department of
Medicine Newsletter

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THE WARREN ALPERT SCHOOL OF MEDICINE OF BROWN UNIVERSITY

BROWN
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INSIDE

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The Department of Medicine Newsletter is published 3 times per year. To submit an article or provide information contact Alex Mayer at 444-5127, e-mail to amayer@Lifespan.org or contact Dan Bryant at 444-6893, e-mail to dbryant@Lifespan.org.

Chairman's Message

Louis Rice, MD

One of the two definitions of the word "dinosaur" given by the Merriam-Webster online dictionary is "someone or something that is no longer useful or current: an obsolete or out-of-date person or thing."

Before I entered medical school, I had the good fortune to befriend a man named Jim Respess. Jim was a venerable gastroenterologist at the University of Virginia, a physician beloved by both patients and colleagues. On one occasion, I asked Jim for his advice about how to become the best doctor I could be. He responded simply: "Always be willing to see another patient". These days, this notion would place Jim firmly in the "dinosaur" category in many people's minds, but I think it is an idea worth exploring.

When I went through my house staff training at Bellevue Hospital in New York, things were different than they are today. There were no limits on hours or patient census, there were no mandatory days off. It was a brutal training experience, but we accepted it as a matter of course. Well aware of the rigors, we had chosen to train there. During my residency an unfortunate young woman named Libby Zion died up the road at New York Hospital. Her death, which occurred while being cared for by an intern who had been on duty for longer than 16 hours, was proffered by some as evidence that physician training regimens were dangerous to patients. New York formed the Bell Commission, which first placed limitations on weekly training hours for programs in New York. Carrying this effort forward, The Accreditation Council for Medical Education (ACGME) restricted hours further for all training programs in the United States, defining precisely how long trainees can stay in the hospital, how long they must stay home between shifts, and requiring a minimum frequency of days off. These rules were developed using as justification research showing impaired cognitive function in the sleep-deprived and out of concern for the safety of both patients and trainees.

Some in my dinosaur generation were skeptical of these changes, not out of a desire to torture or abuse trainees, but out of a sincere concern that patients could actually be harmed by the increased number of hand-offs required in the new system. The first 12-24 hours of an admission to the hospital are usually the most critical to establishing a diagnosis and starting appropriate therapy. There is value to having the person who best knows the patient being involved in their care, even if that person is fatigued. There was concern that a "shift mentality" would result, which was contrary to how many of us felt about responsibility to our patients. Finally, there was absolute revulsion at the thought of forcing trainees to leave a sick patient in the middle of a critical episode, even if the

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trainee wanted to stay and see her patient through the crisis.

Because of these concerns, research has been initiated to try to determine the impact of different schedules on patient care and the lives of trainees. The first of these studies, published a few weeks ago in the New England Journal of Medicine (Billimoria, et al, NEJM.org, Feb 2, 2016), compared the impact on surgical trainees of the current strict rules on hours in the hospital with more flexible scheduling (with both schedules adhering to the 80-hour work week rule). In brief, the results showed that rates of patient death or serious complications were statistically indistinguishable with the two schedules. Many differences were observed, however, in the residents' perceptions of their educational experience and quality of life. Residents participating in the flexible scheduling were significantly less likely to perceive a negative effect of the schedule on patient safety, continuity of care, clinical skills acquisition, operative skills acquisition, autonomy, operative volume, availability for elective and urgent cases, conference attendance, time for teaching medical students, the relationship between interns and residents and professionalism. They were, however, more likely to perceive a negative effect of the flexible schedule on case preparation after work, research participation, time with family and friends, time for extracurricular activities and health. Importantly, however, there were no significant differences between the groups in the perception of schedules on overall job satisfaction, satisfaction with career choice or morale.

These results have been used by advocates of strict duty hour regulation to support their point of view, citing the lack of difference in the patient outcomes as evidence that the increased number of handoffs necessitated by the strict schedule do not compromise patient care. Those on the other side suggest that the equivalent patient outcomes indicate that the degree of fatigue associated with the flexible schedule does not compromise patient care. It is not entirely surprising that no differences were seen. Patient outcomes are the result of a large number of factors, and the redundant safety systems that have been set up in hospitals should ameliorate any differences in outcomes that might result from scheduling differences of trainees. So the discernable differences between the two schedules boil down to residents having a more positive learning experience in the hospital with the flexible scheduling, but a more positive living experience outside the hospital with the strict schedule. These results apply only to surgical training. Our Internal Medicine trainees at Rhode Island and Miriam Hospitals are currently participating in a similar study (iCOMPARE) looking at Internal Medicine training (we are in the control group). Results will be available in a year or so and will inform the next version of ACGME Duty Hour rules.

Having been involved in training physicians throughout this period of changing schedules, I am skeptical of the scheduling restrictions currently in place. I have come to believe that the major stressor of house staff is not fatigue, but rather the realization that they have pagers on their belts, MDs after their names and they are understandably petrified that they will be called to make decisions for a seriously ill patient and will not know what to do. Neither lectures nor discussion sessions can promise to provide the confidence so necessary for these settings. This confidence only comes from caring for many patients, ideally as part of a team with senior trainees and attending physicians who can model the thought processes and behaviors that represent optimal patient care. There are many unavoidable trends that make medical education challenging in the modern era, including the narrowing of diagnoses that warrant admission to the hospital, shorter lengths of stay and the ever-encroaching time sink that is the care and feeding of the electronic medical record. We should be very careful about aggravating things further by enforcing scheduling practices that do not benefit patient care or education. The stark results of the above study suggest to me that the juice of strict scheduling is not worth the squeeze it puts on training. If, as the surgical results suggest, there is a trade-off between optimal training and a happier life outside the hospital during these brief and critical years in a physician's development, I opt for the investment in better training – it'll pay dividends throughout our residents' careers.

Perhaps this makes me, like Jim Respess, a dinosaur. If so, I wear my scales proudly!

National Recognitions for Department of Medicine Physicians

F. Dennis McCool, MD has been reappointed Editor-in Chief of LUNG for a three year term starting in 2016. Lung is an international journal of respiratory disease. It only publishes about 20% of the manuscripts submitted. It has been published continually for over 100 years, longer than any other respiratory journal.

Dr. McCool was also the Anthony DiMarco honorary lecturer at the Annual Academy of Spinal Cord Injury Professionals in New Orleans, Louisiana on September 8th. The presentation was entitled "The Control of Breathing in Tetraplegia."

Dr. Adam Olszewski was Awarded the American Cancer Society Research Scholar Grant, $400,000 for 2016-2018

Dr. Adam Olszewski's mentee, **Dr. Jaleh Fallah** (IM resident), received the American Society of Hematology Abstract Achievement Award, for a research project conducted under his mentorship.

Zsolt Orban Joins Division of Endocrinology

Dr. Zsolt Orban, endocrinologist joined the Department of Medicine on October 1, 2015. Dr. Orban is a member of Affinity Physicians and will work out of Memorial Hospital. He earned his medical degree Summa cum Laude from Semmelweis University Medical School in Budapest and completed his Internal Medicine residency at Henry Ford Hospital, Detroit, MI, as well as a clinical endocrinology fellowship at the National Institutes of Health. He has been in private practice as an internist and endocrinologist for over 15 years.

Dr. Orban is a Fellow of the American College of Clinical Endocrinologists. His clinical interests include diseases of the thyroid and parathyroid, diabetes, pituitary and adrenal disorders, osteoporosis and male hypogonadism. He is fluent in Portuguese.

Class of 2016 Memorial Match Results

Ameya Hodarkar
Lahey Clinic
Burlington, MA
Endocrinology

Jae Young Lee
Metrowest/Union Hospital
Framingham, MA
Hospitalist

Fady Marmoush
St. Vincent's Medical Center
Worcester, MA
Cardiology

Mervat Saleh
The George Washington University
Washington DC
Hem/Onc

Muhammad Shafi
Case Western Reserve University
Cleveland, OH
Pulmonology/Critical Care

Arman Uzunyan
San Joaquin Hospital
Bakersfield, CA
Hospitalist

Nicole Yang
Brigham & Women's Hospital
Boston, MA
Rheumatology

Memorial Hospital Internal Medicine Program Awarded Community Grant

The Internal Medicine Residency Program at Memorial Hospital was recently awarded a $1000 Community Grant from Walmart. The grant application was spearheaded by PGY1 Anais Ovalle MD. Funds will support the IMRP's Hypertension Quality Improvement Project, and will be used to purchase blood pressure cuffs for hypertensive patients in the Internal Medicine Clinic who could otherwise not afford to purchase them.

New Faculty in Hematology-Oncology

Dr. Adam Olszewski is joining the Division of Hematologic Malignancies at Rhode Island Hospital, where he will care for patients with lymphomas and leukemias. He is a graduate of the Medical University of Warsaw, and completed his medical residency and hematology-oncology fellowship at St. Luke's-Roosevelt Hospital Center in New York. He is board certified in internal medicine, hematology and oncology. For the past 5 years he has been a faculty member at Memorial Hospital of Rhode Island and Assistant Professor of Medicine at Alpert Medical School of Brown University. Dr. Olszewski also conducts health services research, currently funded by the American Society of Hematology and the American Cancer Society, with a focus on evaluation of treatments for hematologic cancers using large-scale administrative and registry data.

Tukey Appointed Director of Bronchoscopy Suite

Melissa Tukey, MD, MSc, of the Division of Pulmonary, Critical Care and Sleep Medicine, was appointed as the Director of Bronchoscopy Suite, effective 27 October 2015. Melissa is currently Director of Interventional Pulmonary at Rhode Island Hospital and The Miriam Hospital . Melissa was a Fellow in Pulmonary and Critical Care Medicine at Boston University in 2013. She went on that year to receive her MSc from Boston University School of Public Health in 2013, where she continued on as a Fellow in Interventional Pulmonary Medicine 2013. We are fortunate to have attracted such talent.

New Faculty Join Division of Infectious Diseases

Dimitrios Farmakiotis, MD
Assistant Professor of Medicine

Dr. Farmakiotis joined the Division of Infectious Diseases in September 2015. He will be working as an attending physician on the Transplant ID Service at Rhode Island Hospital. His research interests focus on invasive fungal infections in non-HIV immunocompromised patients, particularly mechanisms and clinical significance of resistance to antifungals in Candida species, and antifungal stewardship. Dr. Farmakiotis graduated valedictorian from the Aristotle University of Thessaloniki, Greece, and trained in Internal Medicine at Albert Einstein College of Medicine/Jacobi Medical Center in the Bronx, NY. He completed his ID fellowship at Baylor College of Medicine on the MD Anderson Immunocompromised Host Track, and served as Chief Fellow for Baylor ID, followed by one year of advanced training in Transplant Infectious Diseases at Brigham and Women's Hospital.

Joseph Metmowlee Garland, MD
Assistant Professor of Medicine (Clinical)

Dr. Garland joined the Division of Infectious Diseases in September 2015. He works primarily in the Immunology clinic as a clinician and in the administration of the Ryan White program. He is also a faculty member of the BRIGHT Pathway for residents interested in careers in global health and involved in quality initiatives and OPPE. Dr. Garland comes to the Division from Philadelphia, Pennsylvania, where he was a Clinical Assistant Professor of Medicine at the University of Pennsylvania, and where he worked as a staff physician at the Jonathan Lax Center / Philadelphia FIGHT, a federally qualified health center providing HIV specialty care. In addition to his commitment to HIV care, Dr Garland also has an interest in addictions medicine and harm reduction, and in immigrant and refugee populations. While at Penn, he served as co-director of the Global Health Equities residency track, co-founded and directed the Penn Refugee Clinic of the Penn Center for Primary Care, and served as a director of Puentes de Salud, a clinic for uninsured Spanish-speaking immigrants. He has presented on immigrant and refugee health nationally at the Office for Refugee Resettlement and the HIAS National Refugee Resettlement Conference, as well as several regional events. Dr. Garland received his undergraduate and medical degrees from Harvard University and completed residency training and fellowship at the Hospital of the University of Pennsylvania.

Research in the Division of Infectious Diseases

Awewura Kwara, MD received a Fogarty grant which is a five-year training grant for collaborative work with the University of Ghana, and Brown University related to TB and HIV.

Michelle Lally, MD Has been named Protocol Chair of a Multi-Center Study of the NIH's Adolescent Medicine Trials Network for HIV/AIDS (ATN): PHASES: Provision of HIV Treatment at ATN Sites: An Evaluation for Stakeholders. This ongoing study will enroll 1000 adolescents across the US and investigate the HIV Continuum of Care for domestic youth.

Jody Rich, MD was selected by the Thundermist Board of Directors as the recipient of the 2016 Cannistra award. Thundermist recognized Dr Rich's unwavering commitment to caring for some of the state's most disenfranchised patients while concurrently leading policy efforts around issues of HIV treatment and prevention, the justice system and addiction medicine/overdose prevention.

In June of 2015, Dr Rich was also an invited White House expert as part of "A Benefits Improvement and Integration Working Group", Discussion of Care for Individuals Leaving the Prison System with HIV/AIDS and Other Chronic Conditions."

Lynn Taylor, MD is the Site PI for a 5-year, $14 Million grant for an 8-site study in partnership with the CDC and the "Patient-Centered Outcomes Research Institute (PCORI)" The Study, "Clinical Management of HCV Infection: Patient-Centered Models of HCV Care for People Who Inject Drugs", aims to: 1) Determine whether either of two models (Patient Navigation or Directly Observed Therapy) provided on-site at methadone programs and community health centers is more effective for enhancing HCV treatment; 2) Determine the factors associated with developing drug resistance and reinfection; and 3) Understand which patient-level factors affect HCV treatment outcomes.

New Rheumatology Fellowship Program Director

Anthony Reginato PhD, MD has been appointed as the Brown University Rheumatology Fellowship Training Program Director effective July 1, 2015. Dr. Reginato received his PhD in anatomy and structural biology at the University of Pennsylvania. He then earned his MD degree from the University of Pennsylvania and completed his Internal Medicine Residency at Yale New Haven Hospital. Following that, Dr. Reginato was a clinical and research Fellow at Massachusetts General Hospital and then did another Post-Doctoral Fellowship in the Department of Cell Biology at Harvard. He then joined the Division of Rheumatology at Rhode Island Hospital on September 1, 2009 after spending six years in the Division of Rheumatology at Massachusetts General Hospital.

Dr. Reginato is an Assistant Professor of Medicine at Brown he has been very active in the Rheumatology Fellowship Training Program. He has worked very closely with the Fellows and has written a curriculum on Musculoskeletal Ultrasound training. He has also mentored the Fellows in the program for the past six years. His Clinical interests are in musculoskeletal ultrasound, crystal disease and spondyloarthropathies. He is currently the Co-Director of the combined Rheumatology-Dermatology Clinic which meets weekly. He also has a basic science research laboratory at Rhode Island Hospital which is currently funded in part by a COBRE grant and other funding including a grant from the Arthritis Foundation.

The Division of Rheumatology Welcomes New Faculty

Joanne Szczygiel-Cunha, MD joined the Division of Rheumatology in August. Dr. Cunha received her Bachelor of Science degree from the City College of New York and her medical degree from Albany Medical College in Albany, NY. She completed her Residency in Internal Medicine and her Fellowship in Rheumatology at the Warren Alpert Medical School of Brown University in Providence. Dr. Cunha has been appointed jointly at the Providence VA Medical Center and with University Medicine at Rhode Island Hospital. She will be seeing patients in her latter capacity at 2 Dudley St, in Providence.

Deepan Dalal, MD, MPH has joined the Division of Rheumatology as of August, 2015. Dr. Dalal received his bachelors in Medicine and a Bachelor in Surgery from Topiwala National Medical College Maharashtra University of Health Science in India. He completed a Maters of Public Health at Bloomberg School Public Health at Johns Hopkins University Baltimore, Maryland. Dr. Dalal completed his residency in Internal Medicine at the Cleveland Clinic Foundation in Cleveland, Ohio and a Fellowship in Rheumatology from Boston University Medical Center in June 2015. Dr. Dalal is affiliated with Rhode Island Hospital and is currently seeing patients at 2 Dudley St. Dr. Dalal's interests are in epidemiology and outcomes research as well as having clinical interests in a variety of rheumatic disorders.

News from the CVI

Nishant Shah was selected to serve a two-year term on the American Society of Nuclear Cardiology's Health Policy Committee, a task force, responsible for addressing health policy issues that impact nuclear cardiology services and promote fair practice between cardiovascular specialty societies.

Antony Chu named Harvard Macy Scholar

Antony Chu, M.D. has been selected as a 2016 Harvard Macy Institute Faculty Scholar. Dr. Chu has developed an innovative digital curriculum for improving ECG diagnostic skills and arrhythmia management in medical student, resident and fellow training. In addition, Dr. Chu's digital curriculum incorporates clinical simulation to enhance learning, crisis management and intervention for treatment of arrhythmias. As a Harvard Macy Scholar, Dr. Chu will work closely with Harvard Medical School in the implementation of his curriculum. The Harvard Macy Institute is dedicated to progressive medical education. As a Harvard Macy Faculty Scholar, Dr. Chu hopes to provide innovative new approaches to guide training the next generation of healthcare providers enabling them with the knowledge and skills to manage patients with cardiac arrhythmias.

Research at the CVI

Jun Feng, MD, PhD is Principal Investigator on a 3-year grant "Metabolic Regulation of Endothelial K_{Ca} Channels and Coronary Endothelial Function". The goal is to determine the metabolic regulation of endothelial SK_{Ca}/IK_{Ca} channels and pig endothelial function.

Dr Feng is also Co-investigator on 4.5-year study, "Cardioplegia and Coronary Microvascular Reactivity", defining the effects of cardioplegia and extracorporeal circulation on endothelial and vascular smooth muscle pathways of vasomotor regulation.

Paul Gordon, MD is the Principal Investigator for "Coronary Intervention in High Risk Patients Using Percutaneous Left Ventricular Support Device (SHEILD II); *Assessing the safety and efficacy of the Heart Mate PHP in supporting patients with severe symptomatic coronary artery disease with diminished but stable cardiovascular function, who are undergoing elective or urgent high risk percutaneous coronary interventions (PCI) but are not candidates for coronary artery bypass graft (CABG) surgery.*

Dr Gordon is also the PI for a randomized, Double-Blind, Placebo-Controlled Phase I/II Study of the Safety and Efficacy of Intracoronary Delivery of Allogeneic Cardiosphere-Derived Cells in Patients with a Myocardial Infarction and Ischemic Left Ventricular Dysfunction (ALLogeneic Heart STem Cells to Achieve Myocardial Regeneration, ALLSTAR)

Dr Gordon is the PI, and Dr Daniel Levine is the Co-PI for "Percutaneous Ventricular Restoration in Chronic Heart Failure due to ischemic Heart Disease (PARACHUTE)"; the

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Research at the CVI *continued*

primary objective of Phase I is to demonstrate the reasonable assurance of safety of the CKI Parachute implant in the patients with NYHA Class III or IV (AMBULATORY) heart failure due to ischemic heart disease at 30 days.

The primary objective of the combined Phase I & II is to evaluate the reasonable assurance of safety and effectiveness of the CKI Parachute implant in the treatment of patients with NYHA Class III or IV (AMBULATORY) heart failure due to ischemic heart disease.

Dr Gordon is the PI for a Prospective Randomized Multicenter Study to Assess the SaFety and Effectiveness of the Orsiro SiroLimus Eluting Coronary Stent System in the Treatment Of Subjects With up to Three De Novo or Restenotic Coronary Artery Lesions – V (BIOFLOW-V)

Kenneth S. Korr, MD is the Principal Investigator for a Randomized, Double-Blind, Placebo controlled Study of the Short Term Clinical Effects of Tolvaptan in Patients Hospitalized for Worsening Heart Failure with Challenging Volume Management.

Dr. Korr is also the PI for a study on the Methods for Analysis of Decision-Related Communication in Outpatient Care.

Peter Soukas, MD is the Site PI for a Prospective, Multicenter, Single-Blind, Randomized, Controlled Trial Comparing the Lutonix® Drug Coated Balloon vs. Standard Balloon Angioplasty for Treatment of Femoropopliteal In-Stent Restenosis/ CL0018-01

Dr Soukas is also the Site PI for a Randomized, Multicenter, Controlled Trial to Compare Best Endovascular versus Best Surgical Therapy in Patients with Critical Limb Ischemia (BEST-CLI Trial) evaluating the effectiveness of best endovascular (EVT) compared to best surgical (OPEN) revascularization in patients with CLI

Dr Soukas is also the Site PI for TOBA II (Tack Optimized Balloon Angioplasty), a study for the Superficial Femoral and Proximal Popliteal Arteries Using the Tack Endovascular System™ (TOBA II)

Dr Soukas is the Global PI for the The GORE VIABAHN Endoprosthesis In-Stent Restenosis Post-Approval Study, *evaluating the post-market performance of GORE® VIABAHN® Endoprosthesis for the treatment of in-stent restenosis of the superficial femoral artery in a primarily U.S. population (at least 75% of patients being treated in the U.S.).*

Appointments & Promotions

Faculty Appointments
September 1, 2015 to January 31, 2016

MEMORIAL HOSPITAL

Endocrinology
Zsolt Orban, MD
Assistant Professor (Clinical)

Pulmonary, Critical Care, and Sleep
Kamran Manzoor, MD
Assistant Professor (Clinical)

THE MIRIAM HOSPITAL

General Internal Medicine
Deepa Nankani, MD
Assistant Professor (Clinical)

Sarah Freeman, MD
Assistant Professor (Clinical)

Hematology/Oncology
Rimini Breakstone, MD
Assistant Professor (Clinical)

Ryan Stevenson, MD
Assistant Professor (Clinical)

RHODE ISLAND HOSPITAL

Cardiology
Philip Haines, MD
Assistant Professor

General Internal Medicine
Karuppiah Arunachalam, MD
Clinical Instructor

Jacqueline DePasse, MD
Clinical Instructor

Ashok Raj Devkota, MD
Clinical Instructor

Prerna Ganjoo, MD
Clinical Instructor

Jael Rodriguez, MD
Assistant Professor (Clinical)

Rajesh Shrestha, MD
Clinical Instructor

Infectious Diseases
Dimitrios Farmakiotis, MD
Assistant Professor (Clinical)

Joseph Garland, MD
Assistant Professor (Clinical)

Kidney Disease and Hypertension
Basma Merhi, MD
Assistant Professor (Clinical)

Sairah Sharif, MD
Assistant Professor (Clinical)

Jie Tang, MD
Associate Professor (Clinical)

Pulmonary, Critical Care, and Sleep
Seema Amin, MD
Clinical Assistant Professor

Samuel Evans, MD
Assistant Professor (Clinical)

Rheumatology
Deepan Dalal, MD
Assistant Professor (Clinical)

PROVIDENCE VAMC

Rheumatology
Joanne Cunha, MD
Assistant Professor