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B.S., Lycoming College, 1999; M.D., Thomas Jefferson University, 2004
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Dr. Naylor has many interests and is a dedicated quilter and soft pretzel enthusiast. She takes full and frequent advantage of the Richmond Public Library system as well as the warm weather and charming neighborhood wildlife offered by the city. She is currently training for a tiny triathlon.

Andrew Poklepovic, M.D.
B.A., Emory University, 2000; M.D., University of South Florida, 2004
Dr. Poklepovic moved to Richmond from Tampa, FL. He plans to pursue clinical research in Oncology and will complete a fellowship in Hematology/Oncology. He enjoys spending time with his lovely wife, Catherine, who is a financial consultant.
VCU Theater-Medicine Project Receiving National Attention

The Department of Internal Medicine has joined forces with the VCU Department of Theater in a breakthrough project on teaching clinical empathy techniques. Designed originally by respective chairs of Theater (David Leong) and Internal Medicine (Richard P Wenzel, MD, MSc), the work is led by Alan Dow, MD, in Internal Medicine and Aaron Anderson, PhD, of the VCU Theater Department.

The group defines clinical empathy as the skill of recognizing a patient’s emotional subtext and responding to this subtext in order to build rapport and promote better clinical outcomes. An empathy-conveying physician is more successful than one who is not. Patients have identified skills in understanding, listening and honesty as the most important traits in their primary care physician. Nevertheless, medical learners receive little or no instruction in these areas. Part of the reason for the lack of clinical empathy curricula is that physician-educators have not been trained to teach these skills.

The initial study of this curriculum, soon to be published in The Journal of General Internal Medicine, showed that these skills were both teachable and assessable. The trained group of medical residents displayed statistically significant improvements in every measured category and likewise significantly outperformed the control group in every aspect of clinical communication. Specific skills taught included active listening, emotional intelligence, developing rapport, and vocal and physical expressiveness. A second study, currently underway, looks at the effects of this curriculum on patient perceptions and clinical outcomes.

“Medicine is still an important Art in addition to a Science,” said Dr. Wenzel. “And if we are to find new insights to perfecting the Art, we need to apply the same scientific rigor as the best clinical trials. Drs. Dow and Anderson are perfect team leaders in this process.”

The group is planning educational ventures with the Departments of Nursing and Surgery. The group’s work has recently been featured by The Washington Post, NPR, The Voice of America and local TV channels.

Interventions Reduce Hospital Infections by 56% to 72%

Healthcare-associated infections remain problematic in hospitals worldwide. Each year, 100,000 people die from these infections in the U.S. The media have focused a great deal of attention on this problem recently and consumer groups have pushed hospitals to address the issue. Over the past three years, the Epidemiology and Infection Control Unit, directed by Drs. Michael Edmond and Gonzalo Bearman, has implemented a number of simple, low-cost interventions in the critical care units to reduce the incidence of hospital-acquired infections. These interventions include: (1) measurement of compliance with hand hygiene, head of bed elevation, and avoidance of central line placement in the femoral region, (2) feedback of the aforementioned process measures, as well as infection frequency data to healthcare workers quarterly via ICU-specific posters, (3) for central line insertion: use of chlorhexidine for skin preparation, hat, mask and sterile gown for the operator; use of full sterile drape on the bed; completion of a checklist for all insertion steps by the bedside nurse; empowerment of the bedside nurse to stop the procedure for any infection control breach; (4) hands-on training for all housestaff in insertion of central venous catheters, including appropriate infection control, via a program developed by Dr. Curt Sessler, Medical Director of the Medical Respiratory ICU.

Across all ICUs at VCU Medical Center, we have seen a 56% reduction in hospital-acquired infections. In the three largest adult ICUs (Medical Respiratory, Surgical/Neuroscience ICUs), there was a 71% reduction in central line associated bloodstream infections, and a 71% reduction in ventilator-associated pneumonia. There was also a 72% reduction in infections due to methicillin-resistant Staphylococcus aureus (MRSA). For 2006, this translated into the avoidance of over 100 infections in these three ICUs, 19 saved lives and a cost savings of $3 million.

Submitted by Michael Edmond, MD, MPH, MPA
Professor of Internal Medicine, Epidemiology and Community Health
Associate Chair for Education, Department of Internal Medicine
Hospital Epidemiology & Medical Director of Performance Improvement, VCUMC

Chief Residents (continued from page one)

Dr. Dragoljepovic is interested in the arts and enjoys photography as a personal hobby. He also participates in triathlons, gardening, cooking and enjoys the variety of activities surrounding Richmond. He is looking forward to the educational and teaching opportunities surrounding his chief year.

Michael Stevens, M.D.
R.A. College of Charleston, 1999, M.D., Virginia Commonwealth University, 2004

Dr. Stevens studied history as an undergraduate, where he became interested in issues of social disparity, especially as they pertain to healthcare. He has explored these issues via work in South Africa, Madagascar, Kenya and Honduras. He will pursue fellowship training in Infectious Diseases following his chief resident year.

Dr. Stevens is married to his beautiful Honduran wife, Lillian, who is pursuing her PhD in clinical psychology at VCU. He and Lillian have spent time in Honduras doing medical relief work together and hope to eventually construct a long-term, sustainable health project in this country. Additionally, Dr. Stevens enjoys photography and playing basketball. He is very much looking forward to his chief resident year.
Internal Medicine House Calls Program Serves 5000 Housebound Virginians

Since 1984, VCU House Calls has grown to include 250 active cases and served nearly 5,000 homebound Virginians. This places it third in longevity among academic house call programs. A medical office on wheels serving immobile patients who can’t come to clinic, it offers access, continuity and timely response to acute illness. Reduced ER and hospital use, shortened length of stay and improved satisfaction have been shown.

One of the first JCAHO-accredited programs (1997), we have a superior record of quality improvement and clinical excellence and manage widely varied, complex medical and social problems. Each year, all M2 students (190), all medicine interns and other learners see home-based medical care in action with our staff. Core clinicians are physicians Linda Abbey and Rachel Selby-Penczak; nurse practitioners Ruth Wiese, Beth Hurangate, Cathy Smajgelski, Tammy Krukiel, and Brooke Rogers; and social worker John Walters. This year we welcome part-time physician Elias Demez. Some clinicians work in other areas including short-term post-acute home care (Transitional Care), highlighted in an abstract at the 2007 UHC annual meeting with 70 percent lower hospital costs. Office staff is: Shirley Beavers, Bob Usher, Tracy Wright, education coordinator Beth Meyers and Geriatric Services administrator Jay Holdren, they support House Calls, Long Term Care and other VCU Geriatrics services (ambulatory care, inpatient consults).

We had an important role in the 1998 push to increase Medicare payment for home visits and are also proud of major awards (Leonard Tow from VCU for Linda Abbey in 2005 and Nascher-Manning from the American Geriatrics Society for Peter Boling in 2000), and publication of dozens of abstracts and papers, three book chapters, and one book.

Contributed by Peter A. Boling, MD
Medical Director, House Calls Program
Director, Geriatrics Section
Interim Chair, Division of General Medicine

Introducing Our Chief Residents For 2007–08

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