Within a few weeks, the Department of Internal Medicine Residency Program will have a new faculty member on board: Stephanie Ann Call, M.D., M.S.P.H., has accepted the position of Program Director.

For the past four years, Dr. Call has been the Associate Program Director of the Internal Medicine Training Program at the University of Louisville in Kentucky. She is also the Medical Director of the Ambulatory Internal Medicine Clinic there. Her leadership in medical education has been recognized with a number of teaching awards, and she also has impressive publications on her CV.

A graduate of the University of North Carolina at Chapel Hill, she subsequently received her medical degree from the University of Maryland at Baltimore and completed her residency at the University of Alabama in Birmingham (UAB). Following residency, she completed a year as a Chief Medical Resident at UAB and then a two-year General Internal Medicine Fellowship. Dr. Call remained on faculty there, participating in the UAB residency program as an Assistant Program Director. In 2001, she attended a Stanford University Development Course in Clinical Teaching. In addition to her experience in medical education, she has a background in basic sciences, public health and epidemiology.

Dr. Michael Edmond, vice-chair for education, said, “Dr. Call is deeply interested in and knowledgeable in the area of faculty development, and there are not many internists with experience in that area. Her experience with the Stanford University program in the clinical setting is a huge asset, and she is a guru in that field. Dr. Call also has an open and engaging personality; she’s incredibly perceptive, warm, positive, unpretentious, and there’s no doubt she will be seen as a role model both personally and professionally. Our housestaff loved her.”
Research and the advancement of medical knowledge remain some of the most important missions of the Department of Internal Medicine. Recently, an external review and audit of the Department’s research activities was carried out by Dr. Dennis Kasper from the Harvard Medical School. He concluded that there were a number of strengths in research in the department but also concluded that there was room for improvement. With this review and other background research on the state of research in the Department, Dr. Richard Wenzel, Chairman of the DOIM, has refocused the research priorities within the department. A high-level committee headed by Dr. Arun Sanyal, Associate Chair for Research, has been created to develop and implement a strategic plan for growth of research. Some of the key areas that will be high priorities for this committee will be the following:

• Develop a mechanism to integrate potential research-oriented trainees, especially those graduating from the training grants within the department, into the faculty pool.
• Develop mechanisms for training fellows and junior faculty in clinical research methodology in order to make them competitive for peer-reviewed funding.
• Develop several programs to retain funded investigators and facilitate research. A key aspect of this was an analysis of research space within the department. Whereas the average level of funding for research space in a survey of 60 major medical schools was $430/ sq ft, the Department’s investigators had an average of $480/ sq ft, indicating that the faculty engaged in research were highly successful and that there was a need for additional space to accommodate the growth of existing research programs.
• Active interactions and collaboration with the basic science departments to integrate recruitment efforts so that each recruit can have a synergistic, rather than additive, effect on the research enterprise of the institution.
• Focus on areas of strength, e.g. obesity and insulin resistance, and grow research programs around areas where, with relatively smaller investments of resources, a nationally recognizable research program capable of forming a ‘center’ can be developed. These areas of research emphasis will also be a guide for research recruitment within the department.

“We will carefully review the research space utilization and the plans for recruitment of additional research faculty by each division so that the entire department can benefit from this investment,” said Dr. Sanyal. It is anticipated that over the next five years, 5-6 research recruits will be added to the DOIM and another 3-4 will finish their training and join the faculty. The future for research remains optimistic.

VCUHS Converts to New Clinical and Visit Management Systems

After several years of planning and delays, VCU Health System went ‘live’ on Sunday, May 9th, with a new health system-wide clinical and visit management information system. The clinical information system is a VCUHS customized version of the Cerner Corporation’s software which has a Windows-like user interface. The patient management software, used principally for outpatient scheduling and insurance processing, is an updated version of IDX Corporation’s software.

“Initially the biggest impact these two new information systems have in our outpatient Internal Medicine clinics is on check-in and check-out,” says Wendy Walker, Associate Administrator for Clinical Operations at DOIM. “This will slow down the check-in process for patients. The clinic staff are working hard to streamline checkout. However, we no longer need to register the patient a second time for lab orders. We are adjusting to the new Cerner test names. We have changed some order forms and created common diagnoses lists. As each week passes we encounter fewer problems.”

The faculty and residents in the Department of Internal Medicine have already experienced the new system’s benefits. They have access to their outpatient schedules and patient results, as well as their patients’ clinical laboratory results that can be customized depending on a task. They now are able to access the system via the

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Internet from outside of VCU. In the future, the most attractive aspects of the Cerner system will revolve around prescription writing, the ability to store dictation online and future orders. At check-out, future orders can be entered into Cerner. This will do away with the need to pull a chart or store the orders at the front desk when a patient presents for tests in between office visits.

Numerous enhancements are possible to the system. The most pressing is to expand the portfolio of results that are available in electronic form. Currently, invasive cardiology, heart station and endoscopy each have systems that are not integrated into Cerner. In the ambulatory environment, switching to electronic printing and storage of medications is a high priority. Dr. Bruce E. Hillner, the associate chair of Information Sciences, is the DOIM point person on the VCUHS clinical advisory committee.