Message from the Chair

We have undergone two major surveys in the last month: the Joint Commission has reviewed our hospital based clinical care processes in depth, and the LCME has reviewed our School of Medicine education processes, policies, and curriculum. The good news: we did exceedingly well in both surveys! The bad news: we still have things we can do and need to do to meet our missions more effectively.

The Joint Commission will be back within the next 45 days to look specifically at improvements we need to make in several physical plant areas, and we need to continue to work on timely medical record completion, dating, timing, and co-signing telephone orders, and hand-washing. Two areas in the department of medicine received special kudos. Dr. Luis Juncos and Catherine Wells in the Division of Nephrology “awed” the survey team with the stellar processes and work that are being done in the dialysis unit, and the infusion center at the Cancer Institute was found to be “very impressive.” A special thank-you to all of our providers that work in these areas! Over the next year, we will be working to bring the same level of quality and precision required for Joint Commission accreditation of the hospital into all of our ambulatory UP sites as well. Thank you in advance for your willingness to participate in making our processes better.

On the education side, the LCME survey team commented that our “preparedness and hospitality” were unmatched in their experience. We were recognized for having a remarkable passion for education, committed faculty, staff, and residents, and for much work over the last several years in evolving our curriculum. Although we will not have the final report from the LCME for several months, the tone of the visit was overwhelmingly positive. A special thank-you to Dr. Michelle Horn, Dr. Jimmy Stewart, Jennifer Chappell, and Dena Walker for their remarkable efforts in our department over the last two years in preparing for this critical review. I anticipate that the ultimate LCME report may well have language which encourages more scholarly productivity on the part of faculty, more detail in faculty evaluations that are provided to students, and perhaps request additional faculty development efforts related specifically to teaching skills. These are ALL things we KNOW we need to work on!

The HMA relationship continues to move forward slowly. A new VC appointed team is meeting twice a month to flesh out opportunities for collaboration with most of that focus at this time in clinical services. For the DOM, discussions currently center around cardiovascular services. As I know more, I will share.

Thank you each again for your hard work and your commitment to patient care, education, and research, particularly in the face of our changing healthcare environment, changing state and institutional leadership, and changing paradigms of education. Despite our challenges, let’s all remember the words of the legendary Dr. Peter Blake and “Do the right thing!”

Introducing Our Vice Chairs

Terry Jackson, MD
Professor of Medicine
Division of General Internal Medicine
Vice Chair for Clinical Affairs

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 in Vicksburg and have been married to my high school sweetheart Sharon for 33 years. We have a daughter, Angie, and a son, David and one dog named Yogi.

Q: What is something that people don’t know about you that might surprise or interest them? I am a NASCAR fan and enjoy waterskiing.

Q. What advice do you have for our residents? In the words of Peter Blake “Do the right thing.”

Tuesday Chairs’ Conference

MARCH 13TH—JOHN BADDLEY, MD, MSPH
“DONOR-DERIVED INFECTIONS: EPIDEMIOLOGY AND RISKS”

MARCH 20TH—PATRICK LOEHRER, SR., MD
“GERM CELL TUMORS: AN INCREDIBLE MEDICAL JOURNEY:
MARCH 27TH—CQIC

Though no one can go back and make a brand new start, anyone can start from now and make a brand new ending.
~Author Unknown~
1. A 60-year-old man is hospitalized because of lower gastrointestinal bleeding secondary to diverticular disease diagnosed by colonoscopy. The bleeding stops after blood transfusions are given. This is his third episode of bleeding, and the patient is being considered for possible hemicolectomy. He has cirrhosis secondary to a 25-year history of alcohol abuse, and his last drink was 1 week ago. The patient has no known allergies and takes no medications. On physical examination, temperature is 36.7 °C (98.0 °F), blood pressure is 110/60 mm Hg, pulse rate is 96/min, and respiration rate is 14/min. The patient is alert and oriented. There is no scleral icterus. Gynecomastia is present. Abdominal examination shows mild ascites. There is no tremor, and neurologic examination is normal. His Child-Turcotte-Pugh score is calculated as class C and his Model for End-stage Liver Disease (MELD) score is 23.

Which of the following is the best recommendation regarding elective surgery?

A    Delay surgery for 7 to 10 days
B    Delay surgery indefinitely until risk improves
C    Proceed with surgery at any time
D    Recommend against elective surgery at any time

2. A 71-year-old woman is evaluated for a 3-week history of mild pain in the shoulders and thighs and weakness when rising from a seated position and getting out of bed. She also has a new rash on her hands. Eight months ago she was evaluated for dyspnea and new interstitial infiltrates that resulted in a lung biopsy and a diagnosis of idiopathic nonspecific interstitial pneumonia. She was treated with prednisone, 60 mg/d, for 1 month; the dose was then tapered to 10 mg/d. Her symptoms had been stable on that dose until her new complaints.

On physical examination, there are swelling and discoloration of the eyelids and an erythematous scaly rash over the extensor surfaces of interphalangeal joints of both hands. There is symmetric weakness of the proximal hip flexors and shoulder girdle muscles; hand strength is normal. Laboratory studies show antinuclear antibodies positive at a titer of 1:1280 (previously negative), serum creatine kinase 1270 U/L, and erythrocyte sedimentation rate 60 mm/h; serum electrolytes and complete blood count are normal. Chest radiograph shows bilateral reticular and alveolar abnormalities in the lower- and mid-lung zones.

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

A   Electromyography and muscle biopsy
B   Repeat lung biopsy
C   Skin biopsy
D   Taper prednisone dosage
**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.
The Internal Medicine Residents recently spent the afternoon at Strike Entertainment, formerly known as Larwil Lanes, for the Annual Winter Slump Bowling Tournament. The winners of the overall tournament were Dane Ballard, Tim Ragland, Gary Nash, and David Black. Prizes were also awarded for the costume competition, which proved to be the most entertaining portion of the outing. Themes for costumes included the Wizard of Oz, the Dukes of Hazard, the Angry Birds, the Red Hots, Let’s Get Physical, and many, many more. Please see the adjacent pictures for examples. Hands down, the best showing of the day were the Golden Girls: Patricia Stewart, Ginny Blalack, Sara Sanders, and Seth Compton, who took down First Place for team costumes. The best individual costume went to Seth Compton, who dazzled the crowd with a stunning yet slightly disturbing take on Dorothy Zbornak from the hit series the Golden Girls. Congratulations to all the winners, and congratulations to everyone who participated in yet another successful Winter Slump Tournament!
Margaritaville was the theme of this year’s booth for the department of medicine chair’s office. Cheeseburgers in Paradise, French Fried Potatoes, Key Lime Pie and of course 5 o’clock Somewhere and A Woman to Blame Margaritas were all served. It was a great night with wonderful food and entertainment! Infectious Diseases also participated and represented the Department of Medicine well. Thanks so much to all who contributed to Taste of the U 2012, UMMC Alliance, a non-profit organization whose projects benefit Medical Center patients, students, faculty and staff. Organizers estimate nearly 1,000 people attended.

We hope next year to see all divisions participate in this fun event!!!
Infectious Diseases

Our booth name was “Gimme ‘Mo Sumo”. We served the sumo stew eaten by sumo wrestlers called Chanko-nabe Stew. The stew is very high in protein and low in fat...when eaten in normal consumptions. The wrestlers eat once a day to lower their metabolism and eat extra-large portions with rice or noodles to add carbs and drink it with lots of beer to gain weight. Then they sleep all day!

Our sumo wrestlers were John Cleary and Zachary Clein. Sumo’s in training were: Ed Swiatlo, Nick Chamberlain, Amir Tirmizi, Imran Sunesara, Allen Windham, Todd Haller, Harold Henderson, Jeff Parker, and Geraldo Holguin.

Geisha’s were: Carla Cleary, Angie Haller, Erica Dillon, Felicia Windham, Georgia Shinnie, Christy Henderson, Andrea Swiatlo, Debbie Konkle-Parker, Saira Butt, and Tabitha Wells.
Faculty Focus
John Winscott
Assistant Professor of Medicine
Division of Cardiology

Q. In just a few sentences for those who may not know you, tell us briefly about you—where you are from? Married? Children? Position?
A. I am from Prentiss, MS and graduated from Mississippi College. All of my medical training has been at UMC. I am married with 3 children, 2 girls and a boy and still live in Clinton, MS. I currently serve as the medical director for the adult cardiac catheterization laboratory and as the co-director of the chest pain unit.

Q. What is something that people don’t know about you that might surprise them? Or interest them?
A. I am currently boarded in internal medicine, general cardiology, interventional cardiology, and endovascular medicine.

Q. What advice do you have for residents?
A. My advice to medicine residents would be to treat each rotation during your training as the subspecialty you plan on doing for a career. You will be in a much better position to choose a subspecialty if you have really put yourself into the rotations and get as much out of them as possible.

Q. What do you feel is your greatest accomplishment? Or is there something that you hope to accomplish in the future?
A. The most satisfying part of my job is watching our fellows mature into cardiologists who make wise clinical decisions based on the sound scientific evidence and use techniques they have been taught in training to save lives.

Student Corner
2011/12 Block Party

- March 12th
- May 21st

Match Day
Match Day is fast approaching! Next week our senior medical students will open their letters to find their matches enclosed. This will tell them where they will be going for their specialty training. Match Day ceremonies will begin 10:00 a.m., March 16 at Belhaven College Center for the Arts. Faculty and housestaff are encouraged to come and support our students as they take the next step in their journey to becoming the doctor they strive to be.

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 and those we work for.”