

## Ellenbogen speaks on head injuries in youth, the NFL, military *Co-chair of the NFL Head, Neck and Spine Committee since 2010*

MARY KORR  
RIMJ MANAGING EDITOR

PROVIDENCE – When Brown alumnus Dr. Richard G. Ellenbogen, MD'83, was a second-year medical student, he found himself bored and proffered his resignation letter to then-Dean Stanley M. Aronson, MD. At this year's Brown commencement weekend, Dr. Ellenbogen, who delivered the Charles O. Cooke, MD, Distinguished Visiting Lectureship, recalled the incident.

"The Silver Fox put the letter aside without opening it, listened to me, and said: 'I want you to perform to the best of your ability. That's all I ask of any medical student at Brown – to live up to the ability that brought you here,' and he summarily dismissed me."

Alpert Medical School Dean Edward Wing, MD, welcomed Dr. Ellenbogen and noted the Cooke lecture spotlights branches of medicine which "hold promise of significant and lasting benefit to medical education at Brown and in the community."

Dr. Ellenbogen, chairman of the Department of Neurological Surgery at

**'When in doubt, sit them out.'**  
— Richard Ellenbogen, MD

the University of Washington School of Medicine, spoke on "Concussion: A Perfect Storm – A Call for Education and Advocacy." The perfect storm refers to the coalescence of attention on traumatic brain injuries (TBIs) in veterans returning from Iraq and Afghanistan, the



Dr. Richard G. Ellenbogen, '83 MD, spoke on reducing the risk of concussions among professional and student athletes, and as a public health issue, during commencement weekend at Brown.

longterm injuries seen in professional athletes, and the incidence of concussions in youth sports.

Dr. Ellenbogen, who served in the military and was awarded the Bronze Star during his service in Operation Desert Storm, said the wars in Iraq and Afghanistan have exacted their toll on soldiers' brains and mental health. "Sixty-eight percent of the wounded have TBI or PTSD."

Since March 2010, Dr. Ellenbogen has been co-chair of the NFL Head, Neck and Spine Committee, an unpaid position. "But with all due respect, this is much more than an NFL issue," he said.

He has been a fierce advocate for the passage of youth sports concussion laws, now enacted in 47 states and the District of Columbia. The first law was passed in Washington in 2009 as a result of a devastating injury on a middle-school football field. Dr. Ellenbogen treated the youth involved, Zackery Lystedt, who in 2006 suffered a brain injury following his return to the game after sustaining a concussion. The boy collapsed after the game and almost died.

"In the OR, both sides of his skull were taken out," Dr. Ellenbogen said. The case "changed my life."

**Youth concussion laws**

The Lystedt law contains three core elements: education, removal, and proper clearance.

- Athletes, parents and coaches must be educated about the dangers of concussions each year.
- If a young athlete is suspected of

having a concussion, he/she must be removed from a game or practice and not be permitted to return to play. The maxim, Dr. Ellenbogen repeated throughout his talk: “When in doubt, sit them out.”

- A licensed health care professional must clear the young athlete to re-

turn to play in the subsequent days or weeks.

Today, Zackery is a high school graduate and is taking a college class. He is able to take about 10 steps, and speaks in halting speech, Dr. Ellenbogen said. But he has become an advocate for preventing concussions as well.

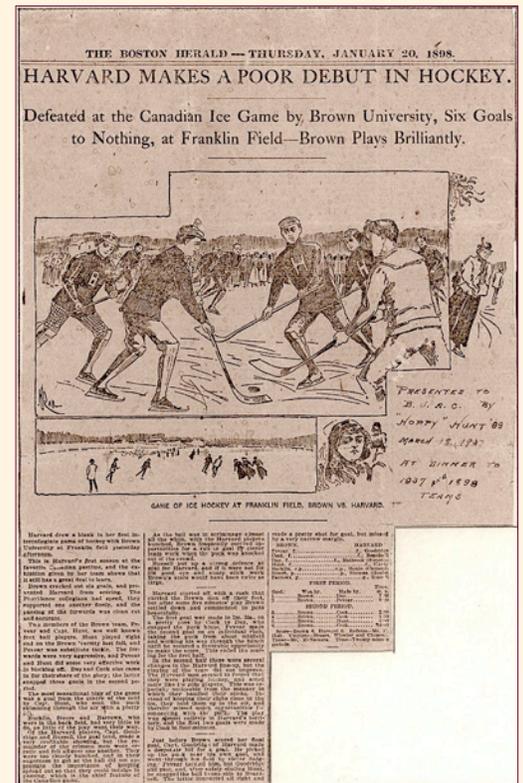
**Dr. Charles O. Cooke: Brown hockey hero (1898)**

*Cooke scored hat trick in first intercollegiate hockey game – Brown vs. Harvard*

The Charles O. Cooke, MD, Distinguished Visiting Lectureship Cooke lectureship was endowed through a bequest from Ruth Cooke Peterson '14 in memory of her brother, class of 1899.

The late Dr. Cooke, a prominent surgeon and member of the Rhode Island Medical Society (RIMS) who frequently contributed to the *Rhode Island Medical Journal* in the first half of the 20th century, scored a hat trick in the first intercollegiate hockey game held in this country.

Held on January 19, 1898, on Franklin Field in Boston, the game was played in two 20-minute periods. According to collegehockeynews.com: “The players wore only crude leg pads and goalie pads were no different than the skaters’ pads. They played in uniforms consisting simply of baseball trousers and turtlenecks, with leather or woolen gloves and six-dollar clamp-on skates. Hockey sticks were rounded, and despite costing only 60 cents to a dollar each, could take the



The Boston Herald's report of Brown's victory over Harvard in the first intercollegiate hockey game, which was held in Boston on Jan. 19, 1898.



Brown's first hockey team defeated Harvard on January 19, 1898 on Franklin Field in Boston. From left to right are team members Robert Steere, Harris Bucklin, Jesse Povar, Captain Irving Hunt, Albert Barrows, Charles Cooke and Horace Day.

punishment of many games.”

The inaugural game was a rout. Reported the *Boston Herald* the following day: “The first goal came at 7 minutes on a pretty pass by Cooke to Day ... Day and Cooke came in for their share of glory: the latter snapped three goals in the second period.”

As the headline proclaimed: “Brown plays brilliantly.” The final score: Brown buries Harvard, 6-0.

The rivalry continues to this day. ❖

**Figure 1.** Signs and Symptoms of a Concussion

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache, fuzzy or blurry vision	Irritability	Sleeping more than usual
Feeling slowed down	Nausea or vomiting (early on) Dizziness	Sadness	Sleep less than usual
Difficulty concentrating	Sensitivity to noise or light, balance problems	More emotional	Trouble falling asleep
Difficulty remembering new information	Feeling tired, having no energy	Nervousness or anxiety	

highest in boy’s soccer and girl’s volleyball. He noted that while 3 million kids play football, 300 million play soccer.

- In all NCAA sports, the highest rate of concussions is in women’s hockey. “Why do women athletes do worse than men?” Dr. Ellenbogen asked. “Girls report better, my daughter says.”

**Signs and Symptoms of TBI/Concussions**

Dr. Ellenbogen defined concussion in lay terms as “a violent shaking of the brain inside the skull. When I was in medical school, concussion meant you were knocked out. That’s no longer the case. In 90 percent of the concussions, the person is not knocked out.”

He said the severity of a TBI may range from “mild,” i.e., a brief change in mental status or consciousness to “severe,” i.e., an extended period of unconsciousness or amnesia after the injury. The majority of TBIs that occur each year are concussions or other forms of mild TBI.

He said TBI/concussions are a big public health issue, not confined to professional sports. He offered the following statistics:

- The World Health Organization predicts that by 2020 TBI will be the 3rd leading cause of death and morbidity in the world.
- Right now TBI is the No. 1 killer of adolescents in this country. In the United States, 1.3M people come to the ER with TBIs in a year and it is estimated twice that many with concussions never come at all.

- Leading causes of TBI: falls, motor vehicle accidents, struck by something, assaults
- Among those from sports injuries, the No. 1 cause is falls from bicycles and boards, such as skateboards
- TBI is not gender-biased. A study of nine sports showed that severe concussions, when youth athletes are out of school for 21 days, were

**Culture change/research**

“Culture change will reduce the amount of traumatic brain injuries,” Dr. Ellenbogen said. “Get rid of term concussion and call it a traumatic brain injury because that’s what it is. And changing the rules makes sports safer.”

He said changes that have occurred in the NFL include making helmet-to-helmet contact illegal, with a \$75,000

**Tools to assess concussions**

**Heads Up to Clinicians: Addressing Concussion in Sports among Kids and Teens**

*Free Online Training for Health Care Professionals*

<http://www.cdc.gov/concussion/headsup/clinicians.html>

During his lecture, Dr. Ellenbogen recommended the following CDC course for clinicians, noting it is a fast and free 20-minute online course. “Heads Up to Clinicians: Addressing Concussion in Sports among Kids and Teens”:

- Examines current research on the brain after a concussion
- Shows why young people are at increased risk
- Explores acute concussion assessment and individualized management of young athletes to help prepare for diagnosing and managing concussions on the sidelines, in the office, training room, or in the emergency department
- Educates about the 5-Step Return to Play progression
- Focuses on prevention and preparedness to help keep athletes safe

**SCAT3: Tool to evaluate for concussion**

<http://bjsm.bmj.com/content/47/5/259.full.pdf>

The SCAT3 is a standardized tool for evaluating injured athletes for concussion and can be used in athletes 13 years and older. For younger persons, ages 12 and under, use the Child SCAT3. The SCAT3 is designed for use by medical professionals.

fine; moving the kickoff line 5 yards, which has dropped the concussion rate 40 percent; and limiting to 14 the number of padded practices during the year, thus decreasing repeated concussions in a season. He is hoping that the trickle-down effect reaches Pop Warner football.

In addition, the NFL, in a new initiative with GE, will focus on developing specializing imaging equipment to detect head trauma and improving equipment.

Dr. Ellenbogen noted the research of J.J. "Trey" Crisco, director of the Bioengineering lab for Orthopaedic Research at Rhode Island Hospital, whose team developed helmets with embedded sensors to measure head acceleration during impact, including frequency, direction and severity, in order to better understand the mechanism of injury.

He also mentioned the research out of Boston University which reported that chronic traumatic encephalopathy, a degenerative disease affecting athletes, soldiers and others who have sustained repeated blows to the head and concussions, has been diagnosed in all 12 former college and NFL players it had tested.

**'Heads-Up' tool**

Dr. Ellenbogen also urged the medical professionals in the lecture audience to take the CDC online course, "Heads-Up" online concussion training and become familiar with a concussion-assessment tool SCAt3 (See sidebars.)

He told them: "On the field, don't ask kids if they are concussed. They don't know. One example I use is when my son, a 6-foot 5-inch high school football player, collided with another player and went down. I ran to the sidelines and said, 'Zach, that's it, it's your second concussion of the season, you're out.' He looks at me and says: 'What do you know about concussions? Get mom, she's a nurse, she'll know what to do.' I was stunned for a second and realized he was concussed." ❖

The poster features logos for the NFL, NFLPA, CDC, and other organizations. The title "CONCUSSION" is in large, bold letters. Below the title, it says "A Must Read for NFL Players | Let's Take Brain Injuries Out of Play".

**CONCUSSION FACTS**

- Concussion is a brain injury that alters the way your brain functions.
- Concussion can occur from a blow to the head/body:
  - following helmet contact with the ground, object, or another player.
  - contact with the ground, object, or another player.
- Most concussions occur without being knocked unconscious.
- Severity of injury depends on many factors and is not known until symptoms resolve and brain function is back to normal.
- All concussions are not created equally. Each player is different, each injury is different, and all injuries should be evaluated by your team medical staff.

**CONCUSSION SYMPTOMS**

Different symptoms can occur and may not show up for several hours. Common symptoms include:

- Confusion
- Headache
- Amnesia/difficulty remembering
- Balance problems
- Irritability
- Dizziness
- Difficulty concentrating
- Feeling sluggish, foggy, or groggy
- Nausea
- Sensitivity to noise
- Sensitivity to light
- Double/fuzzy vision
- Blowed reaction time
- Feeling more emotional
- Sleep disturbances
- Loss of consciousness

Symptoms may worsen with physical or mental exertion (e.g., lifting, computer use, reading).

**WHY SHOULD I REPORT MY SYMPTOMS?**

- Your brain is the most vital organ in your body.
- Practicing or playing while still experiencing symptoms can prolong the time it takes to recover and return to play.
- Unlike other injuries, there may be significant consequences to "playing through" a concussion.
- Repetitive brain injury, when not managed promptly and properly, may cause permanent damage to your brain.

**What Should I Do if I Think I've Had a Concussion?**

**REPORT IT.** Never ignore symptoms even if they appear mild. Look out for your teammates. Tell your Athletic Trainer or Team Physician if you think you or a teammate may have a concussion.

**GET CHECKED OUT.** Your team medical staff has your health and well being as its first priority. They will manage your concussion according to NFL/NFLPA Guidelines which include being fully asymptomatic, both at rest and after exertion, and having a normal neurologic examination, normal neuropsychological testing, and clearance to play by both the team medical staff and the independent neurologic consultant.

**TAKE CARE OF YOUR BRAIN.** According to CDC, "traumatic brain injury can cause a wide range of short- or long-term changes affecting thinking, sensation, language, or emotions." These changes may lead to problems with memory and communication, personality changes, as well as depression and the early onset of dementia. Concussions and conditions resulting from repeated brain injury can change your life and your family's life forever.

Work smart. Use your head, don't lead with it. Help make our game safer. **Other athletes are watching...**

www.cdc.gov/Concussion

## Alpert Medical School mints 113 new physicians

PROVIDENCE – One hundred and thirteen students officially became medical doctors when The Warren Alpert Medical School of Brown University held its 39th Commencement May 26 in the First Unitarian Church.



Dr. Edward J. Wing, dean of medicine and biological sciences, presided over the Alpert Medical School graduation and led the recessional.

“It is wonderful to see another graduating class from the Alpert Medical School, as well as the program in biology and the new School of Public Health,” said Dr. Edward J. Wing, dean of medicine and biological sciences, who will step down as dean June 30. “Brown produces the finest doctors and researchers in the nation and I am proud to have been able to influence their educational experiences in a positive way for the last five years as dean.”

Dr. Wing led the 113 graduates in the Physician’s Oath, a version of the Hippocratic Oath that has been a tradition in the Alpert Medical School since the



Graduates emerge from the First Unitarian Church in Providence.

students of the Class of 1975 prepared it. At their graduation the 58 women and 55 men heard from two speakers: Dr. Bethany Gentilesco and fellow student Jonathan Asher Treem.

Dr. Gentilesco, a clinical assistant professor of medicine, works with

students both before and after they graduate from medical school. She is the site director for the internal medicine clerkship and associate program director for the internal medicine residency program. She struck a dualistic theme when she gives an address titled

“Everyone Has Two Secrets” that traces the path from undergraduate study through residency and ultimately into professional practice.

At Brown, Treen pursued the scholarly concentration in aging, conducting research in functional neuroimaging in Alzheimer’s disease. After graduation

he will begin a residency in internal medicine at the University of Pennsylvania. He addressed the importance and difficulty of preserving an expansive sense of self at the beginning of one’s medical career.

Another Commencement tradition—the Medical Senior Citation—is

an award voted upon by the graduating medical class to honor a member of the faculty. The MD Class of 2013 honored Dr. Paul George, a 2005 graduate of the Alpert Medical School, associate director of pre-clinical curriculum, and assistant professor of family medicine. ❖

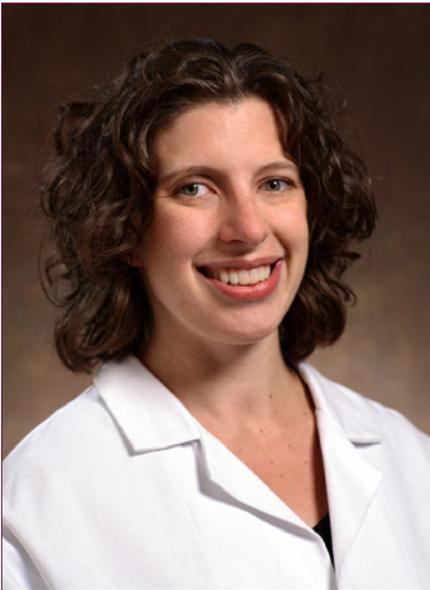


The Alpert Medical School graduation was held inside the First Unitarian Church in Providence.



The Brown Medical School Alumni Association march to the ceremony.

## In Editorial, RIH's Dr. Ranney Calls for Research into Gun Violence



UNIVERSITY EMERGENCY MEDICINE FOUNDATION

Megan Ranney, MD

PROVIDENCE – A Rhode Island Hospital emergency medicine physician says in a new editorial that gun violence is a public health issue, and needs to be addressed in the same way as other causes of injury. The editorial, written by Megan Ranney, MD, MPH, is published online in advance of print in the *Annals of Emergency Medicine*.

Dr. Ranney writes that when it comes to firearm violence, physicians are limited in their ability to make evidence-based recommendations due to federal bans on the research of the nature, causes and potential prevention of firearm injuries. Since 1996, the Centers for Disease Control and Prevention has been banned from using funds to research gun violence, and in 2011, this ban was extended to the National

Institutes of Health. These bans were lifted by President Obama's executive order of January 16, 2013, but there is still a lack of appropriated money to do this research.

"It's ironic, really," Dr. Ranney noted, "that James Holmes, the alleged shooter in the Aurora, Colorado, theater massacre, received \$21,600 from the National Institutes of Health to pursue his education. Yet using that money to fund research that may have prevented the massacre would have been illegal. It simply doesn't make sense."

Dr. Ranney also noted in the editorial that in Florida a bill has passed the House that subjects physicians to potential sanctions, including loss of their medical license, if they discuss or record gun safety information with their patients. The Affordable Care Act also contains language (subsection 2727(c)) that limits the ability of physicians and researchers to keep data on patient gun ownership.

"Emergency medicine physicians are on the front lines when it comes to gun violence," Dr. Ranney said. "We are the first doctors to see these patients – the victims of gun violence – and we see them every day. We therefore have a unique perspective on the issue."

She added, "It stands to reason that just as we are permitted, and indeed encouraged, to ask patients about their use of drugs and alcohol, similarly we should be able to ask if they have a gun at home, especially if the patient is

particularly distraught and at possible risk of self-injury or injuring others."

In the editorial, Dr. Ranney calls for physicians to take action to increase research funding for firearm-related violence. She also encourages her peers to advocate for an immediate ban on assault rifles and high-capacity magazines; mandatory background checks for all firearm transfers; immediate restoration of funding for research on firearm-related injuries; improved access to mental health services; and for protection of the First Amendment Rights of physicians.

"Based on the limited data we have, all of these changes in legislation would make a difference in rates of gun violence," she says. "Change is never easy, but the road we are on is dangerous," she added. "Changes must be made if we are to make any progress in reducing gun violence in our country." ♦

## Bradley Hospital starts OCD program

*For children, teens with moderate to severe OCD*

EAST PROVIDENCE – Bradley Hospital recently launched a new program aimed at helping children with Obsessive-Compulsive Disorder (OCD), a condition that affects one in 200 children nationwide.

The Intensive Program for Obsessive-Compulsive Disorder, the first of its kind on the East Coast, uses a milieu-based model to treat kids who experience a significant disruption to their daily lives due to OCD and obsessive-compulsive spectrum disorders.

The evidence-based program helps children, from five to 18 years old, alleviate symptoms, such as extreme anxiety, unreasonable thoughts and fears, and repetitive behaviors or rituals, all while improving daily functioning. The program also helps kids stay involved in school and family activities.

“For children and teens with severe OCD, the disruption to their daily lives can be profound,” said Jennifer Freeman, PhD, clinical co-director of the Intensive Program for OCD. “This program can be an effective care option for youth who have not responded to traditional outpatient treatment or who lack specialized OCD services where they live.”

In addition to Freeman, the program is led by a team of child behavioral experts, including medical director Brady Case, MD, and clinical co-director Abbe Garcia, PhD. Freeman and Garcia also co-direct the Pediatric Anxiety Research Clinic at the Bradley Hasbro Children’s Research Center.

Patients are treated utilizing a specific form of cognitive behavioral therapy called exposure and response prevention (EX/RP), which has been found to be the most effective form of treatment for OCD. This therapy strengthens a child’s ability to manage anxiety by helping him or her gradually face fears and ultimately reduce the repetitive rituals of OCD.

Patients in the program receive treatment after school for daily three-hour sessions at Bradley Hospital, as well as twice weekly EX/RP sessions at their home, school and other community settings. The integration of community- and hospital-based treatment helps to avoid academic and social disruption, and help children and teens return to family life as quickly as possible. ❖

## Kent Hospital opens Ambulatory Surgery Center

WARWICK – Kent Hospital recently held a ceremonial ribbon cutting and community open house marking the completion of construction on the new 30,000 square-foot Ambulatory Surgery Center.

The surgery center is equipped with eight surgical suites, five expansive and three smaller rooms, designed specifically for endoscopic technology and interventional spine procedures.

Located on the second floor of the Ambulatory Services Pavilion, it has 28 oversized pre- and post-operative bays for a patient’s preparation and recovery. The waiting room offers free Wi-Fi, a café, and monitors so friends and family can privately track a patient’s progress.



The cost of the surgery center, which was completed in approximately 24-months and on budget, was \$15 million and also includes the cost of the next phase of the project – a 10-bed short stay unit, renovations to the existing main hospital lobby and a new connector to join the two buildings together. The short stay unit and lobby renovation work are slated for the fall. Additionally, work continues on the first floor of the new building to construct a one-stop facility for patient centered medical care, housing physician offices, lab, pre-op testing and specialty care clinicians.

“This is an exciting day for Kent Hospital and our community,” said Sandra L. Coletta, COO, Care New England and Kent president and CEO. “It marks an important milestone in the care and services offered here with a facility that was designed to efficiently and effectively provide patients, physicians and staff with an optimum outpatient surgical experience.”

Coletta also thanked J. Winslow Alford, MD, chief medical director of the new facility and Rene Fischer, RN, Kent Hospital senior vice president and chief nursing officer for their joint leadership in the Ambulatory Surgery Center operational oversight process. In addition, she also thanked Joseph DiPietro, Esq., Kent’s senior vice president and chief administrative officer for his leadership in overseeing the project. ❖

## Home & Hospice Care of RI named Hospice Honors recipient

*Award recognizes top 100 hospice agencies in patient care*

PROVIDENCE — Home & Hospice Care of Rhode Island (HHCRI) has been named a 2013 Hospice Honors recipient, a prestigious award recognizing hospice agencies providing the best patient care as rated by the patient’s caregiver.

Established by Deyta, the annual honor recognizes the top 100 agencies that continuously provide the highest level of satisfaction through their care as measured from the caregiver’s point of view. Deyta used the Family Evaluation of Hospice Care (FEHC) survey results from over 1,200 partnering hospice agencies contained in its national, FEHC database with an evaluation period of January through December 2012. Deyta used the five key drivers of caregiver satisfaction as the basis of the Hospice Honors calculations.

“We are beyond thrilled to learn that Home & Hospice Care

of Rhode Island has received the ‘Top 100’ award and is now included among the best hospices throughout the country for family satisfaction,” said Diana Franchitto, president and CEO of Home & Hospice Care of Rhode Island. “With over 5,000 hospices in the country - we are clearly a leader in family satisfaction. This award means that families rank HHCRI at the very top when it comes to keeping them informed of their loved one’s care, recommending us to others, responding to the needs of their loved ones and having the confidence in us to do what was needed to care for their loved ones,” she added.

The award was announced at the National Hospice and Palliative Care Organization’s Management and Leadership Conference, which took place at the end of April in National Harbor, Maryland. ❖



From left, Diana Franchitto, president & CEO of HHCRI, Kevin Porter, president & CEO of DEYTA, and Sandy Dubey, HHCRI’s chief clinical officer, at the April meeting of the National Hospice and Palliative Care Organization (NHPCO), where HHCRI picked up the 2013 Hospice Honors award.

## Greenhealth recognizes The Miriam for environmental efforts

*Blue Wrap Recycling Program noted*

PROVIDENCE – The Miriam Hospital recently received the “Partner Recognition” Award from Practice Greenhealth. The award – one of the Environmental Excellence Awards given each year to honor environmental achievements in the health care sector – recognizes health care facilities that have begun to work on environmental improvements, have achieved some progress and have at least a 10 percent recycling rate for their total waste stream.

Leading The Miriam Hospital’s sustainability efforts is its “Greenways” team, which includes both hospital employees and community members. One of the team’s most successful programs is the Blue Wrap Recycling Program, which was piloted in 2012 in the hospital’s operating room, in an effort to recycle “blue wrap” – the plastic-coated material that keeps surgical instruments

sterile prior to surgery. Because it is a No. 5 plastic, blue wrap is not widely accepted at many recycling centers in the United States, including Rhode Island, even though it is often recycled in other states. Blue wrap is opened just before the patient is brought into the operating room and is immediately thrown away in the regular trash.

The Greenways team worked to identify a community partner who would agree to pick up the wrap for baling and recycling, and also educated and encouraged OR staff to recycle the material by placing it in a designated container, rather than the trash. Since launching this pilot program, The Miriam Hospital was able to successfully

divert 2,500 pounds of blue wrap from entering the state landfill from April to December 2012.

The award was presented in Boston on April 25. ❖



GREENHEALTH

## Hasbro sees upsurge in all-terrain vehicle accidents

*Recent influx of patients admitted with severe orthopedic trauma*

PROVIDENCE – As the weather continues to warm and families are spending more time outdoors, Hasbro Children’s Hospital has experienced an unsettling increase in the number of children coming in to the hospital with severe injuries sustained from all-terrain vehicles (ATVs). Unfortunately, these types of injuries are not new. In the past five years, 29 children between seven and 16 years old were admitted to Hasbro Children’s Hospital following ATV accidents. Three of those admissions have occurred within the past few weeks.

ATVs are powerful, motorized vehicles that can weigh several hundred pounds and reach speeds of more than 60 mph. Even experienced drivers can lose control of ATVs, or suffer accidental collisions or rollovers. Children are at a higher risk of accidental injury because they are frequently passengers on these vehicles, which are meant for single riders.

“Families need to understand that significant injuries can occur as a result of an ATV accident,” said Jonathan Schiller, MD, a pediatric orthopedic surgeon at Hasbro. “In the past month alone, three children have required hospital admission due to injuries sustained while riding an ATV. Their injuries included severe bleeding in the brain, and spine and long bone fractures. All required surgery and in one instance, multiple trips to the operating room and continuing care in a rehabilitation facility.”

Dina Morrissey, MD, program coordinator at the Injury Prevention Center at the hospital added, “The American Academy of Pediatrics recommends that no one under 16 years old ride ATVs or other motorized vehicles; and manufacturers warn that full-sized ATVs are not toys, and are not designed to be operated by those younger than 16. But, yet, about one quarter of the fatalities seen nationally as a result of ATV injuries are children who are 16 or younger.”

The Injury Prevention Center at Hasbro Children’s Hospital urges parents to never allow children to drive or ride on ATVs, but offers the following tips for all ATV riders:

- Attend an ATV driver’s safety course.
- Never use a 3-wheeler. They are unsafe and are no longer manufactured.
- Ride an age-appropriate ATV.
- Provide constant supervision if a child is operating an ATV.
- Never carry passengers. ATVs are designed for one person.
- Do not use ATVs on the streets or at night.
- Always wear an approved helmet with eye protection.
- Wear non-skid, closed-toe shoes.
- Wear long pants and a long-sleeve shirt.
- Never operate an ATV under the influence of drugs or alcohol.

## Lifespan, Gateway to partner

PROVIDENCE – Lifespan and Gateway Healthcare have received state approval for a partnership that will create new models of coordination for behavioral health services for Rhode Island residents. The partnership brings Gateway under the Lifespan umbrella and will enhance coordination of services, improve access and promote efficiencies.

This move is especially important considering recent data that shows Rhode Island residents struggle with mental health and substance abuse issues at higher rates than the national average.

For the past four years, Gateway has provided behavioral health triage services in the emergency departments of Rhode Island Hospital and Hasbro Children’s Hospital. Recently, Gateway and Bradley Hospital, a Lifespan partner, launched a joint program called KidsLink, a hotline for children in emotional crisis.

In addition, Richard J. Goldberg, MD, senior vice president for Psychiatry and Behavioral Health for Lifespan, noted, “The capabilities that Gateway brings to Lifespan will help us to re-integrate psychiatric, behavioral and medical issues. This is especially important because of the impact of behavioral issues on the course and outcome of so many medical disorders.”

The two organizations plan to finalize the partnership on July 1, 2013. ❖



## Lifespan opens pharmacy at Rhode Island Hospital

*Adult vaccinations also offered*

PROVIDENCE – On May 1, Lifespan opened a retail pharmacy, owned by Lifespan, on the campus of Rhode Island Hospital in the hospital's Davol Building.

Patients at Rhode Island Hospital will have the option of picking up their medication in the Lifespan Pharmacy at the time of discharge, or they can have it delivered directly to their home, or in some instances, delivered to the bedside. The pharmacy is staffed by pharmacists who are able to answer questions about dosages, interactions with other medicines, side effects and medication safety, as well as technicians who can assist with questions about prescription coverage. The pharmacists and technicians are using the latest in dispensing technology to help ensure prescriptions are filled quickly and accurately.

According to Christine Collins, MBA,

RPh, director of pharmacy for Rhode Island, The Miriam and Bradley hospitals, Lifespan wants to remove the obstacles patients face when it comes to their medications and make sure patients know how to take them correctly. "Medication adherence is critical to the health of our patients," Collins said. "Far too many patients are readmitted to the hospital when they don't take their medication correctly or at all. Not only do we want patients to leave the hospital with their medications, but also we want them to know how to take them correctly. This is why we've built such a strong education component into the Lifespan Pharmacy. We become part of the patient's health care team."

In addition to serving inpatients being discharged, the Lifespan

Pharmacy will also be available for patients in the emergency department, ambulatory surgery center and outpatient clinics, as well as for Lifespan employees and their families, physicians, and walk-ins, who would like to utilize the convenient, state-of-the-art services. Staff can also provide several adult vaccinations, including those for flu, pneumonia and shingles.

Prescriptions, including refills, can be ordered online at [www.lifespanpharmacy.org](http://www.lifespanpharmacy.org), by phone at 401-444-4909 or fax at 401-444-2263. The pharmacy is also able to receive prescriptions electronically through e-prescribing systems. Medications can be picked up at the pharmacy or can be delivered to a patient's home without an additional cost. ❖

## Bridging Neurology & Psychiatry: Movement Disorders

Saturday, October 12, 2013  
The Joseph B. Martin Conference Center  
at Harvard Medical School  
Boston, Massachusetts

This full day course is aimed at reviewing the interface between neurology and psychiatry to enhance the clinician's ability to recognize and classify movement disorders in psychiatric patients and psychiatric problems in movement disorder patients. Behavior problems are the major determinants of quality of life in Parkinson's disease yet they are often not recognized. Similarly, movement disorders caused by antipsychotics frequently go unrecognized.

World renowned experts in movement and psychiatric disorders will review drug-induced movement disorders, psychogenic movement disorders and movement disorders associated with primary psychiatric disorders.



This course is designed for neurologists, psychiatrists, primary care physicians, nurses, psychologists, pharmacists, physician assistants, social workers, medical students and fellows.

Click to download the [Course Program](#).

Register Online: <http://www.worldwidemedicalexchange.org/content/movement-disorder-course>



## JUNE

### Scope of Pain Safe and Competent Opioid Prescribing Education

June 8, 2013, 7:30 am–1:30 pm  
Warren Alpert Medical School  
To register, visit [www.scopeofpain.com](http://www.scopeofpain.com)

### Collaborative Office Rounds 2012–2013 Series (CME credit)

#### Motivational Interviewing for Adolescent Alcohol and Marijuana Use

All are welcome to attend sessions at South County Hospital and Westerly Hospital or participate online via webcast.

Wednesday, June 12, 2013  
7:30 a.m.–9:45 a.m.

#### Anthony Spirito, PhD, ABPP

Professor of Psychiatry & Human Behavior  
Director, Division of Clinical Psychology  
Warren Alpert Medical School of Brown University

Webcasted and Live

<http://med.brown.edu/cme/brouchure/COR-2013%20Sessions.pdf>

### Best Practices for Your Career Success in Medicine and Science

Thursday, June 13, 2013  
7:30 am – 3 pm  
Alpert Medical School Building, Lecture Hall 170  
222 Richmond Street, Providence

The Office of Women in Medicine and Science and The Office of Continuing Medical Education present a professional development conference for faculty, trainees and house staff officers with keynote speaker Reshma Jagsi, MD, DPhil, Associate Professor, Associate Chair for Faculty Affairs, Department of Radiation Oncology, University of Michigan Health System

#### Description

Through a keynote presentation, panel discussions and individual workshops, this educational program will offer attendees strategies and skills to support their academic advancement by ways such as: building a strong mentoring network, working with their department chair, creating a grant proposal that stands out, fostering paths to leadership and speaking up effectively.

#### CME/CE Credit

Physicians: The Warren Alpert Medical School designates this live activity for a maximum of 4.25 AMA PRA Category 1 Credits™.

Psychologists: This activity is approved for 4.25 Category 1 CE Credits. (Credits available to RI licensed psychologists only.)

Cost: \$10–\$25

Contact: Office of Women in Medicine, 401-863-7960/2450  
<http://med.brown.edu/cme/brouchure/OWMIS2013AnnualConference>

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**Child/adolescent psychiatrist, part time, 16 hours/week** – The Whitney Academy, Inc., a private JCAHO accredited residential treatment center and special education school for young men, ages 10-22, is seeking candidates for the part time position of Child/Adolescent Psychiatrist. Board Certified/ Eligible in psychiatry and licensed in the Commonwealth of Massachusetts with interest/experience in treating cognitively impaired, mentally ill adolescents, most exhibiting significant symptoms of trauma and sexualized behavior. The role of the Psychiatrist includes overall responsibility for meeting the psychiatric and psychopharmacology needs of Whitney's complex population. The Psychiatrist, assisted by 3 RN's and 3 Nurses Aides, is an active member of the treatment teams, working with our licensed therapists, social workers and teachers in the development and implementation of comprehensive treatment plans for up to 36 adolescent boys. The position

provides an excellent opportunity to work with nationally known experts in the field in a collaborative manner and to present at conferences, conduct research and publish. Whitney Academy is a dynamic program committed to clinical excellence serving challenging, complex patients. Salary to \$124,000.00 depending upon experience. Excellent Health and Dental Plans. Please send resume to: George E. Harmon, Executive Director, [geharmon@whitneyacademy.org](mailto:geharmon@whitneyacademy.org).

### Office space for sale or lease

Medical office space for lease or sale in Providence, in an established building in a prime location across from Women & Infants Hospital. 1600 sf, first floor, ample parking. Lab and x-ray on premises. \$25/sf. Hines Dermatology Associates, Inc. Please call Cheryl at 508-222-9966, Monday-Friday, 7am-3pm.

### Searching for a physician assistant to join your practice?



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