Chairman’s Message

I think frequently of Gerry Freeman these days. Gerry worked with me at the Cleveland VA back in the early 1990’s, where he maintained the laboratory in which I began my career. Gerry was a jovial African-American man in his 50s, a decorated Vietnam veteran, father of three girls and an elder of his church. He and I had similar senses of humor and tastes in music, so we would frequently spend time talking during the day about a variety of subjects. One day I asked him what he thought of Rodney King, who had recently been shown on the TV news being beaten by the Los Angeles police force after being stopped for dangerously speeding through a residential neighborhood early in the morning.

He surprised me by answering: “Lou, when I saw that man being beaten, I cried. I thought of every time I have been pulled over for no reason by a cop, every time I have been followed around in a store, every time I have been disrespected for no reason other than my color.” I was stunned and angered by the fact that this truly wonderful gentleman could be subjected to such treatment, but also disappointed in myself that I could have lived so long and still been so clueless about the daily experience of non-white members of our society.

Newscasts these days are rife with stories that make it clear little has changed since that time. Ferguson, Staten Island, Cleveland, Baltimore, Charleston. Each incident with its own details that can be argued about, but with the common outcome that a young black man is dead, leaving family and friends mourning. Incarceration statistics suggest a substantial proportion of an entire generation of young black men have had their lives irreversibly changed by detention for crimes that result in lesser penalties for their white counterparts. Moreover, in many states efforts persist to change voting eligibility laws in thinly (and sometimes not-so-thinly) veiled attempts to reduce access for minority citizens. While some argue that we have come a long way in race relations in this country (after all, we have an African-American President) and should celebrate our progress rather than focus on what is left to be done, it is difficult to justify complacency in the face of such a systematic disadvantaging of our fellow citizens. Racism is rooted in power inequality, and therefore will only be conquered when the levers of power can be exercised equally by all members of society. Individual biases will always exist, but will cease to be as meaningful when they do not reflect an underlying power imbalance.

Empathy is one of the core components of our profession. It is truly said that one cannot be a good physician without being an empathic physician. Dictionary.com defines empathy as: “the psychological identification with or vicarious experiencing of the feelings, thoughts, or attitudes of another.” Empathy works in medicine because we have all been sick, most of us have lost loved ones, and we all understand the fear of illness that many of our patients experience. In my view, however, empathy fails in race

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Chairman’s Message continued

relations. The notion that I could vicariously “experience” what Gerry Freeman experienced his entire life is simplistic and fanciful. I have been disrespected in my life, mistreated for sure and even disadvantaged in some circumstances, but those circumstances never reflected a societal perspective on my existence as a white man. So I cannot pretend to understand what my black colleagues are feeling, or presume that I know how I would feel in similar circumstances. What I can offer is respect for and acknowledgment of their experiences and perspectives, as well as a commitment to doing what is within my power to create an environment in which there are no institutional impediments to career fulfillment and personal happiness for those with whom we work.

It is my great privilege to be the Chair of the Department of Medicine at the Warren Alpert Medical School and to be a physician leader in several superb hospitals. I am constantly gratified by the quality and character of my colleagues inside and outside of the Department, and of the extraordinary commitment of our house staff trainees. I stated when I arrived here that my goal was to have a training program that would welcome everyone, regardless of race, ethnicity, gender or sexual orientation. During this time I have been privileged to help support the formation of the Brown Minority Housestaff Association and to have seen progressive increases in the numbers of underrepresented minority applicants to our program. There is no “target” or “quota” here – I simply want no one to decline our residency because they would not feel comfortable here.

To that end, we in the Department of Medicine will be embarking on a long term project, in collaboration with our colleagues from the Department of Psychiatry, to improve the cultural awareness of members of the Department. The goal will be education, in particular about the small, seemingly insignificant ways we can communicate our biases or be insensitive to the deep feelings of our colleagues without necessarily even realizing it. These offenses, sometimes termed “microaggressions”, can accumulate to create hostile environments despite everyone’s best intentions. Those hostile environments are not only wrong, they are counterproductive and, given our business, ultimately bad for patient care. The program will begin with the faculty in General Internal Medicine and proceed from there to the rest of our Department. I ask that all members of the Department participate in this important endeavor with energy and enthusiasm.

As physicians, we try to make the world a better place one patient at a time. While we cannot solve all of society’s ills from our small community, we can work to make our small community an example for the larger society. Having a sincere respect for the perspectives of those different from us is a great place to start.

News from the VA Medical Center

Sharon Rounds, MD, Professor of Medicine (Pulmonary/Critical Care), has been awarded a VA Merit Review Grant to study “Mechanisms of Cigarette Smoke-Induced Acute Lung Injury”. 4/1/2015-3/31/2019. $750,000 total direct costs.

Sharon Rounds, Professor of Medicine, was elected to the Colorado Pulmonary Hall of Fame, sponsored by the Colorado Thoracic Society and the University of Colorado Pulmonary/Critical Care Division.

Andrew Cohen, MD, Professor of Medicine (Nephrology), accepted the Bronze Award at the VA Field Meeting 11/4/14 at the American Society of Nephrology annual meeting on behalf of the Providence VAMC Dialysis Unit for having maintained or exceeded performance standards in 3 key dialysis indicators. This was one of 3 awards presented among a large field of VA dialysis centers.

Matthew Jankowich, MD, and Eric Gartman, MD, Assistant Professors of Medicine (Pulmonary/Critical Care) edited a book entitled “Ultrasound in the Intensive Care Unit”, published in 2015 by Humana Press. Alpert Medical School faculty authors also included Andrew Levinson, Jigme Sethi, Gaurav Choudhary, Dennis McCool, Taro Minami, and James Padbury.

Amal Trivedi, MD, Associate Professor of Health Services, Policy, and Practice and of Medicine (Hospitalist), was first author on a paper entitled “Quality and Equity of Care in US Hospitals” in the New England Journal of Medicine. 371:2298-2308, 2014.
Critical Care doctors conduct simulation teaching in Germany

By Taro Minami, MD
Assistant Professor of Medicine (Clinical)

I spent 2 weeks in February in Tübingen, Germany to teach critical care medicine to medical students both from Tübingen and from Brown. This course is a part of the exchange program between the Warren Alpert Medical School of Brown University and Faculty of Medicine of University of Tübingen (Medizinischen Fakultät der Eberhard Karls Universität Tübingen).

I, as well as Keith Corl, critical medicine fellow, joined as a faculty to teach critical care medicine to medical students both from Tübingen and from Brown. This course makes up the “Winter School”, started in 2012 by our colleague Dr. Gerardo Carino at the Miriam Hospital and by Professor Dr. Reimer Riessen at University of Tübingen, Germany supported by Associate Dean Julian Ip at AMS and Dean of medical education, Professor Dr. Stephan Zipfel at University of Tübingen.

Five 4th year Brown medical students, Diana Escobar, Justina Gamache, Deidrya Jackson, Aron Mohan and Olivier Van Houtte participated in the program. We had an additional 9 students from Tübingen, 1 from Italy and 1 from Indonesia.

So, how was it? It was fantastic. This is hands down the best course and exchange program I have known so far. Everyday, we had different teaching sessions, from a lecture to simulation training, ICU rounds to hands-on procedure training at the anatomy lab using cadavers. As the director of simulation and ultrasound training at MHRI, I was particularly impressed with their simulation training facility “TüPASS”, where we spent 2 entire days to go over multiple critical care scenarios in a simulated ICU room and with “Doc Lab”, a simulation lab for students where they enjoyed hands-on training, such as critical care ultrasonography to procedures, such as central venous catheter insertion.

But it was not only these teaching sessions which make this program so unique and wonderful. Every night (I mean every night), we were invited to the dinners by students or faculty, including Dr. Riessen and Dean Zipfel. They were such great hosts, and students from each country soon became good friends. This course truly embodies an ideal form of an exchange program, where I can see a beautiful interaction between 2 medical schools across the Atlantic Ocean.

I truly hope this course and the program continues to flourish and grow. Lastly, I would like to express my sincere appreciation to everyone involved in this program, including Dr. Carino, Professor Dr. Reimer Riessen, Associate Dean Julian Ip and Dean Professor Dr. Stephan Zipfel.

Internal Medicine Residency Program

Memorial Hospital of Rhode Island
Alpert Medical School of Brown University

MATCH RESULTS

CLASS OF 2015 MATCH
Maxwell Afari MD
St. Elizabeth’s Medical Center • Boston, MA
Cardiology

Rasha Alqadi MD
Roger William Medical Center • Providence, RI
Rheumatology

Adil Bhutta MD
Yale New Haven Hospital • New Haven, CT
Hospitalist

Thomas Guerrero MD
St. Elizabeth’s Medical Center • Boston, MA
Hem/Onc

Mohammad Salhab MD
University of Massachusetts Medical School
Worcester, MA
Hem/Onc

Hammad Shafqat MD
Medical University of South Carolina
Charleston, SC
Hem/Onc

Takehide Umeda MD
University of Minnesota Medical School
Minneapolis, MN
Pulmonary/Critical Care

Chief Resident, Abdullah Quddus MD
St. Luke’s • Bethlehem, PA
Cardiology

ALUM MATCH
Abdel Anabtawi MD
University of New Mexico SOM
Cardiology

Purva Sharma MD
University of Vermont Medical Center
Hem/Onc
Mylonakis study validates new approach to faster fungal infection diagnosis

A recent study led by Eleftherios Mylonakis, MD, chief of infectious diseases at Rhode Island and The Miriam hospitals, was the first extensive clinical trial to validate a new approach to diagnosing candidiasis, a fungal infection that can be dangerous if not treated.

The study showed that a new technology can provide results within hours opposed to days, which is critical to providing lifesaving care.

Mylonakis said that candidemia is typically clinically indistinguishable from any other form of bloodstream infection and sepsis, so early diagnosis needs to be based on laboratory testing. Cultures usually take over two days to start becoming positive and five days or more to become final and they have low sensitivity, meaning that clinicians may withhold life-saving therapy or treat patients who do not need treatment.

"Patients who receive appropriate antifungal therapy within the first day after blood is drawn for culture have an estimated mortality of 24 percent – with the corresponding figures for treatment one and two days later being 37 percent and 41 percent, respectively," Mylonakis explains.

The study used T2MR technology, an innovative magnetic resonance-based diagnostic technology that doesn’t require blood culture and sample purification or preparation.

Mylonakis pointed to one case during the study in which the T2MR technology was used to quickly diagnose a patient who had an intra-abdominal infection. The invasive candidiasis was confirmed later with a culture of tissue obtained during surgery after more than 12 negative blood cultures.

The study determined that this novel nanotechnology can identify 91 percent of candida-positive samples and over 98 percent of non-candidemic patients.

Humans carry within their intestines multiple species of Candida, which are the fourth leading cause of nosocomial bloodstream infections. These species’ infections represented six percent of all hospital-acquired infections in the United States in 2011, and they ranked first among the causes of primary bloodstream infections.

News from the Division of General Internal Medicine

Susan Ramsey, PhD, Division of General Internal Medicine, RIH was awarded $715,500 for “Distress Tolerance and HIV Prevention with XR-NTX Initiation in Opioid Dependence” from National Institute on Drug Abuse.

The ABAM Foundation has accredited a fellowship in Addiction Medicine housed in the Division of General Internal Medicine at RIH. Directed by Peter D. Friedmann, MD, MPH, FASAM, FACP and Tae Woo “Ted” Park, MD, MSc, the Brown/RIH Fellowship in Addiction Medicine is one of 27 such programs in the nation, and the first program in Rhode Island dedicated to the comprehensive training of physicians in the addictions. An experienced interdisciplinary faculty, many of whom are certified in addiction medicine or addiction psychiatry, will provide one or two year training to physicians who have completed a residency in a primary discipline (internal medicine, family medicine, pediatrics, OB/GYN or other ABMS-recognized specialty). Clinical experiences occur in varied settings with diverse populations, including youth, Veterans, patients with HIV, impaired health professionals, and those involved in the criminal justice system. For more information, contact pfriedmann@lifespan.org.

Arrighi Named Director of Graduate Medicine Education

In February of this year, James A. Arrighi, MD, FACC, FASNC, was named Director of Graduate Medical Education (GME) for Lifespan and Designated Institutional Official (DIO) for Rhode Island Hospital. As Director of GME, Dr. Arrighi will serve as the chief academic officer for trainees at all Lifespan affiliated hospitals, ensuring the highest quality of clinical training for medical students, residents and fellows. As DIO, he will also serve as liaison between our medical training programs and the Accreditation Council for Graduate Medical Education (ACGME).

Dr. Arrighi received his undergraduate and medical degrees from Brown University, and completed Internal Medicine residency training at Barnes Hospital, Washington University Medical Center, and at the National Heart, Lung and Blood Institute, National Institutes of Health. He then completed a fellowship in Nuclear Cardiology at the National Heart, Lung and Blood Institute, National Institutes of Health, as well as fellowships in Cardiology and Nuclear Medicine at Yale University School of Medicine. He was on the faculty at Yale University in the Departments of Medicine and Diagnostic Radiology from 1995-2004, where he served as Program Director of the Cardiology fellowship from 2002-2004. In 2004, Dr. Arrighi joined the Department of Medicine at Alpert Medical School and Rhode Island Hospital, where he has served as Program Director of the Cardiology fellowship, and Director of Nuclear Cardiology for Rhode Island Hospital and The Miriam Hospital. Dr. Arrighi will remain as the fellowship director until a replacement is named in the near future.

Dr. Arrighi has served on the ACGME Residency Review Committee for Internal Medicine from 2009 to present, and is currently the Committee’s Chair. This Committee is responsible for the accreditation process for over 2,100 residency and fellowship programs in Internal Medicine and its subspecialties. He is also a member of the ABIM/ACGME Working Group on Milestones.
Brian Kimble, MD, Clinical Associate Professor of Medicine (Pulmonary/Critical Care) is an accomplished photographer whose work has been published in the New England Journal of Medicine.
Grant Supports Data Science to Optimize HIV Care

Dr. Rami Kantor

Brown recently announced a $3.5 million grant awarded by the National Institutes of Health to Joseph Hogan and Dr. Rami Kantor to support development of data-driven techniques to improve the effectiveness of monitoring HIV treatment and to maximize the benefits associated with using expensive diagnostic procedures.

Hogan, professor of biostatistics in the School of Public Health, and Kantor, associate professor of medicine at the Warren Alpert Medical School, will combine their expertise to develop statistical methods, software, and laboratory technologies that use clinical data from patient records to improve HIV treatment monitoring decisions. Their work will develop strategies to optimize timing and frequency of costly diagnostic procedures such as drug resistance testing and new methods for ‘batch testing’ to reduce the number of laboratory assays needed to determine individual patient viral loads.

In addition to developing the statistical framework and theory for these ideas, Hogan and Kantor will create practical laboratory methods and protocols that can be tested, refined, and implemented in AMPATH, a comprehensive HIV care program based in Eldoret, Kenya, that sees more than 130,000 HIV-infected patients a year.

Brown University is a member of the AMPATH Consortium, whose 18 North American institutions collaborate with Moi University in Eldoret on HIV research, care, and training. Hogan is co-director of biostatistics and Kantor is research director of the Brown University-Kenya Program. He studies the effectiveness of HIV treatment and its relationship to drug resistance.

“This grant is emblematic of the emerging field of ‘data science,’ wherein new and innovative methods of statistical analysis and computing are directly motivated by and applied within a specific context,” Hogan said. “Despite the fact that most of the world’s people with HIV live in low- and middle-income countries, patients and doctors in places like Kenya do not have the resources needed to follow treatment guidelines that are used in the United States and Europe. We hope that projects like ours can help AMPATH and programs like it make the best use of the information and resources available to them.”

Kantor said the work will produce not only academic but clinical benefits.

“It will combine multidisciplinary clinical, laboratory, and statistical expertise to improve care for HIV-infected patients in settings where physicians need to limit the tests they conduct for patient care due to infrastructure and resource constraints,” Kantor said. “Development of methods and close work with and training of clinicians and laboratory personnel in Kenya, as we propose to do, will impact patient care and optimize resource use.”

In addition to Hogan and Kantor, the team includes Tao Liu, Allison DeLong, and Mia Coetzer of Brown, Michael Daniels of the University of Texas, and Lameck Diero, Wilfred Emonyi, and Ann Mwangi of Moi University in Eldoret.

Bharat Ramratnam, MD Named Director of Research Integration

University Medicine Foundation has named Bharat Ramratnam, MD as its Director for Research Integration. In his new position, Dr. Ramratnam will work closely with Dr. Lance Dworkin, Vice Chairman for Research, Ethics & Academic Affairs to promote collaborative research across disciplines within the Department of Medicine. Dr. Ramratnam, who completed undergraduate and medical education at Brown University and a postdoctoral fellowship at The Aaron Diamond AIDS Research Center of the Rockefeller University, is uniquely suited to spearhead this new initiative given his track record of continuous NIH-funded research in basic, clinical and behavioral science.

Dr. Ramratnam, an Associate Professor of Medicine at the Warren Alpert Medical School of Brown University, is Director of the Lifespan/Tufts/Brown Center for AIDS Research Laboratory of Retrovirology (3P30AI042853). He is the principal investigator of a number of federally funded projects including the Virology Core of the Center for Alcohol and Addiction Studies (5P01AA019072) and the K24 research program focusing on HIV-1 pathogenesis and transmission (1K24HD080539). Dr. Ramratnam leads a multi-disciplinary team focusing on reproductive hormones and their impact on HIV-1 acquisition (5R01HD072693). He also directs the COBRE Center for Cancer Research Development at Rhode Island Hospital (5P20GM103421) and is the Medical Director for the Lifespan Clinical Research Center. Dr. Ramratnam has received several awards including the Doris Duke Clinical Scientist Award, a Daland Fellowship from the American Philosophical Society and a Culpepper Award from the Rockefeller Brothers Foundation.

The Office of Research Integration will issue RFAs to fund the preparation of a number of collaborative program project grants in FY15. The Office will also assess the state of clinical and basic science research in the Department of Medicine, disseminate opportunities and develop a strategic plan that will ensure the continued excellence of the Department in its mission of providing state-of-the-art medical care to individuals in Rhode Island and surrounding communities.
Internal Medicine Residency Program Celebrates Successes in Fellowship Match

The Department of Medicine congratulates our Rhode Island Hospital Internal Medicine residents on a successful fellowship match! We are very proud of the prestigious programs from the all over the country that our residents will be joining. This list includes graduates from the class of 2014 (marked with an asterisk) and 2015. We look forward to the next issue of this newsletter, when we will share the career plans of our residents who will be joining primary care practices and working as Hospitalists.

Allergy/Immunology
Shahab Virani, MD
Boston University, Boston, MA

Cardiovascular Diseases
Patrick Gleason, MD
Emory University, Atlanta, GA

Giorgio Napoli, MD
University of Massachusetts, Worcester, MA

Parag Parikh, MD *
Alpert Medical School of Brown University

Meghana Rao, MD
Alpert Medical School of Brown University

Joseph Yu, MD
Mt. Sinai Beth Israel, New York, NY

Endocrinology
Scott Sperling, MD
Tufts University, Boston, MA

Miriam Thomas, MD
Emory University, Atlanta, GA

Gastroenterology
Chioma Ihunnah, MD
University of Connecticut, Farmington, CT

General Internal Medicine Fellowship
Manasa Ayyala, MD
Johns Hopkins

Health Disparities Fellowship
David Washington, MD (Med-Peds)
Boston University, Boston, MA

Hematology-Oncology
Cristina Cellurale, MD
Alpert Medical School of Brown University

Infectious Disease
Alexander Drelick, MD
Einstein/Montefiore, New York, NY

Caitlin Dugdale, MD *
Harvard/Mass General Hospital, Boston, MA

Liza Valdivia, MD
Harvard/Beth Israel Deaconess, Boston, MA

Nephrology
Zubia Alam, MD
Harvard/Beth Israel Deaconess, Boston, MA

Patient Safety & Quality Fellowship
Piyush Gupta, MD
Kaiser Permanente, San Francisco, CA

Pulmonary Diseases & Critical Care Medicine
David Cohen, MD
Boston University, Boston, MA

Michael Prodromou, MD *
Alpert Medical School of Brown University

Rheumatology
Amar Oza, MD
Harvard/Mass General Hospital, Boston, MA

Steven Schaub, MD
University of Massachusetts, Worcester, MA

Rich Joins Drug Policy Alliance

Josiah Rich, MD of the Division of Infectious Diseases, recently joined the Board of Directors of the Drug Policy Alliance, the nation’s leading organization promoting drug policies that are grounded in science, compassion, health and human rights. The organization's stated mission is to “advance policies that reduce the harms of both drug use and drug prohibition, and seek solutions that promote safety while upholding the sovereignty of individuals over their own minds and bodies.”

University Medicine Names Peter Hollman as New Chief Medical Officer

University Medicine, a nonprofit primary care, specialty outpatient and sub-specialty medical group practice with over 200 physicians and over 20 patient care locations across the state, announces that Peter Hollmann, MD, FACP, AGSF has joined the staff as Chief Medical Officer, a newly created position for the organization. The announcement was made today by Louis B. Rice, MD, president and CEO of University Medicine.

Dr. Hollmann maintains an internal medicine and geriatric primary care practice located in Pawtucket, R.I. for University Medicine’s Division of Geriatrics and Palliative Medicine. He is assistant clinical professor in Family Medicine at Brown University’s Warren Alpert Medical School.

As chief medical officer, Dr. Hollmann serves as physician lead for the Operations Division of University Medicine. A key member of the senior management team, he is responsible for overseeing the delivery of affordable, quality healthcare services and performance improvement activities for the practice management and operations team. He is also responsible for the development of innovative clinical programs in collaboration with internal and external strategic business partners.

Dr. Hollmann currently serves on the American Medical Association’s Current Procedural Terminology Editorial Panel and the National Committee for Quality Assurance (NCQA) Geriatrics Measures Advisory Panel. A fellow with the American Geriatrics Society (AGS), he chaired the AGS Public Policy Committee, founded the AGS Practice Management Advisory Group, and was a founding member of the AGS Quality Committee.

Statewide, Dr. Hollmann co-chairs the multi-payer Patient-Centered Medical Home demonstration project (Care Transformation Collaborative of Rhode Island) Data and Evaluation Committee and is a delegate to the American Medical Association House of Delegates from the Rhode Island Medical Society where he currently serves on the Executive Committee.
### Appointments & Promotions

**Faculty Appointments**  
**September 1, 2014 – February 28, 2015**

**MEMORIAL HOSPITAL**  
*General Internal Medicine*  
Mazen Al-Qadi, MD  
Assistant Professor of Medicine (Clinical)

**THE MIRIAM HOSPITAL**  
*Geriatrics and Palliative Medicine*  
Christine Nevins-Herbert, MD  
Assistant Professor of Medicine (Clinical)

Rachel Rackow, MD  
Assistant Professor of Medicine (Clinical)

Mary Lopresti, MD  
Assistant Professor of Medicine (Clinical)

**NEWPORT HOSPITAL**  
*Cardiology*  
George Charlton, MD  
Assistant Professor of Medicine (Clinical)

**RHODE ISLAND HOSPITAL**  
*General Internal Medicine*  
Stephanie Catanese, MD  
Assistant Professor of Medicine (Clinical)

Charlene Ellsworth, MD  
Assistant Professor of Medicine (Clinical)

Michelle Garazi, MD  
Clinical Instructor of Medicine

Hussain Khawaja, MD  
Assistant Professor of Medicine (Clinical)

Drew Nagle, MD  
Assistant Professor of Medicine (Clinical)

Mindy Sobota, MD  
Assistant Professor of Medicine (Clinical)

Hassan Ziud, MD  
Clinical Instructor of Medicine

Sevdenur Cizginer, MD  
Assistant Professor of Medicine (Clinical)

Julio Defillo, MD  
Assistant Professor of Medicine (Clinical)

**PROVIDENCE VAMC**  
*General Internal Medicine*  
Sadie Barchini, MD  
Assistant Professor of Medicine (Clinical)

**WOMEN & INFANTS HOSPITAL**  
*Gastroenterology and Hepatology*  
Mariam Fayek, MD  
Assistant Professor of Medicine (Clinical)

Nnenna Okpara, MD  
Assistant Professor of Medicine (Clinical)

**Infectious Diseases**  
Erika D’Agata, MD  
Associate Professor of Medicine

**Pulmonary, Critical Care, and Sleep**  
Melissa Tukey, MD  
Assistant Professor of Medicine (Clinical)

Barry Shea, MD  
Assistant Professor of Medicine

**Gastroenterology and Hepatology**  
Marian Fayek, MD  
Assistant Professor of Medicine (Clinical)

**Assistants & Instructor of Medicine**  
Hassan Ziud, MD  
Clinical Instructor of Medicine

Sevdenur Cizginer, MD  
Assistant Professor of Medicine (Clinical)