The Department of Veterans Affairs is expanding Clinical Video Telehealth (CVT) in order to facilitate services to veterans who live outside the immediate vicinity of medical centers. This is especially important for veterans whose health problems limit their ability to travel to a doctor’s appointment. In addition to enhancing access to care for veterans, it also improves access to specialty clinics by opening slots for face-to-face visits for other patients.

The Providence VAMC has had a program for TeleDermatology for many years. Images of skin lesions on patients from clinics in Maine and from primary care providers in Rhode Island or Massachusetts are stored and forwarded to dermatologists in Providence who provide diagnostic or treatment advice.

The program for Clinical Video Telehealth expands telemedicine services to “real-time” encounters between subspecialists in Providence and patients in community outpatient clinics in New Bedford, Hyannis, and Middletown. Under the leadership of Satish Sharma, Acting Chief of Staff at the Providence VAMC, and Monty VanBeber, Associate Chief of Primary Care for Community Based Outpatient Clinics (CBOC), all medical specialties in Providence are starting Clinical Video Telehealth Clinics. The patients in the CBOCs are interviewed by a specialist located in Providence, with the assistance of trained telehealth technicians in the CBOCs. Auscultation can be performed using a high fidelity stethoscope. Inspection is facilitated by cameras. This program has been very successful for Cardiology and for Neurology (gait disorders and ALS). Of course, if face-to-face encounters are necessary, that option continues, at the discretion of the specialty physician.

CVT is another way in which the VA is leading in innovative means of delivering healthcare and enhancing access to care.
For a time during the renovation, Medicine Service teams would see patients on renovated floors as well as unrenovated floors. During that time I noticed a phenomenon which I found somewhat strange but which was likewise observed by several of my colleagues. When visiting the renovated wards, I felt like a better doctor. I don't think my physical examinations differed from those on the unrenovated wards, nor do I think the diagnostic or therapeutic decisions I made differed between the two locations. But I somehow felt more confident in front of patients and better about the work that I did on the renovated wards. It became clear to me in ways I had not previously appreciated that the physical environment is critically important to our delivery of high quality health care.

As important as the physical environment is, there are many other critical components to an environment. Delivery of high quality health care also requires a proper intellectual environment, one in which careful thought is encouraged and diverse ideas welcomed in a manner that is not threatening to those who raise them. The emotional environment must also be safe and free of harassment of any kind. Finally, the social environment must support a team atmosphere. Social distinctions must be minimal. We are all health care workers with important things to contribute to the care of the patient. While the physician's contributions are certainly different from those of the nurse, the pharmacist, the social worker, the physical therapist or the environmental custodian, high quality contributions from all are required to care for our patients, and all must be equally valued and respected.

In the past few weeks, we moved the Medical Primary Care Unit (MPCU) off campus to renovated space on Chapman Street. By all accounts, the physical space is extraordinary. Rhode Island Hospital is to be commended for creating a space that will allow not only optimal care of our patients but that will facilitate training the next generation of physicians in the principles of the Patient Centered Medical Home and team management. I have heard more than one colleague refer to the fact that they feel like a “better doctor” in this space. Function is in many ways closely linked to form, as we have seen in the MPCU.

Let us all resolve to live up to the physical beauty of the new space by creating an equally appealing interpersonal environment. In making decisions about workflow, let us always keep the patients’ needs and comfort as the highest priority. Let us all work together as colleagues with mutual respect and consideration. Let us make sure that we are practicing medicine that is firmly based in scientific evidence and appropriately attentive to the need to be careful stewards of the private and public monies that pay for the evaluations we order. In short, let us create a social and intellectual environment to rival the beauty of our new physical space. The practice of medicine is indeed a team sport and we are fortunate to have a new stadium!

VA Simulation Fellowship

Drs. Wilfredo Curioso, Clinical Assistant Professor of Medicine and Judy Murphy Assistant Professor of Medicine (Clinical) have been awarded a grant from the Department of Veterans Affairs for an Inter-professional Fellowship Program in Clinical Simulation. This grant is supported by the Office of Academic Affiliations (OAA) and the Simulation Learning, Education, and Research Network (SimLEARN) of the VHA Employee Education System. The program will be recruiting one physician and one non-physician into the program which will begin in July. The fellows will spend 0.7 of their time in simulation and 0.3 of their time in clinical for this 1-year education experience. SimLEARN in Orlando, Florida, will act as the Hub for the fellowships, developing and delivering a coordinated curriculum in clinical simulation, enriched by the participant site curriculum. The purpose of the Inter-professional Fellowship Program in Clinical Simulation is to develop leaders with vision, knowledge, and commitment to advance, implement, teach, and evaluate simulation-based training strategies to improve healthcare for Veterans and the Nation. Clinical simulation is an increasingly important strategy for improving quality and safety of health services and health professions education.

VA is dedicated to training healthcare professionals to be future VA and national leaders in clinical simulation. VA has established the SimLEARN center as the operational hub for coordination of all clinical simulation activities in support of national simulation programming, which will expand its educational role as the hub for this advanced fellowship.
Upper GI Multidisciplinary Clinic
One of a Kind in RI

The Upper Gastrointestinal Multidisciplinary Clinic (UGI MDC), a program of the Comprehensive Cancer Center at Rhode Island, The Miriam and Newport hospitals, is the only one of its kind in the state, entirely dedicated to the care of patients with upper GI malignancies. The UGI MDC team includes internationally recognized leaders working together, focusing on each patient to create an individualized, coordinated plan of care. The center provides care for patients who have or are at risk for esophageal, stomach, pancreatic, liver and bile duct/gallbladder cancer.

The evaluation, treatment and follow-up of patients with upper gastrointestinal cancers can be complex and may require expertise in multiple disciplines throughout all phases of the patient’s illness. The UGI MDC offers a unique comprehensive approach: at diagnosis, patients come in for one visit and see physicians in all disciplines, including surgical oncology, medical oncology, radiation oncology and vascular radiology. After the initial visit, the clinical team meets with the patient to present a recommended plan of care. Our staff coordinates treatment so that patients can focus all of their energy on recovery.

The clinic provides care ranging from basic screening to the most innovative treatments, including cutting-edge radiation oncology, advanced surgical techniques, high-tech vascular interventional radiology and access to investigational therapies.

Patients receive invaluable support from an upper gastrointestinal nurse navigator, a nurse practitioner trained in oncology with an in-depth understanding of gastrointestinal cancers. The navigator guides patients through the health care system and the course of their treatment in multiple ways, including the coordination of services, facilitation of communication with health care professionals, arrangement of interpreters and transportation, assistance with insurance and financial questions, education and emotional support.

UGI MDC physicians are experts in clinical research and have leadership roles within the Brown University Oncology Research Group and the National Cancer Institute. Eligible patients have access to many promising new therapies and contribute to research that leads to better outcomes for all patients. Current clinical trials include tumor-directed vaccines, targeted drugs against specific cancer-causing genes, highly advanced radiation techniques and novel chemotherapy drugs.

The Upper Gastrointestinal Multidisciplinary Clinic is located on the campus of Rhode Island Hospital at the Comprehensive Cancer Center, APC building, second floor. For more information, please call the program’s coordinator, Amy Doorley, at 401-444-2790 or visit cancer.lifespan.org.

Internal Medicine Residents participate in National “Doctor’s Dilemma” Competition

Rhode Island Hospital's Internal Medicine Residency program proudly sent a team to the national ACP Internal Medicine meeting in Orlando to compete in the "Doctor’s Dilemma" competition. Caitlin Dugdale, Sarah Freeman and Elizabeth Ko represented Rhode Island in this national competition. This was the second year that we have sent a team to this competition. While they did not advance beyond the first round, we are proud that their efforts, skills and knowledge took them to the national level. Congratulations!

Dino Messina, MD, PhD, FACP Appointed To Memorial Hospital of Rhode Island Medical Staff

Memorial Hospital of Rhode Island recently appointed Dino Messina, MD, PhD, FACP, to its medical staff as the new associate program director for the Internal Medicine Residency Program and physician in the Internal Medicine Center.

Dr. Messina is a member of Affinity Physicians and will work out of Memorial Hospital.

He earned his medical degree and a doctorate in cellular biology from the State University of New York at Syracuse, Health Science Center. He completed his primary care residency at the University of Pittsburgh Medical Center, PA.

Dr. Messina is board certified in internal medicine. He is a fellow of the American College of Physicians and a member of both the Association of Program Directors in Internal Medicine and the Society of General Internal Medicine.

Previously, Dr. Messina worked at Danbury Hospital in Connecticut where he was the Internal Medicine Residency Primary Care Track Program director. During his tenure at Danbury, Dr. Messina helped develop a patient centered medical home outpatient experience and a curriculum that included special training in primary care orthopedics, geriatrics, behavioral medicine and women’s health.

Dr. Messina’s areas of clinical interest include: improving health outcomes for vulnerable patient populations; the impact of health literacy on chronic disease management; improving the continuity clinic experience for medical trainees through the use of the Patient Centered Medical Home model and safe opioid prescribing.
Recognition and Accomplishments at the Cardiovascular Institute:

Dr. Dawn Abbott was selected to serve on the abstract selection committee, American College of Cardiology, Scientific Sessions 2014. Dr. Abbott is also PI. Preservation (Ikaria, Inc./Duke Clinical Research Center): Phase II multicenter, randomized, double blind, placebo-controlled trial to evaluate the effects of IK-5001 for the prevention of ventricular remodeling and congestive heart failure after acute ST segment elevation myocardial infarction (STEMI).

Robin Davidson, PA advanced to Associate (AACC) status in the ACC. According to the ACC, she is the first Physician Assistant in Rhode Island to achieve this status.

Dr. Samuel Dudley served as an abstract grader, American Heart Association Scientific Sessions 2013, Dallas, TX; on the Review Panel for Small Business: Cardiovascular Sciences, NIH, DHHS, Baltimore, MD; as a Session Chair, Heart Rhythm 2013, Denver, CO; as a Distinguished Editor for the NIH Director’s New Innovator Award Second Stage Review Panel; and as a Session Chair and Organizing Committee Member, 3rd International Conference on Clinical & Experimental Cardiology.

Dr. Michael Kim was invited to re-present his oral presentation as a poster at the AHA 2013 Best of AHA session. The abstract, Kim MH, Puckrein G, Cai Q, Xu L. The relationship between patient diversity and warfarin use in atrial fibrillation: a ten-year perspective (2000-2010), was noted as one of the top 10% of abstracts of AHA QCOR 2013.


Dr. Soukas is also the Site Principal Investigator for the DANCE-POP Trial: Delivery of Dexamethasone to the Adventitia to Enhance Clinical Efficacy after POPliteal Artery Revascularization. Sponsor: Mercator Medsystems, Inc. He also serves as Site PI for The REDUCE HTN Trial: To Determine the Safety and Efficacy of the Vessix Renal Denervation System for the Treatment of Resistant Hypertension. Sponsor: Boston Scientific.

Dr. Peng Zhang from the CVRC received total amount of $1.34 million from the NIH COBRE for Cardiopulmonary Vascular Biology to support his Targeted Investigator Project entitled “Regulation of cardiac fibroblast function by microRNAs”. The project is aimed to provide novel and comprehensive insights into microRNA alterations in cardiac fibroblasts in response to stress and to advance our understanding of the functional role and mechanisms of action of microRNAs in cardiac fibroblasts and fibrosis development.

News from the Division of Hematology-Oncology

The Division of Hematology/Oncology continues to be very active clinically with increasing numbers of patients. We have now initiated clinical activity in East Greenwich with the opening of our Infusion Center in September 2013. Additionally, many of our physicians are practicing at this location including Drs James Butera, John Reagan, Maria Constantinou, Peter Quesenberry, Tony Mega, Jodi Layton and intermittently others in the Division. Dr Priscilla Merriam oversees the East Greenwich Infusion Center as well as practicing at this location.

Dr Laura Goldberg has published a seminal paper in Leukemia on the nature of bone marrow stem cells and their relationship to cell cycle status. This work promises to change the field of bone marrow hematopoiesis.

We have been awarded a T32 Training Grant with Sicheng Wen, MD, PhD as our first T32 Fellow. We are now evaluating other potential T32 candidates. We are excited about this important mentoring program.

We have a new protocol “Cellular Immunotherapy for Refractory Hematological Malignancies” which is led by Dr John Reagan. We have now accrued three patients with acceptable toxicity and what appears to be one reasonable clinical response. This is a protocol addressing refractory leukemia and lymphoma and purposely rejecting infused peripheral blood stem cells.

The Division currently has two planned local symposia over the next eight months:

**Extracellular Vesicles as Therapeutics**
June 12-13, 2014
Hotel Providence

**Novel Stem Cells & Vesicles Symposium**
October 29-31, 2014
The Renaissance Hotel

Division of Hospitalist Medicine – The Miriam Hospital

Brad Collins has been elected as a Fellow of the American College of Physicians

Beth Gentilesco has been promoted to the rank of Associate Professor of Medicine (Clinical) at Warren Alpert School of Brown University

Three Abstracts submitted by Drs Collins and Dapaah-Afriyie have been accepted for presentation at the 2014 Annual Society of Hospital Medicine meeting.

Dr. Dapaah-Afriyie has been named as one of the Judges for the Abstract session of the 2014 Annual Society of Hospital Medicine meeting.
Memorial Hospital of Rhode Island Internal Medicine Residency Program is proud to share the fellowship and career plans of their 2014 graduates:

**2014 Fellowship Results**

**Kawther Alquadan, MD** – Nephrology Fellowship, University of Florida College Of Medicine – Shands Hospital, Gainesville, FL

**Asha Bansari, MD** – Hospitalist, University of Florida College Of Medicine – Shands Hospital, Gainesville, FL

**Amrita Desai, MD** – Hematology/Oncology Fellowship, University of Miami Miller School of Medicine – Jackson Memorial Hospital, Miami, FL

**Amrita John, MD** – Infectious Disease Fellowship, Case Western University Hospital – Case Medical Center, Cleveland, OH

**Abdallah Kharnaf, MD** – Pulmonary/Critical Care Fellowship, Tufts University School of Medicine – New England Medical Center, Boston, MA

**Abdullah Quddus, MD** – Chief Medical Resident, Memorial Hospital of Rhode Island/Alpert Medical School of Brown University

**Eman Shaban, MD** – Nephrology Fellowship, Alpert Medical School of Brown University – Rhode Island Hospital, Providence, RI

**Purva Sharma, MD** – Transfusion Medicine Fellowship, Geisel School of Medicine at Dartmouth-Dartmouth – Hitchcock Medical Center, Lebanon, New Hampshire

**Michele Yamamoto, MD** – Infectious Disease Fellowship, University of Massachusetts Medical School – UMass Memorial Health Care, Worcester, MA

**Ali Shueib, MD** – Hospitalist @ The Miriam Hospital, Providence, RI

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**Appointments & Promotions**

**Appointments 10/1/13 to 1/31/14**

**Rhode Island Hospital**

**Endocrinology**

**Sarah Mayson, MD**

Assistant Professor (Clinical)

**General Internal Medicine**

**Heather Cassidy, MD**

Assistant Professor (Clinical)

**Geetika Gupta, MD**

Assistant Professor (Clinical)

**Richard Lim, MD**

Clinical Instructor

**The Miriam Hospital**

**Hematology/Oncology**

**Jodi Layton, MD**

Assistant Professor

**Providence VA**

**General Internal Medicine**

**Judy Murphy, PhD**

Assistant Professor (Clinical)