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THE WARREN ALPERT SCHOOL OF MEDICINE OF BROWN UNIVERSITY

INSIDE

UNIVERSITY MEDICINE EMBRACING CONCEPT OF PATIENT-CENTERED MEDICAL HOME

LEFT TO RIGHT ROW 1: *Cindy Williams MA, Odilia Avila MA, Ann Suggs MA (CSI Quality Assistant), Kristen Flint MA, Sharon Dufresne MA, Rebecca Rushworth MA* ROW 2: *Pia Gringel MA, Deanna Lamarre MA, Gail Martin (Manager), Valine White, Darlene Arthurs RN (CSI Care Manager), Jeanne Oliva MD* ROW 3: *Tom Bledsoe MD, Michael Johnson MD, Patricia Flowers MA, Odessa Solola MA, Frank Basile MD, J. Mark Ryan MD*

The primary care offices of Drs. Basile, Bledsoe, Johnson, Oliva and Ryan and Marianne Warren NP have taken the first step toward becoming a **patient-centered medical home,** an advanced primary care practice that provides the resources for effective, whole-patient care. Passing the mid-point of a two year pilot program involving all major insurers in Rhode Island, the UM practice at 285 Governor St. has been certified by the National Center for Quality Assurance as a "Level 1" medical home and is applying for certification at level 3 (the highest). When certified, it will join a very few select practices in Rhode Island to be so designated.

The Patient-Centered Medical home was envisioned as a new method of both delivering and financing primary care. The goal is comprehensive care by a physician-led team that is personalized to the patient's own self-management goals developed in consultation with his or her physician. The team — including medical assistants, diabetes educators, nutrition and pharmacy resources, mental health professionals and others — commits to population-based care using an electronic registry and outcome tracking.

CSI Rhode Island

The transformation at Governor St. is part of a demonstration project called "CSI RI", the Chronic Care Sustainability Initiative in Rhode Island. With the assistance of a grant from the Center for Health Care Strategies, Rhode Island's Health Care Commissioner Chris Koller worked with Quality Partners of Rhode Island in 2005 to convene major purchasers of health care in the state, the two dominant health insurance providers and representatives of the larger medical groups that provide primary care to Rhode Islanders, including University Medicine. Recognizing the twin (and related) crises in primary care of professional burnout (21% of new primary care physicians leave primary care practice within 10 years of finishing residency training) and low rates of medical school graduates choosing careers in primary care, the CSI participants sought to align quality improvement goals and financial incentives also in order to improve chronic illness care in primary care settings. The project also sought explicitly to develop a payment model which will enhance the attractiveness and viability of primary care as a specialty in Rhode Island. By demanding that resources for the project be housed in primary care practices for the benefit of *all* of the practice's patients regardless of their individual insurance plans and that all insurers participate equitably (based on market share), the five initial practices were able to craft one of the country's first all-payor PCMH demonstration projects. The project includes contracts with BCBSRI, United HealthCare, RI Medicaid (through ConnectCare Choice) and Rite Care.

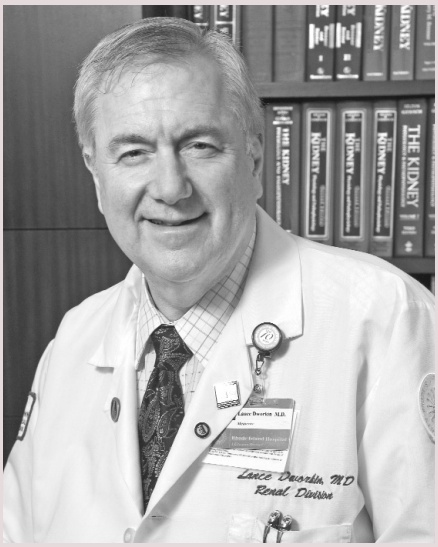
As a contractual obligation, the Governor St. practice was required to achieve the NCQA level 1 certification which was granted in June, 2009. Elements of this certification involve written standards for access and communication, electronic test and referral tracking, electronic prescribing and on-site care management by a nurse who is a UMF employee but fully funded by the project. As of April 1st, the practice has completed the self-assessment required to begin the process of certification at the next level.

Members of the team

In an effort to provide better information to the physicians, Governor St. office manager Gail Martin, nurse care manager Darlene Arthurs RN, CDOE and quality assistant Ann Suggs track physician performance linked to conditions of interest in the pilot project (diabetes, coronary artery disease and depression as well as smoking status). Each member of the front office staff and each of the medical assistants have learned new skills and have become a more active part of the treatment and reporting team during this process. A CSI Core team meets weekly to discuss, plan for and then assess changes in office function. The core team is then responsible for sharing innovations with the rest of the staff and bringing their feedback to the next team meeting.

Continue on page 3

Chairman's Message



Lance Dworkin, MD

Conflict of interest (COI) is an issue that has received increasing attention in both the medical and the lay press and is of great importance to patients, to the institutions in which we work, and to the Department. Regardless of whether one is a trainee, full-time or clinical voluntary faculty, we are repeatedly faced with situations that have the potential to influence our behavior in subtle and not so subtle ways. Recognizing that community expectations and institutional norms are changing, both Brown University and Lifespan have been reviewing and updating their institutional COI policies. In fact, all of the affiliated hospitals of the medical school have detailed COI policies. However, because many members of the Department are neither employed by the University nor by a hospital, these policies often do not address many situations that department may encounter that have the potential to create members conflicts. In part to address this gap, work on a new COI policy for the Department of Medicine has also been underway for several months. In launching this initiative, my goal has been to produce a document that can serve as a guide for physicians and staff on how to avoid and/or manage conflict as they navigate through the complex interface between modern academic medicine and the health care industry.

My own awareness of the complexity of this issue was heightened after reading the proceedings of a symposium on influence and reciprocity that was organized by the American Association of Medical Colleges (AAMC) and held in June, 2007. This document is available online and can be downloaded for free at the following web address: **https://services.aamc.org/publications/index.cfm?fuseaction=Product.displayForm&prd_id=215&prv_id=262**

The behavioral scientists who participated in this symposium made several important points. First, although we may not be consciously aware of the effect, even apparently trivial gifts frequently alter the behavior of the recipient in significant ways. Second, the usual means of dealing with conflict of interest, open disclosure, often only makes matters worse. This is because, subconsciously, the individual making the disclosure feels justified in offering potentially biased recommendations precisely because the conflict has been revealed and openly discussed. At the same time the individual receiving the biased advice is more likely to accept it because he/she feels that the person making the recommendation is honest, again specifically because of the disclosure. The implications for physicians are that even small gifts from industry inevitably bias our behavior, no matter how honest and well intentioned we are, and that the only way to truly remedy the situation is to eliminate gifts of any size. Consistent with this view, several of our sister institutions have adapted strong new COI policies. Harvard and Stanford have recently banned all gifts and direct payments for speaking from industry to all faculty. My own opinion is that our department should be a leader in this area and adopt a similar policy.

I understand that opinions on this issue vary and that a highly restrictive policy would be a significant change from current practice. However, I believe that we have an obligation to our patients, to trainees and to the public to demonstrate that we understand the importance of the issue and to act decisively to avoid as much as possible any conflicts of interest. In the near future, I will be circulating a draft new Department of Medicine Policy on Conflict of Interest. A period of open discussion and debate will follow, and I encourage you to read the draft policy, to actively participate in the ensuing conversation, and to make your opinions known to myself, to division directors, and to other department leaders. I am confident that this process will be informative and will yield a rational final policy that we can all support.

Leonard Guarente, Ph.D. to Deliver Keynote Address on Friday, June 18, 2010 at the 16th Annual Department of Medicine Research Forum

The Annual Department of Medicine Research Forum will take place on Friday, June 18, 2010 from 3 P.M. until 5:30 P.M. at Smith-Buonanno Hall and Andrews Hall on campus at Brown University. Dr. Jack Wands is Chairman of the event.

Leonard Guarente, Ph.D., Novartis Professor of Biology and Director of the Glenn Laboratory for the Science of Aging at MIT will deliver the keynote address entitled *"Sirtuins, Aging, and Disease."*

Members of the Department of Medicine are invited to participate in the poster session that follows the guest speaker presentation. In past years, many students, trainees and faculty from Brown University-affiliated hospitals have participated. Investigators present new posters or material that has been presented at other regional and national meetings in the past year. Beverages and hors d'oeuvres will be provided during the poster session.

Application forms for the submission of poster titles will be circulated throughout the Department and are available by email from Tricia Meehan at tmeehan@lifespan.org or phone 444-8291.

Deadline for submissions is Monday, June 7, 2010.

We look forward to your participation at this exciting annual event.

Rhode Island Hospital Announces the Opening of New Outpatient Dialysis Center

Dr. Douglas Shemin, interim director of the Division of Kidney Disease and Hypertension and Medical Director of the Dialysis Program at Rhode Island Hospital is pleased to announce the opening of its new outpatient Dialysis Center. Accredited by The Joint Commission and equipped with the most advanced technology, the center offers adult and pediatric dialysis as well as home hemodialysis and peritoneal dialysis.

A multidisciplinary team provides clinic care, and our three-to-one patients–to staff ratio assures personalized care for every patient. All of our physicians are also on the faculty of the Division of Kidney Disease and Hypertension at the Warren Alpert Medical School of Brown University.

Furnished with patient's comfort in mind, individual stations allow each patient to enjoy his or her own television and WiFi access. Extended hours offer convenience to patients with busy schedules. Parking is free in a safe, well-lit parking lot.

The Dialysis Center is located at 117 Chapman Street, Suite 110 in Providence, RI and is open Monday through Saturday from 7a.m. – 11 p.m. Contact phone #: 401-444-4440.

University Medicine *continued*

Measuring (and sharing) quality outcomes

Physicians in the practice receive regular reports on their team's efficacy compared to other physician/MA teams and against target practice standards. What percentage of the patients with diabetes has had an ophthalmologic exam in the past year? How many have a HgbA1c below 7 or microalbumin levels at target? What percentage of newly identified patients with a diagnosis of depression have had appropriate follow-up and did it occur in a timely fashion?

The collection of data at Governor Street has been hampered by the lack of an electronic medical record. The other four pilot sites were already live on an EMR at the outset of the project. To their disappointment, each of the pilot sites has found that even state-of-the art EMR systems generally do not have registries that collect clinical data real time and allow for meaningful reporting. Since three of the five current pilot sites are (or will soon be) using eClinical Works, it is anticipated that the registry function within ECW will be significantly enhanced and streamlined going forward and "ready for prime time" by the time practices go live.

Data, anyone?

The main outcome measures of the CSI project are three-fold: Physician professional satisfaction, patient satisfaction and clinical outcomes. These outcomes are being studied by a research team from the Harvard School of Public Health through support from the Commonwealth Fund. It is hoped eventually that there will also be a *cost* benefit from 1) reduced ER utilization from ambulatory care sensitive conditions as a result of the enhanced access piece of the PCMH model and 2) reduced hospitalization and re-hospitalization rates as a result of the enhanced delivery of chronic care pieces of the model.

Quality measures are already showing significant improvements. Data analysis shows reductions in Hemoglobin A1c and serum LDL in Governor St.'s diabetic patients compared to historical controls. All five of the CSI sites have been able to demonstrate improvement in their clinical measures.

Rolling it out

The plan for University Medicine is to use the Governor St. experience to facilitate the transformation of all primary care sites to the patient-centered medical home model. The changes will begin in the division of Primary Care, then spread into General Internal Medicine, Geriatrics and the Miriam-based HIV clinic. Enhanced reimbursement for care delivered in practices certified as patient-centered medical homes is a payment model that is being advocated nationally. On the local level, Blue Cross Blue Shield of Rhode Island has made support of patient-centered medical homes a major priority. More information on how this transformation will occur for individual practices will be forthcoming.

Dr. Steven Moss, Professor of Medicine (Division of Gastroenterology) was invited to present findings based on his work at two national symposia addressing the role of infectious organisms in the causation of human cancer. This field is rapidly expanding and was greatly stimulated by the Nobel Prize award in 2008 to Dr. Zur Hausen for his discoveries linking human papilloma virus to cervical cancer that led to the successful launch of an anti-human papilloma virus vaccine that is expected to greatly diminish mortality from this disease. Dr. Moss presented his work on the relationship of *Helicobacter pylori* to gastric carcinogenesis at the Canadian National Symposium on Infectious Agents and Cancer (Toronto, Canada March 11-12, 2010) and at the United States National Cancer Institute's Scientific Think Tank entitled "Re-evaluating the role of infectious diseases in the causation of cancer", Washington, DC March 14-16, 2010.

Kwame Dapaah Afriyie and Sajev Handa have been elected as members of the inaugural class of **Senior Fellows of the Society of Hospital Medicine.** The inaugural ceremony will be held during next month's annual society meeting in Washington, DC.

Congratulations to both physicians for achieving this status in the rapidly expanding field of hospital medicine.

Imaging Times Reduced With the New SPECT Camera in the RIH Nuclear Cardiology Lab

James Arrighi, MD

Dr. James Arrighi, Director of Nuclear Cardiology at RIH, reports the acquisition of a new cardiac SPECT camera in nuclear medicine represents a major advance in cardiac imaging. This camera, a GE Discovery 530c, represents new, advanced technology in nuclear imaging, and is the first of its kind in New England, and will be used in selected patients who are referred to the RIH nuclear cardiology lab for stress testing.

The camera has several important advantages over old SPECT technology. First, imaging times are reduced by 50-75% compared to older SPECT cameras. Images of the heart can now be acquired in as short as 3 minutes. These shorter imaging times reduce the inconvenience to the patient, and improve overall patient comfort and satisfaction. Second, the high sensitivity of the camera permits protocols that decrease radiation exposure to selected patients by up to 50%. Third, the availability of this new camera technology in Nuclear Cardiology at RIH permits us to perform "patient-centric imaging". For patients in whom there is a concern about radiation exposure, reduced dose protocols can be utilized. For other patients who may have difficulty in tolerating long imaging procedures, protocols can be used that minimize imaging time. Certain cameras and protocols may be more appropriate for a particular patient. Our staff will select the most appropriate protocol and camera for each patient.

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Reflections on the Earthquake in Haiti

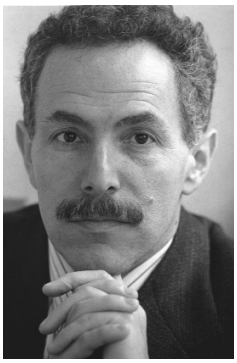
Amos Charles, MD is a pulmonologist and chief of the hospitalist division of the Department of Medicine at the Providence VA Medical Center. He is also a Clinical Associate Professor of Medicine at the Alpert Medical School at Brown University. Three days after the devastating earthquake struck Port-au-Prince, Haiti, on January 12, 2010, Dr. Charles teamed up with a group of Haitian physicians, nurses and other healthcare providers and headed to Haiti to participate in the global medical relief effort. It took the group at least 2 days of travel before reaching Haiti due to air travel restrictions to and from Haiti immediately after the earthquake. Dr. Charles spent 6 days in Port-au-Prince living under difficult circumstances, but was able to participate in the relief effort providing care to patients at the General State University Hospital in Port-au-Prince (L'hopital Universite d'Etat d'Haiti). He describes his experience in Haiti as sobering and heartbreaking. On his first day of arrival at the General Hospital things were poorly organized and chaotic. There were hundreds of injured people with broken arms and legs and other forms of extensive traumatic and crush injuries scattered everywhere in a large yard inside the hospital perimeter. Surprisingly, some of these people had already undergone amputation of their legs and/or arms. Some of the unfortunate patients who did not have a tent created their own protection from the sun using stretched sheets tied to trees or metal poles. All the patients were desperate and crying for help, requesting some form of medical attention. Some were hungry and thirsty, but others were suffering in obvious pain. One felt helpless in the middle of this enormous tragedy where there were hundreds and hundreds of people crying for help.

Dr. Charles' group was given the task of organizing a medical ward unit inside one of the hospital buildings that had been left standing and deemed safe after the earthquake. Dr. Charles took upon himself to be the general manager and administrator of the unit which was quickly designated to be the receiving unit for all the post-op patients. It was quickly dubbed by the surgeons the Post-op/Intensive Care Unit. The challenge of organizing a room full of debris with no beds or other equipment into a medical unit was not small, but the group received a total of 75 surgical patients the first day after arrival at the hospital. It was even more challenging to reorganize the unit all over again when it was completely evacuated after a 6.7 aftershock on a Monday morning. Subsequent aftershocks made the situation even worse.

Dr. Charles came back to the United States, only to fly to the Dominican Republic 2 weeks later to provide medical assistance to a group of patients who were transported a Good Samaritan Hospital in Jimani, a border town in the Dominican Republic about 45 minutes from Port-au-Prince. Immediately upon his arrival in Jimani, accompanied by two fourth year medical students, Andrew Allegretti and Laura Slavin from the Alpert School of Medicine of Brown University, Dr. Charles was given responsibility for a medical unit where 3 of the patients were critically ill and the staff was worried that those patients were likely to die the same night unless they could be transferred to another facility. Dr. Charles felt quite comfortable managing the patients and their conditions improved. He made the remark that some of the patients and their family felt frustrated being in a place and/or a country with people they cannot communicate with due to language barriers. Dr. Charles' arrival at Jimani was a godsend to some of these Haitian patients. He was able to talk to them in their native language, answer their questions, address their concerns and fears and provide them comfort. Unfortunately, Dr. Charles was only able to spend 4 days at the hospital in Jimani and 2 more days in another city in the Dominican Republic in his role as supervising faculty attending for the Brown University medicine residency training exchange program in the Dominican Republic.

Searching for Biomedical HIV Prevention Solutions Locally and Globally

Kenneth H Mayer, MD



While studying infectious diseases as a fellow at Harvard Medical School in the early 80's, Dr. Kenneth Mayer saw some of the first AIDS patients in New England, and became immediately curious about the mechanism for HIV transmission. This interest has led to almost three decades of work, trying to understand the dynamics of HIV transmission, trying to develop new technologies to prevent the spread of the virus both in the US and internationally.

Early collaborations studied transmission dynamics in HIV discordant couples in order to try to understand the behavioral and biological reasons why some individuals became infected quickly with HIV and some others seemed to be more resistant to infection.

In collaboration with Dr. Charles Carpenter and other colleagues at The Miriam Hospital, he was an Investigator in the HERS cohort, which studied the natural history of HIV in women. From the start of the epidemic, The Miriam Hospital Immunology Center has focused on the care of HIV-infected women. The Miriam team was then selected as a site to conduct some of the first topical microbicide studies to evaluate different types of gels to see if they were safe and well tolerated by at-risk and HIV-infected women. Some of the studies that were conducted in Providence led to large multicenter studies that were conducted subsequently in Africa and Asia. Although some of the first generation microbicides were not found to be effective, leading to an increased interest in the use of antiretrovirals, either taken orally or used topically, to prevent HIV transmission.

Brown University was one of three sites that conducted the first human studies of the evaluation of topical Tenofovir gel as an anti-HIV microbicide. Over the time that Dr. Mayer has worked at Brown, he has also continued to conduct studies evaluating HIV prevention interventions in high-risk men who have sex with men at Fenway Health in Boston, the largest community health center in New England focusing on sexual and gender minority populations. At Fenway, he is overseeing the conduct of two studies of oral antiviral chemoprophylaxis, known as pre-exposure prophylaxis, in which at-risk individuals are monitored as to whether the use of antiretroviral therapy can protect them against becoming HIV infected. He has also cooperated with behavioral scientists to test a variety of anti-HIV behavioral interventions, both in Boston and Providence.

In collaboration with Dr. Carpenter and other colleagues in the Immunology Center, Dr. Mayer became interested in the global HIV pandemic more than 15 years ago, and assumed authority for an NIH Fogarty International Center AIDS International Training and Research Program grant, which by now has trained almost 100 clinical, laboratory, behavioral science, and public health investigators from India, Cambodia, The Philippines, Indonesia, Bangladesh, and western Kenya. These trainees have gone back to their home countries and have become leaders in clinical research, as well as the public health response to AIDS, and have remained active collaborators with several key Lifespan faculty, including Drs. Susan Cu-Uvin, Timothy Flanigan, Jane Carter, Rami Kantor, and Herb Harwell.

The strong support of the Dean of Medicine, Dr. Wing; the Chief of the Infections Disease, Dr. Flanigan; and the principal investigator of the Lifespan/Tufts/Brown Center for AIDS Research, Dr. Carpenter; have enabled Dr. Mayer and colleagues to develop some strong research initiatives with many local and international collaborators.

Seminar from Women & Infants/Brown Featured In Lancet

Pulmonary embolism (PE), a blood clot in an artery to the lung or one of its branches, is the leading medical cause of death in pregnant women in the developed world. Mortality rates may be reduced if clinicians can target the right population for prevention, ensure that diagnosis is adequately investigated when suspected, and initiate the most timely and best possible treatment.

A review of all of the new research about how to identify those women at highest risk for PE in pregnancy has been published in the February 6, 2010 issue of The Lancet, one of the world's leading medical journals. The seminar was led by Ghada R. Bourjeily, MD, FCCP, board certified internist and pulmonary and critical care medicine specialist in the Center for Women's Medicine at Women & Infants Hospital and assistant professor in the Department of Medicine at the Alpert Medical School. The seminar team also included Karen Rosene-Montella, MD, chief of medicine at Women & Infants Hospital of Rhode Island, and professor of medicine and obstetrics/gynecology and director of the Division of Obstetric Medicine at The Warren Alpert Medical School of Brown University, and was written in collaboration with Hanah Khalil, MD, a Women & Infants' radiologist; a high-risk obstetrician; and a hematologist.

"The diagnosis and management of pulmonary embolism in pregnant women is complicated because of the many physiological changes that take place during pregnancy," explained Dr. Rosene-Montella. "Unfortunately, there has not yet been enough research into the best ways to identify those women at risk and how best to treat them. Dr. Bourjeily's work and her collaboration with colleagues internationally is helping to identify the best imaging strategies to identify clots and determine their clinical significance that may help us safely manage PE in pregnant women."

Pulmonary embolism is usually caused when a blood clot in the leg travels through the bloodstream to the lungs. The obstruction of the blood flow through the lungs and the pressure on the heart lead to signs and symptoms of PE, including difficulty breathing, chest pain when inhaling, and heart palpitations.

The article by Bourjeily and her team discusses specific risk factors for pulmonary embolism in pregnant women and reviews in detail the advantages and disadvantages of various imaging techniques in this patient population. The article also cautions against extrapolation from the data available on the non-pregnant population and alerts the clinician to the physiologic changes that affect diagnosis and treatment of pregnant women suspected of having PE.

Hope for Haiti Lies in its People

Raina Phillips, MD
Medicine-Pediatrics –PGY3

"What lies behind us and what lies before us are tiny matters compared to what lies within us."
Ralph Waldo Emerson

Through the flap of the dimly lit brown tent I could see the forty plus people inside settled down for the evening. As I approached, I marveled at their fortitude. The day I arrived at Hospital Buen Samaritano on the Haiti/Dominican Republic border, the director reported, "There's no doctor for the brown tent." As such, I inherited 17 patients and their families, all of whom had lost their homes, family members, friends, and jobs. Yet throughout my week there, I did not witness a single expression of self-pity. Rather, I was privy to repeated demonstrations of resilience, faith, and gratitude beyond measure.

Take Mimose, 39, who was 2 weeks status post R femur ORIF with a R heel wound. My first day, when the new plastic surgeon came to inspect the wounds in my tent, he lifted her right leg and felt excess laxity. As I watched her shin, a distinct elevation in her skin appeared—an extra joint, as it were. An x-ray showed a comminuted fracture of her tibia; 6 weeks after the earthquake. The orthopedic surgeon agreed to place an intramedullary nail the next day. I walked back to the tent ready to present the news to Mimose, expecting shock, anger, concern, and many questions. With Francois, my Spanish-Creole translator, I did my best to provide her with "informed consent" though, having never seen a tibial nail placed, I venture to say the explanation I provided was not well informed. I ended with an apology and, "what questions do you have?" Mimose smiled and took my hand, "Thank you so much," she said. She had every reason to express frustration, fury, distress that this fracture had not been detected and dealt with earlier, yet she offered nothing but gratitude. It felt uncomfortable to accept thanks for such a gross oversight. This was just the beginning of a disconcerting degree of appreciation aimed at the volunteers.

Then there is Guytonia, a 20 year old with a broken ankle and deep soft tissue injuries of the foot requiring skin grafts and a great toe amputation. When I arrived, she dreaded dressing changes, not only because of the phantom pain it invoked, but because she could not bear to look at her injured foot, skin marbled with its new graft, black stitches over her conspicuously absent toe. She laid in bed the wounded leg covered by a sheet, the other with toes painted bright pink. Several days in, the plastic surgeon suggested I débride the graft to prevent infection. Guytonia was horrified at the prospect of someone touching her foot, especially with the crude tweezers and scissors from the suture removal kit, the only available instruments. Forty five minutes later, the careful work yielded skin underneath that looked much more aesthetically acceptable. At this point I nodded towards Guytonia, "your turn," I proposed. Shyly, she took the devices and gingerly continued the work. In the course of an hour, she mustered the courage to go from not looking at her foot unwrapped to self-débriding—such pluck!

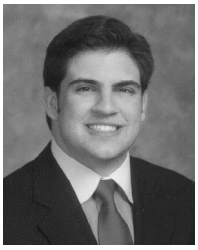
At daybreak the morning of my departure, I headed to the tent to say my good-byes. Despite the forthcoming obstacles, the financial uncertainty and the obliterated dreams, my patients looked forward with a level of flexibility and resilience incomprehensible to those of us who count of food, shelter, and lodging as a matter of course. In many, my tears were contagious, but with English phrases many had mastered, it was *they* who offered reassurances with, "You are a big place in my heart," "I 'don't' forget you," and, most commonly, "thank you so much."

"Guytonia (L) bravely learned to debride her own foot. Mimose (R), 2 days after her tibial nail."

As with most ventures we deem charitable, we take away far more than we give. As I approached each patient for their daily exam, they would make room for me to sit on their cots while I wrote my note. One patient's girlfriend patiently plaited my thin hair into countless braids. Cuddling the grand-daughters of a particularly ill patient became a highlight of my rounds. In these conditions, it seemed impossible, nor did I try, to create a wall between us as an artificial distinction between victim and volunteer, patient and physician. I have the distinct honor of calling them my friends.

My hopes for them are now manifold. On a macro level, that Haiti will receive the international support and funding to rebuild safely and sustainably, that US citizens of the world will not turn a blind eye to the ongoing complex situation, and, more imminently, that the rains and ensuing hurricane season do not add to the death toll, compounding the calamity. On an individual level, I hope their spirits remain optimistic, their troubled limbs regain full function, their dreams, old and new, are fostered, and they continue to rebuild strong, yet flexible, foundations for their lives. Last, I wish their unfaltering courage and resilience would be highlighted in the press, serving as an inspiration to the world and finally garnering Haitian citizens the respect they deserve.

2010-2011 Chief Medical Residents – Rhode Isalnd Hospital, The Miriam Hospital & VA Medical Center



Nathan Connell, M.D.

Nathan Connell, M.D., grew up in Lake Wales, Florida, a small town outside of Orlando. He graduated in 2001 with a B.S. in Biological Sciences from Cornell University. As an undergraduate he was active in campus life as a resident advisor. He received his M.S. in Biomedical Sciences from Barry University in 2002.

He is a 2007 graduate of the University of Miami School of Medicine where he was active in health outreach efforts in Little Haiti as well as the Florida Keys. While in Miami, Nathan served as the Executive Director for the medical school's Department of Community Service.

During residency, he developed his interest in benign hematology by looking at the role of splenosis in overwhelming post-splenectomy infection. He participated in the Brown-Kenya exchange by working in Eldoret, Kenya in October of 2009 and recently completed a chapter on HIV-associated malignancies for the American Society of Microbiology's *Emerging Infections*. Nathan served on the working group for the Brown Residency International/Global Health Training (BRIGHT) Pathway.

Nathan is a graduate of the categorical internal medicine program. After his chief residency, he plans to pursue fellowship training in hematology and medical oncology.

Sarah DeNucci, MD

Sarah DeNucci, MD, a RI native, grew up in Cranston. In the fall of 1999 she enrolled in Brown University's eight-year Program in Liberal Medical Education (PLME). She received a bachelor of science in neuroscience in 2003 and her medical degree in 2007.

During her pre-clinical years at Brown, she was active in Let's Get Ready!, a mentoring and tutoring program for underprivileged Providence teens. She also volunteered for the National Youth Leadership Forum in Medicine and helped to organize a diabetes screening project at local health clinics. As a Brown medical student she did research at the RI Department of Corrections focused on hepatitis C virus and immunologic correlates in young substance abusers.

Sarah's research at RI Hospital's Liver Research Center focused on alcoholic liver disease, specifically molecular and cellular parameters of rat liver structure and function after exposure to alcohol. She was able to present her research on strain differences in susceptibility to alcohol-induced chronic liver injury and hepatic insulin resistance at Digestive Disease Week (DDW), the national conference of the American Gastroenterological Association (AGA).

Sarah enjoys scrapbooking everything and spending time with her fiancé Omar, who is also a Brown internal medicine resident. Her favorite pastime is searching for shells at her parent's home in Bristol.

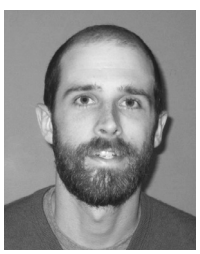
Sarah is a graduate of the categorical internal medicine program and will start a gastroenterology fellowship in July 2011.

Kathleen Eldridge, MD

Kathleen Eldridge grew up in Newark, DE, and stayed close to home to attend the University of Delaware, graduating with a B.S. in Business Administration in 2000. Kate then moved to New York, and worked in finance for a couple years. After volunteering at a local hospital, she found greater interest and purpose in medicine, and went back to school to complete a post-baccalaureate program at Bryn Mawr College. She then attended Jefferson Medical College in Philadelphia.

After escaping the vast space of the second-smallest state, Kate is happy to call Rhode Island home. In nice weather, you can find Kate on the beach, on a kayak, on a farm picking fruit, or hiking outside. She also loves to spend time with her husband, Justin (a Med-Peds resident), and their daughter, Lily. All three of them are excited to meet Baby #2 this Fall!

Following chief residency, Kate plans to pursue a career in academic or inpatient medicine.



Joseph Frank, MD

Joseph Frank, MD was born & raised in Carmel, Indiana. In 2002, he graduated from Indiana University with a degree in Biochemistry. Prior to medical school, he lived in Fort Collins, Colorado, working with the family business and getting to the mountains as often as possible.

During medical school at the Indiana University School of Medicine, Joe co-founded an annual benefit concert for Riley Hospital for Children in Indianapolis. Since then, Rock for Riley has raised nearly $650,000, hosting the likes of Wilco, My Morning Jacket, Bon Iver and the Avett Brothers. Experiences abroad during medical school in the Kingdom of Tonga, Nicaragua and with the Moi University School of Medicine in Kenya helped introduce him to Brown.

As a General Internal Medicine resident, Joe's ambulatory clinic experience and research efforts focused on correctional medicine and the transitional care of ex-offenders. He again traveled to Eldoret, Kenya and co-directs a qualitative study examining the experiences of Kenyan medical students.

In his free time, Joe enjoys running, hiking, collecting music and (still) learning to surf. His favorite spots in Rhode Island are a secret stretch of rocky coastline in Middletown and the less secret shores of Edgewood Lake in Roger Williams Park. Following his chief residency, Joe plans to pursue a career in academic General Internal Medicine.

Bashar Staitieh, MD

Bashar was born in Greensboro, NC. He grew up in Kansas before returning to North Carolina for undergraduate studies at the University of North Carolina at Chapel Hill. There, in an effort to hone his medical skills, he majored in English Literature and graduated with both honors and distinction after writing his thesis on alliteration in the work of Philip Larkin. He was also an active member of the UNC Muslim Students' Association, and through that group launched his television career, appearing on both ABC's Nightline and PBS's Religion and Ethics Newsweekly before exhausting his fifteen minutes of fame. He then attended medical school at the University of Kansas before fleeing to New England and Brown University's Categorical Internal Medicine Program.

As a second year resident, he received the Gold Humanism Honors Society's "Humanism and Excellence in Teaching Award" from the Brown Medical School and stayed active in scholastic activity, abandoning poetry to pursue studies of dengue fever, acute disseminated encephalomyelitis, and alcohol withdrawal.

Bashar currently resides in Massachusetts with his wife, Sana, and is planning to pursue a fellowship in Pulmonary and Critical Care Medicine after completing his Chief Residency.

The 2010 Match

Rhode Island Hospital-The Miriam Hospital

General Internal Medicine/ Primary Care

Adam Albano
New York Medical College

Stephanie Catanese
Temple University

Daniel Chen
Tulane University

Prachie Narain
Dartmouth Medical School

Thomas Reznik
University of Maryland

Alicia Ringel
Jefferson Medical College

Hubert Roberts
Boston University

Maxwell Stem
Pennsylvania State University

Robert Velasco
Alpert Medical School

Internal Medicine/Categorical

Timothy Amass
George Washington University

Debasree Banerjee
New York Medical College

J. Bradford Bertumen
University of Maryland

Tiffany Chen
Pennsylvania State University

Diana-Frances Coffie
SUNY Upstate Medical University

Lauren de Leon
Alpert Medical School

Michael Engels
University of Massachusetts

Joshua Fischer
Alpert Medical School

Michael Furman
Jefferson Medical College

Stuart Gallant
University of California, Davis

Randall Ingham
New York Medical College

Niren Jasutkar
UMDNJ – RW Johnston

Varinder Kambo
Albany Medical College

Joseph Kaserman
University of Vermont

Steven Kassakian
Alpert Medical School

Benjamin Kuritzky
University of Cincinnati

Kathleen Lee
Mount Sinai School of Medicine

Anne Lincoln
University of Pittsburgh

Chiduzie Madubata
Tufts University

Andrew Moraco
Alpert Medical School

Lawrence Murphy
University of Massachusetts

Drew Nagle
University of Florida

Karthik Ravindran
Medical College of Wisconsin

Manisha Reddy
UMDNJ-New Jersey Medical School

Corinne Rhodes
University of Pittsburgh

Michael Sorrentino
SUNY Upstate Medical University

John Updike
Tulane University

Christine Wang
New York Medical College

Mae Whelan
Albany Medical College

Kristal Young
University of Hawaii

Medicine/Pediatrics

Margaret Chang
Alpert Medical School

Benjamin Felix
Indiana University

Christina Leone
University of Massachusetts

Kathryn Palumbo
University of Texas at Houston

Internal Medicine/ Preliminary

Sanford Brown
Tufts University

Christina Chee
Virginia Commonwealth University

Meaghan Daly
Columbia University

Robert Gross
New York University

Renee Hickey
Saint Louis University

Sarah Latif
University of Kansas-Kansas City

Charles Mitchell
Alpert Medical School

Elizabeth Niemiec
Alpert Medical School

Anna Roytberg
Northwestern University

William Tsiaras
Alpert Medical School

Robert Ward
George Washington University

Memorial Hospital of Rhode Island Internal Medicine

Omar Zmeili, MD
Chief Medical Resident
University of Jordan, Jordan

Michael Agustin, MD
University of Santo Tomas, Philippines

Abdel Anabtawi, MD
Jordan University of Science and Technology, Jordan

Manoj Bhattarai, MD
Tribhuvan University, Nepal

Abdul Bhutta, MD
Nishtar Medical College, Pakistan

Zanira Fazal, MD
King Edward Medical College, Pakistan

Denisa Hagau, MD
Universitatea de Medicina Si Farmacie Iuliu Hatieganu, Romania

Andrea Kassai, MD
University of Debrecen, Medical and Health Sciences Centre, Hungary

Yazan Migdady, MD
Jordan University of Science and Technology, Jordan

Mohamed Mourad, MD
University of Damascus, Syria

Teresa Slomka, MD
Akademia Medyczna, Lublin, Poland

Carolina Fonseca-Valencia, MD
Universidad de Antioquia, Colombia

Full Time and (Research) Appointments

Miriam Hospital
Hematology/Oncology
Angela Plette, MD
Assistant Professor
Pulmonary
Jeffrey Mazer, MD
Assistant Professor

Rhode Island Hospital
Gastroenterology
Zoltan Derdak, MD
Assistant Professor (Research)

VAMC
Endocrinology
Hilary Whitlatch, MD
Assistant Professor

department of
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Office of the Chairman of Medicine
Rhode Island Hospital
593 Eddy Street
Providence, RI 02903

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To submit an article or provide information contact Denise Lavely-O'Hara at 444-5127, e-mail to **dlavely-ohara@Lifespan.org** or contact Dan Bryant at 444-6893, e-mail to **dbryant@Lifespan.org.**

Department of Medicine Grand Rounds

June 8, 2010:
The Grace McLeod Rego Memorial Lecture

"Evidence and Elegance: An Introduction to Integrative Medicine"

Donald B. Levy, M.D., Medical Director, Osher Center for Complementary and Integrative Medical Therapies, Brigham and Women's Hospital; Assistant Clinical Professor, Harvard Medical School

June 15, 2010:
Morbidity & Mortality Conference

Case 1: ***"A 78-year-old woman presents unresponsive from her nursing home"***

Presenter: Kevin Dushay, M.D., Pulmonary & Critical Care Medicine

Panelists: Alfred Buxton, M.D., Cardiology; Geriatrics – to be announced

Case 2: ***"A 75-year-old man presents with nausea, vomiting, and abdominal pain"***

Presenter: Katherine Richman, M.D., Nephrology

Panelists: Shea Gregg, M.D., Trauma Surgery; Jerome Larkin, M.D., Infectious Diseases; Oncology – to be announced

June 22, 2010:
Infectious Diseases Update

"The Seek, Test, & Treat Strategy for the HIV Epidemic"

Curt G. Beckwith, M.D., Attending Physician, Infectious Diseases Division, Department of Medicine; Associate Director, Infectious Diseases Fellowship; Assistant Professor of Medicine, The Warren Alpert Medical School of Brown University

Another Infectious Diseases Topic will be Presented – Topic and Presenter To Be Announced

June 29, 2010:
Pulmonary Update

"Rhode Island Statewide ICU Palliative Care Initiative"

Mitchell M. Levy, M.D., Interim Chief, Division of Pulmonary, Critical Care & Sleep Medicine, Rhode Island and The Miriam Hospitals; Professor of Medicine, The Warren Alpert Medical School of Brown University

"Update in Pulmonary Hypertension 2010"

James R. Klinger, M.D., Medical Director, Respiratory Care Unit, Rhode Island Hospital; Associate Professor of Medicine, The Warren Alpert Medical School of Brown University

July 6, 2010:
Grand Rounds Cancelled
July 4th Holiday

Handicapped assistance is available. Please contact the Rhode Island Hospital CME office at (401) 444-4260.