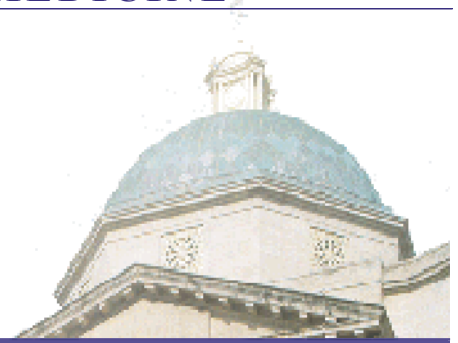


THE DEPARTMENT OF  
**INTERNAL  
MEDICINE**



Newsletter of the Department of Internal Medicine

Volume 1 • Number 9

### *Holiday Greetings*

As the holiday season approaches, I would like to thank each of you for your generous support of the Department. Your commitment to excellence and support of one another are ongoing sources of inspiration and faithful to the longstanding traditions of our Department. During my short term as your Acting Chair, I have been constantly struck by the character, aspiration and accomplishments of our faculty, staff, and trainees. I am grateful for all you contribute to our community, and hope you and your families share in the joy of the holiday season and have a healthy and productive New Year

David L. Coleman, M.D., Interim Chair

## **Allergy and Clinical Immunology Section**

The Section of Allergy and Clinical Immunology in the Department of Medicine at Yale provides a very high level of service in the diagnosis, treatment, and care of patients with diverse disorders of the immune system. This is performed in an academic setting in which there is also active basic research in diverse areas, as well as teaching and a program for the training of physicians in the subspecialty of Allergy and Clinical Immunology, and also generalist Medicine and Pediatric physicians in this aspect commonly occurring of clinical medicine.

### **Training Program and Clinical Activities:**

The Training Program includes the Section of Allergy and Clinical Immunology in the Department of Pediatrics with whom we share a continuously funded NIH training grant over the past 25 years. The clinical disorders covered by our section encompass a very wide area running from typical allergic diseases like allergic rhinitis and allergic asthma, to urticaria and angioedema of various kinds, including the genetic disorder hereditary angioneurotic edema. In addition, we see patients with diverse immunodeficiencies; including primary developmental immunodeficiencies such as Bruton's sex linked agammaglobulinemia, DeGeorge's syndrome with failure of thymic development, and many patients with acquired immunological diseases including; common variable hypogammaglobulinemia, isolated antibody defects, HIV AIDS. Also, we are interested in a broader range of immunological diseases including; Wegner's granulomatosis, Lyme disease, and also diverse disorders in other specialties with immunological components or immunodeficiencies, including: chronic hepatitis, diabetes, thyroid abnormalities, mycobacterial infections, multiple sclerosis, sacroidosis, scleroderma, Sjorgens syndrome,

amyloidosis, immunodermatological diseases, cancers and other neoplasias, and in aspects of infectious and cardiovascular diseases, various systemic vascular disease including; polyarthritis nordosa, and Henoch Shohein purpura, as well as paraneoplastic diseases involving the immune system.

The faculty members in the Section of Allergy and Clinical Immunology are board certified in Internal Medicine and by the board of the American Academy of Allergy Asthma and Immunology. The faculty members in the Department of Medicine include: Philip W. Askenase (Chief), Fred S. Kantor (Clinical Director) and Francis Lobo. In addition, there are several community Allergy Immunology physicians, some trained by our section that join with the academic faculty in our weekly clinic and its clinic conference from New London, Hamden, Greenwich, Norwalk and Orange, CT. We also hold a weekly journal club that is attended by all members at every level in our section, as well as some members of other sections including Pulmonary, Immunobiology, Dermatology and Infectious Disease. We also hold a weekly seminar series on Friday mornings that is open to the entire medical center and includes speakers from diverse areas of Immunobiology at Yale, as well as those from other nearby universities, other medical centers in the United States and abroad, including Europe and Japan. We have a strong working



Dr. Philip Askenase  
Section Chief

relationship with colleagues in the Department of Pediatrics, that includes the Chief of Allergy and Clinical Immunology Ramsay Fuleihan, and Jose Calderon who was trained in our section, and is now the Allergist and Chief at the Yale Health Plan.

The major goal of the Allergy and Clinical Immunology fellowship training program at Yale is to provide combined clinical and research training to prepare trainees for careers as physician/scientists in academic medicine. This recently ACGME approved program is for two years during which trainees are highly encouraged to stay for at least a third year to consolidate their research experience begun in the second year. We have in part combined training programs with the Pulmonary Section, Dermatology, Rheumatology, and Infectious Disease. In fact some of our trainees become board certified in both Allergy and Clinical Immunology and in Rheumatology on the one hand, or in Pulmonary diseases and in Allergy and Clinical Immunology on the other. The research programs of the Section of Allergy and Clinical Immunology are interdigitated with other sections having the major interest in immunological diseases, such as Rheumatology, Infectious Diseases, Dermatology, and with the large independent section of Immunobiology and the Howard Hughes Medical Instituted Laboratory of Immunobiology, headed by Richard Flavell, through diverse collaborations with many scientists in that program including Nancy Ruddle, Kim Bottomly, Richard Flavell, Mark Shlomchik, David Schatz, Alfred Bothwell, and Paula Kavathas.

**Research of the Laboratory of Philip W. Askenase, MD, Chief of the Section, Professor of Medicine and Pathology:**

The main focus of research in the laboratory of Dr. Philip Askenase is the overlapped between basic allergic disease mechanisms and T cell mediated immunity. The current focus is on the detailed identification of the processes that lead to the early recruitment of T cells out of blood vessels into tissues that is required to elicit diseases such as asthma, arthritis, multiple sclerosis, and resistance responses in cancers, and infectious diseases. In model systems, this laboratory has discovered recently that immunized mice challenged with antigen to elicit responses results in an immediate hypersensitivity-like process that is mediated by small amounts of antibodies that either stimulate mast cells indirectly via complement activation, or directly via IgE Fc receptors on the mast cells, to release vasoactive mediators that allow recruitment of effector T cells into the tissues. Very recent results identified for the first time that the obscure B cell subset called B-1 cells in fact become immunized within 1-day of immunization to provide IgM antibodies for this required initiating process that recruits T cells, and then IgG, and subsequently allergy associated IgE antibodies later in the process.

Most recently, the Askenase laboratory has identified a new pathway for activating the B-1 cells within 1-day after immu-

nization via the preceding activation of unusual cells with characteristics of NK cells in T cells so called NKT cells in the liver that seem to receive endogenous glycolipid ligand signals within minutes from the site of immunization for activation and rapid production of cytokines necessary for activation of the B-1 cells to produce the crucial initiating antibodies. A similar process has been identified in a hapten model of asthma relevant to occupational diseases, and a differing and also crucial role of NKT cells is now emerging in new work in conventional models of allergic asthma. This work is assisted by post-doctoral fellows Regis Campos (Brazil) and Atsuko Funakoshi (Japan), a yearly current visiting scientist from Krakow Poland, Dr. Marian Szczepanik, a Howard Hughes Instituted funded Yale Medical Student Neel Dey, and Claudia Kiener (Germany).

**Research of the Laboratory of Fred S. Kantor, MD, Paul B Beeson, Professor of Medicine:**

The focus of Dr. Kantor's research is on vector immunity. Many insect vectors carry important human pathogens and the model that is used in our laboratory is the Ixodes tick which carries not only the Lyme borrelia but Erlichia, Babesia, and the tick encephalitis virus. The goal of the research is to identify antigens of the tick which will cause the host to produce an immune response inimical to tick attachment and feeding. We have cloned several salivary genes and are pursuing a variety of approaches to identify the antigens responsible for the development of tick immunity. This approach can be broadly applied to other vectors carrying other pathogens and we are exploring and enlarging our purview to include others.

**Research of the Laboratory of Francis Lobo, MD, Assistant Professor of Medicine:**

The laboratory of Dr. Francis Lobo is focused on the signaling mechanisms regulating expression of cytokines with a major focus on CD40 ligand. CD40 ligand has been recognized as a critical mediator of protective as well as pathological immune responses, including graft rejection, autoimmune disease, and the inflammatory component of atherosclerosis. The laboratory is examining the ability of non-lymphocyte cell populations to express CD40 ligand, hypothesizing that these sources of CD40 ligand expression are required for inflammation leading to atherosclerosis. The laboratory is exploring the ability of the thiazolidenedione class of antidiabetic agents to modulate CD40 ligand expression and subsequent CD40 ligand-dependent immune function. In addition, the laboratory is studying immune function in patients with rare primary immune deficiencies, including X-linked hyper-IgM syndrome (caused by mutations in CD40 ligand) and the autoimmune polyendocrinopathy candidiasis ectodermal dystrophy syndrome (caused by mutations in the Aire gene) in order to gain insight into the physiological role of these molecules in the human immune system.

## Section of Allergy and Clinical Immunology Faculty

Dr. Philip W. Askenase	Professor and Chief
Dr. Fred S. Kantor	Professor
Dr. Francis Lobo	Assistant Professor
Dr. George Spreccace	Associate Clinical Professor
Dr. Robert Lanzi	Assistant Clinical Professor
Dr. Philip Weisinger	Assistant Clinical Professor
Dr. Kevin Hunt	Assistant Clinical Professor
Dr. Mark Litchman	Assistant Clinical Professor
Dr. Richard Kaufman	Assistant Clinical Professor

### NEW GRANT AWARDS

Principal Investigator	Title	Award
Askenase, P. W.	Allergy and Immunology Training Grant	768,910
Askenase, P. W.	Contact sensitivity involvement of NKT cells and B-1 B cells	20,000
Askenase, P. W.	Liver NKT cells and systemic immunity	15,000
Askenase, P. W.	NKT cell IL-4 effects in T cell immunity	25,000
Askenase, P. W.	NKT cell IL-4 role in contact sensitivity	25,000
Askenase, P. W.	Contact sensitivity and NKT cells	30,000
Askenase, P. W.	Microvasculature in hapten asthma	738,085
Kantor, F. S.	Vaccination against Ixodes Scapularis tick bites	195,534
Kantor, F. S.	Tick vaccine prevention of Lyme Borreliosis	1,147,328
Kantor, F. S.	Vaccination against tick bites	48,672
Kantor, F. S.	Therapeutic activity against West Nile Virus	12,363
Lobo, F.	Molecular mechanisms regulating CD40 ligand expression	280,260

## Launching of the Website in Patient-Oriented Research at Yale

We are pleased to announce the launching of the website for patient-oriented research at Yale- <http://por.med.yale.edu/>. We hope that this website will help investigators in patient-oriented research to identify collaborators, colleagues, mentors, and resources in patient-oriented research at Yale. The Yale Grant and Contract Administration and the Office of Medical Student Research are planning to create links to this website.

To maximize its usefulness, the entire website is searchable by name, subject, and keywords.

If you are involved in patient-oriented research, we encourage you to visit the website and, using the search function, type in your name and review your entry, including your departmental and section listing. Should you wish to make changes to your entry, please go to the registration link and enter any desired changes. If you are not listed, please register.

The system cannot accommodate multiple departmental listings for an individual faculty member, so please make sure that the department listed is your primary affiliation. If you would like your name removed from the listing of POR faculty, please type, "delete" in the "research area" section of the registration link.

We hope this website will serve as a valuable resource for patient-oriented research. We would appreciate your feedback on how to improve this website. We welcome your comments at the POR email address: [POR@yale.edu](mailto:POR@yale.edu)

David L. Coleman, M.D.  
Sharon K. Inouye, M.D., M.P.H.

## Keith Joiner Named Dean at the University of Arizona College of Medicine

The University of Arizona College of Medicine recently named Dr. Keith Joiner as its next Dean effective March 1, 2004. Dr. Joiner is the Waldemar von Zedtwitz Professor of Medicine, Cell Biology, and Epidemiology at Yale. He is presently Chief of the Infectious Disease Section, Associate Chair of the Department of Medicine, and Director of the Investigative Medicine Program at the School of Medicine.



Dr. Joiner was recruited to Yale in 1989 as Chief of the Infectious Disease Section. Prior to joining our Department, Dr. Joiner was a senior investigator in the Laboratory of Clinical Investigation and also directed the Unit of Microbial Pathogenesis in the Laboratory of Parasitic Diseases at the National Institutes of Health (NIH). During his tenure as Chief of the Infectious Disease Section, Dr. Joiner has recruited several outstanding clinical and research faculty. He recruited Dr. Gerald Friedland to direct the HIV Program, and several research faculty who have attained leadership positions at Yale and other institutions. Along with Dr. Ralph Horwitz, Dr. Joiner played a critical role in the creation of the School's Investigative Medicine Program ("MD to PhD Program"). This Program has been extraordinarily successful in recruiting and training a very talented group of physician scientists in laboratory- and patient-oriented research.

Dr. Joiner's research initially focused on the delineation of the Complement cascade. He made several critical discoveries that have led to a clearer understanding of the Complement system and has a patent for an assay to measure Complement activity. In addition, he has characterized secretory pathways in *Toxoplasma gondii* and Malaria that are particularly amenable to therapeutic interventions. He is the Principle Investigator on four NIH grants, a past recipient of the Burroughs Wellcome Fund New Initiatives Research Award, and an Ellison Foundation Senior Scholar in Global Infectious Diseases Award.

Dr. Joiner received a Master's Degree in Health Policy and Administration from the Yale School of Epidemiology and Public Health in 2003.

Dr. Joiner has had a substantial impact on the Department and the School. He has worked tirelessly to develop and implement institutional programs and to support our Faculty. His legacy of scientific creativity, leadership, and thoughtfulness will endure in our Department. We wish him every success in his new role at the University of Arizona.

<http://www.ahsc.arizona.edu/opa/news/dec03/joiner.htm>

David L. Coleman, M.D.,  
Interim Chair

## New Chief Residents Named for 2005 - 2006

The Department of Medicine is very pleased to announce the selection of the following physicians as Chief Resident for the 2005-6 Academic Year:

*Traditional Residency Program:*

Christopher Sankey, M.D.  
Kamran Muhammad, M.D.  
Jennifer Gaudiani, M.D.  
Karen Jacobson, M.D.  
Francisco Aguilar, M.D.

*Primary Care Residency Program:*

Bonnie Kimmel, M.D.  
Meeta Prasad, M.D.  
Carlos Mena-Hurtado, M.D.

The selection of these individuals was based on their clinical skills, academic abilities, and humanistic qualities. The Department is very proud of the large number of extraordinary residents who were nominated for the Chief Resident position. We look forward to working with this exceptional group of individuals to continue to improve the Department's training programs. Please join us in congratulating the newest Chief Residents!

David L. Coleman, M.D.,  
Interim Chair

## Notes from the Associate Chief of Medicine

The Department of Medicine is very excited about two new clinical quality and educational initiatives that we will be implementing as of January 2004. The first initiative to be established is the institution of an interdisciplinary plan of care rounds for selected patients on the Medicine services to help expedite their complex care. The patients selected for this interdisciplinary group will be drawn from the population who have catastrophic illnesses, significant psychosocial issues, are at risk for iatrogenic complications, have been here greater than five days, typically have multiple medical problems or have high rates of recidivism or difficult end of life decisions that need to be made. These patients will be brought to the attention of the team at team meetings including care coordinators, clinical effectiveness specialists, the patient's nurse, social work, elder life, dietary, respiratory, physical therapy and whatever additional healthcare providers involved in the patient's care will be present at these meetings. The meetings will occur on Tuesdays from 11AM to 12PM and Fridays 9:30AM to 10:30AM. They will be held in the Fred Sachs Library. At the Tuesday meeting, both the attending and the resident will be involved at these interdisciplinary plan of care meetings and then on Friday, at the 9:30AM meeting, just the attending will be present. All team members will participate in problem identification and resolution. This January, we will enroll a pilot to assess the effectiveness of this quality initiative to involve the Peters and Klatskin teams initially. A four-month investigation of goals and outcome measures will be looked at. We're very optimistic that this initiative will improve care and patient and staff satisfaction, and ultimately participate in the enhancement of communication between physicians and our partners in the healthcare delivery team.

The second program that we will institute this January will be an improvement initiative through chart review. This has been successfully performed for several years at the VA and it has long been lacking at Yale-New Haven Hospital. We plan to assess the progression of how well a patient's course has been documented in the hospital through a perusal of the patient's medical record. We have several specific goals to try to improve the quality of the patient record and a format by which to record our evaluations. Each four-week rotation on the third Thursday of the intern rotation, we will hold a firm conference at 11AM on both the 5<sup>th</sup> and 9<sup>th</sup> floors and will evaluate the patient charts. All interns, residents and attending physician on the Fitkin, Kushlan, Peters and Klatskin teams will be present. Additionally, the inpatient chief resident on the 5<sup>th</sup> and 9<sup>th</sup> floors and either Drs. Coleman, Rastegar, Kapadia, Balcezak, Crede or myself will be present to serve as facilitators.

Although initially we are limiting both these programs to the aforementioned firms, we hope to expand these quality initiatives to the entire medical service as we learn from this initial experience.

Michael C. Bennick, M.D.,  
Associate Chief of Medicine  
Department of Internal Medicine

## Mentored Career Development Awards:

### Change in NIH Policy Concerning Concurrent Support from Career Development Award and a Research Grant

#### National Institutes of Health (NIH)

With this notice, the National Institutes of Health (NIH) modifies its policy on mentored career development awards (K Awards) to allow award recipients to hold concurrent support from their career award and a competing research grant when recognized as a Principal Investigator or subproject Director. Thus mentored career award recipients in the last two years of their support period will be permitted to reduce the level of effort required for the career award and replace that effort with

an NIH research grant or subproject provided they remain in a mentored situation. This policy will permit those candidates who are ready to apply for and receive NIH research support to continue to benefit from the period of protected time offered by the career development award.

#### Background

NIH mentored career development mechanisms are intended to support a period of career development in preparation for a role as an independent researcher (see

<http://grants.nih.gov/training/careerdevelopmentaward.s.htm>). In some cases, current NIH policy has delayed the period of transition to independence until the career award is completed or nearly completed. This policy has often led to a hiatus in research support and an increased likelihood that career award recipients will not transition to independent research support. In rare cases, the NIH has discontinued mentored career awards at the time of receipt of independent research funding. With this announcement, the NIH will discontinue the practice of early termination of a career award when the recipient receives an NIH research project grant or when the recipient is named as the director of a subproject on a multi-project NIH grant. This policy is consistent with the NIH Roadmap Initiative in terms of promoting the career development of clinical researchers (see <http://nihroadmap.nih.gov/>). It is our hope, that this change in policy will facilitate the transition of all mentored career award recipients to independent NIH research support.

### Implementation

Effective for competing research applications submitted for February 1, 2004 and beyond, mentored career award recipients, in the last two years of career award support, are encouraged to obtain funding from NIH either as Principal Investigator on a competing research grant award or cooperative agreement, or as project leader on a competing multi-project award. Requested budgets for a competing research grant or a subproject on a multi-project grant should request appropriate amounts for the salary and associated costs for the career recipient's effort. At the time the research grant is awarded, the effort required on the career award may be reduced to no less than 50 percent and replaced by effort from the research award so that the total level of research commitment remains at 75 percent or more for the duration of the mentored career award. This change in policy applies to the following mentored career award mechanisms: K01, K07 (developmental) K08, K22, K23, and K25, as well as the individuals mentored through institutional K12 awards. To be eligible for salary support from the Center or Research Project Grant (RPG):

1) The career award recipient must be the named Principal Investigator on a competing NIH research project grant (R01, R03, R15, R21, R34, etc.) or the recipient must become the sub-project director on a competing multi-

component research or center grant or cooperative agreement (P01, P50, U01, etc.).

2) The career award must be active when the RPG or center competing application is submitted.

3) The career award must have no more than two years of support remaining by the planned start date of the Center or RPG award.

In a letter accompanying the Center or RPG application, the chair of the mentored award recipient's department or other responsible institutional official must provide evidence that the recipient will continue to focus on the development of his/her research career, will continue to have access to his/her mentor, and that the recipient's total level of research effort will be maintained and protected at a minimum of 75 percent.

When a mentored career award recipient obtains independent support, as described above, the NIH Institute or Center supporting the career award will adjust the level of effort committed to the career award to no less than 50 percent consistent with maintaining total research effort at 75 percent or more of total professional effort. NIH will maintain the total salary amounts committed to the career award if consistent with the adjusted level of effort and institutional base salary (up to the legislative limit). The career award may also be adjusted to avoid budgetary overlap. Consistent with long-standing policies, additional salary for career award recipients may not be derived from NIH research grants unless the recipient is the named Principal Investigator on the research grant or has been named director of a subproject on a competing multi-component NIH grant.

For additional information concerning this change contact:

Walter T. Schaffer, Ph.D.  
 Acting Director, Office of Extramural Programs  
 NIH Research Training Officer  
 6705 Rockledge Drive, Room 3537  
 Bethesda, Maryland 20892-7922  
 Phone 301-435-2687  
 Fax 301-480-0146  
 e-Mail [ws11q@nih.gov](mailto:ws11q@nih.gov)

## New Faculty

### Saadia R. Akhtar joined the Section of Pulmonary and Critical Care as an Assistant Professor of Medicine



Dr. Akhtar's medical training began at the University of Michigan, Ann Arbor. After obtaining her medical degree, she completed a combined Internal Medicine and Pediatrics residency at Ohio State University, Columbus. She worked for one year as a primary care physician seeing both adults and children at Columbus Neighborhood Health

Centers. She then moved on to an Adult Pulmonary and Critical Care fellowship training at University of Washington, Seattle. Her research during fellowship focused on the epidemiology of acute lung injury and was ultimately the thesis for her Masters' in Epidemiology. Dr. Akhtar comes to Yale as a clinician-educator who will focus on critical care as well as the care of adult cystic fibrosis patients.

### Kevin Carr, Section of General Medicine, was recently promoted to Clinical Instructor



After graduating from the University of Alabama School of Medicine, Dr. Carr joined the housestaff in the Yale Primary Care Internal Medicine Residency Program. He completed his Chief Residency in June 2003, and continued on faculty as a clinician educator. Dr. Carr has since been instrumental in

acquiring a \$2.5 million (over three years) HRSA Health Communities Access Program grant to fund the Waterbury Health Access Program. The grant is designed to improve access to and quality of healthcare for uninsured and underserved patients in the Waterbury area. Dr. Carr will be Program Coordinator with Dr. Eric Holmboe serving as Program Director. The program will oversee the development and implementation of a common medical information system along with common HIPAA practices, outreach center for the sharing of common social services, WHAP Network to increase the number of physicians providing charity care, and quality assurance resources to track the program's activities. Dr. Carr is currently pursuing options for additional training in business administration.

### Craig Gunderson, Section of General Medicine, was recently promoted to Clinical Instructor



Dr. Gunderson graduated from Harvard Medical School. He completed Internal Medicine residency training at Yale-New Haven Hospital in 2002, and subsequently became a Chief Resident. This past July he joined the primary care faculty at the VA Connecticut Healthcare System. Dr. Gunderson's research interest is in medical comorbidity in schizophrenia.

### Arya Mani, Section of Cardiovascular Medicine, was recently promoted to Assistant Professor of Medicine



Dr. Mani's research interests focus on identifying the underlying genetic causes of familial cardiovascular disorders, mainly premature coronary artery disease and congenital heart disease. His clinical subspecialty is Cardiovascular Medicine with the focus on echocardiography and special interest in adult congenital heart disease. Dr. Mani started his medical education at Shiraz University Iran, and graduated from Johannes Gutenberg University of Mainz, Germany in 1991. Subsequently, he became a houseofficer and then Chief Resident at Yale-New Haven Hospital. Since that time, Dr. Mani joined Dr. Richard Lifton's lab at the Howard Hughes Medical Institute at Yale. After completion of his fellowship in Cardiology at Yale in 1991, Dr. Mani joined Dr. Lifton's lab as an Instructor. His research has focused on molecular genetics of patent ductus arteriosus and molecular genetics of premature coronary artery disease in South Asians.

# LIBRARY NOTES:

## Stay on Top of Current Literature with AutoAlerts

### What is an AutoAlert?

An autoalert is a search strategy saved in such a way that it will be automatically run each time the database is updated. Many major databases are updated weekly; others monthly. Any new citations on your topic will be emailed to you without intervention on your part when the update occurs. **OVID**, our major database provider, offers autoalerts on most of its databases including MEDLINE, Embase and PsycINFO.

The **Web of Knowledge** interface to **Web of Science** allows you to store searches, request tables of contents and create a personal profile of journal titles that match your interests. You can establish and manage your personal Web of Knowledge account by clicking on the Home button from “Web of Science”.

### Why create an AutoAlert?

- Consistency – follow a topic over a period of time
- Convenience – weekly delivery of current citations to your email account
- Collaboration – weekly delivery of current citations to collaborators on your project

### Tips on creating your AutoAlert

- The last search statement is the one that’s used for the autoalert. Make certain you sum up the strategy appropriately with the last search statement.
- When creating an autoalert on a topic of interest, consider making the search broader rather than too specific. Unless your topic is really hot, the results will probably be manageable each week.
- Favorite authors– consider creating an autoalert on important authors in your field.
- Favorite journals – perhaps an autoalert on the major journals in your field would help. This is a way to do a table of contents search for your favorite journals. Just remember to sum up the strategy appropriately for the last search statement.
- Or any combination – sometimes a combination of topic and major journals in your field will cover exactly what you need.
- Separate autoalerts should be created in each appropriate database. Multifile searching does not support the autoalert feature.
- Save your search both as an autoalert and permanent saved search. That way if you need to use the strategy as the base for another search you can easily retrieve it.
- Share the results with your lab staff or research collaborators by adding their emails to the distribution list.

### OVID AUTOALERTS: Step-by-step instructions

1. Logon on to **Ovid Personal Edition** using your Personal Account.  
(you’ll need to set up a personal account if you don’t have one already)
2. Select the appropriate database.
3. Create the search strategy to be saved.
4. Click on **Save Search History**.
5. Select Save Search as an **AutoAlert** (SDI) Service.
6. Enter a **Search Name** and a **Comment**.
7. Scroll to Email AutoAlert (SDI) Search Output. Enter **email addresses** and **email subject**.
8. Accept default settings or change any settings under AutoAlert (SDI) Output Format. If you select “Includes records and a titles display link”, your email will include a link back to OVID where you can access the full-text article, if available.
9. Click on **Save Search**.  
You’ll know you were successful when you are returned to the Main Search Page and see a confirming message.

Invest the time up front by creating good quality search strategies and establishing AutoAlerts on your clinical or research interests. The efforts will save time in the long run.

For more information on AutoAlerts or other library-related matters, contact the Department of Internal Medicine’s Library Liaison, Mark Gentry. Email: mark.gentry@yale.edu - Telephone: 785-2163 - Office: Cushing/Whitney Medical Library, Room 113B (Morse Periodicals Room)

# Gates Grand Challenges

Letter of intent due January 9, 2004

Detailed information about each challenge and priority areas targeted for each challenge is available at [www.grandchallengesgh.org](http://www.grandchallengesgh.org).

To improve childhood vaccines

- GC 1: Create effective single-dose vaccines that can be used soon after birth;
- GC 2: Prepare vaccines that do not require refrigeration;
- GC 3: Develop needle-free delivery systems for vaccines;

To create new vaccines

- GC 4: Devise reliable tests in model systems to evaluate live attenuated vaccines;
- GC 5: Solve how to design antigens for effective, protective immunity;
- GC 6: Learn which immunological responses provide protective immunity;

To control insects that transmit agents of disease

- GC 7: Develop a genetic strategy to deplete or incapacitate a disease-transmitting insect population;
- GC 8: Develop a chemical strategy to deplete or incapacitate a disease-transmitting insect population;

To improve nutrition to promote health

- GC 9: Create a full range of optimal bioavailable nutrients in a single staple plant species;

To improve drug treatment of infectious diseases

- GC 10: Discover drugs and delivery systems that minimize the likelihood of drug-resistant microorganisms;

To cure latent and chronic infections

- GC 11: Create therapies that can cure latent infections;
- GC 12: Create immunological methods that can cure chronic infections;

To measure disease and health status accurately and economically in poor countries

- GC 13: Develop technologies that permit quantitative assessment of population health status;
- GC 14: Develop technologies that allow assessment of individuals for multiple conditions or pathogens at point-of-care.

Please contact Daniel DiMaio ([daniel.dimaio@yale.edu](mailto:daniel.dimaio@yale.edu)), ext. 52684.

## Behind the Scenes at an NIH Study Section

**Insider views of the NIH Review Process:**

**What happens at Study Sections.**

**How are applications reviewed.**

**What can go wrong....and how to make it right.**

**How can the application be better assured of success!**

**Welcome and Introductory Remarks:**

**Merle Waxman**, Associate Dean, Academic Development

**Moderator:**

**Sara Rockwell, Ph.D.**, Director, Office of Scientific Affairs; Professor of Therapeutic Radiology and Pharmacology

**Panelists:**

**Michael Caplan, M.D., Ph.D.**

Departments of Physiology and Cell Biology

**Marina Picciotto, Ph.D.**

Departments of Psychiatry, Neurobiology and Pharmacology

**Joann Sweasy, Ph.D.**

Departments of Therapeutic Radiology and Genetics

**Wednesday, January 7, 2004 - 10:00-11:30 a.m.**

**Mary S. Harkness Auditorium**

**Sterling Hall of Medicine, 333 Cedar Street**

*Sponsored by the Offices of Academic Development, Grant and Contract Administration, and Scientific Affairs*

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## Kudos

**JOHN P. MORIARTY, M.D.**, Assistant Professor of Medicine, Section of General Medicine, recently received the Annual Departmental Award for Excellence in Teaching Ambulatory Internal Medicine to Medical Students for his accomplishment in helping students acquire the core capabilities upon which are based future excellence in patient care. This award recognizes a teacher who begins instruction by observation, delegates responsibility according to preparedness, inspires achievement by example and encouragement, and always leads students to a standard of uncompromising excellence in patient care.

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## Medical Grand Rounds

- |                  |  |
|------------------|--|
| January 1, 2003  | Happy New Year!!   |
| January 8, 2004  | “ <i>Inflammatory Cytokines: Discovery, Therapy and Insights into Disease</i> ”.<br>Richard Bucala, M.D., Ph.D., Professor of Medicine, Section of Rheumatology.   |
| January 15, 2004 | “ <i>What the Pen Teaches the Stethoscope</i> ”. Abraham Verghese, M.D., Distinguished Professor and Director, Center for Humanities and Ethics. University of Texas Health Science Center, San Antonio. |
| January 22, 2004 | “ <i>Lipid Lowering in Older Patients: Optimizing Decision-Making</i> ” Joanne Foody, M.D., Assistant Professor of Medicine, Section of Cardiovascular Medicine.   |

Grand Rounds begins at 8:30 a.m. in the Fitkin Amphitheatre.

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## Training Alert!!

All billing physicians and non-physician practitioners must complete their one hour of medical billing compliance training by:

**December 31, 2003**

**Or their billing numbers may be suspended!**

To check your training status, go to:

<http://info.med.yale.edu/yfp/comply/alert/Quiz2002main.html>

The training requirement may be met by taking the online training at:

<http://learn.caim.yale.edu/cms/default.asp>

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## THE DEPARTMENT OF INTERNAL MEDICINE

Yale University School of Medicine

<http://info.med.yale.edu/intmed/newsletter/>

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