Personnel Board as a committee member to serve 2014-2016.

Name: Taylor Nelson

Place of Employment: Healthpark Medical Center

Position/Title: Medical Technologist

Degree/Program: Bachelor of Science in Clinical Laboratory Science

Year of Graduation: 2013

I was officially hired and started working as a medical technologist at Healthpark Medical Center in April 2014. I’d like to thank Julie Zemplinski of the Clinical Laboratory Science program for all of the preparation and training she provided me! I would not be where I am today without her wonderful guidance and teaching skills.
Announcements

14th Annual Conference on Aging
Friday, March 6, 2015
8:00 AM - 4:00 PM
Broadway Palm Dinner Theater
Ft. Myers, Florida

The purpose of the conference is to provide information and education to professionals in the field of aging and to bring the local aging community together to meet our common goals. Additionally, it is to provide information to the general public regarding aging issues. Attendees will include professionals in aging as well as older adults and family members. Sessions will offer education in health care, mental health, case management, and current issues. CEUs are available for Nursing, Clinical Social Work, Marriage & Family Therapy & Mental Health Counseling and Psychology, professional guardians, attorneys and Nursing Home Administrators.

For more information, please contact Karen Landy at Klandy@fgcu.edu or 239-590-7463.

The Third Annual Symposium on Alzheimer’s Disease and Related Dementias
Wednesday, March 4, 2015
8:30 AM - 3:30 PM
Presented by Alvin A. Dubin Alzheimer’s Resource Center and FGCU College of Health Professions and Social Work.

For more information, please contact the Alvin A. Dubin Alzheimer’s Resource Center at:
www.alzheimersswfl.org
jan@alzheimersswfl.org
info@alzheimersswfl.org
239-437-3007

Faculty Accomplishments

Publications


Publications in Press

Manuscript Submissions

Presentations
Brian Bossak, PhD, MPH
• Georgia’s Historical Hurricane Record. Annual Meeting of the Association of American Geographers (AAG), Tampa, FL, April 2014.

Funding Received
Dr. Brian Bossak received an internal grant, the Chair’s Professional Development Grant, in December 2014. This grant provides Dr. Bossak funding to attend the Association of American Geographers Annual Meeting in April 2015. Dr. Bossak also received the Innovative Course Design Grant for High-Impact Practices, an internal grant that provides funding for the creation of a course laboratory manual for the undergraduate Epidemiology course.

Dr. Renee Hotchkiss received an internal grant in conjunction with Dr. Renee Jeffries for their Intra-professional Prevention Pilot Project.

Student Accomplishments

Scholarships
Clinical Laboratory Science student Nora Reyes received the Florida Society for Clinical Laboratory Science Student Scholarship Award in April, 2014. Ms. Reyes was awarded a total of $1,000.00 from this scholarship.
Gifts to Health Sciences can make a difference for deserving FGCU students!

With your support, the Department of Health Sciences can:

- Purchase new laboratory software and devices such as JMP and T-Stat
- Enhance academic programs
- Increase research opportunities
- Provide scholarship support

Your gift will build momentum for Health Sciences!
Donate online at alumni.fgcu.edu/give

For questions or additional ways to support FGCU, please call Lindsey Touchette at (239) 590-1016

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