



**CONFERENCES & MEETINGS**

**Grand Rounds**  
**Thursday, June 24, 2004, 7:30 AM**  
**Clinic Auditorium**

**Robert Z. Orlowski, M.D. Ph.D.**  
Assistant Professor  
Division of Hematology/Oncology

**The Proteasome as a Target for Cancer Therapy**

**FROM DIVISIONS**

- 49 UNC Physicians are listed in the fourth edition of "America's Top Doctors". The following are the doctors listed from our department including the medical specialty:
  - Cardiology: **Sidney Smith**
  - Endocrinology, Diabetes and Metabolism: **Shelton Earp, David Ontjes**
  - Gastroenterology: **Douglass Drossman, Balfour Sartor**
  - Geriatric Medicine: **Mac Andrew Greganti, Laura Hanson**
  - Infectious Diseases: **Myron Cohen, Frederick Sparling, Charles van der Horst**
  - Internal Medicine: **Timothy Carey**
  - Medical Oncology: **Richard M. Goldberg, Mark Graham, Beverly Mitchell, Thomas Shea, Mark Socinski**
  - Nephrology: **Ronald Falk**
  - Pulmonary Disease: **James Donohue, David Henke**
  - Rheumatology: **Nortin Hadler**

**ANNOUNCEMENTS**

- **Dial 2-6643** (Annie) to access the UNC new voice activated name directory.
- **NIH announces new NIH High Priority, Short-Term Project Award (R56)**. R56 grants will be awarded beginning in Fiscal Year 2005. The new R56 grant will fund, for one or two years, high-priority new or competing renewal R01 applications that fall just outside the limits of funding of the participating NIH Institutes and Centers. For details: [grants1.nih.gov/grants/guide/notice-files/NOT-OD-04-047.html](http://grants1.nih.gov/grants/guide/notice-files/NOT-OD-04-047.html)

**FROM THE CHAIR'S OFFICE**

This week, I wanted to update you on several initiatives that have been put into place with the support of UNC hospitals, and implemented with a great deal of hard work by many clinicians and staff from both the department and the hospital who work together on many of our in-patient units. I would also be remiss not to mention Ms. **Pat Loftus** who works with us day-in, day-out to help coordinate the activities described here and the care of our patients who are in the hospital.

When the call came to implement the 80 hour work week for residents, the hospital stepped up to the plate and hired a group of individuals who work as assistants for our interns and residents and for our faculty. These individuals, whose title is "Resident Assistant" (RA), take care of the many day-to-day clerical duties so residents can concentrate on clinical activities. Within the last year or so, the agencies who accredit residency programs made the decision, based on a report from the Institute of Medicine, that resident work hours should be limited to 80 hours per week and no more than 30 hours in a row. To many outside of medicine, this "limitation" might seem ridiculous. However, as all of us know who have trained in medicine, the norm was significantly higher, and on some services, our residents were spending >100 hours per week and >36 hours in a row in clinical care. Naturally when work hours were restricted, our residents were challenged to complete the work they felt passionately about. The RA Program was initiated last September and spearheaded by Dr. **Brian Goldstein**, a faculty member in General Internal Medicine and Chief of Staff for the UNC hospitals. We now have 5 RAs who report to nursing supervisors in various areas of the hospital. As in all new programs, there have been bumps in the road, but not a week goes by without hearing continuing positive feedback on this program from our residents and faculty physicians.

A second venture in the works is the initiation of interdisciplinary rounds. The idea is that everyone involved in the care of a patient meets at one time to discuss all the issues involved. For example, the interdisciplinary team may consist of the attending, residents, resident's assistant, and representatives from nursing, social work, clinical resource management and pharmacy. Depending on the need, the patient may or may not be present. Geriatrics, Infectious Disease and Nephrology are currently participating in this program. For all who have participated, a consensus exists that this expedites and improves patient care. Thus, this is an important step forward as we continually strive to improve the health of our patients, while they are in the hospital and after they leave. We hope that these multidisciplinary rounds will continue to expand to other divisions in our department.

Last, but not least, we are very excited about a new computer tool developed by Brian Goldstein for the UNC hospitals. This program, called the "Transfer Wizard", is being used to facilitate in-patient transfers by referring physicians. We are currently piloting its use for patients requiring care in an Intensive Care Unit (ICU). The unique feature of this tool is that it rapidly gathers specific information on each patient and presents the data in a format appropriate for physicians/staff to review. Thus, incorrect data or issues to be resolved can be identified and taken care of prior to patient registration and transfer. Faculty in the department, who have used the program, as part of the pilot, have been very positive. As we gain experience with this valuable program, Brian will expand the use of the Transfer Wizard to other areas of the hospital.

I hope that the three examples above provides a glimpse of the innovation that is being brought to the care of our patients, the dedication of many individuals, and some of the spirit of collaboration I mentioned last week.

Questions or submissions, contact [Rosemary\\_Simpson@med.unc.edu](mailto:Rosemary_Simpson@med.unc.edu)