Message from the Chair

As we move into Spring, the entire campus is readying for an EPIC new adventure! By now many of you have already begun super-user or end-user EPIC training in preparation for our “Go-Live” date of June 1, 2012. Luckily, June 1 is a Friday, our traditionally slowest clinical enterprise day of the week, which should help mitigate some of the pain and confusion that will no doubt follow implementation of a completely new way of life for providing and documenting the clinical care of our patients. Having recently completed super-user training myself, I have a few suggestions for helping each of us achieve a successful transition. First, PLEASE be sure to complete all of your on-line Healthstream EPIC learning modules BEFORE you participate in the classroom sessions. The training is designed to provide repetitive re-enforcement to assist you in becoming comfortable with the complexities of navigating EPIC. This paradigm should be familiar to all physicians. It’s basically: “see-one” (do your Healthstream Module!), “do-one” (attend your classroom sessions), and ultimately “teach-one” (help your trainees, clinic support folks, etc. come live-action time.) Second, PLEASE take patience and a good attitude to your classroom sessions. These sessions are designed to introduce you to the many options available in EPIC. Yes, some of the things you are shown you may never do. BUT you need to have some concept of what EPIC CAN do, to decide what you will ultimately want to take advantage of. The in-patient and out-patient modules are very different, but do provide opportunities to practice the general techniques needed for use of EPIC in any environment. Please plan to do both, even if you only practice in one arena currently in our healthcare system. Third, PLEASE plan to practice what you learn. I plan to personally “abstract” data on 5 or 10 of my transplant patient charts directly into EPIC once that opportunity is available (April 24). I want to go ahead and “build” the problem lists, current medication lists, past medical, social, and family history, as well as allergy sections for patients I will be seeing in early June, so that neither I nor our nurses will need to do that in the clinic setting. I do NOT plan to “scan” much information into EPIC on my existing patients. Remember, all data currently available in the portal or Allscripts will remain available for you, and scanned documentation is usually difficult to read through. In addition to abstraction, please use the log-in and password you are provided in your classroom session to review information you have covered in class and “play” in the EPIC “playground” until you are comfortable with your navigation skills. Finally, you are not alone! We are all in this together. For those of you less comfortable with technology, please let me know before your frustration becomes overwhelming; we have super-users in the Department who will be happy to work one on one with you as needed. The system will work; ultimately we will be able to take even better care of our patients (and make more money) because of EPIC. This is one change we need to embrace whole-heartedly!

Shirley

Tuesday Chairs’ Conference

April 17th — Clyde Manning, MD
Senior Advisor, Global Health Security
“The Global Security Implications of a Moderately Severe Pandemic”

April 24th — CQIC

"Life is like a taxi. The meter just keeps a-ticking whether you are getting somewhere or just standing still."
- Lou Erickson
1. A 38-year-old man is evaluated for persistent dyspepsia 2 months after a duodenal ulcer was detected and treated. He originally presented with new-onset epigastric pain, and esophagogastroduodenoscopy showed a duodenal ulcer; biopsy specimens showed the presence of *Helicobacter pylori*. The patient, who does not use NSAIDs and is penicillin-allergic, completed a 10-day course of therapy with omeprazole, metronidazole, and clarithromycin.

At this time, urea breath testing for *H. pylori* shows persistent infection.

In addition to a proton pump inhibitor, which of the following regimens is indicated for this patient?

A. Amoxicillin and levofloxacin  
B. Bismuth subsalicylate, metronidazole, and tetracycline  
C. Clarithromycin and amoxicillin  
D. Clarithromycin and metronidazole  
E. Trimethoprim–sulfamethoxazole and erythromycin

2. A 35-year-old woman is evaluated for symptomatic ulcerative colitis. One year ago, she was diagnosed with pan-ulcerative colitis and responded well to initial and maintenance therapy with balsalazide. However, 2 months ago she developed urgent bloody diarrhea several times a day and lower abdominal cramping; prednisone, 40 mg/d, alleviated her acute symptoms, but her symptoms have returned with prednisone tapering. The patient is otherwise healthy, and her medications are balsalazide, 750 mg three times a day, prednisone, 15 mg/d, and calcium with vitamin D.

On physical examination, vital signs and other findings are normal. Laboratory studies reveal hemoglobin 11.4 g/dL (114 g/L) and plasma glucose 140 mg/dL (7.77 mmol/L). Stool analysis for *Clostridium difficile* toxin A and B is negative.

Which of the following is the most appropriate next step in the treatment of this patient?

A. Add olsalazine  
B. Add budesonide  
C. Add metronidazole  
D. Increase prednisone dosage to 40 mg/d and add 6-mercaptopurine

3. A 41-year-old woman is evaluated for a 4-month history of intermittent mid-upper-abdomen pain, which does not radiate and is not affected by eating. She had gastroesophageal reflux when she was pregnant, but she says that the current symptoms are not like those of reflux or heartburn. She occasionally feels nauseated and mildly bloated, but she has not vomited, felt early satiety, or lost weight. She does not have difficulty swallowing or painful swelling. Her bowel movements are normal. She has been pregnant twice and had two healthy children, both delivered by cesarean section. Her medical history also includes a cholecystectomy 5 years ago. Her only current medication is a multivitamin.

On physical examination, she is afebrile; the pulse rate is 65/min and the blood pressure is 110/65 mm Hg. There is no jaundice or scleral icterus; mild epigastric tenderness is present. Bowel sounds are normal; there are no abdominal bruits, palpable masses, or lymphadenopathy. Complete blood count and liver chemistry tests are normal.

Which of the following is the most appropriate next diagnostic test in the evaluation of this patient?

A. Abdominal ultrasonography  
B. Esophagogastroduodenoscopy  
C. Gastric scintigraphy  
D. *Helicobacter pylori* stool antigen  
E. Small-bowel radiograph
Division Focus: The Division of Infectious Diseases

The field of Infectious Diseases is vast. Infections affect everyone. Knowledge regarding the recognition and treatment of infection is necessary for every physician in any aspect of medicine. The scope of the field is reflected in the diversity of practice of the Division of Infectious Diseases. In cooperation with the Mississippi State Department of Health the 11 staff physicians, 2 clinical fellows, one PhD researcher and 6 nurse practitioners provide a wide variety of clinical services and a robust program of original research and education.

In the outpatient setting the division runs the Crossroads Clinic at the Jackson Medical Mall. A Health Department sponsored clinic, Crossroads has more than 20,000 patient encounters annually, most for the treatment of sexually transmitted infections. Additionally Crossroads serves as an HIV early intervention center and has been a successful research venue for the study of delivery of healthcare in medically underserved people. The Adult Special Care Clinic, also at the Jackson Medical Mall, serves individuals afflicted by HIV/AIDS. Having over 1700 patients in active care this clinic is the largest provider of HIV care in the State of Mississippi. Other clinical services include three clinics committed to the treatment of patients with chronic viral hepatitis, with over 350 patients currently in care. We further offer an international travel clinic that offers travel advice to those traveling to third world countries. The division also provides oversight of the Mississippi State Department of Health Tuberculosis Prevention Program.

In the inpatient setting the division provides inpatient consultative services at UMC, the Sonny Montgomery Jackson Veterans Administration Medical Center, Mississippi Methodist Rehabilitation Center, Specialty Select Hospital and Crossgates Riveroaks Hospital in Brandon. Members of the division provide oversight of Hospital Epidemiology/Infection Prevention programs in all these institutions except MMRC. The Outpatient Antibiotic Service provides oversight of patients requiring long-term antibiotic therapy. Since its inception in late 2009 the program has saved the hospital more than $19 million by facilitating transition of patients to the outpatient setting. The newly founded Antibiotic Stewardship Program is developing strategies to limit inappropriate use of antibiotics in the inpatient setting. Such inappropriate usage fuels the emergence of drug-resistant bacterial pathogens increasing morbidity, adverse drug events and expense.

The division continues to be active in research and education. In 2011 the division received just under $1.5 million in grant funding and published 33 peer reviewed publications. The scope of research is broad and includes studies of behaviors that are barriers to access to care, Hepatitis C, rapid testing for hospital-acquired pathogens by novel PCR technology, functions of Pneumococcal proteins and antifungal chemotherapy among other topics. The division sponsors the Delta Region Aids Training Center which serves as a statewide resource to educate care providers in delivering care to those with HIV/AIDS. Since 1998 the division has offered an international program where trainees may study Tropical Medicine and alternative systems of healthcare delivery in the Amazon jungles of Peru.

We anticipate further growth in education and research as we strengthen ties to other academic divisions regionally and nationally along with the Mississippi State Department of Health. We will continue to serve as a resource in our field for all care providers statewide.

Pulmonary/Critical Care Fellowship Program has been selected as a “2012 ATS Best Practice Program” by the American Thoracic Society.

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.”
CRIC: Research: Collaboration is Key
Collaboration for Research in Communicable Diseases (CRIC) CRIC was created by the Division of Infectious Diseases to improve collaborations between different research groups and individuals with emphasis on research in communicable diseases. The main focus is research in human to human transmissible infections such as HIV, TB, and STDs.
CRIC also aims to enhance awareness of not just ongoing but potential research projects and to provide a forum to bring together people and groups with mutual research interests. CRIC hopes to broaden its network to not just UMC but to other educational institutions and community at large. CRIC has recently received a grant to work with the UAB Center for Clinical and Translational Sciences (CCTS) to further its collaborations on this campus and outside.
In collaboration with the Office of Research, CRIC will sponsor Dr. Richard Allman, University Alabama in Birmingham, at the Distinguished Lecture Series, June 28, 2012, 12-12:50 PM, main campus of UMMC, R354 Upper Amphitheater. Dr. Allman, Parrish Endowed Professor of Medicine and Director of Birmingham/ Atlanta Geriatric Research will present, “The UAB Study of Aging: Lessons Learned from Interdisciplinary Research”. Dr. Allman will also do a roundtable discussion over lunch with interested persons beginning at 1:00-2:00 PM, Office of Research Conference Room. RSVP to Venetra McKinney, vmckinney@umc.edu, 601.815.5187.
Please contact us if you are interested in this initiative and would like to discuss potential venues for collaborative research. We would be happy to come and discuss our role and our goals with your department. You may reach Dr. Deborah Konkle-Parker, 601.984.5553, dkparker@umc.edu or Dr. Arti Barnes, 601.984.4261, abarnes@umc.edu. Feel free to visit the website: https://medicine.umc.edu/Pages/CRIC/Default.aspx

HOUSE OFFICER NEWS

The following residents will be making scholarly presentations at the National ACP Conference in New Orleans in April.

- Alycia Cleinman, PGY3
- Cory Carter, PGY2
- Sushant Khaire, PGY2
- Dominique Pepper, PGY2
- Licy Yanes, PGY2
- Dane Ballard, PGY1

- June 16—Chief Roast
- June 21—Resident / Fellow Graduation
The Residency Program is delighted to announce the results of this year’s very successful match. We had another great year matching 22 categorical, 3 Med Peds, and 2 preliminary applicants. We are very excited about the unique talents and diversity this group of outstanding young physicians will bring to the residency program and are looking forward to welcoming them in July. Special thanks go out to all of you who participated in our recruitment efforts.

Our incoming interns for the 2012/2013 academic year are.....

J. Michael Brewer  
Terry, Mississippi/ Boiling Springs, South Carolina  
Mississippi College, B.S.  
University of Southern Mississippi, M.Ed.  
University of Mississippi Medical Center, M.S.  
Edward Via Virginia College of Osteopathic Medicine  
Internal Medicine Intern

Kristen C. Crawford  
Rolling Fork, Mississippi/Jackson, Mississippi  
Mississippi College, B.S.  
University of Mississippi School of Medicine  
Internal Medicine Intern

Jim P. Ellison  
Birmingham, Alabama/Tuscaloosa, Alabama  
Birmingham- Southern College, B.S.  
The University of Alabama, M.S.  
University of Alabama at Birmingham School of Medicine  
Internal Medicine Intern

Larry G. Ferachi  
Alexandria, Louisiana/Baton Rouge, Louisiana  
Louisiana State University, B.S.  
American University of the Caribbean  
Internal Medicine Intern

Paul W. Fernandes  
Flint, Michigan/Gulfport, Mississippi/ Wickliffe, Ohio  
Mississippi State University, B.S.  
Mississippi College, M.S.  
Lake Erie College of Osteopathic Medicine  
Internal Medicine Intern
Doris K. Hansen  
Kavaje, Albania/Brooklyn, New York  
University of North Florida, B.Ch.  
St. George’s University  
Internal Medicine Intern

Jonathan Isaac  
Hillbrow, South Africa/Augusta, Georgia  
The Open University (Milton Keynes, United Kingdom), B.S.  
Medical College of Georgia School of Medicine  
Internal Medicine Intern

Dacre Knight  
Vancouver, BC, Canada/  
Tallahassee, Florida  
Hampden-Sydney College, B.S.  
George Mason University, M.S.  
St. George’s University  
Internal Medicine Intern

Stephen B. LeBlanc  
Jackson, Mississippi/Brandon, Mississippi  
Mississippi State University, B.S.  
University of Mississippi School of Medicine  
Internal Medicine Intern

Melanie D. McCauley  
San Angelo, Texas/Houston, Texas  
Baylor University, B.S.  
Baylor College of Medicine  
Internal Medicine Intern
Melissa Moon  
Nederland, Texas/Mobile, Alabama  
University of South Alabama, B.S.  
University of South Alabama College of Medicine  
Internal Medicine Intern

Hanni Salih  
Corvallis, Oregon/San Antonio, Texas/  
Nashville, Tennessee/Baylor University, B.S.  
Texas A & M University, Ph.D.  
Meharry Medical College  
Internal Medicine Intern

Benjamin E. Studdard  
Jackson, Mississippi/ Ridgeland, Mississippi  
Vanderbilt University, B.S.  
University of Mississippi School of Medicine  
Internal Medicine Intern

Ei Kay Swe  
Yangon, Myanmar/ Fountain Valley, California  
California State University, Long Beach, B.S.  
St. George’s University  
Internal Medicine Intern

Jeremy S. Taylor  
Gulfport, Mississippi/ Madison, Mississippi  
University of Mississippi, B.A.  
University of Mississippi School of Medicine  
Internal Medicine Intern

Lyssa A. Taylor  
Yazoo City, Mississippi/ Jackson, Mississippi  
Mississippi College, B.S.  
University of Mississippi School of Medicine  
Internal Medicine Intern
Patrick “Ross” Thurmond
Tupelo, Mississippi/ Ripley, Mississippi
Mississippi State University, B.S.
Kansas City University of Medicine and Biosciences
Internal Medicine Intern

Avnish Tripathi
Kanpur, India/Columbia, South Carolina
University of Northumbria (United Kingdom), M.P.H
University of South Carolina, Ph.D.
Baba Raghav Das Medical College
Internal Medicine Intern

Bobby W. Tullos
Vicksburg, Mississippi/Jackson, Mississippi
University of Mississippi, B.S
University of Mississippi School of Medicine
Internal Medicine Intern

Andrew Q. Weeks
Ridgeland, Mississippi/ Jackson, Mississippi
University of Mississippi, B.S.
University of Mississippi School of Medicine
Internal Medicine Intern

James Zebedee “Zeb” Whatley, IV
Greenville, Mississippi/ Jackson, Mississippi
University of Mississippi, B.A.
University of Mississippi School of Medicine
Internal Medicine Intern
Mary “Morgan” McLeod
Laurel, Mississippi/ Jackson, Mississippi
University of Mississippi
University of Mississippi School of Medicine
Combined Medicine/Pediatrics Intern

Ryan Perkins
Houston, Texas/ Shreveport, Louisiana
University of Mississippi
Louisiana State University School of Medicine Shreveport
Combined Medicine/Pediatrics Intern

Meghan Poole
Gulfport, Mississippi/ Ridgeland, Mississippi
Mississippi State University
University of Mississippi School of Medicine
Combined Medicine/Pediatrics Intern

Melissa J. Brents
Toomsuba, Mississippi/ Jackson, Mississippi
University of Mississippi, B.S.
University of Mississippi School of Medicine
Preliminary Intern

Matthew R. Prater
Collinsville, Mississippi/ Flowood, Mississippi
University of Mississippi, B.S.
University of Mississippi School of Medicine
Preliminary Intern
Fellowship Feature

The fellowship programs for Geriatrics, Digestive Diseases and Allergy/Immunology were recently notified that their ACGME accreditations were continued after having had their site visits in 2011.

Cardiology, Interventional Cardiology, Hem/Onc, ID, Nephrology, Pulmonary Critical Care and Rheumatology have successfully completed their GME Internal Reviews.

Dr. Charles “Bo” McCollum, 2nd year fellow in Pulmonary/Critical Care Fellowship Program, has been voted House Officer of the Year for 2012 at VA.

Research Day – April 12, 2012

What’s new this year for Research Day? Besides DOOR PRIZES, new this year during the poster session (9:30 – 11:30), is the “People’s Choice Award” where YOU VOTE for your favorite poster! New in the afternoon (1:30 – 2:15) are Guided Poster Tours. Reservations required, so reserve your spot now! These guided tours, led by departmental faculty, are interactive learning platforms and provide opportunities for collaboration, while featuring new and emerging research conducted by the Department’s brightest faculty, residents, fellows, medical students and their collaborators. And you won’t want to miss the Research Education Series from 1:30- 2:15. In “What’s The Problem, Why Should You Care, and How Are You Going to Fix It?”, Mike Griswold fills us in on the secrets of superlative specific aims, followed by Q&A with Mike & Dave Deardorff.

IRB questions? Not sure if you need to register your research project with the Institutional Biosafety Committee? Need help using the various PubMed functionalities? Aren’t familiar with the services offered by our Institutional Office of Research? Visit the Information Booths, located within the Poster Session venue and featuring on-campus resources to assist you in discovering the power of PubMed, clarifying research compliance, and insider information on pre-award do’s and don’ts.

Dr. Marin Kollef’s keynote address, “Using Nosocomial Pneumonia as a Platform for Clinical Research”, will describe how to focus clinical research on a specific clinical problem, delineate the clinical ward as a research laboratory to study a common problem or condition, and examine the use of various study designs to better understand the problem or condition.

Research Day Program

9:00 a.m. Continental Breakfast
9:30 a.m. Poster Viewing (don’t forget to VOTE!)
Noon Keynote Address & Lunch (More Info)
1:30 p.m. Poster Tours (Reserve a spot!)
2:30 p.m. Research Education Series: Writing Specific Aims (More Info)
3:30 p.m. Awards Presentation

Join us in the Norman C. Nelson Conference Center on Thursday, April 12th as we recognize the Department’s diverse portfolio of scientific and clinical research over the past year. We look forward to seeing you there!

Office of Research and Scholarship Staff,
Anne Martin, Marsha Manuel, Janice Swinton, Dianne Jones