Message from the Chair

The weather is great, football is going well (if you’re an LSU fan), and the hospital financial picture is improving. Key reminder: PLEASE plan for patient discharges in advance, preferably get discharge orders on charts before 9 am whenever possible, and ALWAYS round on potential patients for discharge before you go to clinics or other responsibilities. Never should residents be “holding” patients for discharge waiting for an attending to “see” them!

The Office of Research and Scholarship continues to build under the capable direction of Anne Dautenhahn Martin. The Research Council is actively working on new initiatives, financial incentives, and small grants to support pilot projects within the department. Research Day has been set for April 12, 2012. The DOM Chief Residents will be hosting the ACP Associate’s Day Abstract Competition on October 28. Dr. Dominique Pepper and Dr. Calvin Thigpen have worked hard to put together an outstanding program, and over 50 abstracts have been submitted—an all-time record high! Please plan to attend, and invite your clinical staff to come and peruse the posters, as our residents review some of the fascinating clinical cases seen at UMC over the last year. Dr. Steve Geraci continues to shepherd our mentoring committees for junior faculty, career development plans are under review, and we are seeing an increase in the scholarly productivity of our fellows as well. The ORS web-site is expanding and is already becoming a useful resource for not only our faculty but those in other departments as well. Scholarship is a key feature of academic medical professionals and departments of medicine. Building our foundation of scholarship and research across the Department ultimately helps us grow in each of our missions! Please review Dr. Geraci’s article on scholarship in this edition of Medicine Matters.

And finally, speaking of scholarship, who knew Dr. John Saxon was a poet…? In response to a request for a “resident update” he provided the Haikus below. Enjoy!

just sixteen a day and only eighty per week duty hours shrink

once a retail mall now a struggle with no end the FQHC

donations welcome also an extra day off the golf tournament

the ink has dried up blank paper: lonely, ignored epic is coming

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Shirley S.

We make a living by what we get, but we make a life by what we give.
Sir Walter Raleigh
1. An 83-year-old man is hospitalized for cholecystitis. He is prescribed subcutaneous unfractionated heparin, 5000 units every 8 hours, for prevention of venous thromboembolism. By accident, the nurse uses a vial with a more concentrated heparin and administers 50,000 units to the patient. She immediately tells her supervisor. An incident report is filed immediately partial thromboplastin time is requested.

When or under which circumstances should the error be reported to the patient?

A) As soon as possible  
B) If additional therapy is required  
C) If the partial thromboplastin time is greater than 100 sec  
D) If there is clinical bleeding

2. A 45-year-old man is evaluated because of the acute onset of right ear pain. The patient was well until 10 days ago, when he developed symptoms of an upper respiratory tract infection, including nasal congestion and a nonproductive cough. Although these symptoms are resolving, pain and some loss of hearing in the right ear first occurred last night. He does not have fever, sore throat, or drainage from the ear. Medical history is unremarkable. The patient has no allergies and takes no medications.

On physical examination, vital signs, including temperature, are normal. The right tympanic membrane is erythematous, opacified, and immobile, but the external auditory canal is normal. The left ear and posterior pharynx are normal. Examination of the chest is unremarkable.

Which of the following is the best initial antibiotic choice in this patient?

A) Amoxicillin  
B) Amoxicillin-clavulanate  
C) Azithromycin  
D) Ceftriaxone

3. A 48-year-old woman is evaluated for a cough that has lasted for 3 months. She describes the cough as occurring daily, nonproductive, and without hemoptysis. She has experienced no associated dyspnea, wheezing, fever, weight loss, night sweats, or recent illness. She has not traveled recently or been exposed to anyone else who has been ill. She has never smoked. She was diagnosed with essential hypertension 6 months ago and has taken lisinopril daily since her diagnosis.

Physical examination is unremarkable. She has no oral or pharyngeal exudates or drainage. A chest radiograph is normal.

Which of the following is the most appropriate management option for this patient at this time?

A) Discontinue the lisinopril  
B) Order a chest CT  
C) Order spirometry  
D) Start an antihistamine/decongestant combination  
E) Start a proton-pump inhibitor
Faculty Focus

Jericho Bell
Assistant Professor of Medicine
Division of General Medicine

Q. In just a few sentences, for those who may not know you, tell us briefly about yourself – where you are from? Married? Children? Position?
I grew up close-by in Clinton. I went to a liberal arts college in Missouri called Evangel University. Evangel is where I met my husband Eric. We married during our first year of medical school and have been at UMC ever since. In fact, UMC set our wedding date! We had to get married by a certain time in order for Eric to become a state resident and be able to submit an application. He still calls me his "green card." I trained in the Med-Peds residency here and now work mostly in resident clinics. I attend in Med-Peds resident clinic at Grants Ferry and in Internal Medicine resident clinic at the Medical Mall. I also attend occasionally on Medicine and Pediatric wards.

Q: What is something that people don’t know about you that might surprise or interest them?
Some people may know that I enjoy singing, but they may be surprised to know I was once a professional recording artist. I was not paid to sing, however. Throughout college I recorded the voice of Raspberry Raccoon for a national Sunday School curriculum.

Q: What advice do you have for our residents?
I often hear residents and students lament of being overwhelmed by what they don't know. I try to reassure them that no one can ever know all there is to know in medicine. Whenever you come across something you don't know, look it up right away so that you're always learning and always taking the best care of your patients.

Q. What do you feel is your greatest accomplishment?
My passion is medical missions and global health. Since I was a small child I have wanted to be involved in medicine in developing countries. In fact, my husband and I seriously considered moving overseas following residency. Over the years I have traveled on service trips to Ecuador, Mexico, Bangladesh, Honduras, Peru, Guatemala, and Rwanda. My hope is to encourage and increase involvement in global health at UMC among individuals as well as the University as a whole.

Keep your ears peeled for information on our first annual Global Health Days November 8 and 9! The student Humanitarian Health Partnership and our department are partnering to bring Dr. Ed O’Neil, the former president of the AMA, book author, and leader in global health to visit UMC. Please come and become a global health junkie like me!

***Important Websites***

Wellness Benefit Education
You must complete the Health Quotient in order to be reimbursed for Wellness Visit
https://www.webmdhealth.com/Mississippi/default.aspx?secure=1

Department of Medicine Website
Find All Issues of Medicine Matters
View Tuesday Chairs’ Conference
Representing ORS

Scholarship is the unique product of scholars – those who study, learn, create, and convey information and understanding not available from other sources. It encompasses the processes of discovery (identifying new knowledge), integration (translating new knowledge into usable forms to be applied by the practitioner or health care system), application (using available knowledge to deliver higher quality, more efficient, and more cost-effective health care), and education (conveying available knowledge to colleagues, trainees, students and others). A common characteristic of all forms of scholarship is dissemination for peer review and commentary, through publication and presentation in professional forums.

There are several reasons why we, as Department of Medicine faculty members, should produce scholarship for our contemporaries. First, scholarship is an impact multiplier – it allows for greater benefit to be achieved per unit time or effort than other activities performed by health care providers and administrators. Most physicians entered medicine to improve the well-being of others, for one reason or another. Scholarship allows each of us to help more people throughout our careers than we possibly could via our practices alone. Second, we are the academic internists/internal medicine subspecialists for the state of Mississippi. Nowhere else in our state is there such a collection of individuals capable and committed to advancing medical knowledge; in short, if we don’t do it, it won’t be done. Third, we each serve as role models to our students, residents or fellows, whether or not we seek that role. Our trainees are far more likely to emulate what they see us do than what they are told to do. By incorporating scholarship into our daily activities, our next generation of academic internists will learn, through example, that part of the essential role we fill is the advancement of knowledge in all aspects of medical science, health care and its cost-effective delivery, and education of their trainees in turn. Finally, scholarship builds the reputation of our medical school and department, making us more competitive to recruit and retain higher quality faculty members, obtain extramural funding for our projects, and extend our impact even further, to the national and international stages.

HOUSE OFFICER NEWS

The Department of Medicine is hosting its Annual James Griffith Memorial Golf Tournament on Thursday, November 10th at Patrick Farms Golf Course in Pearl. This is one of the most popular events of the year and has been very successful in the past at both raising funds for the education program as well as boosting the overall morale and frivolity of the house officers, fellows and attendings and occasionally the chairman of the department. Here is hoping that the golf tournament this year goes off as planned. We strongly encourage you to dust off your 9 irons and come out and join us for a day of fun! If you don’t do that give us money but do one or the other! Chief Residents

Tuesday Chairs’ Conference
October/November

10/25-CQIC
Hematology/Oncology Fellows
Calvin Thigpen, MD
Carter Milner, MD
11/4-Cardiology
"Acute Coronary Syndromes"
Cameron Guild, MD

Student Corner

2011/12 Block Party Dates
November 14th
March 12th
May 21st
**Division Focus: Hospital Medicine**

Although officially born on July 1, 2011, the Division of Hospital Medicine in the Department of Medicine at University of Mississippi Medical Center had its original germination in the late 1990’s and early 2000’s. Dr. Joe Blackston and Dr. Michael Shoemaker-Moyle, former faculty in the Division of General Internal Medicine, worked with hospital and departmental leadership on early proposals for hospital –based internist services. Dr. John Wofford was hired in 2007 at which time he, Dr. Shoemaker-Moyle, and Dr. Swink Hicks became the original “hospitalists” for the General Medicine Division under the leadership of Dr. Marion Wofford. The hospitalist services have continued to expand beyond the in-patient teaching services. In the last three years, the addition of Dr. Fred Asher, Dr. Ken Ball, Dr. Jerry Shepherd, and Dr. Shuja Yousef expanded capacity; in 2011 Dr. Dena Jackson, Dr. Taqueer Yousef, Dr. Jennifer Eubanks, Dr. Inderpreet Grover, and Dr. John Showalter have also joined the team. Covered services now include general internal medicine consult services in the adult hospital and the University Rehab Center, an orthopedic co-management service, and three non-teaching general internal medicine services, as well as continued attending coverage for 2-3 house medicine services. In view of the increasing size of the group and the increasing expectations of hospital administration for this group of physicians, the Division of Hospital Medicine was established July 2011 with Dr. John Wofford serving as Interim Division Chief.

Hospital Medicine is the fastest growing subspecialty area of Internal Medicine, in part because of increased demand for physicians who will actively partner with hospitals to enhance efficiency and quality. At UMMC, our hospitalists now serve on and lead a number of critical hospital committees including P&T, Quality Council, Medical Peer Review, and Utilization Review. These physicians are leading our initiatives and doing trainee teaching around billing and coding, accurate documentation, and quality of care measurements. In the future, the Division hopes to add additional co-management services for other surgical areas within the institution, nocturnalists to allow the division to provide 24 hour a day in-hospital faculty coverage and resident supervision, and active clinical research projects particularly in the quality and informatics arenas.

**Department of Medicine to host ACP Abstract Day**

The Department of Medicine and the Mississippi Chapter of the ACP are excited to host the annual UMC ACP Abstract Day Competition on Friday, October 28th at the student union from 8:00 AM – 2:00 PM. This year’s event will feature an impressive array of approximately 60 unique clinical vignettes and research projects submitted by students, residents, and fellows. The day begins in the gymnasium with an opportunity for everyone to meet this year’s sponsors, without whom the day’s prizes would not be possible. At 8:30 AM, the activities will shift to the upstairs conference rooms, where 10 oral presentations will be given, before the focus shifts back to the gym and the approximately 50 posters that will be on display for judging between 10:30 and 12:30. The occasion concludes with the awards luncheon, at which time Dr. Samuel Peeples, Immediate Past Governor of the Mississippi Chapter of the ACP, will speak, and prizes for the best oral presentations and posters will be announced. The overall winner of the event will receive automatic entry into the national ACP Abstract Competition to be held at IM 2012 in New Orleans, LA, in April of next year. In addition to the recognition that will take place on the day of the event, between twenty and thirty of the day’s abstracts will be published in the journal for the Mississippi Medical Association; and many will go on to present their work next September 6th-8th at the 2012 MS/LA ACP Scientific Meeting.