Colleagues and Friends,

The new academic year has gotten off to a great start! New medical students in the clerkships are eager to learn from us. Motivated new interns, residents, and fellows embarking on the next phase of their career paths need us to model ultimate professionalism and passion for medicine. A host of new Department of Medicine faculty dedicated to patient care, education and research are bringing new skills and services to our missions. Each of us should feel challenged to be the best that we can be in all that we do.

Over the last year, we have seen progress in a number of areas: we’ve added eighteen new faculty, have one of the largest intern classes in the history of the Department of Medicine, and received ACGME approval to expand the core medicine program and the medicine-pediatrics programs, as well as adding a primary care track for residents. The Office of Research and Scholarship (ORS) has been launched and will continue to grow in size and service over the coming year. We had one of our strongest years ever in billing and collections, and continue to add clinics and services despite our currently limited space. The future for our department is unquestionably bright, despite the constraints of the healthcare economic climate, and the usual and unusual stresses of academic medicine. Thank you for all that you are doing to move us forward!

In the next couple of months we will be launching revamped clinical councils to work with UP and hospital leadership to correct process and communication issues that continue to plague us in our attempts to provide stellar patient-centered care. Many of you will be asked to serve on a task-force or sub-committee; I hope you will serve and bring creative innovative solutions to the table. We are already planning recruitment efforts for the 2012 intern class and will be asking many of you to participate in interviews and selection processes. The Primary Care Track task force will be finalizing plans for that new program which will offer positions in the 2012 match. On the research side, Ann Dautenhahn Martin, the new Director of ORS, will be inventorying our research space utilization and reviewing grant budgets to make certain we are making optimal use of what we have, and identifying what we need to grow our research enterprise. More to come on that subject in upcoming editions.

In closing, don’t forget to sign, date, and time all orders and notes, and of course, wash your hands!

Shirley
1. A 32-year-old man comes to the office because of a 1-week history of worsening erythema and pruritus of both axillae. He is otherwise asymptomatic, his appetite is unchanged, and his weight is stable. On physical examination, temperature is 37.1°C (98.8°F), heart rate is 72/min, respiration rate is 16/min, and blood pressure is 128/62 mm Hg. Both axillae show marked erythema, minimal tenderness, several small nonpustular vesicles, and a small amount of serous exudate coming from ruptured vesicles. There is no erythema adjacent to the axillae and no palpable lymphadenopathy. Leukocyte count is 5300/μL with 72% neutrophils, 18% lymphocytes, 2% monocytes, and 8% eosinophils.

Which of the following is the most likely diagnosis?
(A) Contact dermatitis  
(B) Pasteurella multocida cellulitis  
(C) Staphylococcal cellulitis  
(D) Streptococcal cellulitis

2. A 55-year-old woman is evaluated in the office for what she believes is toenail fungus. She is interested in treatment. She is otherwise healthy and takes no medications. On physical examination, thickened and dystrophic nails are noted on each of her largest toes. The remainder of the examination is normal.

Which of the following is the most appropriate next step in management?
(A) Aggressive nail débridement  
(B) Culture of debris under the nail  
(C) Oral terbinafine  
(D) Topical ciclopirox

3. A 43-year-old woman with idiopathic cardiomyopathy (most recent left ventricular ejection fraction, 30%) is evaluated in the office. She has fatigue and shortness of breath with minimal activity. Her medications are lisinopril, 2.5 mg daily; sustained-release metoprolol, 12.5 mg daily; digoxin, 0.125 mg daily; and furosemide, 80 mg daily. On physical examination, blood pressure is 110/75 mm Hg and heart rate is 94/min. There is jugular venous distention to 2 cm above the clavicle at a 45-degree incline. Cardiac rhythm is regular, with normal S1 and S2 and no gallops. There is no peripheral edema.

Laboratory studies: Blood urea nitrogen 43 mg/dL  
                  Potassium 5.1 meq/L  
                  Creatinine 2.7 mg/dL  
                  Digoxin 0.9 μg/L

Which of the following would be the most appropriate medication change?
(A) Increase digoxin  
(B) Increase furosemide  
(C) Increase metoprolol  
(D) Start spironolactone
Division Focus: Nephrology

The DOM Division of Nephrology of 2011 is successfully building on its storied history which began in 1965 with the arrival in Mississippi of Renaissance man Dr. John Bower. By 1966, the UMC Artificial Kidney Unit (AKU) had been born, and in 1974, Dr. Bower opened the first outpatient dialysis unit in the state. This began what would become one of the largest networks of rural dialysis units in the nation- Kidney Care, Incorporated.

Today, the Nephrology Division continues to grow and succeed in each of its missions most recently under the leadership of Dr. Luis Juncos, a visionary physician scientist. Our nephrologists deliver cutting edge and compassionate care for patients with all types of kidney disease as well as those patients who have received a kidney transplant. They also teach the nephrologists of tomorrow for the state of Mississippi; provide objective information, education, and guidance to patients with kidney disease; improve the understanding of the nature and treatment of kidney disease through basic, clinical, and translational research; and train physician-scientists for careers in research. Several additional team members have been added to the Division in 2011, which now boasts seven MD faculty members, four nurse practitioners, 7 clinical fellows, and 7 research fellows. Outpatient clinical services include chronic hemodialysis care for over 175 patients, chronic peritoneal dialysis care for over 50 patients, transplant oversight care for over 500 patients, and approximately 240 patients per month seen in the general nephrology clinics. In addition, the nephrology division has busy in-patient consult service, providing renal support across the hospital.

From a research and scholarship perspective, nephrology is one of the DOM’s most productive divisions. In 2010-2011, their work resulted in over 35 manuscripts, 30 presentations, and > 1.3 million dollars in sponsored research. Plans for the future include: expanding renal replacement therapy capacity including the nocturnal hemodialysis program and home-dialysis programs; developing a SIM center for extracorporeal therapies; revitalizing the Mississippi Society of Nephrology to serve and strengthen relationships with nephrologists across the state; establishing clinical research partnerships with Mayo Clinic and UAB; and growing research collaborations with other subspecialties and basic science departments across our campus. Unquestionably, Dr. Bower’s legacy is alive and well!

Representing Research

Check out the Office of Research and Scholarship (ORS) web site (click the link at the left on the Department of Medicine site medicine.umc.edu/).

Find helpful resources, monographs, articles, links and more to help you with your academic projects and development.

***Recently added....***

“Scholarship References” which has about 90 articles on career development, research, writing, and presentations

“Extramural Resources” which includes about 50 web sites of programs for advanced training in education and administration
Congratulations to Dr. Nauman Chaudary and our Pulmonary Division for receiving this National Selection and Award for CFF Program for Adult Care Excellence (PACE) Training Award

Admin Update

Thank you to Kelly! Your help and assistance is so appreciated and is highlighted in the letter below that we received.

My name is Barbara Farley and I work in the CSB room L210. I am a paraplegic permanently confined in a wheelchair and I drive a modified van that has a wheelchair ramp. I am parked in the back of the CSB in a assigned handicap space. The space beside me is a “No Parking” space to allow for my ramp to extend out so I can load/unload, in or out of my van.

I have constantly had problems with inconsiderate persons, who will park either in my assigned space or will park in the “no parking zone” which won’t allow me to get into my van when it is time for me to leave. In these cases I have to call security and wait for someone to come and then they have a long process in which they have to go by to contact the owner of the vehicle and write a ticket and so on.

My point is, the past 2 occasions that I have been blocked in and could not leave, Kelly Dismuke has been my rescuer.

She just took control of the situation, got in my van and moved it back out of the parking place so, we could open the ramp, and I could enter my van and go home… As “HOT” as it has been you can just imagine having to wait outside for help, it has not been pleasant, I really wish the people blocking me in would consider that. However, I believe this was the first modified van Kelly has ever driven, but she didn’t let that get in her way. I explained to her how to drive it and she just got in fearlessly and drove it back for me. Just yesterday Kelly helped me out because someone blocked me in “again”.

I just wanted you to know that you have a excellent employee and Kelly is a wonderful and thoughtful lady. I am indebted to her for all of her kindness and generosity, and taking her own personal time to help me out… not everyone would do that. Believe me! I have been in this wheelchair for almost 17 years and I know.

I am not aware of any program that UMC has to honor people like Kelly, but they should. I would nominate her for employee of the year or something, she definitely deserves some kind of recognition and honor.

Some would say what Kelly did to help me was not a big deal, but from where I am sitting, I would say you better think again. My husband feels the same about Kelly and he has never met her. She save him a trip over here because, I had called him first to come and move the van.

This morning I saw Kelly in the elevator, we talked about yesterday’s event, and she told me to call her if I ever need her help again. That was priceless to me. Kelly is such a sweet lady.

Kelly Dismuke, has been a very special blessing to me, and I just wanted to take the time today to share that with you.

Thank you for your time,
Barbara

HOUSE OFFICER NEWS

We have now started receiving residency applications for the 2011-2012 interview season. Interviews will begin the first of November.

Med/Peds Clinic just celebrated their one year anniversary at their new location, Grant’s Ferry. This new location has allowed us to continue to improve patient care and enhance educational opportunities for our Med/Peds Residents.

Upcoming Events:
UMC Residency Fair October 6th
Abstract Day October 28th

Student Corner

2011/12 Block Party Dates

- November 14th
- March 12th
- May 21st