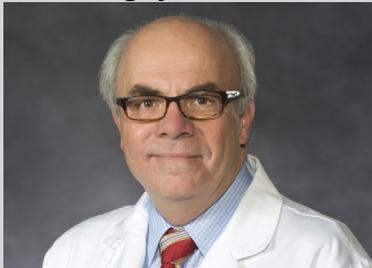


Progress Notes

A Quarterly Publication of the Department of Internal Medicine

Message from the Chair



John E. Nestler, M.D., Department Chair Medicine is the most noble of professions. It is truly a calling and an immensely rewarding vocation. However, I worry about today's trainees and their experiences. Recent studies indicate a high incidence of depression and burnout among medical residents.

On the surface, this seems unusual. We who are long in the tooth remember when there were no duty hour restrictions, when on-call rooms in the hospital were our second homes, and when feedback from professors could sting. One would think the present-day training experience would be less stressful, and that job satisfaction should be higher.

I suspect that the problem lies not with these issues, but with the increasingly limited time that trainees get to spend with patients and think about and discuss clinical disorders. Today's trainees spend an inordinate amount of time on the computer, need to tend to numerous documentation requirements, and, because of the high volume of admissions and the pressure to process and discharge patients, spend less face-to-face time with their patients. The time for discussion on attending rounds is truncated, and discussions of the roles of physiology and pathophysiology in human disease are fewer. Undoubtedly these are not the only issues facing our trainees (as well as faculty), but nevertheless they result in diminished work satisfaction.

Is this state of affairs irrevocable? Certainly not. The pendulum that swings too much in one direction then swings back. I suspect that, with time, technology itself will provide solutions to the *(continued on page 2)*



The DOIM Celebration of Excellence honored the achievements of the department's assistant and associate professors *Page 2*



Sherry Boyett, clinical research coordinator, shared her bond with patients during fatty liver studies *Page 6*



Nocturnist Dr. Jawad Al-Khafaji explained the practice of medicine occurring overnight *Page 5*



The hospitalist program increased its leadership opportunities, scholarly pursuits, clinical care opportunities and number of faculty *Page 3*

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Message from the Department Chair, *continued*

computer and documentation concerns. Training in resiliency and self-reflection will increasingly be incorporated into training programs, including our own, to equip trainees with the skills necessary to deal with life-work balance and the ever-changing challenges and demands of clinical practice.

As a department and as faculty, how should we address the situation? As a department, we are piloting a program to bring science back to the bedside. Select trainees and faculty participate in an off-site, week-long, full-immersion experience, conducting basic science experiments and relating those to clinical disorders. Participants return enthused to connect what they have learned to case discussions.

As faculty, each of us can vigilantly make attending rounds instructive and inspiring. By our examples, trainees can learn the importance and satisfaction of spending time at the bedside, establishing a relationship with patients and learning from them.

That is our calling as academic physicians. To not only teach and care for the sick, but to serve as inspiring role models for our trainees as well. As training progresses, trainees will discover how rewarding a career in Medicine is. It is our duty, throughout this evolutionary process, to serve as their reassuring guides, to bolster them and to help them see that bright light at the end of the tunnel. **IM**

DOIM Celebration of Excellence Honors Scholarship, Teaching and Research Achievements

More than 200 faculty and guests attended a Celebration of Excellence hosted by the Department of Internal Medicine on March 18. The fete, championed by the department chair, Dr. John Nestler, and spearheaded by associate chair for faculty development, Dr. Betsy Ripley, and associate chair for education, Dr. Stephanie Call, took place at The Jefferson Hotel. It honored more than 30 assistant and associate professors who have excelled in the categories of scholarship, teaching and research.

Dr. Nestler opened the program by welcoming the attendees and saying, "Over the last couple of years we have honored our master clinicians in various venues, but we have not had the opportunity to celebrate our academic achievements, and that is what I'd like to do tonight."

Honorees in the scholarship category were clinician educators nominated by their division chairs. Publications, abstract presentations, posters and other presentations from the past 18 months were all considered as candidates were reviewed. Ultimately, 11 physicians received Distinguished Scholarship Awards:

Dr. José Huizar and Dr. Jordana Kron
Division of Cardiology

Dr. Stéphanie Mayer
Division of Endocrinology and Metabolism

Dr. Mohammad Siddiqui
Division of Gastroenterology, Hepatology and Nutrition

Dr. Steven Bishop and Dr. Reena Hemrajani
Division of General Internal Medicine

Dr. Amir Toor
Division of Hematology, Oncology and Palliative Care

Dr. Michael Stevens
Division of Infectious Diseases

Dr. Daniel Carl and Dr. Gaurav Gupta
Division of Nephrology

Dr. Daniel Grinnan
Division of Pulmonary Disease and Critical Care Medicine

Honorees in the teaching category were selected by Dr. Call, who considered student, resident and fellow evaluations and her discussions with division chairs and fellowship program directors. Candidates were recognized for going above and beyond expectations in their teaching. There were 16 physicians who received Distinguished Teaching Awards:

Dr. Phoebe Ashley and Dr. Roshanak Markley
Division of Cardiology

(Continued on page 3)



The 33 honorees and event organizers Dr. Ghosh, Dr. Ripley, Dr. Call and Dr. Nestler posed at the end of the awards program

Dr. Lori Sweeney
Division of Endocrinology and Metabolism

Dr. George Smallfield, III and Dr. Tilak Shah
Division of Gastroenterology, Hepatology and Nutrition

Dr. Jawad Al-Khafaji and Dr. Dennis Wixted
Division of General Internal Medicine

Dr. Sarah Hobgood
Division of Geriatric Medicine

Dr. Danielle Shafer and Dr. Danielle Noreika
Division of Hematology, Oncology and Palliative Care

Dr. Julie Reznicek
Division of Infectious Diseases

Dr. Jason Kidd
Division of Nephrology

Dr. Thomas Iden and Dr. Sammy Pedram
Division of Pulmonary Disease and Critical Care Medicine

Dr. Brant Ward and Dr. Huzaefah Syed
Division of Rheumatology, Allergy and Immunology

Honorees in the research category were selected based on the federal (primarily NIH) grants they had received in the past 18 months. Dr. Shoba Ghosh presented the Distinguished Research Award and said, "With funding levels so low it is a remarkable achievement by these faculty members to obtain federal funding. Funding rates are in the low single digits to 10 percent at the top. It is a real achievement, and I'm glad to recognize our researchers for it." There were six physicians who received Distinguished Research Awards:

Dr. Fadi Salloum and Dr. Keyur Shah
Division of Cardiology

Dr. Jasmohan Bajaj and Dr. Puneet Puri
Division of Gastroenterology, Hepatology and Nutrition

Dr. Larisa Litovchick
Division of Hematology, Oncology and Palliative Care

Dr. Aamer Syed
Division of Pulmonary Disease and Critical Care Medicine

Each honoree received a plaque and \$5,000 in a professional account to fund professional activities. Dr. Nestler explained that the surprise \$5,000 award could be used for research, attending professional meetings, joining professional societies or anything else, as long as it fits within VCU and the School of Medicine's guidelines. To encourage the recipients to not save the money indefinitely, it had to be used within the next three years.

Following the awards program, guests enjoyed cocktails and hors d'oeuvres, while catching up with colleagues and friends. A band had guests tapping their feet as well as out on the dance floor. **IM**



Hospital Medicine Program Expands Clinical Care, Academic Pursuits and Leadership Opportunities

Hospital medicine is not what it was once perceived as – a role to bide time until one's fellowship. This is especially true at the VCU Medical Center. VCU's hospital medicine physicians follow a patient through his or her hospital stay, separate from physicians who follow the patient in the clinic. This structure makes the hospitalists more available to the nurses, patients and family and to respond to the acute issues that arise during the day. Hospital medicine is a young specialty, but for residents who are comfortable with inpatient medicine, it is a desirable career opportunity. The program's team is invested in hospital medicine as a career and strives to establish hospital medicine as a specialty that is focused on quality care, strong transitions of care, and teaching about safety and quality as it pertains to inpatient care. Members of the program appear to be satisfied, based on the

program's remarkably low turnover of 6 percent. Compare that with turnover for a community medical center nationwide, which is 25 percent, and for an academic medical center the size of the VCU Medical Center, which is 17 percent.

The hospitalist program has expanded and evolved since its inception in 1999 when there were two hospital medicine physicians. Currently, the program includes six teams of hospital medicine physicians and nurse practitioners, as well as a hospitalist in the emergency room, a consultative medicine team, a number of admitters on duty throughout the day and an additional two hospital medicine physicians on duty at night. Hospitalists are also code-team leaders, and at least one faculty member attends all codes that happen outside of the ICU.

(Continued on page 4)

The hospitalist program handles 50 percent of the VCU Medical Center's inpatient general medicine population. The physicians practice consultative medicine for all non-medicine services such as surgery, psychiatry, rehabilitation and obstetrics and gynecology.

VCU's hospitalists are Internal Medicine specialists trained in inpatient medicine. The program has a total of 37 physicians and 10 nurse practitioners and will be expanding to 46 physicians and 15 nurse practitioners this July. A seventh hospitalist team will be added, and the program will begin to offer a procedural medicine consult service as well.

Through the years, the hospital medicine program has become actively involved in teaching. The consultative medicine curriculum provides an opportunity for the hospitalists to teach to their strengths. There has also been expansion from teaching at just the resident level to teaching at the school of medicine level. There are 14 hospitalist faculty members who are small group leaders for the "Practice of Clinical Medicine," a two-year longitudinal course in the school of medicine. There are six faculty members who are preceptors for the "Practice of Clinical Medicine," and eight faculty members who are heart advisors for the school of medicine. Hospitalists are now teaching students in every year of medical school, nurse practitioner students, interns on consultations, second years on ward rounds and third year residents in the "Transition to Practice" elective. Next year the program will be expanding into the Advance Practice Provider Fellowship, so hospitalists will teach nurse practitioner fellows too.

Leadership opportunities in teaching have increased as well. There are four faculty members who are core educators for the residency program, two faculty members who are associate program directors for the residency program, and one faculty member who is the head of the acting internship for internal medicine as well as co-director of the entire acting internship program for the school of medicine. Another faculty member is one of the course directors for the "Practice of Clinical Medicine" course. Starting next year, the program will have another faculty member taking on the other half of that course director position. The program also has several faculty members taking part in the "Teaching in Medicine" certificate series. More than a dozen faculty members have also attended the Academic Hospitalist Academy that is put on by the Society of Hospital Medicine.

When Dr. Shin-Ping Tu became chair of the Division of General Internal Medicine two years ago, she empowered the hospitalists to become involved in scholarly work, with the full support of Department Chair, Dr. John Nestler. Dr. Tu provided guidance and resources, and she advocated for the division to hire a biostatistician and a research coordinator to support scholarly efforts and better enable research publishing. Since then, the program has seen tremendous growth in the number of presentations and abstracts that are shared at regional and national meetings. More hospitalists are publishing work, and the program's academic presence has expanded.

When the hospitalists transitioned from the strictly clinical side into the academic world, the addition of teaching and scholarly endeavors to the clinical practice of medicine had an added benefit for the hospitalists: It helped combat burnout. Burnout can occur for many physicians because of the need for constant acuity while working long hours, nights, weekends and holidays. The hospitalist program has worked to counter this burnout by structuring the role so that hospitalists are sometimes rounding and can focus on that work. Other times they are admitting patients, which uses a different part of the brain. Sometimes hospitalists are teaching, working on a presentation or writing. Sometimes they are

partnered with a nurse practitioner, and other times they work alone. The variety of roles performed within the position help keep things fresh for the hospitalists.

The VCU Health System made readmissions an institutional priority, and this is a quality improvement (QI) opportunity that the hospitalist program is actively working on. Members of the hospitalist program have been exploring quality improvement opportunities at both

the resident and health system levels. There are three faculty members, including the chief medical information officer, who are heavily engaged in quality improvement. The program is evaluating COPD readmissions and has reviewed heart failure and diabetes readmissions as well.

Dr. Heather Masters is the director of the hospitalist program. She is also the associate chief medical officer for clinical operations, the section chief of hospital medicine and an assistant professor. When asked about what she would like to see the hospitalist program accomplish in the future, she said,

"I'd love to see continued growth in the quality improvement space. I'd like to continue to see growth in leadership opportunities, both in the educational sphere and in the health system sphere. ... we touch so many avenues and we cover such a large spectrum of the patient's stay from the emergency department through discharge. It gives us a unique perspective to bring to leadership positions."

Dr. Masters also plans to start a hospital medicine fellowship program, for she knows that many residents are interested in this specialty. **IM**



VCU DOIM hospitalists attended the Society of Hospital Medicine meeting in March 2015 and presented more than 16 clinical and research abstracts

Nocturnist Program Brings Teaching Opportunities and Patient Support at Night

In order to provide the highest level of patient care, the leadership of the VCU Department of Internal Medicine (DOIM) realized the importance of adapting where and when it is needed. In the 2000s data began to show that hospitals that were not appropriately staffed during nights and weekends, or staffed by only new interns or residents, had worse clinical outcomes during the nights and weekends than during the day. One study published in the Journal of the American Medical Association (JAMA) in 2008 looked at survival rates of patients who had cardiac arrests during the day compared with the night or weekends. The study found that, "Survival rates from in-hospital cardiac arrest are lower during nights and weekends, even when adjusted for potentially confounding patient, event, and hospital characteristics" (JAMA. 2008;299(7):785-792). Other studies concluded with similar outcomes for night and weekend patients without an added layer of supervision.



Nocturnists Dr. Jawad Al-Khafaji and his colleagues are working hard to create a stimulating night curriculum

In 2012 the DOIM addressed the need for additional support and supervision for medicine teams. It began a program, featuring two "nocturnists," with a primary goal of covering medical teams at night when residents were off-duty and, whenever needed, supporting on-duty residents with patient care. The role has since evolved to include four full-time, dedicated nocturnists broken into two teams of two that alternate coverage every other week. The nocturnists provide direct support, guidance and supervision for residents and interns during regular weeknights. They focus on education and teaching during all weeknights when residents and interns are present and develop an evening teaching curriculum.

The nocturnist model used by VCU is uniquely innovative. It provides direct supervision, guidance, teaching and improved patient care and safety outcomes.

They provide direct patient care during the weekend nights when residents and interns are off duty. Each team of nocturnists covers five medicine teams, as well as digestive health, hematology and oncology services. The nocturnists work to improve the quality and safety of patient care by adding an extra level of senior supervision.

Some of the original nocturnists have transitioned to pursue fellowships or other positions, and some remain four years later. Overall, three nocturnists have transitioned to other careers since 2012, and there are three current nocturnists, Dr. Jawad Al-Khafaji, Dr. Vikas Kothapalli and Dr. John Le. The program is actively recruiting a fourth full-time nocturnist.

Dr. Al-Khafaji, one of the three current nocturnists, joined the program in July 2014. Since then he has worked on restructuring the nocturnists and "night float" curriculum. New changes include how night float senior residents and interns always work together and take days off together -- as opposed to alternating days off, which resulted in some nights with only interns and other nights with only residents working under the nocturnists' supervision. This restructuring has created and boosted an impressive educational environment in which residents and interns always work together as a team, and it has improved the quality of feedback between interns and residents, and with the nocturnists. Along with improving work dynamics, this model of continuity has also created more time for the nocturnists to capitalize on teaching opportunities and guide the senior residents in assuming their teaching and leadership roles.

The nocturnist model used by VCU is uniquely innovative. It provides direct supervision, guidance, teaching and improved patient care and safety outcomes. During a shift, nocturnists may see anywhere from 2 to 6 admissions, in addition to seeing and rounding on the different patients on the floor who require attention.

Cross-coverage during weekend nights range from 40 to 55 patients. During weeknights residents typically do the cross-coverage while nocturnists supervise, tend to the sicker patients, and teach. In addition to providing specific teaching curriculum focusing on common medical issues that arise overnight, the program is also implementing a safe hand-off procedure (IPASS) to improve hand-off of patients between day and night residents, thereby improving patient care and safety.

Though the role of nocturnist is a challenging one, it seems that for the right person it can be the perfect fit. Dr. Al-Khafaji said, "The academic nocturnist role provides me exactly with what I enjoy doing, which is creating an educational environment and being involved in the training of residents and medical students." He went on to say that the nocturnist role has allowed him to mirror the complexity of the daytime environment

in a way more pertinent to night medicine. He said that many have called the night shift the "graveyard shift", and this is exactly what he and his colleagues are working to change at VCU. He elaborated,

"Night shifts in VCU Health won't be described as such, I want the night curriculum to mirror the daytime educational environment (making it full of mind-stimulating activities), and this is already happening. I will continue to pursue this goal until the night float program is fully developed and until the night float rotation is no longer considered just a "float" rotation where residents cross-cover patients briefly until their "primary day teams" come back in the morning."

Dr. Al-Khafaji and his colleagues believe it is important to create a culture in which night shifts are a continuation of day shifts. The program's participants recognize that night coverage happens with fewer residents and attendings

compared to day rotations, and that there are some differences between night medicine and day medicine. Sleep apnea (and associated respiratory failure in high risk patients) and delirium (with its broad differential diagnosis), are two examples of common medical condition that occurs more often at night than during the day. But overall the theme of assuming ownership of those patients during the night is what the nocturnist program wants to continue to emphasize. The nocturnist program is working to create and refine a comprehensive night curriculum, which is a continuation of the day curriculum, with great focus on education, supervision, and patient care and safety.

The nocturnists feel thoroughly supported by the DOIM's leadership in their unique program. From DOIM chair Dr. John Nestler, to the chair of the Division of General Internal Medicine, Dr. Shin-Ping Tu, nocturnists feel as though they can request resources and work through challenges, knowing that they will be given tools and guidance. Dr. Stephanie Call, the program director of internal medicine residency, has provided support by meeting regularly with the nocturnists to discuss all aspects of the night curriculum. They are collaborating to improve residents' education and overnight patient care. Dr. J. Christian Barrett, the associate chair of clinical affairs, has been working to ensure full overnight staffing of nocturnists and to improve the curriculum.

Thus far the program has been well received. Feedback shows that residents love the support they have from their assigned nocturnists, and that they enjoy the presence of the nocturnists during night shifts, as well as the teaching environment created by the curriculum. The curriculum was designed to provide both the residents and nocturnists with a great level of satisfaction in what they do. The program creates a safe environment for patient care through that extra level of night supervision from the nocturnists. **IM**

Sherry Boyett has Patients' Best Interests at the Forefront of Her Mind

This May, Sherry Boyett, RN, BSN, CCRP will mark her ninth anniversary as a clinical research coordinator for the Division of Gastroenterology, Hepatology and Nutrition. In this role, Sherry serves as the point person communicating among patients, principal investigators and sponsors and is responsible for overseeing the fatty liver studies being conducted by the division. Sherry has an inquisitive nature and finds fulfillment in her role gathering information and knowledge in many forms. From reviewing protocols and budget requirements -- in order to determine whether studies can feasibly be performed in the division's facility -- to screening patients, taking their histories, and explaining research studies to determine patient interest in participation, Sherry coordinates all of the details that go into a research study. Sherry is also the lead coordinator for the NASH Clinical Research Network sponsored by the NIH and works with coordinators from other sites around the U.S. to troubleshoot shared issues.

The research pipeline changes very quickly. Sometimes protocols change from week to week, and research coordinators must keep up with those changes. As a result of their subject matter expertise, Sherry and her colleagues answer 90 percent of the questions patients have on the studies. Sherry provides information, walks patients step-by-step through the studies, sends and tracks forms, arranges for patients to come in for the studies, gathers information and captures it in the electronic data system. She relays information to the physicians conducting the studies and serves as a liaison between the patients and the physicians. She meets with patients at each step of the study process and sees them every visit, ultimately "touching" 95 percent of every fatty liver study. Sherry is quick to point out that research is not treating people like guinea pigs, and research coordinators are patient advocates who have patients' best interests at the forefront of everything they do.

Originally from Mechanicsville, Sherry worked as a nurse in the neonatal ICU in the Army, and after leaving the Army, she worked in Florida. When she later returned to Richmond, Sherry became a dialysis nurse before applying for the position of research coordinator that a fellow coordinator in the division, her high school friend, recommended to her.

Sherry works closely with Dr. Velimir Luketic, Dr. Puneet Puri, Dr. Arun Sanyal and Dr. Mohammad Siddiqui, as well as other physicians in the division who are principal investigators for fatty liver studies. Sherry enjoys her interactions with the investigators, particularly Dr. Siddiqui, who bounces ideas off of her and keeps her on her toes with his pranks and jokes. Sherry also works closely on a daily basis with the division's 12 other research coordinators, including Jolene Schlosser and Donna McMillion, with whom she shares an office. The coordinators share ideas, ask and answer questions and help with each other's patients when necessary.

Over the past nine years, Sherry has seen the implementation of more technology in the division. Two of the biggest changes are the new gadgets, including FibroScan and BreathID, both of which are relatively non-invasive. FibroScan is a small probe used to calculate how stiff the liver is and how much fat it contains, without the need for an initial biopsy. BreathID sits with a cannula in a patient's nose for an hour and measures how the liver is functioning. These tests help



Sherry Boyett has been with the Division of Gastroenterology, Hepatology and Nutrition as a clinical research coordinator for nine years as of this May

researchers collect frequent, accurate data without causing patients a great deal of pain or time away from their lives.

Sherry manages the often tight deadlines within a study with the variables of patients' and physicians' changing schedules. Fortunately, she works well under pressure, because she is organized and detail oriented. To recharge from the stresses of her job, Sherry uses her Wednesday evening Bible study, a group filled with supportive, caring women from her church.

Sherry feels she was shaped into the person she is today by her grandmother, who raised her alongside her grandfather, and Dottie Bleck, her section chief when Sherry was a nurse in the military. Her grandmother was incredibly supportive of her pursuing her goals and encouraged her to work hard and find a way to go to college. Though they were on a fixed income, her grandparents provided for Sherry whenever scholarships failed to fully cover her college needs. Dottie Bleck, Sherry's mentor in the military, helped her grow into the role of head nurse. Bleck taught her how to be a good leader and how to be confident but not arrogant. Sherry had been corrected many times by Bleck but had ultimately learned so much from her.

Sherry is happiest when she is with her two sons, who are in their 20s, and her dog, Fudge. Sherry enjoys spending time at the beach and fishing as ways to relax. She has an eclectic taste in music that ranges from Zydeco to jazz, to the John Butler Trio. **IM**

Welcome to Our Faculty

Hannah M. Lee, M.D. joined the Division of Gastroenterology, Hepatology and Nutrition in February as an assistant professor and clinical educator. Dr. Lee comes to the DOIM from Tufts Medical Center in Boston, Massachusetts. There Dr. Lee served as a staff physician, was an assistant professor of medicine, director of the Asian Pacific Liver Health Clinic, co-director of the Liver Tumor Clinic, and director of the Hepatology Program.

Update from the Associate Chair for Clinical Operations

Medical directors from the department's various inpatient services have been meeting monthly since November 2015 to improve our communication and coordination across services. These individuals, with their division leadership and dividers, should be communicating important information from the health system and the department regarding inpatient care matters. Please do not hesitate to bring your questions and/or concerns about inpatient services to the attention of any of these individuals or myself.

Current attendees have included the following individuals:

Department: Christian Barrett, Stephanie Call, and Sarah Hartigan
Cardiology: Hem Bhardwaj
CHF: Richard Cooke
CICU: Michael Kontos
Hospital Medicine: Heather Masters
Housestaff Services: Stephanie Call
MRICU: Curt Sessler and Kristin Miller
Oncology and Hematology: Brent Perkins
Palliative Care: Danielle Noreika

Look for changes throughout the summer and fall as the hospital redistributes beds for the services. This process has already begun with the relocation of Radiology and Nephrology services from North 6 and Digestive Health from North 5. These two units will be reopened in 2016 as inpatient units for acute medicine patients. Additional realignments throughout the system will result in the following:

1. More beds assigned for acute medicine patients
2. Consolidation of medicine beds in fewer nursing units
3. Increased step-down capacity for internal medicine patients

These changes are large strides toward achieving the department's goal of being a unit-based care model and toward inter-departmental disease-based geographic alignment. These changes will also afford an opportunity to work with our interdisciplinary colleagues to hopefully increase collaborative support with pharmacy and care coordination. Collectively, these changes should improve our workflow, care delivery and patient safety.

This is exciting progress with more changes certainly to follow as 2016 continues.



J. Christian Barrett, M.D.
Associate Chair for Clinical Operations

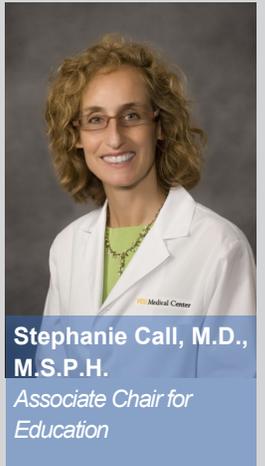
J. Christian Barrett, M.D.,
Associate Chair for Clinical Operations
Associate Chair of Clinical Affairs
Director, Central Virginia Center for Coagulation Disorders
Department of Internal Medicine

Update from the Associate Chair for Education

Spring is an exciting time for the educational activities of the Department of Internal Medicine. Congratulations to the 35 students who placed in fantastic categorical Internal Medicine programs across the nation! This represents approximately 17 percent of the graduating class. In addition, congratulations to our core program for recruiting 31 categorical interns, 20 preliminary medicine interns and six combined program interns (med-peds and EM-IM). These individuals, including 12 students from our school, come from 33 different institutions. Board scores, AOA percentages and average class rank for our Incoming categorical training program are higher than any previous class.

The current Internal Medicine resident trainees and fellows have also been busy presenting their scholarship around the country at national meetings on pulmonary medicine, gastroenterology, international health, cardiology and many more areas. Our trainees are supported in these efforts by their faculty mentors and by funding from our Department of Internal Medicine Scholarship fund. Trainees submit for this funding upon acceptance and are awarded funds for travel and presentation after approval by a scholarly funding committee. Several of our trainees presented work at the State ACP Associates day meeting on March 3 in Charlottesville, Virginia, including Derick Jenkins (R3), who won a first place award for his oral clinical vignette, and Liz Sonntag (R3), who won second place in research presentations. In addition, Dr. Phoebe Ashley received the ACP academic teaching award.

Our Internal Medicine second-year residents participated in the annual second-year resident teaching retreat this past February. The department is fortunate to now have two Stanford Faculty Development Center trained faculty members, Dr. Reena Hemrajani (trained in October of 2015) and Dr. Stephanie Call. Notably, Drs. Call and Hemrajani have set the standard for "resident as teacher" training and are now providing this training across the institution. Once again, our departmental programs have become the model for the institution.



Stephanie Call, M.D., M.S.P.H.
Associate Chair for Education

Stephanie Call, M.D., M.S.P.H.
Associate Chair for Education
Director, Internal Medicine Training Program
Department of Internal Medicine

Congratulations to DOIM Faculty Members on Their Achievements



Dr. Jasmohan S. Bajaj, an associate professor in the Division of Gastroenterology, Hepatology and Nutrition has been accepted as a member of the American Society for Clinical Investigation (ASCI). He will be inducted into the society on Friday, April 15 at the 2016 ASCI/AAP Joint Meeting.



Dr. Pablo E. Bedoya, an assistant professor and hospitalist in the Division of General Internal Medicine, has received a grant from the Virginia Center on Aging at VCU. Dr. Bedoya has been approved for \$17,720 in funding for the 2015-2016 fiscal year by the Geriatric Training and Education (GTE) initiative.



Dr. Arun J. Sanyal, the Charles Caravati Professor of Medicine in the Division of Gastroenterology, Hepatology and Nutrition, has been elected as a member of the Association of American Physicians (AAP). He will be inducted at the annual AAP dinner in Chicago on Saturday, April 16, 2016.



Dr. Lawrence B. Schwartz, the Charles and Evelyn Thomas Professor of Medicine, chair of the Division of Rheumatology, Allergy and Immunology, and program director of allergy and immunology has received a 2016 Outstanding Faculty Award sponsored by the State Council of Higher Education for Virginia (SCHEV). The award recognizes excellence in teaching, research, knowledge integration and public service.



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Thank you for reading.

For more information about the **Department of Internal Medicine**, please visit us online at:

www.intmed.vcu.edu