



Research Spotlight

Collaboration with the Research Institute of Nephrology at the Jinling Hospital of Nanjing University School of Medicine in Nanjing, China

*Drs. Rujun Gong and Lance Dworkin
Division of Renal Diseases*

In 1997, the Division of Renal Diseases at Brown Medical School established a formal and active collaboration with the Research Institute of Nephrology at the Jinling Hospital of Nanjing University School of Medicine in Nanjing, China. This program has been officially recognized and sponsored by the International Society of Nephrology through its Sister Renal Center Program, which aims to advance global medical care and research in renal disease, typically in developing countries. In fact, the Renal Center in Nanjing is the largest and one of the most renowned academic nephrology programs in China with large and successful efforts in kidney disease care, basic science and clinical research and in the training of clinical nephrologists and PhD scientists. The Center includes more than 30 full-time faculty who provide clinical services in a 200 bed inpatient renal unit in Jinling Hospital and in a 90 station outpatient dialysis unit. The Center performs approximately 120 kidney transplants and provides about 120,000 outpatient visits per year for patients with kidney disease in the Nanjing area. It also has a first class basic research laboratory that includes 5 Principal Investigators and over 20 post-graduate students and postdoctoral research fellows. In addition, 15 clinical renal fellows are accepted each year for training in the center. The Renal Center in Nanjing and the Brown Division of Renal Diseases have established this constructive collaboration and based on mutual benefit and respect. To date, two postdoctoral research fellows originating from Nanjing have been trained in the renal division laboratory at Brown. Division chiefs from the two centers have meet every year to exchange ideas on developing the program.

In year 2005, the ISN reevaluated all 50 existing Sister Center programs and ranked the program between Brown and Nanjing as one of the six best pairs in the world. This ranking resulted in additional funding from ISN to further develop the program. To strengthen the partnership, Dr. Lance D. Dworkin recently invited Dr. Zhihong Liu, Chief of the Renal Center in Nanjing, to pay an official visit to

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Dr. Lance Dworkin, Dean Eli Adashi and Dr. Zhihong Liu

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Chairman's Message

Edward J. Wing, MD



There has been exciting news at Brown this month. The medical school received a donation of \$100 million dollars from the Warren Alpert Foundation. The monies will be directed to moving the medical school to the vicinity of the Rhode Island Hospital, thus forming the foundation for creating a true academic medical center. Part of the gift will also be used for student scholarships, endowed professorships, and research. The school will be named the Warren Alpert School of Medicine of Brown University. I am sure that we cannot yet foresee all the implications of the gift.

I believe the gift will transform the relationship between the medical school and the hospitals, fostering much closer ties, and allowing for joint planning and growth. For example, a true cancer center can now be developed—Brown, the hospitals, in league with the physicians will foster its growth. The position of the Dean will be empowered more, which will make it much easier to grow academic programs. The medical school's image nationally and internationally will improve for the better, making activities like recruitment of students, trainees and faculty easier. Finally, the gift will allow the identification of the medical school in a single building, close to the principal hospitals and the new Jewelry District research center. The medical school will have a home at last.

In addition to the Alpert donation, Brown under the leadership of Ruth Simmons has declared a new initiative in Internationalization. This effort will affect almost all departments, but will be particularly important for the medical school and our department. The Department of Medicine has more sites, more research, and more people involved in its international programs than any other department. Our collaborators in Kenya, the Dominican Republic, India, Cambodia, China, Russia, the Philippines and others have allowed us to develop some of the most exciting and vigorous programs in education, research, and clinical care in the entire University. Many people at Brown are just learning of our activities. A Vice President for International Affairs is being recruited, and I am sure we will benefit enormously from President Simmons's vision.

Finally, Dr. Phil Gruppuso, Dr. Luba Dumenco and others are revising the medical school curriculum. The Department of Medicine is being asked to share a significant burden in the new curriculum. Needless to say, our past success in all four years of the medical curriculum has brought us fame but more work! In any case, I applaud these changes that should invigorate and improve the student's experience.

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Dr. Edward Lally as well as with the faculty and fellows of the renal division, providing expertise on diverse aspects of academic renal medicine, including clinical care of kidney disease, basic and clinical research and fellows' training. During her visit, Dr. Liu presented Renal Grand Rounds during which she gave an overview of the kidney disease in China and a comprehensive introduction to the cell signaling and molecular mechanisms of the beneficial effects of Chinese traditional herbs in glomerulonephritis. Dr. Liu and Dr. Dworkin also discussed the activities of Sister Renal Center program in 2007. As a part of this plan, Dr. Dworkin and Dr. Wing have been invited to visit to the renal center in Nanjing for two weeks in May 2007. In addition, the renal division at Rhode Island Hospital has accepted and will train a senior clinical nephrologist from Nanjing during a three-month mini-fellowship in the spring of 2007. Planning is underway to accept a third post-doctoral research fellow from Nanjing into the renal division laboratories at Brown next year. The centers hope to create opportunities for other Brown faculty and trainees to visit the program in Nanjing as well.

Both centers look forward to a fruitful partnership through the support of ISN in 2007, which is consistent with the Department of Medicines focus on international health as well as with Brown's new blueprint of developing international collaborations and promoting its global prestige.

Rhode Island Hospital Renal Transplant Program

Reginald Gohh, MD

End-stage renal disease (ESRD) is defined as renal insufficiency requiring dialysis or kidney transplantation for survival. In the United States, the prevalence of ESRD has increased dramatically over the last two decades. Currently, there are over 336,000 persons undergoing treatment for end-stage renal disease (ESRD), representing more than a doubling of the prevalent population since 1988. There is virtual unanimity that the optimal treatment for most patients with end-stage renal disease is renal transplantation.

It is against this backdrop that the Renal Transplant Program at Rhode Island Hospital was formally established in 1996, with the first kidney transplant performed in March 1997. Since that time, the program has demonstrated extraordinary growth and to date, more than 650 kidney transplants have been performed at the institution. An average of 73 procedures have been performed annually since 2000, making Rhode Island Hospital one of the largest volume transplant centers in New England. These results are remarkable given the relatively small size of the referral area. The steady growth in volume has been paralleled by success rates that are on par with other top centers in the region. Since a large proportion of patients also suffer from diabetes mellitus, pancreas transplantation was established in 2002 at RIH. These procedures are offered to diabetic patients with ESRD who suffer from severe life-threatening complications of their underlying disease, such as hypoglycemic unawareness. Pancreas transplantation can be performed either concomitantly to a kidney transplant (simultaneous pancreas/kidney transplantation) or following a successful kidney transplant (pancreas-after-kidney transplantation). Of the 24 pancreas transplants performed thus far, 67% are functioning with the HbA1c ranging between 4.8-6.3.



Staci Fischer, MD, Reginald Gohh, MD, Angelito Yango, MD, Chris Cosgrove, MD, Kari Simonsen, MD, Amitabh Gautam, MD

The Renal Transplant Clinic is located on the 9th floor of the APC building with additional administrative offices located on the 10th floor. The clinic is extremely active with over 3000 patient visits scheduled annually, catering to patients who have either received a transplant or who are contemplating transplantation as a means of treating their kidney disease. The patient population is quite complicated, since afflicted individuals usually suffer from a number of both medical and psychosocial problems. Therefore, the Transplant Clinic has proven to be an excellent training facility for the house staff and medical students alike. A number of residents and fellows in training from various departments have already rotated through the clinic, including members of the departments of medicine, surgery, pediatrics, and pathology.

Given the complex nature of these patients, the program has established a multidisciplinary team approach in the management of these individuals. The Department of Medicine is represented by members of the Division of Nephrology (Christopher Cosgrove, MD, Reginald Gohh, MD, Angelito Yango, MD) and Division of

Infectious Diseases (Staci Fischer, MD). The transplant surgeons involved in the group include Anthony Monaco, MD, Paul Morrissey, MD, Amitabh Gautam, MD, and Kevin Charpentier, MD. Psychiatric services are provided by Lowell McRoberts, MD and tissue typing is performed at the Rhode Island Blood Bank under the direction of Carolyn Young, MD. The "team" meets daily to discuss the management of inpatients and weekly to discuss impending transplant cases or patient follow-ups.

Availability of kidneys and other organs for transplantation continues to be the limiting factor in treatment of organ failure with transplantation. Efforts to enhance organ procurement constitute a major focus of our activity. The kidney transplant program at RIH has become a national leader in fostering the use of altruistic living donors, the unique circumstance whereby a healthy person donates one of his or her kidneys to anyone on the waiting list solely on the basis of altruism. The 21 people who have donated to strangers at our institution comprise the second largest experience of "Good Samaritan" donation in the nation. The Renal Transplant Program at RIH has also

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Hamolsky Award Presented To David Williams, MD

Jeffrey Rogg, MD

Over 200 members of the RIH Medical Staff Association cast their votes for the 2006 Milton w. Hamolsky, MD Outstanding Physician Award. I am proud to announce that David O. Williams, MD was chosen the winner.

David joined the staff 30 years ago and has had an outstanding career as Director of the Cardiovascular Laboratory and Interventional Cardiology and Program Director for the Interventional Cardiology Fellowship. He has excelled in clinical, academic and research endeavors that have won him national and international recognition as well as numerous awards in his field. He has markedly improved the care of patients at Rhode Island

Hospital, and the people throughout the state have benefited from his contributions to cardiology. Words used by his nominators include: first rate clinician, great doctor, consummate scholar, internationally renowned researcher, superb human being, mentor, and friend.

Also, congratulations to the following outstanding nominees: Drs. Muhanned Abu-Hijleh, Angela Anderson, Sidney Braman, John Cronan, Ronald DeLellis, Louis Leone, Francois Luks and Thomas Shahinian. These physicians truly exemplify the finest qualities of patient care, academics, and research at Rhode Island Hospital.



Dr. David Williams

To be nominated by their colleagues as worthy of this award is recognition in itself.

Thanks to all who participated in the selection of this important award.

The award was presented at the combined meeting of the Staff Association and the Hospital's Annual Meeting on January 25, 2007 at the Westin Hotel in Providence.

HIVMA Advocacy Award

Timothy P. Flanigan, MD, FIDSA, a tireless and inspirational advocate for underserved and marginalized HIV patient populations, is the recipient of the 2006 HIVMA Advocacy Award. The award recognizes an HIVMA member who has made important contributions to sound HIV/AIDS policy at the local, state, national, or international levels in the arena of prevention, research, or access to care. The award recipient's contributions must play an important role in improving the lives of persons living with or at risk for HIV/AIDS, and the impact must go beyond the level of an individual patient or clinic.

After receiving his medical degree from Cornell University Medical College in 1983, Dr. Flanigan went on to complete his internal medicine residency at the Hospital of the University of Pennsylvania and his fellowship in infectious diseases and geographic medicine from Case Western Reserve University. He currently serves as professor of medicine and director of the division of infectious diseases at Brown University School of Medicine.

Praised by colleagues for his compassion and dedication to improving the status of underserved patients, Dr. Flannigan's recognized nationwide for his efforts to increase access and raise the standard of care for HIV-infected prisoners, substance abusers, and other marginalized populations. Since 1992, he has provided hands-on HIV care in the Rhode Island prison system—one of the few correctional systems in the nation to require HIV testing for individuals entering the prison setting. Dr. Flanigan developed a comprehensive, holistic program that includes HAART, vaccinations, and hepatitis C treatment as the standard of care. His achievements did not come easy—he spent considerable effort working with prison administrators and legislative leaders to convince them of the program's benefits not only to the incarcerated population, but also to the community at large.

Dr. Flanigan also has been recognized for a highly successful prison release program for HIV-infected inmates. With a special emphasis on women, the program provides linkages to health care and other resources in the community and has resulted in



Dr. Timothy Flanigan

reduced recidivism among participants. He has developed innovative programs that integrate substance abuse treatment with HIV therapy—a holistic approach to care that has improved adherence among HIV-infected substance abusers. With more than 120 peer-reviewed articles to his credit, Dr. Flanigan has widely disseminated his work to help guide others in initiating similar projects across the country. His contributions to the field have earned him the prestigious Robert Wood Johnson Community Health Leadership Award and numerous other accolades, to which HIVMA is proud to add its 2006 Advocacy Award.

HIV Testing: New Technology and New Opportunities

Curt G. Beckwith, MD, Division of Infectious Disease

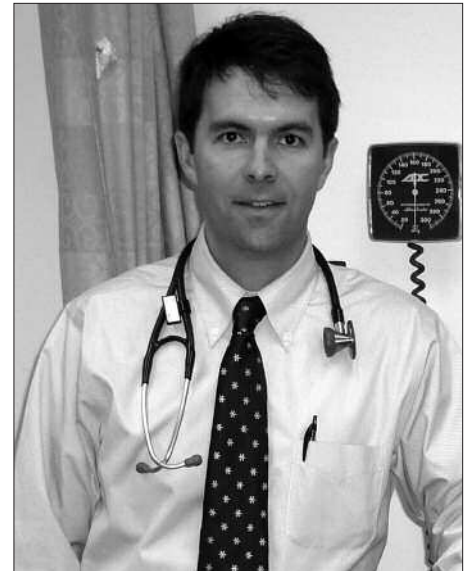
As of 2007, there have been great advances in our ability to detect HIV infection with the expanded use of rapid HIV tests which can provide test results in twenty minutes and with increased use of nucleic acid tests that can identify acute infection prior to the development of HIV antibodies. However, despite these advances, 1 out of every 4 person with HIV in the United States remains unaware of their infection. Because of this, the Centers for Disease Control and Prevention released revised recommendations for HIV counseling and testing in September, 2006. The CDC now recommends routine "opt-out" HIV testing in all medical settings for persons between the ages of 13-64. The goal is to diagnose more persons who are unknowingly infected so that they can receive treatment and take measures to prevent the spread of the virus.

The Department of Medicine at Brown has taken an active role in supporting the development of these new HIV testing guidelines. Drs. Timothy Flanigan, Charles Carpenter, Edward Wing, Michelle Lally and Curt Beckwith as well as Dr. Emma Simmons from the Department of Family Medicine have published studies and position papers supporting the need for expanded HIV testing in medical settings as well as in alternative, non-medical settings. Following the release of the CDC recommendations, Dr. Ken Mayer co-sponsored a national meeting of HIV experts and advocates in Washington DC that explored issues surrounding the implementation of the new CDC recommendations and examined ways to increase access to HIV care. The Department of Medicine will continue to take an active role in promoting the implementation of routine HIV testing by educating healthcare providers and through research efforts.

Here in the Providence community, the Division of Infectious Diseases has worked with Dr. David Morris of the Department of Pathology and Laboratory Medicine and with Dr. Clay Merchant of the Department of Emergency Medicine to make rapid HIV testing available to clinicians in a variety of settings. Rapid HIV testing is now available through the chemistry lab at RIH and TMH utilizing a blood specimen obtained by venipuncture. The rapid test can be ordered through the POM system and results are available in Lifelinks within one hour. This has been a very successful program since it was initiated in May, 2006 and we hope the usage of the rapid HIV test will expand. It is important to remember that a positive rapid HIV test needs to be confirmed with a traditional HIV antibody test but a positive rapid test can have a significant impact on patient care when treating a critically ill patient, when seeing a patient in the Emergency Department, or in the case of occupational exposures.

In 2005, a rapid HIV testing collaboration was established with the Division of Infectious Diseases (Drs. Lally and Beckwith) and MAP Alcohol and Drug Rehabilitation Services in South Providence. This program provides a weekly rapid HIV testing session at MAP that targets high-risk persons, particularly substance abusers. In the first six months of this program, 4 new infections were identified and all of these persons were successfully linked to HIV care at the Immunology Center at TMH or at the HIV Clinic at RIH.

There are ongoing research projects investigating new HIV testing strategies as well. Drs. Beckwith, Flanigan, Jennifer Mitty, and Michael Poshkus, Medical Director of the ACI, are actively investigating how different HIV testing strategies impact HIV risk behavior following release from jail since the



Dr. Curt Beckwith, MD

majority of jail detainees are released back to the community within a few days. A previous pilot study completed at the ACI demonstrated that rapid HIV testing was acceptable to jail inmates and feasible to perform in the jail setting. Drs. Mayer and Beckwith and research associate Robert Ducharme are collaborating with the Yale School of Public Health on a study funded by the National Institute of Mental Health investigating ways to identify persons with acute HIV infection. This study has involved collaboration with the Department of Emergency Medicine, the Whitmarsh House (state-funded STC clinic), the Megaplex Bathhouse where Dr. Mayer runs an ongoing HIV and syphilis testing program, and referrals from community healthcare providers.

The Division of Infectious Diseases welcomes participation in HIV testing research from medical students and residents. Please contact Dr. Beckwith at CBeckwith@Lifespan.org if you would like to learn more about research opportunities or get information about how to incorporate routine HIV testing into your clinical practice.

Research Awards

Dawn Abbott, MD, from the Division of Cardiology, has received approximately \$10,000 from the Rhode Island Foundation for her project 'The Determination of Non-Responsiveness to Anti-platelet Therapy in Patients Undergoing Percutaneous Coronary Intervention Using a Point of Care Device.' The hypothesis is that a fast, simple, -point-of-care device can be used in place of adenosine diphosphate (APD)-aggregometry to identify clopidogrel non-responders among patients undergoing coronary stenting. The patients are at high risk of thrombotic events such as stent thrombosis and myocardial infarction. The results may serve as a basis for further studies to determine the ability of clopidogrel dosing to overcome 'nonresponders' and to improve clinical outcomes in patients with coronary artery disease.

Gaurav Choudhary, MD, in the Division of Cardiology has received a three year Career Development Award from the Department of Veteran Affairs for a project titled 'Role of C-type Natriuretic Peptide in Pulmonary Vascular Function'. The \$150,000 in direct cost funding will be used to investigate the role of C-type Natriuretic peptide in modulating endothelial cell membrane potential, endothelial barrier function and its effect on pro-inflammatory and pro-mitogenic state observed in hypoxia. The work will be performed at the Vascular Research Laboratory at Providence VA Medical Center in collaboration with Cardiovascular Research Center at Rhode Island Hospital. Dr. Choudhary is also funded by Rhode Island Foundation Medical Research Award and RI-INBRE Pilot Project Grant.

Nananda Col, MD, in the Division of General Internal Medicine has received \$50k in funding from the Agency for Healthcare Research and Quality for a project: Better Decisions, Better Care: Advancing decision support to improve health care. The proposal plans to use the recent growth in health information technology to make major strides toward disseminating research and showing ways evidence can be applied to real time decision-making by patients, physicians, and member of the health care team working together.

Michelle Lally, MD, from the Division of Infectious Diseases, has received funding from the Henry Jackson Foundation via the Walter Reed Army Institute of Research. Averaging approximately \$175,000 in direct costs for three years, the project is entitled 'Nucleic Acid Assays for Diagnosis of HIV Infection in Anticipation of an HIV Vaccine.' The project will enroll 480 HIV-1 infected participants with undetectable viral loads and 408 uninfected participants. Nucleic acid tests will be conducted to look for evidence of HIV-1 infection. This project will evaluate

HIV-1 nucleic acid tests for sensitivity and specificity to conform to HIV-1 infection in anticipation of the development and licensing of an effective HIV vaccine.

Kenneth Mayer, MD, in the Division of Infectious Diseases has received funding from the National Institutes of Health in the amount of \$50,000 in direct costs for the project 'Factors Inhibiting Access to HIV VCT in Chennai, India.' The funds will be used to conduct a baseline survey in 50 private HIV testing centers in Chennai, India on the factors that impact or inhibit access to HIV Voluntary Testing and Counseling (VCT). VCT is an efficacious and pivotal strategy for HIV prevention and is an important entry point for care and support. Based on the findings of the survey, a code curriculum in HIV VCT based upon CDC guidelines will be developed and offered to 25 laboratories in Chennai city.

Ulrike Mende, PhD, in the Division of Cardiology, has received funding from the American Heart Association for the project 'G Protein-mediated Signaling and its Regulation by RGS Proteins in Cardiac Fibroblasts. This five year award receives \$100,000 per year. The funds will be used towards the following specific aims: 1) Delineate Regulators of G protein signaling (RGS) expression changes in activated cardiac fibroblasts (CF) in cell culture and the intact heart; 2) Delineate the regulatory effect of the major RGS proteins expressed in CF on CF signaling and function; 3) Determine the impact of altered signaling in CF due to changes in RGS expression on crosstalk with cardiac myocytes.

Richard Millman, MD, in the Pulmonary Division has received a subcontract from Temple University for a NIH competing continuation grant for a project titled 'The Effects of Weight Loss on Sleep Apnea in Patients with Type II Diabetes.' Averaging \$45,000 per year in direct costs for this subcontract, the overall study provides for a large, randomized, controlled trial of a weight loss intervention using state-of-the-art equipment in obese patients with Type II Diabetes. Crucial information about the roles of short and long-term changes in weight and changes in AHI glycemic control, inflammation, and blood pressure will also be learned.

Cynthia Rosengard, PhD, in the Division of General Internal Medicine, has received a 4-year R01 from the National Institutes of Health for her project 'Partner Specific HIV Risk Reduction for Drug Incarcerated Adolescents.' The grant averages \$220,000 per year in direct costs. The long-term objective of this study is to reduce HIV risk behavior among adolescents involved in the criminal justice system who abuse non-injection drugs by developing and establishing the efficacy of an interven-

Research Awards

tion that includes a specific focus on partner-specific decision-making and behavior through presenting relevant information, enhancement of prevention motivation, opportunities to learn and practice safer sex behavioral skills, and sexual decision making in conjunction with substance abuse.

Michael Stein, MD, in the General Internal Medicine Division, has received a subcontract from Massachusetts General Hospital for an NIH funded grant 'CBT for Depression and Adherence in HIV Methadone Patients.' With \$37,500 in direct costs for this one-year study, Dr. Stein's Substance Abuse Research Unit will enroll 10 patients who are methadone-maintained, HIV+, have depression and will perform a protocol of cognitive behavior therapy and follow them for improvement in depressive symptoms.

Lynn Taylor, MD, in the Division of Infectious Diseases has received a \$9550 grant from the Rhode Island Foundation for her project 'Identifying Acute Hepatitis C Virus Among At-Risk Hard-to-Reach HIV-Seropositive Populations.' The aims of the project are to 1) examine the feasibility of identifying acute HIV/hepatitis C virus coinfection (AHCV) based upon risk factors, among high risk individuals and 2) for identified cases of AHCV, to determine risks for acquisition and clinical characteristics.

Shougang Zhuang, PhD, a new recruit in the Renal Division, has received an NIH R01 for his project 'Dedifferentiation Following Renal Cell Injury.' Averaging \$175,000/year in direct costs, the overall goal of this study is to identify the signaling mechanisms of the renal epithelial cell dedifferentiation that occurs following injury and during regeneration following acute renal failure (ARF). The studies will also increase the knowledge of the mechanisms of renal proximal tubular cells dedifferentiation and may contribute to new novel treatment for patients with ARF.

SPECIAL MENTIONS

Ulrike Mende, PhD, in the Cardiology Division, was recently elected Fellow of the American Heart Association (FAHA) by the Basics Cardiovascular Sciences Council at the annual AHA meeting in Chicago in November

Barbara Giovannone, PhD, Research Fellow with Dr. Robert Smith in the Division of Endocrinology, was named recipient of the Young Investigator Award for Basic Research at the 2007 Lifespan Research Celebration in November. Dr. Giovannone was chosen as one of five basic research finalists and selected for the award by a panel of judges based on an oral presentation of her work.

Division of Cardiology Update

Alfred Buxton, MD

J. Dawn Abbott, M.D., Assistant Professor of Medicine, presented an abstract comparing the outcome of patients receiving bare metal stents to that of patients treated with drug eluting stents at the Annual Scientific Sessions of the American Heart Association in November 2006.

Brian Abbott, MD is the Program Chair for the Annual Scientific Sessions of the American Society of Nuclear Cardiology

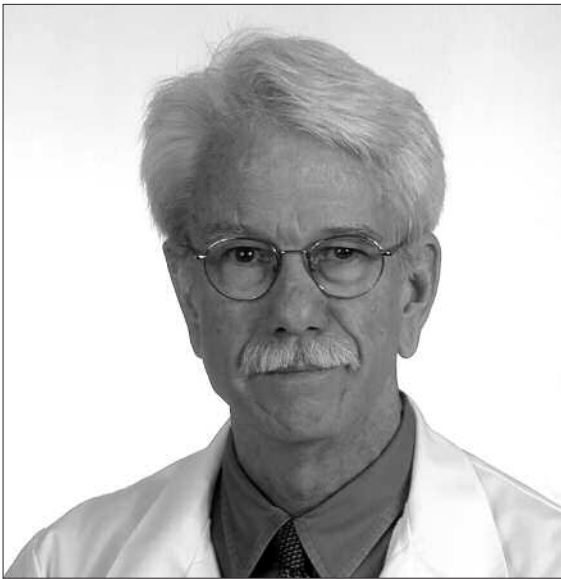
David O. Williams MD, Professor of Medicine, made a formal presentation to the FDA panel addressing the issue of stent thrombosis on December 8, 2006. He summarized findings from two North American registries of patients undergoing percutaneous coronary intervention. He stated that data derived from over 10,000 patients indicated that there was no excess hazard associated with the use of drug-eluting stents when compared to bare metal stents. Importantly, patients treated with drug eluting stents were less likely to require repeat coronary revascularization over one year of follow-up.

In addition, Dr. Williams presented results of a study conducted at RIH on an investigational heparin-coated coronary stent at the Annual TCT, Transcatheter Therapeutics, meeting in October 2006.



Dr. Alfred Buxton, MD

Al Erickson, Associate Professor of Medicine and Chief of Staff at the Providence VA Medical Center Retires



Al Erickson, MD

Al Erickson, Associate Professor of Medicine and Chief of Staff at the Providence VA Medical Center, is retiring in February, 2006.

Al Erickson joined the Brown Medical School faculty and the Pulmonary Division at the Providence VA Medical Center in 1975. Dr. Erickson has served in an extraordinary range of teaching leadership roles at Brown, and he has received an extraordinary number of awards from medical students and house-staff in recognition of outstanding teaching.

Al Erickson's leadership in medical student teaching activities has encompassed the span of medical curriculum, including course

director of Respiratory Pathophysiology, clerkship coordinator for the core medical clerkship at the Providence VA, and Course Director of the core medical clerkship for the entire Brown Medical School.

Until the mid-1990's, the Miriam and Rhode Island Hospitals had separate internal medicine house-staff training programs that competed for trainees. Both programs sent trainees to the VA for rotations. Dean Donald Marsh recognized that there was clearly a need to consolidate these programs, and that this merger would require extraordinary leadership, tact, and political savvy. Accordingly, Dean Marsh asked Al Erickson to take this job on. Al worked tirelessly with faculty, program administrators, and the ACGME to bring about the merger. He led the newly combined internal medicine training program through two successful intern matches.

In addition to his teaching, Al Erickson has served on and chaired a number of key medical education committees at Brown, including the Academic Standing Committee, the Teaching Scholar Committee, the MD2000 Assessment Committee, and the Curriculum Committee.

Al Erickson has been recognized by both medical students and house-staff repeatedly for his outstanding teaching. Among his honors and awards are: Recipient, Senior Medical Citation, Senior Teaching Award, Invited Faculty Speaker at Commencement, Hooder at Commencement Exercises, First Marshall at Commencement Exercises, VAMC Teacher of the Year, and Chairman's Award for Outstanding Teaching, in the Department of Medicine.

We wish Al Erickson well as he enters his retirement. His example of medical school teaching excellence is an example for all of us.

Visit our website at: www.brownmedicine.org

General Internal Medicine Offices Move to 111 Plain Street

January 15 of this year marked an important point in the growth of the University Medicine Foundation's (UMF) Division of General Internal Medicine (DGIM). That day DGIM's Research Section, and two of its clinical practices, moved into a newly renovated building on the west side of the RIH campus at 111 Plain St. Until now these offices were spread between the Medical Office Center and the Multiphasic Building. Dating from 1889 the building originally served as the 5th District station for the Providence Police Department. It has been totally renovated to meet the needs of a modern medical office building and is now entirely devoted to GIM activities.

DGIM Research group occupies the ground level, 1st floor as well as offices on the 2nd and 3rd floor. Under the direction of Dr. Michael Stein, the staff of thirty-two conduct a variety of research projects focused on prevention and intervention in areas of substance abuse, depression, breast cancer awareness, HIV risk and adolescent risk behaviors. This new space affords Dr. Stein's already successful research group the ability to recruit more faculty, post-doctoral fellows and staff furthering the growth of this section of DGIM.

Two UMF clinical practices dedicated to Internal Medicine and Women's Health are located, respectively, on the second and third floors. The response from patients has been overwhelmingly positive; they enjoy the ample free parking located by the main door and the bright spacious facility. Most importantly the new building allows researchers and clinicians (including both residents and faculty) to comfortably interact on a daily basis. This increased interaction will undoubtedly create an academic environment that will foster increased collegiality and collaboration.

The Department of Medicine Newsletter is published quarterly.

To submit an article or provide information contact

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been credited with performing the first so-called transplant swap in the United States, whereby live donor kidney exchanges are arranged between recipients and donors of otherwise incompatible pairs of donor and recipients. Our institution was also involved in the first kidney exchange between three sets of people to take place in New England, giving new kidneys to two Rhode Island residents. Finally, Rhode Island Hospital was recently honored as one of the top organ procurement hospitals in the United States, receiving a special certificate of distinction from the government-sponsored United Network for Organ Sharing (UNOS).

Faculty research interests are quite diverse. Dr. Gautam has been studying the use of immunological monitoring of cell-mediated immunity to guide the optimal use of immunosuppressive therapy. With collaborators from the University of Rhode Island, Dr. Gohh has been studying the effect of diabetes on the pharmacokinetics and/or pharmacodynamics of various immunosuppressive drugs used in clinical transplantation. A new study being directed by Dr. Yango is looking into the tissue expression of hepatocyte growth factor as a noninvasive molecular marker for diagnosis of acute rejection and/or acute tubular necrosis after kidney transplantation. In association with the UMass Medical Center, Dr. Fischer is conducting an NIH-funded project investigating the complex interaction of cytomegalovirus (CMV) infection and allograft rejection. T cell responses to CMV infection following transplantation is being studied to evaluate the evolution of antigen recognition in CMV-specific CD8+ T cells as well as the impact of such responses on alloantigen recognition. Such scholarly activity has culminated in over 25 publications between 2004-06, the most prominent being Dr. Fischer's description for the first time in medical history the occurrence of infection of immunosuppressed patients with the lymphocytic choriomeningitis virus (New England Journal of Medicine 2006 May 25;354(21):2235-49)—a rare viral infection that has otherwise minimal effects on normal individuals.

Our Trip to Eldoret

Kay Denherder Tammaro, MD

I never imagined that taking a full month for our trip to Kenya would seem short, but as the time to leave drew closer, all the things that we didn't get to and the people we were to leave behind made me wish we were staying longer.

Our family consists of myself and my husband Dominick Tammaro, both trained as internists, and our three daughters, ages 15, 13, and 8. We spent three weeks at the Moi University Medical Center in Eldoret, Kenya last July with the Brown University - Indiana University affiliated medical program. We learned so much while we were there, and lessons continue to evolve since we have returned.

The accommodations at the Moi University - IU program in Eldoret were significantly more modern than I expected, and the food we ate buffet style was delicious and plentiful. The other staff at the compound were wonderful to work with, and so interesting to talk to. While we were there, though, there were some sad times, (editorial note: the Tammaro family was at Moi Teaching and Referral Hospital when our colleague, Dr. Julie Everett died suddenly and unexpectedly from a pulmonary embolism) and it was so inspiring to see how it was handled!

While we stayed there, my husband worked side-by-side with the medical teams on the wards, a 10-minute walk down the road. It was very striking how cheerful and friendly, hospitable and appreciative the local people were in the area, in spite of severe hardship. One afternoon one of the hospital staff invited us and a few others to "tea" at his home. The walk from the taxi to his home was long and we saw an abundance of the countryside. His family served us a veritable feast of local food through the afternoon, all cooked on a two-burner stove. There was evidence of deeply religious faith at his home, which was reflected in the manners of his family.

I also worked on the wards - the conditions really made me appreciate the luxuries we take for necessities in the US. The girls volunteered at the children's center with two Brown University students. It was a relatively modern, clean, well-run facility which had been founded and was run primarily by Sarah-Ellen Mamlin and staffed by dedicated local people. It was so nice to see the children enjoy themselves - and learn! Our two older girls also helped by cleaning and organizing, and the youngest primarily played with the other children there.

They truly enjoyed this experience, and they were exposed to people living in conditions far different than they would see at home. The children at the hospital were there because they were sick with cancer or AIDS or TB or malaria, and/or abandoned, but only those well enough to play and learn attended the center. The patients for the most part did not speak English.



Dr. Cay Denherder Tammaro and friends in Eldoret, Kenya

Our daughters befriended the patients and staff at the center, in spite of language barriers. They communicated through play, and songs, and some sign language, and laughter. Although we did take Swahili lessons while we were visiting, they remember best the Swahili taught to them by their friends at the children's center.

They also befriended children who lived at the compound where we stayed, which was a pleasant learning experience for them. One little boy at the compound was awaiting adoption in the US, was exceedingly active and vocal, and kept our daughters busy just chasing him at times with his caretaker.

As each of our daughters has told us, it was the experience of a lifetime.

Faculty Appointments

Full Time and (Research) Faculty Appointments

Rhode Island Hospital

Hematology/Oncology

Peter Quesenberry, M.D.
Professor, Research Scholar Track

David Mills, PhD
Assistant Professor (Res.)

Nephrology

Shougang Zhuang, M.D.
Associate Professor (Res.)

Ayman Wahbeh, MBBS
Assistant Professor

Graduate Medical Education

Rhode Island Hospital Internal Medicine Residency Program Leadership Moves



Jennifer Jeremiah appointed Internal Medicine Associate Program Director

Kelly McGarry named GIM/Primary Care Program Director

It gives me great pleasure to announce important changes and additions to the leadership of the Brown Internal Medicine Residency Programs at Rhode Island Hospital.

As many of you know, Dr. Michele Cyr, as Program Director, has been very successful for over 15 years growing and developing the Primary Care Residency into a thriving and nationally recognized training program. She now serves Brown Medical School in multiple capacities at multiple affiliates. While stepping down from the residency directorship, she continues as Division Director of General Internal Medicine at Brown and Director of General Internal Medicine at Rhode Island Hospital and Memorial Hospital of Rhode Island. She is Leadership Director for the Brown University/Women & Infants Hospital National Center, Associate Dean for Women in Medicine, Brown Medical School of Excellence in Women's Health and is Associate Dean for Graduate Medical Education.

Kelly McGarry, MD has dedicated her career to the education of internal medicine residents and has served as Associate Program Director for the General Internal Medicine Residency since 1998. In this capacity she has further developed the ambulatory block curriculum, established an ambulatory morning report and recruited and advised nine classes of General Internal Medicine Residents. In recognition of her excellence in medical education she has received numerous teaching awards including the Society of General Internal Medicine Medical Educator Award, the Department of Medicine Chairman's Award for Outstanding Teaching, and the Brown Medical School Class of 2003 and 2006 Faculty Teaching Awards. In addition to her practice at Women's Health Associates she continues to attend on the Med B service, precept in the Medical Primary Care

Unit, teach in ambulatory block, and serve as Director for the Advanced Clerkship in Internal Medicine at RIH.

Jennifer Jeremiah, MD brings to the position a long-standing commitment to medical education as exemplified by her roles within the residency and her numerous teaching awards. Dr. Jeremiah has been the Director of Community Based Education for the past 10 years. She also leads the Clinical Teaching Seminars for residents on ambulatory block. She has co-facilitated the weekly Intern Conference for the past 12 years. She serves as a Ward Attending and as a Second Site Preceptor. Dr. Jeremiah has received many awards for her excellence in teaching. She has received Teaching Awards from the medical residents. In addition, she has received the Excellence in Teaching Award from Brown Medical School and in 2006 she received the prestigious Department of Medicine Faculty Award for Outstanding Teaching. In addition to her current roles, Dr. Jeremiah will expand her commitment and responsibilities to the residency programs.

Drs. Dominick Tammaro and Fred Schiffman will continue in their roles as Associate Program Directors for the Categorical and Preliminary Internal Medicine Residency Programs. Dr Tammaro will continue as co-director for the Med-Peds Residency Program. All four directors continue to work as a team under my direction as Internal Medicine Residency Director. I remain grateful for their ongoing commitment to Brown, to the residents and to our team.

Please join me in welcoming Drs. McGarry and Jeremiah to their new roles. We are indeed fortunate to have such a talented and dedicated team of individuals to lead our Internal Medicine Residency Programs.

Office of the Chairman of Medicine
Rhode Island Hospital
593 Eddy Street
Providence, RI 02903

Department of Medicine Grand Rounds - Tuesday Mornings at 8:00 AM

George Auditorium, Rhode Island Hospital

Lecture Hall, The Miriam Hospital, Room 653, VA Medical Center • Library Video Room, Newport Hospital (teleconferenced from RIH)

February 6, 2007:

"Disorders of Osmolality: From Basic Mechanisms to Clinical Care"

Mark L. Zeidel, M.D., Chair and Physician-in-Chief, Department of Medicine, Beth Israel Deaconess Medical Center, Herrman L. Blumgart Professor of Medicine, Harvard Medical School

February 13, 2007:

Morbidity & Mortality Conference

Case 1: "A 22-year-old female with SLE presenting with fever and hematuria"

Presenter: Kevin Dushay, M.D., Pulmonary and Critical Care Medicine

Panelists: Stuart Schwartz, M.D., Rheumatology; James Klinger, M.D., Pulmonary and Critical Care Medicine

Case 2: "A 22-year-old female with SLE and recent hospitalization with acute mental status change"

Presenter: Kevin Dushay, M.D., Pulmonary and Critical Care Medicine

Panelists: Joseph Sweeney, M.D., Transfusion Service/Coagulation; J. Donald Easton, M.D., Neurology

February 20, 2007: CANCELED

February 27, 2007:

Hematology/Oncology Update

"Myeloproliferative Disorders"

Peter J. Quesenberry, M.D., Director, Division of Hematology/Oncology at Brown Medical School and Lifespan Medical Center, Rhode Island/Miriam Hospitals, Professor of Medicine, Boston University and Brown Medical School

"Novel Advances in Stem Cell Transplant"

Eric S. Winer, M.D., Attending Physician, Division of Hematology/Oncology, Rhode Island Hospital, Assistant Professor of Medicine (pending), Brown Medical School

"New Treatment Paradigms for Chronic Lymphocytic Leukemia"

Gerald A. Colvin, D.O., Attending Physician, Division of Hematology/Oncology, Rhode Island Hospital, Associate Professor of Medicine (pending), Brown Medical School

March 6, 2007:

"APL Syndrome"

Lisa Sammaritano, M.D., Assistant Professor, Internal Medicine-Rheumatology, Weill Medical College of Cornell University

March 13, 2007:

Morbidity & Mortality Conference

March 20, 2007:

"Prostate Cancer: Choosing a Treatment and Documenting the Consequences"

James A. Talcott, M.D., S.M., Associate Professor, Department of Medicine, Harvard Medical School

March 27, 2007:

General Internal Medicine Update

April 3, 2007:

"Are All Diseases Infectious?"

Bennett Lorber, M.D., D.Sc. (Hon.), Chief, Section of Infectious Diseases, Temple University Health Sciences Center, Thomas M. Durant Professor of Medicine, Professor of Microbiology and Immunology, Temple University School of Medicine, Philadelphia, PA

April 10, 2007:

Morbidity & Mortality Conference

April 17, 2007:

Cardiology Update

April 24, 2007:

Infectious Diseases Update