Several residents and faculty recently attended the department’s inaugural Bringing Science to the Bedside program, held at the Mountain Lake Biological Station in Pembroke, Virginia from September 16-20. This exciting and intensive five-day program focused on the hands-on conduct of basic science experiments, followed by a discussion of how the results of those experiments related to human disorders we encounter on a daily basis. In other words, a discussion of human physiology and disease pathophysiology.

Why did the department initiate such a program? Clinical demands on housestaff services have compressed the time for teaching, and in that process there has been increasingly less attention devoted to the science of medicine, as opposed to the provision of clinical care. Bringing Science to the Bedside is the department’s effort to stem that tide and enhance critical scientific thinking about the processes underlying diseases and the interventions we use to treat them. The goal is for the residents and faculty attending the program to increasingly incorporate scientific reasoning into clinical discussions on the wards and at conferences.

The department is dedicated to teaching both the science and the art of medicine, and I am very excited that we have been able to initiate the Bringing Science to the Bedside program as one more step in that process. IM

Additional Features:
- Profile on Laverne Norman
- Update from the Associate Chair for Outpatient Operations
- Update from the Associate Chair for Research
- Welcome New Faculty
Dr. Gaurav Gupta was Appointed to the Membership and Professional Standards Committee at UNOS

Many people who are familiar with the United Network for Organ Sharing (UNOS) may not be familiar with the large role MCV (now VCU) had in UNOS’s formation and decision to bed the hospital located in Richmond. There is a rich history of transplantation at MCV, and the relationship between MCV and UNOS began in the 1950s, when MCV was one of only four transplant programs in the world. At that time, MCV was instrumental in forming the first organ sharing organization in the country. Then in the late 1960s, MCV created the first regional organ sharing program in the United States—South-Eastern Regional Organ Procurement Program (SEROPP)—that later became the South-Eastern Organ Procurement Foundation (SEOPF). SEOPF gave rise to UNOS.

In present day, UNOS is a national organization that manages the entire country’s organ transplant system. UNOS has several committees that perform its day-to-day work. One of the most impactful committees is the Membership and Professional Standards Committee (MPSC). The MPSC is charged with insuring that the Organ Procurement and Transplantation Network (OPTN) and UNOS member clinical transplant centers, independent organ procurement agencies, independent tissue typing laboratories, and non-institutional members meet and remain in compliance with OPTN and UNOS criteria for institutional membership. The MPSC provides oversight of solid organ transplantation (e.g., heart, lung, liver, kidney, pancreas and vascularized composite extremities) across the United States in terms of patient outcomes, compliance, donor outcomes and other trackable data. To accomplish these goals, the MPSC develops and recommends membership criteria for each class of membership to the board of directors, and recommends additions and revisions to membership criteria as needed. The committee reviews each membership application for institutional membership and adopts recommendations for board action. It monitors member compliance with OPTN requirements, reviews transplant program performance including outcomes and activity levels, and it reviews reported policy violations and makes recommendations to the board.

In July 2017, Gaurav Gupta, M.D., associate professor of medicine in the Division of Nephology, Transplant Nephrology fellowship director, and transplant nephrologist in the Hume-Lee Transplant Center, was appointed to the MPSC at UNOS. The MPSC selected 17 new members with terms of two years each. Members were selected from a wide variety of professions and organizations including transplant surgery, heart surgery, organ procurement organizations, immunology labs, hepatologists, cardiologists, nephrologists, pulmonologists, social workers, donor advocates and others. Dr. Gupta is the only nephrologist in the committee’s current group of members. Dr. Gupta chose to apply to the committee because he felt that it would be important for VCU’s program to be on the discussion table in order to provide adequate representation. In addition, he said:

“...It gives me an opportunity towards service to my profession. I will be focusing particularly on issues related to the safety of living donors. Donor safety is vital to our mission as kidney transplant physicians. Membership and participation will also provide valuable experience, which can be useful for quality improvement and administration of our busy kidney transplant program.”

Dr. Gupta believes participation in this committee provides a learning curve at a national level with regard to organ transplantation, donor allocation and transplant policy management. He also believes participation in this committee could help him to influence and constructively shape organ transplant policy for the betterment of the transplant community and VCU’s patients.

Participation in committee meetings, case reviews or programs represents two to three hours of work every week. In addition, there are three in-person meetings every year that are held in Chicago, Illinois. There are also several annual tele-conferences that are arranged for urgent issues. Dr. Gupta is supported in his appointment to the MPSC by Dr. Todd Gehr, chair of the Division of Nephrology; Dr. Anne King, medical director of the Kidney and Pancreas Transplant Program; and Dr. Marlon Levy, chair of the Division of Transplant Surgery and director of the Hume-Lee Transplant Center. Dr. Gupta sees his colleagues as his clinical mentors and stated that they have served as great sources of inspiration for him.

Dr. Gupta plans to remain active in various committees at UNOS after the completion of his current term on the MPSC.

Dr. Gupta joined the Division of Nephrology five years ago. He received his medical degree from the All-India Institute of Medical Sciences (AIIMS) in New Delhi, India, before spending time in a transplant research lab in Pittsburgh, followed by an Internal Medicine residency at the University of Pittsburgh. Dr. Gupta completed his nephrology and transplant nephrology training at the Johns Hopkins University in Baltimore, Maryland. As a transplant nephrologist, Dr. Gupta’s clinical responsibilities include evaluating patients with advanced kidney disease as potential transplant candidates, and managing post-transplant immunosuppression and various other aspects of post-transplant care of patients. He also collaborates with surgical colleagues in donor selection, kidney allocation and waitlist management. Dr. Gupta is also an active clinical researcher and collaborates with external investigators on several large international trials. He is in the process of starting a new clinical trial to increase the kidney transplant donor pool. Dr. Gupta works closely with transplant partners, Dr. King, Dr. Dhiren Kumar and Dr. Layla Kamal, as well as with several nurse coordinators and fellows on a day-to-day basis.
Brian Aboff, M.D., M.M.M., F.A.C.P., joined VCU Health this past April as the senior associate dean for Graduate Medical Education (GME) in the VCU School of Medicine, as the director of the GME office and as the Designated Institutional Official (DIO) for the VCU Health System. Dr. Aboff joined VCU Health from Christiana Care Health System in Wilmington, Delaware, where he was program director for the internal medicine and transitional year residency programs and the associate program director for the internal medicine-pediatrics and emergency medicine-internal medicine combined programs for 12 years. He had also served as the associate chair for education in the Department of Internal Medicine since 2011. In his new position, Dr. Aboff succeeded Mary Alice O’Donnell, Ph.D., who served in the role for 20 years. Dr. Aboff is responsible for the oversight of all graduate medical education programs (for physicians and for some dental programs), and some non-accredited programs. He makes sure standards are being met but also supports program directors to make sure they have the appropriate backing and resources. He views his role as a way of helping people go from good to great.

Dr. Aboff earned his undergraduate degree from Muhlenberg College in Allentown, Pennsylvania, and his M.D. from Weill Cornell Medical College. He completed his internal medicine residency at Vanderbilt, where he was also a chief resident. It was there that he solidified his passion for the combination career of clinician educator, a career in which he has been able to care for patients, to teach, to work in administration and to cultivate leadership. Being able to do those four things together is what Dr. Aboff loves most about his career. After Vanderbilt, Dr. Aboff went into the Air Force on active duty for four years. He served as the chief of General Internal Medicine Services at Wright-Patterson Medical Center in Dayton, Ohio, and then he joined Christiana Care Health System in Wilmington, Delaware. There he served as a clerkship director and ran the student programs for the Department of Medicine and worked his way to program director and associate chair. He is also the immediate past president of the Association of Program Directors in Internal Medicine (APDIM) for the 2016-2017 academic year.

As a physician, Dr. Aboff practices in the Division of General Internal Medicine and reports to the division’s chair, Dr. Jeff Kushinka. Dr. Aboff spends about 30 percent of his time focused on clinical practice where he will supervise house staff in both the inpatient and outpatient settings. He will spend about 70 percent of his time in his DIO role. The position of DIO was established within the last 20 years or so. In that role, Dr. Aboff reports to Dr. Ron Clark, the associate dean for Clinical Activities and Dr. Peter Buckley, the dean of the VCU School of Medicine. The position enables Dr. Aboff to be on the floor working with patients and getting to know residents and complements his role of associate dean for GME very well.

Since arriving in April, Dr. Aboff has been working to understand his new roles and how VCU, specifically, operates. He is starting to understand VCU’s unique culture, the stake holders, and the programs’ strengths and weaknesses. He has met with department chairs and as many program directors as possible to figure out what is working well and what he can help to improve.

Dr. Aboff has developed his priorities based on feedback that he has received. During his transition phase before arriving at VCU, Dr. Aboff had heard that people did not like the format of the annual program evaluation form, so one of the first things he tackled upon his arrival was revising that annual program evaluation form. Another project Dr. Aboff is working on is streamlining the Graduate Medical Education Committee (GMEC), which helps him to ensure programs are operating appropriately. The GMEC currently consists of close to 100 people including all program directors and other key health system leaders. Dr. Aboff is working to make the committee more effective and efficient while maintaining communication with all of the program directors.

Dr. Aboff takes a servant leader approach to his position. He believes he is here to serve the programs, residents, fellows, program directors and program coordinators, and to help them be as successful as possible. He explained his perspective, saying: “I’ve inherited 91 programs with more than 700 residents and fellows, and each department and program has different needs. Some are doing well and only need me when a problem arises, and others that are newer, or have new program directors, might need more guidance. My previous experience with 12 years as a program director will help me serve these colleagues.” Dr. Aboff saw this position as an opportunity to take on a bigger role in a health system beyond his internal medicine experience. He understands that the right solution for the Department of Internal Medicine may not be the right solution for the Departments of Emergency Medicine or Surgery or Obstetrics and Gynecology. He is not prescriptive in his problem solving, but rather he tends to say, “Here’s the goal, tell me what works for your department to meet that goal.”

Dr. Aboff is interested in helping residents excel and expand their horizons if they so desire. To this end, Dr. Aboff would like to create opportunities for residents to pursue education outside of medicine to meet demands for multiple degree opportunities. Dr. Aboff saw Christiana Care Health System launch an M.B.A. program where residents could extend residency by one year and also earn their M.B.A. degree. Dr. Aboff would love to see opportunities develop at VCU where people are able to pursue an M.B.A., M.P.H., in addition to their residency or fellowship training. He is also interested in creating a program of leadership training for residents and fellows. He believes that most people are not born leaders but are interested in being taught how to lead.

Dr. Aboff also wants to help struggling residents receive easy, consistent access to help. He is looking to develop resources for learners and to work with program directors to standardize remediation and the probation process.

Additionally, Dr. Aboff would like to create an intranet site with resources to help program directors and program coordinators. He plans to identify best practices within each residency program and then create a mechanism for sharing them. Overall Dr. Aboff is focused on improving program oversight, addressing Clinical Environment Review (CLER) opportunities and supporting program directors and program coordinators. He finds his new position to be fulfilling and is looking forward to navigating the interesting challenges and opportunities.
VCU Global Health Pathway Partners with Foundation Sinkam Charles to Bring DOIM Residents to Bangou, Cameroon

The residents of the VCU Department of Internal Medicine will soon have access to a unique opportunity through the Global Health Pathway within the Internal Medicine Residency Program and the Global Health and Health Disparities Program (GH2DP). The opportunity is thanks to a collaboration between Michael Stevens, M.D., M.P.H.,—associate program director for Global Health & Global Health Pathway, director for the VCU Internal Medicine Residency Program and co-director of the Global Health & Health Disparities Program—and Patrick Nana-Sinkam, M.D., chair of the Division of Pulmonary Disease and Critical Care Medicine. Drs. Nana-Sinkam and Stevens are working through the logistics of adding Bangou, Cameroon, as a new location for second-year and third-year residents to travel and provide medical care through GH2DP and the Global Health Pathway.

Drs. Nana-Sinkam and Stevens envision a program model involving Global Health Pathway residents. Residents would potentially be able to travel with Dr. Nana-Sinkam to Bangou as early as July of 2018 and again in July of 2019. The first summer they would learn about the environment and identify opportunities to address a critical health need or issue, and then return to the United States, develop the tools to address that issue, and then go back to Bangou the subsequent year and use those tools to contribute in a meaningful way. The trip would be structured similarly to other GH2DP trips residents participate in and would last for approximately two weeks. Residents would travel with Dr. Nana-Sinkam to Cameroon and stay eight to ten days. Residents would be able to experience all of the events surrounding Doctor Day including the Celebration of Academic Excellence for local school children, a cancer screening day, two or three days working directly with patients, and then a few days touring the country to experience different aspects of the local culture.

The majority of medical problems residents would witness during Doctor Day are general internal medicine issues. The most common issues seen in the community are uncontrolled hypertension, gastro-esophageal disease, osteoarthritis, knee, hip and back issues, some tuberculosis, Hepatitis C, HIV and water-born illnesses among children. There are also very high incidents of cancers that are best suited for early detection such as breast cancer, cervical cancer and prostate cancer.

Dr. Stevens said of this new partnership:

“‘I’m excited about this opportunity for our learners, especially our learners who have a real interest and focus in global health and health disparities. Residents contribute a great deal through the healthcare they provide and the public health projects

(Continued on page 5)
Laverne Norman Has Seen Many Changes in Her 27 Years with the Division of Endocrinology, Diabetes and Metabolism

Laverne Norman has been with the Department of Internal Medicine’s (DOIM) Division of Endocrinology, Diabetes and Metabolism full-time for 27 years. She has had a unique experience working with several of her colleagues for decades—she was the administrative assistant to Dr. John Nestler, chair of the DOIM, for more than 20 years. Laverne is the division’s administrative office specialist, serving as the first point of contact in the office. She manages daily administrative tasks for the division, which entail responsibilities such as answering phones, scheduling patient appointments, keeping track of physicians’ time entries and performing many other administrative duties, all the while working closely with physicians, nurse practitioners and other staff members.

Originally from Richmond, Virginia, Laverne has had a working relationship with the MCV Campus of VCU since she was in high school. During her senior year of high school, Laverne had worked on the MCV Campus at the recently-built Tompkins-McCaw Library in the Reference Department. Later, after having attended college at Morgan State University in Baltimore, Maryland, Laverne returned to Richmond in 1978 and taught reading and English in an adult learning facility. She later went on to work at the corporate headquarters for Best Products before coming back to VCU in the Pediatric Division within the Emergency Department, which had handled both adult and pediatric patients at the time. Laverne remarked that she was pleased to have witnessed the growth of child-centered care through Children’s Hospital of Richmond (CHoR) at VCU.

Laverne reports to Dr. Francesco Celi, chair of the Division of Endocrinology, Diabetes and Metabolism; Kit Mulloy, associate administrator for the Divisions of Endocrinology, Diabetes and Metabolism, Nephrology and Infectious Disease; and Rosena Simpson, the Division of Endocrinology, Diabetes and Metabolism’s office manager. Every day Laverne works closely with Simpson, and they share an office. Laverne enjoys working with the entire team in the Division of Endocrinology, Diabetes and Metabolism and thinks the relatively small team has a great rapport. Laverne has especially enjoyed working with fellows and has been pleased to see them flourish and venture into the world as attending physicians.

Through the years, Laverne has noticed the growth and change within the division, from the implementation of new technologies to the application of new science, particularly with the arrival of Dr. Francesco Celi several years ago. Laverne believes that everyone she works with is caring and helpful, and she appreciates her colleagues and considers them to be her work family. Laverne enjoys solving problems for patients, vendors, doctors, nurses, outside medical facilities and others. She works hard to bring resolution to questions, especially to patient questions, because she understands that having a medical question can be stressful. Laverne does her best to connect patients to the most appropriate person to answer their questions, factoring in where different division personnel are at any given time. Laverne also updates schedules for physicians and nurse practitioners, is the time keeper for the division, handles administrative issues and facilitates deliveries to the appropriate people. She also facilitates leave adjustment and pay adjustment for faculty. One of Laverne’s current projects is transitioning patient scheduling for newly hired physicians in the division.

Once, many years ago, Laverne had been working late alone in the division when she received a phone call from someone at a faraway airport letting her know one of the division’s physicians was going to be delayed until the following day because his flight had been cancelled. In her most authoritative voice, normally soft-spoken Laverne convinced the caller to get the physician on a flight back to Richmond that day. Laverne never told the physician her hand in the matter and just listened in satisfaction as he recounted the miraculous turn of events that had led him from standing with a few hundred people whose flight had just been cancelled to being the only person whisked away to another flight home. Even after he retired, the physician never knew Laverne’s role in getting him home to Richmond that day.

An avid reader, Laverne is always in the process of reading at least four books at once. Laverne and her family attend the annual National Book Festival in Washington, D.C., to learn about new, popular and classic works. Laverne has enjoyed traveling all over the world and through all different eras within the pages of books and enjoys immersing herself into everything from historical books to biographies to memoirs to fiction, and more recently, to quality children’s literature for her seven-year-old great nephew. Laverne is passionate about igniting a love of reading in children and believes the more that youth read, the better adults they become, because books enable them to sympathize and feel connected to so many experiences and perspectives beyond their own.

Laverne credits her strong work ethic and love of learning to her brother, Paul T. Alexander, who passed away this year. Paul raised Laverne and her sister from a young age after the death of their parents, and he had made certain that Laverne could receive a college education. Paul had modeled hardworking behavior, and Laverne regards him as a truly wonderful brother and mentor.

Next to her passion for reading, Laverne loves to travel. Two of her favorite trips have been to Martha’s Vineyard, Massachusetts, and Lancaster, Pennsylvania. She has always wanted to go to California and plans to tour northern California next year.

In the future, Laverne would also like to volunteer with youth to help them with their reading skills and to share her passion for reading with them. She believes we should never stop learning—she learns something new every day.
Dr. Silvia Degli Esposti joined the DOIM as Program Director of the Women’s Digestive Health Program and Co-Director of the Center for Pelvic Health

Silvia Degli Esposti, M.D., joined the Department of Internal Medicine (DOIM) in September 2016 as an associate professor and program director for the Women’s Digestive Health Program in the Division of Gastroenterology, Hepatology and Nutrition. Dr. Degli Esposti joined VCU from the Warren Alpert Medical School at Brown University, where she had been an associate professor of medicine and the director for the Center for Women’s Gastrointestinal Medicine in Providence, Rhode Island.

Dr. Degli Esposti was recruited for VCU’s Division of Gastroenterology, Hepatology and Nutrition by Dr. John Kuemmerle, the division’s chair, to bring a women’s health perspective in gastroenterology to the division. During Dr. Degli Esposti’s tenure at Brown University, she had established two centers focused on women’s health. At VCU she has been able to enrich the knowledge of gender medicine in gastroenterology by serving as program director for the Women’s Digestive Health Program. Dr. Degli Esposti is also the co-director, along with Dr. Lauren Siff, a urogynecologist, for the Center for Pelvic Health, which will open at VCU’s Stony Point location in the spring of 2018. The Center for Pelvic Health will address issues relating to bowel incontinence, urinary incontinence, urinary disturbance, defecatory disturbance, gastroenterology, urogynecology, gynecology, colorectal surgery and urology. All of these areas are related, and diagnoses and treatments will allow these connected areas to work together for the benefit of patients.

Dr. Degli Esposti said of the center’s development:

“It embodies a shift in the way we think about the science behind issues and what patients need. The Center for Pelvic Health will offer a multidisciplinary approach to the evaluation, diagnosis and treatment of its patients, and it will be patient-centric.”

The pelvic health team includes physicians, nurse practitioners and others from colorectal surgery, gastroenterology, nutrition, physical therapy, urogynecology, urology, radiology and other disciplines. Dr. Degli Esposti credits the development of the Center for Pelvic Health, and the way it will enable pelvic health issues to be treated, to leaders in the university who understand what pelvic health is, how it affects the whole patient and how gender and society’s perceptions of gender impact symptoms, diagnoses and treatments.

Dr. Degli Esposti spends about 60 percent of her time seeing patients and 40 percent of her time building the Women’s Digestive Health Program and the Center for Pelvic Health. Dr. Degli Esposti’s philosophy is that you cannot practice gastroenterology without a sense of humor. Nevertheless, she was quick to stress that gastroenterological and pelvic health illnesses are just as serious as other conditions and should be given the same respect in research and treatment as those of the heart, lungs and brain. However, there is a very real multifaceted cultural barrier Dr. Degli Esposti is working to break: stigmas around gastrointestinal and bowel issues. There are also social, religious and cultural stigmas for women, particularly when it comes to health topics that are appropriate for discussion. Only 10 percent of women with incontinence (the recurrent involuntary loss of solid or liquid feces) tell their doctors about the issue—even in the privacy of a doctor’s appointment. The number of women going undiagnosed with incontinence issues is staggering: An estimated 18 million Americans suffer from pelvic disfunctions. Because of the perpetuation of stigmas, the underreporting of pelvic disfunctions is likely to increase in the future. Dr. Degli Esposti, through her efforts to educate patients and physicians alike, is working to discover the issues patients are dealing with and to offer proper treatment. Pelvic disfunctions are multifactorial and simple assessments can be done in the primary care setting where therapeutic options can be given at that point. The creation of the Center for Pelvic Health is the result of a movement recognizing the need of women to have pelvic disfunctions addressed in a unique way.

Approximately 30 years ago, a movement started recognizing the difference in how men and women respond to diseases. A public health task force on women’s health was created in 1985, and the NIH Office of Research in Women’s Health was established in 1990, before the movement developed into gender medicine. Gender medicine studies the health implications of being a female within society and factors in hormonal influences, sex, role, cell, cultural, social and religious differences. The field has come a long way in three decades, but it was not until 2014 that the NIH mandated a balance of subject sexes used in cell and animal studies. Now, one half of the participants in clinical studies are women, and pregnant women can be included in clinical trials. Important differences in drug metabolism have been discovered, which have led to changes in medical practices. Important achievements have been made in the fields of breast cancer, HIV/AIDS, HPV, hormonal replacement therapies and bone health. Women’s health is no longer equated simply to reproductive health. It is considered throughout the continuum of life.

Women represent over 60 percent of all ambulatory visits for gastrointestinal issues. Several gastrointestinal and liver disorders disproportionately affect women, including Irritable Bowel Syndrome (IBS), constipation, gallstones, autoimmune hepatitis and primary biliary cirrhosis. Additionally, pre-clinical data point to significant sex differences in the physiology of the digestive tract.

Another argument for a patient-centric approach to women’s health is that gastroenterological issues in women don’t end when women become pregnant, which means there is an obvious need to connect gastroenterological care with gynecological care for pregnant women. Other issues that arise at the crossroads of gastroenterological, pelvic and gender medicine include the fact that women are screened for colorectal cancer far less than men. An overlap also exists between gastroenterological malignancy and gynecological malignancy.

Dr. Degli Esposti received her medical degree from the University of Bologna in Bologna, Italy, and then moved to the United States where she completed an internship and residency at Brown University, Miriam Hospital in Providence, Rhode Island. She went on to complete a fellowship in gastroenterology at Brown University, Rhode Island Hospital in Providence, Rhode Island. Dr. Degli Esposti’s passion for gender medicine comes from her undergraduate background in basic science. The first part of her career in Europe and the United States was focused on the liver and gene regulation, and she wants to bring that perspective to women medicine. Dr. Degli Esposti understands that men and women are biologically very different and that it is important to collect the basic science data behind how diseases and their treatments need to be modified for women. Dr. Degli Esposti is eager to foster interest in and to support women and men in gender medicine research at VCU.

Dr. Degli Esposti brought her experience establishing centers focused on women’s health to VCU through several roles she holds...
Update from the Associate Chair for Outpatient Operations

Approximately six months ago, I became the new associate chair for Outpatient Operations within the Department of Internal Medicine. I was fortunate to have spent the past few months working with Dr. Lori Sweeney, an associate professor in the Division of Endocrinology, Diabetes and Metabolism, as she transitioned out of the position and passed the torch to me. During her time as the associate chair for Outpatient Operations, Dr. Sweeney advocated for nursing and support staff models to commensurate with clinic volume and patient severity of illness in order to improve clinic throughput. She participated in clinic restructuring and the development of standardized processes for provider scheduling, provider overbooking and the formation of an urgent clinic model to optimize patient satisfaction. She identified key targets for the offloading of non-clinical work by providers, which offered essential support for medication prior to authorization, pre-service onboarding and clinic appointment reminders. Additionally, Dr. Sweeney worked to establish a more collaborative work environment for providers and nursing and clinic support staff.

I was eager to hit the ground running from where Dr. Sweeney left off. I have seen first-hand how different outpatient clinics within VCU operate with different resource scenarios. This insight has enabled me to evaluate the effectiveness of certain setups and to understand how some setups could be improved by different resource allocations. Currently, I am working to increase patient access to our physicians by increasing the number of sub-specialty clinics. Such clinics include those which represent (or will come to represent) nine sub-specialties in the department located at Stony Point, Mayland Clinic and the Ambulatory Care Center, as well as others. We also have physicians adding additional clinics to their schedules to increase patient access. So far, we have added (or are in the process of) adding at least 15-20 clinic sessions.

To enable physicians to have more time to see patients, we had to create a way to improve our clinic processes to allow our physicians to focus on patient care. We are working to standardize task responsibilities for the appropriate personnel. We want physicians, nurse practitioners, nurses and patient access representatives all doing what falls within their roles and not what falls outside of their roles.

Also, around the first of November, we will be opening the Pauley Heart Center at Stony Point. The center will improve the outpatient experience because there will be great opportunity for multidisciplinary care in one location. We will be able to have cardiac and vascular surgeries in one location. We will be able to have patient testing and evaluation done at once. The location will also create more clinic space so that more patients can be seen.

We are also working to improve the geographic co-location of the sub-specialty clinics. Grouping our sub-specialty clinics better will allow each clinic to improve its processes, streamline care and increase the expertise of the staff serving the clinic. Our focus moving forward is to increase VCU Health’s presence in the community and to create better access between patients and physicians.

Zachary Gertz, M.D., M.B.E.
Associate Chair for Outpatient Operations
Associate Professor
Director, Structural Heart Disease
Department of Internal Medicine

Update from the Associate Chair for Research

The clinical and translational research enterprise in the Department of Internal Medicine (DOIM) is strong and thriving with increases in the number of grant submissions, award recipients, and the amount of overall funding. The new academic year has opened with an exciting call for proposals for the DOIM Pilot Research Funding. Ten proposals were selected for individual $20,000 awards. The funded proposals came from 13 principal investigators and more than 20 co-investigators from across the divisions of Gastroenterology and Hepatology, Cardiology, Hematology and Oncology, Pulmonary Disease and Palliative Care.

The proposals addressed topics such as cancer pathogenesis; innovative interventional strategies for cancer chemotherapy cardiotoxicity; novel imaging, biomarkers and therapies for liver disease; and mechanistic and nutritional studies in obesity and metabolism. Experts from across the country and worldwide reviewed the submissions, grading them according to their innovation and potential for future clinical and translational value. We look forward to seeing how these studies proceed and generate new ideas for exploration in extramural grants.

The DOIM Research Conference series has also restarted, with some changes. The research conference will be held as part of the DOIM Grand Rounds Series once a month on a Thursday at noon in Sanger Hall 105. The focus of the series is to provide a venue for DOIM researchers to share their work and learn from their peers, and it aims to promote collaboration across divisions, departments and schools here at VCU. Occasionally, external speakers will be invited to present state-of-the-art lectures on new research areas.

September also marks the opening of applications for the DOIM Rising Scholar program. The Scholar program is a unique opportunity to obtain dedicated training in clinical and translational research, while progressing in one’s academic career in internal medicine and sub-specialties, and while improving one’s clinical skills. This 24-month program is designed for individuals who are BC or BE in internal medicine. Scholars will be appointed as the clinical instructor of medicine and will work 14-16 hours per week (avg. over four weeks) within the Hostipal Night Medicine Program. The position includes an excellent benefit package, competitive salary, CME stipend, research support and enrollment in a Master of Science in clinical and translational research. To apply, please visit VCU jobs:
https://www.vcujobs.com/postings/59827 or

There is a strong tradition in excellence in research within the DOIM. This tradition has inspiring growth in the number of studies and initiatives being put forth. We predict a brilliant academic year for the DOIM’s research filled with successes and breakthrough discoveries.

Antonio Abbate, M.D., Ph.D.
Associate Chair for Research
Vice Chair, Division of Cardiology
James C. Roberts, Esquire Professor of Cardiology
Department of Internal Medicine
Medical Director, Clinical Research Service Unit, C.C.T.R.
Welcome New Faculty

On July 1, **Derek Leiner, M.D.**, joined the Division of General Internal Medicine as an instructor and chief medical resident after completing his residency at VCU. Dr. Leiner received his medical degree from the Medical University of South Carolina in Charleston, South Carolina.

On July 1, **Adam Fox, M.D.**, joined the Division of General Internal Medicine as an instructor and chief medical resident after completing his residency at VCU. Dr. Fox received his medical degree from the Medical University of South Carolina in Charleston, South Carolina.

On July 1, **Michael J. L’Heureux, M.D.**, joined the Division of General Internal Medicine as an instructor and chief medical resident after completing his residency at VCU. Dr. L’Heureux received his medical degree from VCU.

On July 1, **Christen Vagts, M.D.**, joined the Division of General Internal Medicine as an instructor and chief medical resident having just completed a chief residency at VCU in the program of combined internal medicine and pediatrics. Dr. Vagts received her medical degree from the University of Maryland School of Medicine in Baltimore, Maryland.

On July 15, **Morgan Vargo, M.D.**, joined the Division of General Internal Medicine as an instructor and chief medical resident after completing her residency at VCU. Dr. Vargo received her medical degree from VCU.

On July 31, **Helen Dang, M.D.**, joined the Division of General Internal Medicine MCVP as an assistant professor and hospitalist. Dr. Dang joined the division from Chippenham and Johnston-Willis Hospitals, in Richmond, Virginia, where she had worked as a hospitalist and nocturnist for the past three years. Dr. Dang completed an internship in internal medicine at Meharry Medical College in Nashville, Tennessee. Dr. Dang received her medical degree from the Kigezi International School of Medicine in Kabale, Uganda, and Cambridge, England.

On August 14, **Masey Ross, M.D., M.S.**, joined the Division of Hematology, Oncology and Palliative Care as an assistant professor and clinical educator with a focus on breast cancer and integrated medicine. Dr. Ross has just completed a fellowship in hematology and oncology at VCU. She also completed an internal medicine internship and residency with the Women’s Health Track at VCU. She received her medical degree from the Loyola University Chicago Stritch School of Medicine in Maywood, Illinois.

On August 28, **Amrut Savadkar, M.D.**, joined the Division of General Internal Medicine as an assistant professor and hospitalist. Dr. Savadkar joined the division from the Department of Internal Medicine in Metropolitan Hospital Center in New York, New York. He completed a prior residency in internal medicine in JLN Medical College in Ajmer, India. Dr. Savadkar attended medical school at Bangalore Medical College in Bangalore, India.

On September 11, **Layla Kamal, M.D.**, joined the Division of Nephrology as an assistant professor and transplant nephrologist. She joined VCU from the Albert Einstein College of Medicine, Montefiore Medical Center in the Bronx, New York, where she had been a transplant nephrologist and assistant professor of clinical medicine and the associate medical director for pancreas transplantation. Dr. Kamal received her medical degree from Lebanese University, Faculty of Medical Sciences in Hadath, Lebanon.