Message from the Chair

Happy New Year! 2012 will undoubtedly provide both challenges and opportunities, and I look forward to us working together as we continue to grow the Department of Medicine at the University of Mississippi Medical Center. 2011 was a very successful year for our Department in ALL of our mission areas: we had the largest and one of our strongest NRMP matches ever for our residency program; we were once again the Clinical Department of the Year for the School of Medicine with numerous teaching awards for residents and faculty; we had increased numbers of publications on the part of faculty and residents; we received 15,481,735 dollars in research awards in the department, and established a new Office of Research and Scholarship; and finally, we provided over 395,198 (7.3% increase) RVU’s of service in the clinical arena, added 17 new faculty, and achieved our largest departmental clinical revenue year ever. Please be proud of all this (and more) that you have accomplished!

But yes, we faced and continue to face, many challenges. In July, all departments returned 5% of their state appropriated budget to the Vice Chancellor’s Office. This means we are now a much leaner operation, and that it is IMPERATIVE we each try to do the most we can with what we have! We have new leadership in Mr. Jim Wentz, the new Chief Financial Officer for the Institution, Janet Harris, the new Interim CEO of the Hospital, and Dr. Marc Mitchell as the new president of University Physicians. All three are committed to moving the medical center forward, with continued faculty growth and development of new and improved services, BUT...we must achieve growth with cost efficiency and a clearly delineated expected return on investment. I am confident we can continue to build despite the national and local economic environment.

In closing, I want to share two of the “vision statements,” developed by some of our departmental young faculty leaders in a recent leadership workshop. The first speaks to our Southern roots and the “personal” touch we pride ourselves on providing to our patients: “I will treat every patient like they were my Mama…and I LIKE my Mama!” (Can you hear Dr. Ken Ball’s and Dr. Demonde Haynes’ voices?) The second was intended to reflect the discretion we use in the care of our patients, but I believe it says more than that: “Saving Lives without telling the world...” To me, this reflects the daily commitment of our faculty and residents. Business as usual for our department is about providing the best possible care for our everyday patients, preparing the great doctors of the future that will save lives tomorrow, and discovering and disseminating life-saving scientific clinical knowledge. Thank you for being a part of the vision!
1. A 19-year-old woman is evaluated for a 3-month history of periorbital edema, ankle edema that worsens towards the end of the day, and foamy urine. Medical history is unremarkable, and she takes no medications.

On physical examination, temperature is normal, blood pressure is 112/70 mm Hg, pulse rate is 60/min, and respiration rate is 12/min. BMI is 24. Funduscopic examination is normal. There is 2+ bilateral pedal edema.

Kidney biopsy is performed. Electron microscopy of the specimen reveals diffuse foot process effacement. Light microscopy is normal. Immunofluorescence testing shows no immune complex deposits.

Which of the following is the most appropriate treatment for this patient?

A. Cyclophosphamide  
B. Cyclosporine  
C. Prednisone  
D. Tacrolimus

Laboratory studies:

<table>
<thead>
<tr>
<th>Test</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serum creatinine</td>
<td>0.8 mg/dL (70.7 µmol/L)</td>
</tr>
<tr>
<td>Urinalysis</td>
<td>4+ protein; no blood; no bacteria</td>
</tr>
<tr>
<td>Urine protein-creatinine ratio</td>
<td>10 mg/mg</td>
</tr>
</tbody>
</table>

2. A 45-year-old man comes for a follow-up evaluation for chronic kidney disease. He was diagnosed with chronic kidney disease 5 years ago, and his condition has progressively worsened. Current medications are lisinopril, furosemide, lovastatin calcium acetate with meals, calcitriol, ferrous sulfate, and epoetin alfa.

On physical examination, temperature is normal, blood pressure is 128/68 mm Hg, pulse rate is 80/min, and respiration rate is 15/min. BMI is 29. Cardiopulmonary examination is normal. There is no asterixis. There is no peripheral edema.

On laboratory studies, the estimated glomerular filtration rate is 29 mL/min/1.73 m². Urinalysis reveals trace protein and no hematuria or pyuria.

In addition to discussing this patient’s clinical situation and worsening kidney function, which of the following is the most appropriate next step in management?

A. Contrast-enhanced abdominal CT  
B. Discussion of options for kidney replacement therapy  
C. ¹²⁵I-iothalamate kidney scanning  
D. Kidney biopsy
Division Focus: The Division of Pulmonary, Critical Care and Sleep Medicine

Pulmonary medicine made an official start in Mississippi with the arrival of Dr. Guy Campbell in June 1955. The Division grew over the years and developed a successful fellowship program. Approximately 75 fellows have graduated from the program. The Division was revitalized in October 2002 when Dr. Doug Campbell returned to Mississippi from Shreveport to be the Division Director. Dr. John Spurzem has been the Division Director since 2010. The Division has continued to grow and is at its largest size with 11 faculty and 8 fellows.

The Pulmonary and Critical Care fellowship program is directed by Dr. Demondes Haynes. The fellowship program is expanding to a total of 9 fellows next year. The fellows are involved in the VA intensive care unit, the pulmonary service at the VA, the medical ICU at UMC, the pulmonary laboratory at UMC, the pulmonary consult service at UMC, the bronchoscopy laboratory, and the sleep medicine clinics.

The Division has several major focus areas of clinical activity. The medical ICU cares for approximately 1,500 ICU patients a year. Critically ill patients are referred from all over the state. Under the leadership of Drs. Campbell and Chappie Pinkston, Intensiview, the electronic ICU, was born in 2009. Intensiview is an advanced, telemonitoring system that monitors all ICU beds at UMC 24 hours a day with physician monitoring from 7 pm to 7 am. Intensiview is expanding to cover ICU beds in rural hospitals in 2012.

The Division has active clinical programs in Cystic Fibrosis, interventional bronchoscopy, lung cancer, pulmonary hypertension, in addition to general pulmonary clinics. Dr. Nauman Chaudary has taken over as the director of the Adult Cystic Fibrosis Center after the retirement of Dr. Sue Miller.

At the Sonny Montgomery VA Hospital the Division directs the medical ICU and provides pulmonary medicine services. Dr. Rajesh Bhagat has an active, funded, research laboratory.

The faculty members of the Division are very active in hospital and medical school administration. The faculty members serve on the medical school admissions committee, Faculty Senate, Graduate Medical Education Committee and Continuing Medical Education Conference Committee. Dr. Sharon Douglas serves as Associate Dean for VA Education. Dr. Michael Baumann serves as the Chief Quality Officer. Other faculty members serve as Medical Director for Critical Care, Medical Director for Intensiview and Medical Director of Respiratory Therapy.

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
Dr. Adolfo Correa has joined the Medical Center faculty as a professor of medicine. After receiving the B.S. in chemistry from San Diego State University in 1969, Correa earned the M.S. in chemistry in 1970 and the M.D. in 1974 at the University of California, San Diego. He also earned the M.P.H. in 1981 and the Ph.D. in 1987 at the Johns Hopkins University School of Hygiene and Public Health (JHU SHPH). In 2010, he received the M.B.A. from the University of Georgia, Terry College of Business.

Correa served as an intern from 1974-75 at San Francisco General Hospital and as a junior, senior and chief resident of pediatrics from 1975-78 at the University of California San Francisco Medical Center. He also had postdoctoral training as an epidemic intelligence service officer with the Centers for Disease Control and Prevention (CDC) in Atlanta from 1978-80 and completed a general preventive medicine residency from 1980-83 at the JHU SHPH in Baltimore. He is board-certified in pediatrics and in public health and general preventive medicine.

Correa joins the Medical Center after serving as medical epidemiologist and birth defects surveillance team leader in the Division of Birth Defects and Developmental Disabilities, National Center on Birth Defects and Developmental Disabilities, Centers for Disease Control and Prevention (CDC) in Atlanta since 1998. While at the CDC, Correa also served on the Federal Interagency Coordinating Committee of the National Children’s Study from 2000-11 and as an expert on the epidemiology of diabetes in pregnancy with the Division of Diabetes Translation in 2011. He also has served on the faculty of the Departments of Epidemiology and Pediatrics at Johns Hopkins University and on the faculty of the Departments of Epidemiology and Global Health at Emory University. An active member of several professional organizations, including the American Diabetes Association, the American Heart Association, the Society for Epidemiologic Research and the Society for Pediatric Epidemiologic Research, Correa has served as a reviewer for numerous professional publications. He has authored or coauthored more than 125 articles in peer-reviewed publications and 13 book chapters, and co edited two books. He has received numerous awards, including the Department of Health and Human Services Secretary’s Award for Distinguished Service in 2004 for A Public Health Action Plan to Prevent Heart Disease and Stroke Working Group, and nominations in 2007, 2009 and 2010 for the Centers for Disease Control Charles C. Shepard Award for Excellence in Science.

Admin Update

We are pleased to announce that effective as of October 10, Dixie Myrick, Director of Primary Care Services in the Department of Medicine, assumed an additional role in the Chairman’s office. Dixie will be a resource for questions related to HR policy, progressive discipline and other employee related issues. We ask that you involve her early in any employee relations in your area that could lead to progressive discipline. These situations can be very complicated and require that she coordinate with the Human Resource Department for appropriate handling. She may also be a resource for your employees who want to speak with someone in the Chairman’s office regarding a particular question or situation. She will be in the Chairman’s office on Wednesday afternoons and Thursday mornings in Room L605-1 (984-5772) and available other times by phone at 815-1974. Russell Touchet will continue to handle matters related to faculty and will assist Dixie as needed.

Dixie has been a real asset to the Divisions of Geriatrics, General Medicine, Hypertension and Endocrinology in her current role and we are very pleased that she is willing to accept this new role in the Department of Medicine.
The Internal Medicine Resident Volleyball team won the UMC intramural volleyball championship December 7th, making it a second straight year TEAM BOOM has won the title. Entering the game having not lost a single set in the past two seasons, TEAM BOOM fell behind early in the first set to the Radiology Dept - who are led by a former member of TEAM BOOM, Dr. Wesley "the SchRocket" Schrock. However, BOOM was able to overcome the early deficit thanks to the crafty serves of Dr. Trayton Mains, winning 8 points in a row. After slipping behind once more, TEAM BOOM was forced to win the last six points in a row, rallying behind the service of Dr. Shawn Sanders. The set was eventually taken by TEAM BOOM 22-20. After dropping the second and penultimate set by a wide margin, TEAM BOOM regrouped, and took down the final and defining set by a commanding score of 15-6; earning them the title of Intramural Champions.

TEAM BOOM:
- Trayton Mains-Barr Biglane-Michal Senitko
- Shawn Sanders-Summer Allen-Michael Boler
- Greyson Thomas-Kamel Gharaibeh-John Saxon

TEAM BOOM derives its name from the sound generated when Michal Senitko spikes a volleyball, rendering the team name both highly intimidating as well as onomatopoetic.

Congratulations to .....

- **Dan Woodliff, MD**, who has been elected and will serve as Governor Elect starting in April 2012 and become Governor in April 2013.

- **Richard deShazo, MD** on your recent article published in *Ann Allergy Asthma Immunol* 107(5): 432-6, Nov 2011 and Appointed to the subcommittee of the Mississippi Health Insurance Exchange Advisory Board and Subcommittees

  - **Shou Tang, MD** on your recent article published in *Gastrointest Endosc* 75(1): 161-4, Jan 2012

  - **Steve Geraci, MD** and **Calvin Thigpen, MD** on your recent article published in *Am J Med* 124(11): 1086-9, Nov 2011

**Vision Statement**

“We will be a department of top quality physicians, with excellent work ethic, committed to serving our patients, teaching our learners, and expanding the art and science of medicine.

Each of us will be happy to come to work each and every day, contributing to a tremendous team effort, finding personal and professional fulfillment in making a difference for those we work with.