Betty Anne Johnson to Lead the General Medicine Division

Dr. Betty Anne Johnson was recently named the new Chair of the Division of General Medicine. She has been an interim chair since last year.

Dr. Johnson received her medical degree at Harvard and a Ph.D. in microbiology at the University of Iowa. She began her career at the VCU School of Medicine in 1985 and rose to the rank of Professor in 2000. She has been a busy clinician active in administrative affairs of the Department. Since 1987, she has been Director of Student’s Health for the University and contributed significantly to the field of college health through her clinical research efforts. She has successfully created a supportive environment and mentored her staff to enhance their development and expertise. This has resulted in a great number of awards to the VCU Student Health Center.

“Dr. Johnson’s limitless energy and expertise have paid big dividends in such diverse areas as housestaff recruitment, student health administration, and launching the academic hospitalist program,” said Dr. Curtis Sessler, chair of the search committee.

“The General Medicine Division will benefit greatly from her skills.”

“I am honored to be appointed Chair of the Division during this time of enormous change for the VCU Medical Center,” said Dr. Johnson. “I am excited about the future and thankful to have such a talented faculty.”

New Ward Schedules Offer More Time for Teaching Housestaff

With the new work rules for housestaff – 80 hours per week, at least 10 hours free between shifts, one day off a week – the Department of Internal Medicine has responded with a creative inpatient schedule. The result is more teaching time for busy housestaff.

**Admit Cycle Day 1:** Team opens at 8:30 a.m. and takes the first six admissions of the day. This team closes at 1:00 p.m. or at six admissions, whichever comes first. Leave hospital by 9:30 p.m.

**Admit Cycle Day 2:** No admissions

**Admit Cycle Day 3:** Team begins accepting admissions when the early team (Day 1 of cycle) fills or 1:00 p.m., whichever comes first. Admit a maximum of four patients. Close at 5 p.m. or four admits, whichever comes first. Leave hospital by 9:30 p.m. One intern on the call team will be required to stay overnight to finish any work from the new admissions.

**Admit Cycle Day 4:** No admissions

**Admit Cycle Day 5:** Team receives a maximum of four admissions from the Night float resident. Team closes at 7:00 p.m.
On the Wards

With the refreshing arrival of new interns on the wards, July is surely the most exciting month in the year. The vibrancy of morning rounds is palpable as medical teams review the fates of patients previously admitted to the service and anticipate the nascent challenges just arriving in the Emergency Department. What is so astonishing are the skills and idealism of our housestaff and the extraordinary needs of our patient population. So it is an honor to be an attending physician in the current era of Internal Medicine.

The value of the team approach to patient care is immediately obvious on rounds: our special colleagues in Nursing, Pharmacy and Social Work join us in creating an integrated care plan and expert approach that defines high quality itself. The academic teaching mission is alive, well and greatly changed as evidenced not only by our rounding with housestaff and medical students but also with Pharm D students and Nurse Practitioner students. Each contributes a perspective of his or her own discipline with a unified goal to learn.

Clearly, the explosion of information, newer laboratory tests, novel drugs and imaging techniques are integrated in our state-of-the-art Computer System available both in the team rooms and on the wards. It is a welcome advance that distinguishes us from the majority of hospitals in the U.S.

Most importantly, our extraordinary patient populations provides us a wealth of opportunities to diagnose and treat complicated conditions. They are wonderful individuals placing their trust, their health and their lives in our hands, and our patients deserve our broadest reverence. Our warm and talented housestaff respond with affection, empathy, dedication and skill.

There is of course always academic adventure on the wards: a 72-year-old man who was admitted with a diagnosis of pneumonia but was instead quickly identified as having had a pulmonary embolus. A 44-year-old man with end stage renal disease on hemodialysis developed a fever and was found to have a new aortic flow murmur, as having had a pulmonary embolus. A 40-year-old man with end stage renal disease on hemodialysis developed a fever and was found to have a new aortic flow murmur, hepatic encephalopathy was found on transvenous biopsy of the liver to have acute aortic regurgitation and culture-negative endocarditis. A 48-year-old woman in on hemodialysis developed a fever and was found to have a new aortic flow murmur, as having had a pulmonary embolus. A 40-year-old man with end stage renal disease on hemodialysis developed a fever and was found to have a new aortic flow murmur, hepatic encephalopathy was found on transvenous biopsy of the liver to have acute hepatic encephalopathy was found on transvenous biopsy of the liver to have acute necrotizing Hepatitis B and fortunately did well. Our team also looked into the face of medicine’s limitations exemplified by patients with multiple organ failure. We can how to deal with this nagging issue as we enter unexplored clinical territories.

Between Rounds

We are now accepting submissions for Between Rounds, the Department of Internal Medicine’s annual publication of poetry, prose, art, photography and of original musical scores. The deadline for submissions is October 1st. Please be sure to proofread submissions carefully. Digital photos should be submitted as TIFFs or JPEGs at a minimum of 4”x6” and 300 dpi. Please send all work to the Department of Internal Medicine:

Attn: Katrina Cleed-Svensson
Box 900663
Phone (804) 828-5738
Email katia@hsc.vcu.edu

Fall 2004 Medical Grand Rounds

Sept. 9 “Changing Trends in Pneumococcal Quinolone Resistance”
Donald E. Low, M.D.
Microbiologist, m-Chief, Department of Microbiology, Mount Sinai Hospital, Toronto Ontario

Sept. 16 ANNUAL GALEN WAMPLER LECTURE
Organized by the Division of Hematology/Oncology

Sept. 23 “Cutaneous Manifestations of Tropical Diseases”
Kenneth F. Wagner, D.O., F.I.D.A.
Associate Professor, Department of Medicine, Division of Infectious Diseases, Uniformed Services University of the Health Sciences (USUHS), F. Edward Hebert School of Medicine, Bethesda, MD, Consulting Physician, Infectious Diseases Division, National Naval Medical Center, Bethesda, MD

Sept. 30 “What the Internet Needs to Know about Gynecologic Oncology”
Cecilia H. Boaconda, M.D.
Assistant Professor, Department of Obstetrics and Gynecology, VCU Medical Center

Oct. 7 “Depression & Psychosis In Elderly Populations”
Sulfan Ilatmori, M.D.
Assistant Professor, Department of Psychiatry, VCU Medical Center

George W. Venettis, M.D.
Professor & Chair, Division of Cardiology, Department of Internal Medicine, VCU Medical Center

Oct. 21 “Update on the Metabolic Syndrome”
Paulina A. Esah, M.D.
Assistant Professor, Division of General Medicine & Primary Care, Department of Internal Medicine, VCU Medical Center

Oct. 28 “Lupus”
N. Ward, M.D., M.PH.
Researcher, National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)

Nov. 4 “Deep Vein Thrombosis”
Robert J. Albrecht, M.D.
Assistant Professor, Division of Vascular Surgery, Department of Surgery, VCU Medical Center

Nov. 11 “Faculty Development”
Catherine R. Lucey, M.D.
Assistant Professor, Department of Internal Medicine, College of Medicine and Public Health, The Ohio State University

Nov. 18 “In Flight Emergencies”
Trey Wulidom, M.D.
Endocrinology & Metabolism Fellow, Department of Internal Medicine, VCU Medical Center

Grand rounds are held at 12:00 noon in the Medical Sciences Building Auditorium.

The calendar is subject to change.

"PROVIDER BASED" CLINICS

As of July 1st, the general internal medicine clinics became “provider based” clinics. Beginning January 1st, 2005, all clinics will move to this new financial structure. Prior to July 1st, these clinics were considered “free standing” clinics, meaning that it was the physician group that paid for rent, employees and supplies.

Under the “provider based” status, the hospital pays for all these costs and is able to bill government payors a facility fee. Physician professional fees are reduced for these government payors, but the overall amount received between the hospital bill and the physician bill is greater than the amount received for the “free standing” status. This does not affect our billing for the non-government payors such as Anthem, however the physician group will have to reimburse the hospital for the overhead, since the hospital will not have any portion of that revenue.

This move to “provider based” was decided because of the projected positive impact on the bottom line of the health system. The clinic employees who have moved or will move to the hospital funded payroll are still VCUHS employees and their pay or benefits are not affected. All clinics will be managed by MCVP clinic medical directors and managers. We believe that these changes will improve our financial condition as well as clinic operations.

Contributed by Don Castillo
Director of Clinical Operations, DOIM
Faculty Publications


