

MEDICINE

NEWS FROM THE DEPARTMENT OF MEDICINE

MATTERS

OCTOBER 2020

 **UVA Health** | DEPARTMENT OF MEDICINE

MISSION

We are dedicated to preventing disease and treating illness, educating and inspiring future leaders in the field of internal medicine, and supporting innovative biomedical research.

VALUES

We strive for a sense of community, connection, and synergy among all faculty, staff, and trainees.

PLEDGE

We will conform to the highest ethical standards, uphold the values of our partner organizations, and give back to our community through public service.



MESSAGE FROM THE CHAIR



This month our focus is on the largest Division in the Department of Medicine. The Division of General Medicine, Geriatrics, Palliative Care and Hospital Medicine is led by Dr. Mo Nadkarni as well as Section Chiefs: Dr. Stewart Babbott (General Medicine), Dr. Justin Mutter (Geriatrics), Dr. Leslie Blackhall (Palliative Care), and Dr. Paul Helgerson (Hospital Medicine). As you will read, this diverse and vibrant Division is involved in nearly every aspect of the Department and is especially critical in our educational and clinical missions. However, over the past few years, the Division has also excelled in scholarly activities as evidenced by their strong publication record. Perhaps, most striking is the dedication and laser focus on the needs of our patients and communities and this Division leads by example. From the work of Dr. Amy Salerno

in Wise, Virginia, the work of Dr. Preston Reynolds in the local prison population, the pioneering work of Dr. Laurie Archbald-Pannone in geriatric care during the COVID-19 pandemic, it is clear that this group is the ultimate model of compassion, caring, and dedication. The examples of this are myriad and too numerous to list. I am so proud to work alongside faculty with such dedication to the highest ideals of our profession. I hope you will take some time to read about their contributions and excellence in this edition.

With best wishes,

Mitchell H. Rosner, MD, MACP
Henry B. Mulholland Professor of Medicine
Chair, Department of Medicine

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DOM FINANCIAL UPDATE

Department of Medicine Summary of Consolidated Financials FY21 as of August 31, 2020

	Budget YTD	Actual YTD	\$ Variance YTD
Work RVUs	141,925	143,290	1,365
Clinical Receipts (NPSR)	9,462,599	9,345,264	(117,335)
Total Revenues	35,665,212	31,491,304	(4,173,908)
Total Expenditures	32,100,390	29,677,430	2,422,960
Net Income	3,564,822	1,813,874	(1,750,948)

Summary Explanation of Variance:

For the fiscal year through August 31, 2020 DOM posted a consolidated net surplus of \$1.8M and an unfavorable variance to net budget surplus of \$1.8M. Clinical revenues underperformed budget due to lower than anticipated Indigent Care revenue and less Medical Center support (MOU). Non-clinical revenues underperformed budget driven by FY20 clinical deficit support and reduced Medical Center support (Funds Flow). Non-grant personnel expenditures outperformed budget driven by the impact of financial mitigation efforts.

Welcome To The World



Congratulations to Andrew and Emily Bigelow on the birth of their beautiful daughter Harper Ilene born September 1, 2020.



Congratulations to Alex Jepsen and his wife Allison who welcomed son Colin born September 22, 2020.



Did you know that DOM has a Twitter account? Follow us here.

DOM UPDATES & NOTES



Harriet King, MD



Ryan Sessums, MD



Mohammed Shwetar, MD



Anna Van Venrooy, MD



Athidi Earasi, MD



Maria Geba, MD



Sami Ibrahim, MD



Doug Sawch, MD



Rebecca Corey, MD



Alex Levit, MD



Merry Ellen Barnett, MD



Sean Kearns, MD



Matt Miller, MD

Congratulations to Internal Medicine residents **Harriet King, Ryan Sessums, Mohammed Shwetar, and Anna Van Venrooy** who were nominated by students for the *Henry Harrison Wilson Everyday Humanism in Medicine Award*. This award is based on “appreciating and applauding positive examples of compassion and humanism in the clinical setting, and cultivates a culture where students, residents, fellows, and attendings exhibit compassion in day-to-day interactions.”

Congratulations to Internal Medicine residents selected to present abstracts at the *Virginia American College of Physicians* virtual meeting in October 2020:

Research Abstracts: **Athidi Earasi, Maria Geba, Sami Ibrahim and Doug Sawch**

Quality Improvement Projects: **Rebecca Corey and Alex Levit**

Clinical Vignette Competition: **Merry Ellen Barnett, Athidi Earasi, Sean Kearns, Harriet King, and Matt Miller**

Health Team Member Art Show on Exhibit



Find Beauty in the Middle of a Pandemic With the Health Team Member Art Show. The third Team Member Art Show is now on exhibit in the University Hospital lobby. Twelve team members have art on display in the show in a variety of media, including photography, pastels, pen and ink, and more. [Learn more on Connect.](#)

Parents, guardians, and caregivers: We've got resources to support you!



Attention parents, guardians, and caregivers: We've got resources to support you! UVA HR and the Provost's Office have created [Parent & Guardian Connections](#), a newsletter for UVA faculty, staff, and team members with school-aged children. The newsletter includes resources featuring education (school news, at-home learning tools, and childcare options), enrichment (extracurricular activities, programming, and creative projects), and engagement (community news, volunteer opportunities, and emotional support). Please share the newsletter broadly with your UVA colleagues.

New Director of the Beirne B. Carter Center for Immunology Appointment

By David S. Wilkes, MD



Coleen McNamara, MD

Congratulations to **Coleen McNamara, MD**, on her appointment as Director of the Beirne B. Carter Center for Immunology (“Carter Immunology Center,” or CIC), effective December 1, 2020. Dr. McNamara, Frances Myers Ball Professor of Cardiology and Molecular Physiology & Biological Physics is currently a member of the Cardiovascular Research Center.

Dr. McNamara is a physician-scientist with a long-standing interest in discovery science and translational medicine. She received her MD from the Medical College of Ohio and did her residency in Internal Medicine and clinical and research training in Cardiovascular Medicine at the University of Virginia. She joined the faculty at UVA in 1994, securing her first NIH grant as a K08 recipient, and has had uninterrupted NIH funding for her work with multiple R01 and P01 grants ever since.

Dr. McNamara has a long-standing passion for seeking novel ways to reduce the burden of coronary heart disease morbidity and mortality in humans. She is best known for her pioneering work on the role of immune cells in cardiovascular diseases with an emphasis on the role of B lymphocytes in atherosclerosis. Her laboratory has discovered novel genetic regulators and mechanisms in B lymphocytes in pre-clinical models and taken these discoveries into humans. Her lab utilizes high dimensional analysis of the immune system in humans for identification of targeted therapy approaches and novel biomarkers for precision medicine. Her laboratory is considered one of the leading laboratories in the world in the field of B cells and atherosclerosis. Along with colleagues in Boston, Stockholm, Vienna, and Cambridge, she was recently awarded a five-year Transatlantic Network of Excellence grant from the Leducq foundation.

She has served on multiple NIH study sections and as an advisor to the National Heart, Lung, and Blood Institute (NHLBI) Director of the Intramural program as a member of the NHLBI Board of Scientific Counselors. Among numerous other national and local awards, she is the recipient of the National Arteriosclerosis, Thrombosis, and Vascular Biology (ATVB) Mentor of Women Award, American Heart Association (AHA) Atherosclerosis Special Recognition Award and the AHA Russell Ross Memorial Lectureship. She serves in the leadership of the American Heart Association at the national level as a member of the ATVB Leadership Committee, Nominating Committee, and Irvine R. Page Junior Faculty Award Selection Committee (Chair). She has served on more than 20 graduate student dissertation committees and her lab has trained 20 graduate students and post-doctoral fellows. She is deputy editor of *Journal of the American College of Cardiology: Basic to Translational* and is on the editorial boards of *Arteriosclerosis, Thrombosis and Vascular Biology* and *Circulation Research*.

Dr. McNamara will succeed Thomas J. Braciale, MD, PhD, Alumni Professor of Pathology and Microbiology, who has served as the interim director of the Beirne B. Carter Center for Immunology Research since July 1, 2020. Dr. Braciale, who also was the founding director of the center in 1991, is an internationally renowned immunologist, whose research investigates the host immune response to virus infection of the respiratory tract. He is examining the role of the adaptive immune response in the clearance of both virus and virus-infected cells from the body, and the contribution of the immune response in producing injury during virus infection.

Please join me in thanking Dr. Braciale for his interim service and congratulating Dr. McNamara on her new role.

David S. Wilkes, MD
Dean, UVA School of Medicine
James Carroll Flippin Professor of Medical Science



12 Mental Health and Wellness Resources For You To Know About

DOM UPDATES & NOTES



The consolidated UVA Breast Care Center features rooms with lots of natural light.

Consolidated UVA Breast Care Center Slated to Open in October

UVA Health is scheduled to open a new Breast Care Center on October 12 located at 652 Peter Jefferson Parkway, Suite 200. With the assistance of telehealth, patients will be able to meet with their entire care team in a single clinic appointment, including surgical oncology, medical oncology, radiation oncology, physical medicine and rehabilitation, genetics, plastic surgery and radiology. Division of Hematology/Oncology providers Drs. Patrick Dillon, Christiana Brenin, Trish Millard and Advanced Practice Provider Mike Marshall will be seeing patients in the new location. See link for [More details here.](#)

Studies Opened Since August 1, 2020

Gastrointestinal Oncology

Primary Kunk, Paul

CRC: Mannen, Sallie

20-HSR200139 PHAR TAS-120-301

Stages: III; IV CT.GOV ID: NCT04093362

A phase 3, open-label, randomized study of futibatinib versus gemcitabine-cisplatin chemotherapy as first-line treatment of patients with advanced cholangiocarcinoma harboring FGFR2 gene rearrangements (FOENIX-CCA3)

Hematologic Malignancies

Primary Ballen, Karen

CRC: Leytham, Emily

20-HSR200133 ALeuk 001

Stages: Not specified CT.GOV ID: NCT04482894

Palliative Care Oncology in Relapsed, Refractory, and High-Risk Leukemia Patients: Randomized Phase II Study

Thoracic Oncology

Primary Hall, Richard

CRC: Hockenberry, Gracie

20-HSR200159 Other: National EA5181

Stages: III CT.GOV ID: NCT04092283

Randomized Phase III Trial of MEDI4736 (durvalumab) as Concurrent and Consolidative Therapy or Consolidative Therapy Alone for Unresectable Stage 3 NSCLC

A promotional banner for the 2021 Open Enrollment period. It features a woman with short blonde hair, wearing a grey blazer, standing with her arms crossed. The background is a blurred office setting. Overlaid on the left side is the text '2021 OPEN ENROLLMENT' in large, bold, orange and white letters. At the bottom, a dark blue banner contains the text 'Open Enrollment Starts October 5' and 'Take Action Now to be Prepared' in white.

**2021
OPEN
ENROLLMENT**

Open Enrollment Starts October 5
Take Action Now to be Prepared

DIVISION OF GENERAL MEDICINE - SPOTLIGHT

Division Chief Message - Dr Mohan Nadkarni



Mohan Nadkarni, MD

The Division of General, Geriatric, Palliative, and Hospital Medicine is the largest Division in the DOM with 82 faculty and staff working together to provide excellence in patient care, medical education, and research.

As highlighted in this newsletter, Faculty and Staff are highly active and engaged in a wide variety of activities that benefit our patients, students, and particularly vulnerable populations. With COVID challenges laying bare the inequities facing various populations, I am proud that many of our programs focus on addressing such inequities in health access in our local communities and beyond.

Highlighted in this issue are articles on clinical programs such as the GERIPAL program utilizing Telehealth to address COVID management at area nursing facilities led by Dr. Archbald-Pannone, a new multidisciplinary program for inpatient Hospice conversions for patients at the end of life too unstable to transfer home led by Dr. Blackhall and Jonathon Bartels, and a new hepatitis C screening and treatment program implemented at our

University Physician's Orange Practice led by Dr. Cavanaugh.

On the educational front, we highlight the Patient Student Partnership program pairing all medical students with their own patient from the beginning of medical school, which helps patients connect and helps students develop their professional identity led by Dr. Kon, the transformation of the Ambulatory Internal Medicine clerkship into the new "PACLAC" clerkship highlighted by Dr. Heald, and organization of the annual Recent Advances in Clinical Medicine Conference organized by Dr. Wolf. Two other essential programs that focus on addressing disparities in our local communities include the Community COVID Testing outreach program led by Drs. Salerno and Nadkarni as well the HEARR Program addressing rural communities' needs led by Dr. Reynolds. The challenges facing our patients, students, and faculties have never been greater. I stand in awe and gratitude for the dedicated work of our GMGPH faculty in creating and providing such a varied combination of helpful programs to help us meet these challenging times.

Mohan Nadkarni, MD



UVA Health

DIVISION OF GENERAL MEDICINE - SPOTLIGHT

WELCOME NEW HIRES

Jeannine Engel, MD FACP,
General Medicine

Nicole Meicke, NP, Palliative
Medicine

Katie Merrill, NP, Palliative
Medicine

Rebecca Mullan, MD, Geriatric
Medicine

Nathaniel Owens, NP,
Palliative Medicine

Bethany Payne, NP, Palliative
Medicine

Karen Starr, MD, Geriatric
Medicine



Congratulations to Maria Badaracco on the birth of Violet Madeleine Badaracco, born March 23, 2020.



Congratulations to Simon Lehtinen on the birth of Elliot Joseph Lehtinen, born August 22, 2020.



SUPPORT STAFF SHOWING DIVISIONAL PRIDE

FRONT ROW: Michelle Pottala (Finance), Christina Hamill (Operations Manager - Hospital, Geriatric, and Palliative Medicine), Jessica Proffit (Divisional Administrative Coordinator)

MIDDLE ROW: Shaun Wickline (General Medicine Administrative Support), Tammy Eubank (General Medicine Administrative Support)

BACK ROW: Ruth Aldridge (Grants Administration), Deb Burleigh (Research Support), Amanda Powell (General Medicine Administrative Support), Sonja Spradlin (Palliative Administrative Support), Travis Key (Hospitalist Administrative Support / Assistant to the Division Chief), Jamie Cannata (Research Support), Tiffany Powell (Operations Manager - General Medicine)

NOT PICTURED: Cindy Peery (General Medicine Administrative Support), Cyndi Smith-Power (Division Administrator), Lisa Stokes (Research Support)

POST-ACUTE AND LONG-TERM CARE IN THE TIME OF COVID-19



Laurie Archbald-Pannone, MD

By Laurie Archbald-Pannone

In March 2020, our geriatric team, led by Dr. Archbald-Pannone and including Dr. Mutter and Dr. Harris (Pulmonary/ Critical Care), was tasked by the health system to work closely with our regional post-acute and long-term care (PA/LTC) facilities in COVID-19 preparations. From this initiative, we have developed the UVA Geriatric engagement and resource integration for post-acute and long-term care facilities (GERI-PaL) team with COVID-19 prevention and response arms with an excellent inter-professional team. We have already have been successful in the creation, implementation, and publication of this initiative.

[COVID-19 Collaborative Model for an Academic Hospital and Long-Term Care Facilities](#)

[Rapid Telehealth-Centered Response to COVID-19 Outbreaks in Postacute and Long-Term Care Facilities](#)

[Does forgetting a name or word mean that I have dementia?](#)

Although the team is newly formed, we have already shown a record of excellent collaboration and dedication to the early dissemination of our work through the publication of our model and partnership with our state health department to serve as a model for the Commonwealth of Virginia.

Dr. Archbald-Pannone serves as Clinical Champion and Faculty Lead for the development and implementation of telemedicine consultation for residents in post-acute and long-term care facilities in response to the COVID-19 pandemic. We have implemented telemedicine consultation subspecialty services in eight of our local PA/LTC facilities and actively responded to multiple COVID-19 outbreaks, as well as shown decreased mortality and hospitalization rates among these vulnerable patients.

HOSPICE CONVERSIONS



Leslie Blackhall, MD

By Leslie Blackhall

Palliative Medicine has been working with Medical Center and SOM leadership in expanding inpatient hospice conversions as part of an effort to improve end of life care at UVA. This initiative seeks to provide increased support to patients and their family members in situations where death is imminent, and the patient is too unstable for transfer to home or another hospice facility.

Tammy Schlag and Jon Bartels have taken the lead as guides to ensure smooth transitions for these patients.

More than 30 patients have been converted to hospice while inpatient since June in addition to patients who are transferred to the Center for Acute Hospice Care at the TCH or discharged home with hospice. Areas eligible for conversion have been expanded to include the medical, cardiac, neurosurgical, surgical ICUs, and the entire 3rd floor. Expansion to include Heme-Onc is expected mid-October, with expansion to include the entire medical center by 2021. On July 29, a hospice unit was opened on 3S, and palliative care will officially take over the medical directorship of that unit in November. Two new palliative care NPs, Scott Owens and Nicole Meicke, will be starting in October to help run this unit and facilitate hospice discharges and conversions.



Jonathan Bartels

DIVISION OF GENERAL MEDICINE - CLINICAL HIGHLIGHTS

HEPATITIS C SCREENING AND TREATMENT PROGRAM - UNIVERSITY PHYSICIANS ORANGE



Brittany Cavanaugh, DO

By Brittany Cavanaugh

Faculty member, Brittany Cavanaugh D.O., is heading the new Hepatitis C screening and treatment program at University Physicians Orange. Brittany's interest in hepatology led her to complete the conference 'Hepatitis C treatment for Primary Care Providers' by the Virginia Department of Health, Rebecca Dillingham, MD, and Terry Knick, RN. She is working on a quality improvement project to analyze and improve Hepatitis C screening rates. Additionally, she is actively treating patients with Hepatitis C. When patients do not meet the criteria for primary care treatment usually in cases of cirrhosis or complicated medical history, they are referred to hepatology for treatment. She is looking forward to expanding the referrals for Hepatitis C treatment, but is currently only working with internal University Physicians Orange referrals.

YOU CAN HAVE BOTH: COACHING TO PROMOTE CLINICAL COMPETENCY AND PROFESSIONAL IDENTITY FORMATION



Rachel Kon, MD

By Rachel Kon

Applying a coaching model to undergraduate medical education is growing in popularity. Medical schools traditionally try to assign mentors and advisors to students to help with career development separate from the faculty that evaluate them in the curriculum, but this doesn't necessarily improve the performance of clinical skills. As part of their leadership roles in UME at UVA, Dr. Parsons, Dr. Plews-Ogan, and Dr. Kon have been applying a coaching model to their curriculum reform. They recently published their work to disseminate to others their model for applying coaching to professional identity formation and clinical skills development.

In [this paper](#), the authors begin by distinguishing coaching from other supervisory roles in medical education and argue that coaching is a critical tool to guide student development of clinical competency and professional identity. For example, they describe the novel, comprehensive clinical coaching program designed and implemented here at UVA: Foundations of Clinical Medicine (FCM). Dedicated physician coaches, many from the Division of General, Geriatric, Palliative, and Hospital Medicine, make up the core of FCM. These coaches work longitudinally with students, and through reflective dialogue, guide students to explore their emerging identity as physicians and to create meaningful learning plans using data from clinical assessments. The paper outlines how the structure of their curriculum has faculty coaches at the center of achieving professional identity formation and clinical competency goals.



Check Out Mindfulness Matters

A Newsletter from the UVA Mindfulness Center

DIVISION OF GENERAL MEDICINE - CLINICAL HIGHLIGHTS

COMMUNITY OUTREACH FOR COVID TESTING FOR VULNERABLE POPULATIONS



Mohan Nadkarni, MD

By Mo Nadkarni

Led by Drs. Amy Salerno (hospital medicine), Mo Nadkarni (General Internal Medicine), and Max Luna (Cardiology), the UVA health system, has initiated a program of community COVID testing designed to address health equity issues by improving access to COVID testing to vulnerable populations and communities of color. Staffed by volunteer M.D.'s, Nurses, Access staff, and others, over 3000 COVID tests have been provided to community members, many who face barriers to receiving testing and care on UVA grounds.

Community testing events occur four evenings per week via outdoor drive-through access. Two events are at fixed sites. Monday's at Church of the Incarnation is serving a Latinx population. And Tuesdays at Mt Zion First African Baptist Church is serving a primarily African American population.

Community requests and hotspots determine other events. Wrap around social services such as food, sanitizers, rent assistance, and education is provided as well in conjunction with multiple community partners. The positivity rates at events have varied from 3% to over 45%, with the Latinx population with the highest rates.

Volunteers for testing and results callbacks are still needed. Contact Mo Nadkarni for further details. Many thanks to so many who have already volunteered to provide this vital service to the community.

If you are able to volunteer, please visit the [sign-up link here](#).

HEARR: HEALTH EQUITY AND ACCESS IN RURAL REGIONS



P. Preston Reynolds, MD

By Preston Reynolds

HEARR, an acronym for Health Equity and Access in Rural Regions, is a community-based group that promotes access to medical care and infrastructure to achieve health equity for some 15,000 residents in the area connecting Southern Albemarle, Buckingham, Fluvanna, and Nelson counties.

HEARR was established over the past two years under the leadership of former Mayor Nancy Gill. As a founding member of the steering committee, it is exciting to share the work of our group. We have completed a regional health assessment under the direction of consultants, created a website, hosted several local health events, and launched a clean water initiative. Recently with funding from the GIDI (Global Infectious Disease Institute), we are conducting a 40-question survey to explore the impact of COVID and determine how to best address the health needs of the region, in collaboration with the local and state health departments and other regional partners, including the University of Virginia.

With funding from iThrive, we are expanding our work on access to clean water with testing of wells for lead and other contaminants in collaboration with faculty at UVA and Virginia Tech.

With the constraints of COVID, we are planning upcoming events that include community education about COVID, with testing, distribution of masks, and installation of sanitizing solution dispensers around Scottsville and at key businesses. Also, we are organizing events as part of the national take-a-hike month of November. Watch for more as HEARR is up and running!

[You can take the survey here](#).



DIVISION OF GENERAL MEDICINE - RESEARCH HIGHLIGHTS

CORONAVIRUS TELEHEALTH RESOURCE CENTERS

Laurie Archbald-Pannone

Funding: HRSA / CARES Act

Implementing telemedicine services for vulnerable populations including residents in Post-Acute and Long-Term Care facilities.

APPALACHIAN TELEMENTAL HEALTH INITIATIVE

Laurie Archbald-Pannone

Funding: DBHDS

Implementing telementoring programs to build collaboration with and disseminate education to staff in Post-Acute and Long-Term Care facilities.

ACT TRIAL: ALANYL-GLUTAMINE SUPPLEMENTATION FOR CLOSTRIDIoidES DIFFICILE PHASE 2 CLINICAL RESEARCH TRIAL

Laurie Archbald-Pannone

Funding: NIH/NIAID

Phase 2 Trial of alanyl-glutamine supplementation in treatment of CDI for hospitalized elderly patients.

SYSTEMSBIOLOGYOFMICROBE-MEDIATEDGLUCOSINOLATEBIOCONVERSIONININFLAMMATORY BOWEL DISEASE

Laurie Archbald-Pannone

Funding: NIH/NCCIH

Evaluate the correlation of microbiome alterations in hospitalized patients with dementia.

THE INTEGRATED TRANSLATIONAL HEALTH RESEARCH INSTITUTE OF VIRGINIA (ITHRIV): USING DATA TO IMPROVE HEALTH

Laurie Archbald-Pannone

Funding: THRIV (CTSA)

Increase representation of minority populations and older adults in clinical research.

COMPARATIVE EFFECTIVENESS TRIAL OF EARLY INTEGRATED TELEMEDICINE VERSES IN-PERSON PALLIATIVE CARE FOR PATIENTS WITH ADVANCED LUNG CANCER

Leslie Blackhall

Funding: PICORI

A comparative effectiveness trial of early integrated telemedicine versus in-person palliative care for patients with advanced lung cancer. The main outcomes are quality of life, hospital admissions, hospice admission, and length of stay. UVA is one of 16 national study sites.

USING MHEALTH TO SUPPORT PATIENTS AND CAREGIVERS IN MANAGING CANCER PAIN

Leslie Blackhall

Funding: American Cancer Society

Part of a multiphase effort to design and pilot an in-home smart health sensing system to support patients and family caregivers in monitoring and managing cancer pain.

INNOVATIVE STATE AND LOCAL PUBLIC HEALTH STRATEGIES TO PREVENT AND MANAGE DIABETES AND HEART DISEASE AND STROKE

Kim Dowdell

Funding: VDH

I have been working with Anne Wolf and Jason Lyman to develop population health tools to help identify patients at risk for diabetes. Using epic-based smart sets, patient questionnaires, and health maintenance reminders, our goal is to increase the identification of this population to be referred to diabetes prevention programs, exercise/nutrition support, and potentially started on metformin to help prevent disease progression. We have created this as a pilot program at Waynesboro primary care and hope to expand to other UVA clinics this year.

MHEALTH INTERVENTION DEVELOPMENT AND EVALUATION TO PROMOTE ENGAGEMENT IN CARE FOR PATIENTS LIVING WITH HIV AND WITH OPIOID USE DISORDERS

Tabor Flickinger

Funding: VDH

DIVISION OF GENERAL MEDICINE - RESEARCH HIGHLIGHTS

(research highlights continued)

TELEHEALTH – ECONSULTS

John MacKnight

Funding: 3 Cavaliers Program

Development of the Hit Alert Optics (HALO) system. HALO uses radiofrequency identification (RFID) technology and haptics to alert wearers of impending impacts in contact sports, most notably football, with the goal of preventing concussions. We are also exploring the use of the same technology to be used for contact tracing for COVID.

VIRGINIA AT HOME: AN INTERPROFESSIONAL HOME-BASED MEDICAL CARE AND EDUCATION PROGRAM SERVING RURAL OLDER ADULTS LIVING WITH DEMENTIA AND MULTIMORBIDITY

Justin Mutter / Laurie Archbald-Pannone

Funding: HRSA/ GACA

COVID-19 IMPACTS ON RURAL POPULATIONS

Preston Reynolds

Funding: UVA COVID-19 Rapid Response

The Global Infectious Diseases Institute (GIDI), in partnership with the Office of the Vice President for Research, created a Rapid Response funding mechanism to help mobilize the UVA community to do innovative research to help combat COVID-19. Dr. Preston's project directly correlated to a core research pillar of GIDI using innovative educational and communication-based interventions. The team will study the impact of COVID-19 on rural communities with both a survey and qualitative interviews. They hypothesize that the geographical distribution of rural populations slows disease transmission and that the geographic separation of individuals in rural communities means that these populations do not need to alter their behavior as much as urban populations do to achieve social distancing. Also, since the widespread social distancing policies stress an already fragile rural private and public sector infrastructure (scarce internet access; uneven access to food and clean water), this paradoxically exposes rural populations to more significant risks and impacts.

ALANYL-GLUTAMINE SUPPLEMENTATION OF STANDARD TREATMENT FOR C. DIFFICILE INFECTIONS

Circle Warren/Paul Targonski/ Laurie Archbald-Pannone

Funding: NIH

THE RISK UNDERLYING RURAL AREAS LONGITUDINAL (RURAL) COHORT STUDY

Paul Targonski

Funding: NIH

Why do people in rural areas of the southeastern United States tend to live shorter, less healthy lives relative to the rest of the country? The Risk Underlying Rural Areas Longitudinal (RURAL) Cohort Study funded through the NIH aims to explore rural health burden in a longitudinal research project in rural counties in Alabama, Mississippi, Louisiana, and Kentucky. The study will examine the heart, lung, and blood disorders. Building trust, buy-in, and relationships within these counties is crucial to the success of this grant. Working with churches, local fraternal organizations, clinics, and other agencies in the areas will be an essential part of the study.

The goal is to recruit 4,600 participants from these locations to come into a mobile examination unit for CT scans, spirometry, and other baseline testing to establish their health status. Each participant will be given a Fitbit and will have a mobile application to track their health, activity, and other factors over six years. Once the data is collected, analyzed, and compiled, it will be used to help make a plan for the counties to improve access to healthcare, lifestyle changes to lower comorbidity and educate people on the best ways to improve their health. Additionally, Community Advisory Boards, Participant Advisory Boards, and local learning collaboratives will be established in all counties.

Currently, these counties are experiencing some of the highest rates of COVID-19 in the country. At this time, staff from all of the Cores are working together to develop an interim plan that can move the grant forward while having safety for all involved. It is a steep challenge, but we are moving forward towards a solution. It is hoped that the success of this grant and learning from experience will enable this work to occur in other areas of the United States where there is inequity in health care.

WHAT BECAME OF AIM?



Evan Heald, MD

By Evan Heald

We have all seen how COVID 19 has impacted our clinical care and research. It has affected our teaching missions as well. The Ambulatory Internal Medicine Clerkship (AIM) was started by Dr. Gene Corbett in the 1980s as a way for students to see internal and family medicine physicians as the primary care “quarterback.” The four-week rotation was called PCAM (Primary Care Ambulatory Medicine) and drew on internists and family medicine PCPs as faculty. Based on early success (and a growing recognition that most care is delivered in outpatient settings), Dr. Ed Hook expanded the experience by creating space for a separate four-week Ambulatory Internal Medicine Clerkship.

Both clerkships have enjoyed the praise of students and a position consistently at the top of the Mulholland rankings. This distinction came partly from highly effective small group clinical skills workshops coordinated between AIM and FMC and interdigitated with clinical practice settings where the skills could be consolidated. More importantly, students appreciated four weeks of uninterrupted immersion in the practice of both an internist and (separately) a family medicine practitioner where they would develop relationships with patients, faculty, and a medical home. Some were welcomed in communities as far away as Big Stone Gap or Onancock, where faculty had been honing their teaching skills for 20-30 years! The longitudinal focus allowed students to gain the trust of the team and take increasing responsibility. Four weeks allowed faculty to learn the weaknesses and strengths of the students and to hone the student’s classical clinical skills.

When COVID 19 struck in March, the new third-year students were three weeks into the clerkship year. They were recalled to protect not just the students, but also the patients and practices and to conserve acutely limited PPE. The students did not return for four months. When they did return, it was an uncertain and financially constrained environment in which practices were struggling to socially distance and learn/deploy telemedicine. The SoM had just eight months to deliver a year’s worth of clerkships. To limit travel risk and expense, the SoM decided to accelerate a plan to deliver all clerkships locally. Historically, about an eighth of the class has rotated in local practices.

In 2020, it would need to be close to 100% and with very little time to recruit. The overarching principle was to maximize the remaining invaluable window for the learning triad (student, patient, physician). In an effort to retain enough sites, FMC and AIM were collapsed back into a single four-week rotation called PACLAC (Preventive, Acute, and Chronic- Longitudinal Ambulatory Care). Primary care physicians (already overwhelmed with the care that did not pause and dramatic changes to their practices) somehow found ways to insinuate a student. Alternative clinical learning opportunities had to be identified for gaps in the PCP’s clinical schedules. The Medicine subspecialties clinics came to the rescue. These subspecialty opportunities had to be then woven together for 21 students every month. New faculty had to learn the Entrustable Professional Activities Assessment (EPA) and Oasis and Yapp and iCAN. The small group workshops grew to accommodate 21 students or were split into sections. New faculty had to learn to lead these new sections. Many needed to reinvent their hands-on workshops so they could be delivered hands-off (virtually).

All this is to say that without heroic engagement on top of heroic engagement, we could not have pulled it off. I still cannot believe we did. Our students were desperate to return to clinical work, partly because their careers depended on it, but mostly because that is why we are all here. The DoM deserves to be proud of its historical role in medical education, and even more so for stepping up yet again amid the COVID 19 Pandemic, and I thank you for your incredible generosity.

Next year will bring a new clerkship that combines Ambulatory Internal Medicine, Geriatrics, and Family Medicine in a six-week local clerkship. It will run nine months of the year. It will have a sister clerkship at INOVA. There is much uncertainty, even as to what we should call it, but I am confident that there is no other DoM with which I would rather collaborate than ours here at UVA.

DIVISION OF GENERAL MEDICINE - EDUCATION HIGHLIGHTS

THE AIM PROGRAM WISHES TO THANK THE FOLLOWING:

WORKSHOP FACULTY

Leslie Blackhall
Simon Lehtinen
John MacKnight

PRECEPTORS

University Physicians of Charlottesville

Kenneth Ballew, Kimberly Dowdell, Matthew Goodman, Simon Lehtinen, John MacKnight, Maria Badaracco, and Katherine Jaffe

University Physicians of Orange

Lien Dame, Brittany Cavanaugh, Anthony Marino, Julia den Hartog, and Tabor Flickinger

University Physicians JABA

Justin Mutter

Colonnades Medical Associates

Christina Tieu

UVA Palliative Care Clinic

Leslie Blackhall, Williams Timmins, and Ausia Iqbal

UVA Nephrology

Amanda Renaghan, Julia Scialla, Rasheed Balogun, Sana Khan, Corey Cavanaugh, and Mark Okusa

UVA Transplant Center

Angie Nishio Lucar, Alden Doyle, Karen Warburton, Jeanne Kamal, and Rao Swati

UVA Pulmonary Clinic

Dana Albon, Jeff Sturek, and colleagues

UVA Sleep Clinic

Eric Davis

UVA General Infectious Disease and HIV Clinic

Brain Wispelwey and colleagues

UVA Hematology/Oncology

Richard Hall and colleagues



DIVISION OF GENERAL MEDICINE - EDUCATION HIGHLIGHTS

DON'T MISS RECENT ADVANCES IN CLINICAL MEDICINE – REGISTER TODAY!



Andrew Wolf, MD

By Andy Wolf

In its 47th year, the Edward W. Hook, Jr., MD Recent Advances in Clinical Medicine (RACM) Conference will be held Wednesday, October 28 through Friday, October 30, downtown at the Omni Hotel. The conference is featuring 28 Department of Medicine faculty, as well as faculty from many other disciplines.

RACM has traditionally been the largest CME conference offered by the School of Medicine. The course features short lectures followed by interactive Q&A panels, as well as breakfast & lunch Meet-the-Professor interactive sessions. It attracts physicians, nurse practitioners, and physician assistants from across the Commonwealth, the mid-

Atlantic, and southeastern U.S. with a smattering of attendees from as far as American Samoa and Iceland.

The goal of the conference is to provide its predominantly primary care audience with contemporary updates in the evaluation and management of the clinical conditions they are likely to encounter in practice and is a significant source of their continuing education. As such, topic selection is critical: much of the content derives from requests from the prior year's audience, combined with crucial input from the conference's Planning Committee, including Jamie Bourque (Cardiology), Sue Brown (Endocrine), Eva Casola (CME Program Manager), Rick Hall (Heme-Onc), Patrick Jackson (I.D.), Beth Jaeger-Landis (General Medicine), Kambiz Kalantari (Nephrology), Hannah Mannem (Pulmonary), Donna Landen (Family Medicine), Kathryn Reid (School of Nursing), and Bryan Sauer (G.I.). Dr. Andy Wolf has served as Course Director since taking over from Michael Rein in 2000.

Along with the rest of the world, Recent Advances have been forced to adapt by the Covid-19 pandemic. For the first time, it will be offered both live (limited to 50 due to social distancing constraints) and on-line via Zoom, both in real-time and available for viewing for up to a month after the live conference. Recent Advances is a great way to get both CME (up to 24.75 Category 1 credits) and ABIM MOC (up to 24 points). Moreover, faculty attendees can use their UVA Education Benefit toward the course tuition. Questions? Feel free to contact Andy Wolf (aw6a@virginia.edu) or Eva Casola (EvaC@virginia.edu). Hope to see you there, virtually or in person!

REGISTRATION: www.cmevillage.com.



DIVISION OF GENERAL MEDICINE - EDUCATION HIGHLIGHTS

PALLIATIVE MEDICINE FELLOWSHIP

By Joshua Barclay



Joshua Barclay, MD

The Palliative Medicine Fellowship program has expanded this year. We are happy to announce that Dr. Nat Timmins has agreed to come on as the Associate Fellowship Director, with plans to transition to Program Director next year. Additionally, through the support of Hospice of the Piedmont, we have expanded to two fellows per year. This year is the first with two fellows- Dr. Michael Dobson and Dr. Amy Salerno. Dr. Dobson comes to us from a Family Medicine Residency at the University of Nebraska. Dr. Salerno is familiar to all through her work in health equity, community, and population health, and working with vulnerable populations here at UVA.

GERIATRIC FELLOWSHIP

By Seki Balogun



Seki A Balogun, MBBS

The Geriatric Medicine fellowship program, under the leadership of Dr. Seki Balogun, continues in its tradition of excellence in geriatric education. With a focus on clinical geriatric care across the care continuum, we've been able to thrive even with the current pandemic through incorporating telemedicine in our clinical teaching rotations. Joseph Saabiye, MD, our current geriatric fellow, is a competent clinician and a valuable member of our outstanding team. He previously completed an internal medicine residency and infectious disease fellowship at Hofstra/Northwell at Staten Island University Hospital, NY, and Mount Sinai St. Luke's Hospital, NY, respectively.

GERIATRIC CLERKSHIP

By Christina Tieu



Christina Tieu, MD

Despite COVID-19-related interruptions, the section of Geriatric Medicine remains dedicated to directing and teaching the geriatric clerkship within the UVA School of Medicine. This year, the clerkship was re-designed as an entirely virtual one-week course, which was required for all fourth-year medical students. The clerkship combined elements of case-based simulations and "flipped classroom" learning to teach students how to care for medically complex, vulnerable elderly adults.

Student feedback has been overwhelmingly positive thus far, and the clerkship has generated substantial interest in a new elective - Ambulatory Geriatric Medicine and Memory Care. This elective was designed to provide hands-on clinical experiences in

geriatric medicine to build upon knowledge and skills learned during the virtual clerkship. There are plans to continue offering this elective in the years to come. Also, the virtual clerkship will be extended to one additional medical school class before transitioning to a new curriculum in partnership with Inova medical center.

The UVA SOM intends to partner with the Inova Medical Center in the Spring of 2021, and all clerkships have been tasked with developing new clerkship curricula. The section of Geriatric Medicine is partnering with Family Medicine and Ambulatory Internal Medicine to develop an innovative clerkship that will cover the breadth of all specialties while distinguishing unique aspects of each. This clerkship will be offered to third-year medical students starting in March 2021. We anticipate that this opportunity will foster new learning opportunities and improve educational concepts for our students.

DIVISION OF GENERAL MEDICINE - PUBLICATIONS

[COVID-19 Collaborative Model for an Academic Hospital and Long-Term Care Facilities](#)

Laurie R. Archbald-Pannone MD, MPH, Drew A. Harris MDc, Kimberly Alberro DNP, Rebecca L. Steele MSN, RNd, Aaron F. Pannone PhD, Justin B. Mutter MD, MS

Clostridium difficile Infection in Long-Term Care Facilities, textbook. “C. difficile diagnostics in Long-term Care facilities”

Chapter 5, pages 45-51

Springer Publishing, ISBN: 978-3-03029771-8. Copyright 2020.

Rishitha Bollam, Nisa Desai, and Laurie Archbald-Pannone.

[Boomers have a drug problem, but not the kind you might think](#)

Laurie Archbald-Pannone

[Rapid Telehealth-Centered Response to COVID-19 Outbreaks in Postacute and Long-Term Care Facilities.](#)

Drew A. Harris, Laurie Archbald-Pannone, Jasveen Kaur, David Cattell-Gordon, Karen S. Rheuban, Rachel L. Ombres, Kimberly Alberro, Rebecca Steele, Taison D. Bell, and Justin B. Mutter.

[Recommendations for Mandatory Influenza Vaccinations for Health Care Personnel From AMDA’s Infection Advisory Subcommittee](#)

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[Outcomes of a Multidisciplinary Clinic in Evaluating Recurrent Clostridioides difficile Infection Patients for Fecal Microbiota Transplant: A Retrospective Cohort Analysis](#)

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In Combating Physician Burnout: A Guide for Psychiatrists

Chapter 8, October 2019

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[A Qualitative Pilot Study of the Perceptions in Older Adults with End-Stage Kidney Disease on Hemodialysis](#)

Seki A. Balogun, MBBS, AGSF, Natalie B. May, PhD, Meagan Briley, Allison Bosch, Isabelle Duerr, Justine E. Owens, PhD, and Emaad Abdel Rahman, MD, PhD

[Screening for Opioid Misuse in the Nonhospitalized Seriously Ill Patient](#)

Julie L. Mitchell, Leslie J. Blackhall, and Joshua S. Barclay

[STAT RT: a prospective pilot clinical trial of Scan-Plan-QA-Treat stereotactic body radiation therapy for painful osseous metastases](#)

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DIVISION OF GENERAL MEDICINE - PUBLICATIONS

[Early Integrated Telehealth versus In-Person Palliative Care for Patients with Advanced Lung Cancer: A Study Protocol](#)

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[Mental Health Comorbidities and Elevated Risk of Opioid Use in Elderly Breast Cancer Survivors Using Adjuvant Endocrine Treatments](#)

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[Women Physicians in Palliative Care Leadership](#)

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[Exploring the Feasibility and Acceptability of the “Behavioral and Environmental Sensing and Intervention for Cancer” to Improve Pain Management: Protocol for a Descriptive Pilot Study](#)

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Indira Bhavsar, Jennifer Wang, Sean M. Burke, **Kimberly Dowdell**, R. Ann Hays, Nicolas M. Intagliata

[Patients Assess an eConsult Model's Acceptability at 5 US Academic Medical Centers](#)

Sara L. Ackerman, **Kim Dowdell**, Karl T. Clebak, Meagban Quinn and Scott A. Shipman

[Single-Item Burnout Measure Correlates Well with Emotional Exhaustion Domain of Burnout but Not Depersonalization Among Medical Students](#)

Tabor E. Flickinger, MD MPH, Rachel H. Kon, MD, Rebecca Jacobsen, Justine Owens, PhD, John Schorling, MD MPH, Margaret Plews-Ogan, MD

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Kathleen A. McManus, Claire Debolt, Sarah Elwood, Tamara Saint-Surin, Christopher Winstead-Derlega, Robert O. Brennan, Rebecca Dillingham, and Tabor E. Flickinger

[Energy Drink Use in Sport: All Risk, No Gain](#)

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[A just-in-time tool for teaching high-value care](#)

William H Eschenbacher, **Anthony Marino, George Hoke, Andrew S Parsons**

DIVISION OF GENERAL MEDICINE - PUBLICATIONS

[A New Stranger at the Bedside: Industrial Quality Management and the Erosion of Clinical Judgment in American Medicine](#)

Justin Mutter

[You can have both: Coaching to promote clinical competency and professional identity formation](#)

Andrew S. Parsons, Rachel H. Kon · Margaret Plews-Ogan · Maryellen E. Gusic

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Plews-Ogan, Margaret L. MD,; Bell, Taison D. MD; Townsend, Gregory MD; Canterbury, Randolph J. MD; Wilkes, David S. MD

[Acting Wisely: Eliminating Negative Bias in Medical Education—Part 2 How Can We Do Better?](#)

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Bjorg Thorsteinsdottir, P. Preston Reynolds, Lisa Rucker, Elizabeth Dzung and Randy Goldberg

[Residents' perspective on professionalism in the learning environment](#)

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Rebecca C. Jaffe MD, Christina R. Bergin MD, Lawrence K. Loo MD, Simran Singh MD, Brian Uthlaut MD, Susan A. Glod MD, Emily Fondhan MD, Alyssa McManamon MD, Sara L. Wallach MD, Karen Hamad MD, Katherine Walsh MD, Bethany Gentiles MD

[Reactive, Holistic, Proactive: Practical Applications of the AAIM Learning and Working Environment Conceptual Model](#)

Rebecca C. Jaffe MD, Christina R. Bergin MD, Lawrence K. Loo MD, Simran Singh MD, Brian Uthlaut MD, Susan A. Glod MD, Emily Fondhan MD, Alyssa McManamon MD, Sara L. Wallach MD, Karen Hamad MD, Katherine Walsh MD, Bethany Gentiles MD

DIVISION OF GENERAL MEDICINE - SPOTLIGHT PROFILES

FACULTY PROFILE - Jeannine Engel



Why Healthcare?

My mom had cancer when I was 12, a rare uterine sarcoma. She had radiation treatment at MD Anderson (I grew up in West Lafayette, Indiana) and one year of chemotherapy in our home town. She had a bowel obstruction related to radiation and was hospitalized over thanksgiving. I did not want to visit her because I didn't like to see my mom that sick. My dad insisted that I go, which I did, ultimately. I believe that this event pushed me toward healthcare because I didn't want to be afraid, and I had always found that knowledge and understanding would trump fear. (update: mom's cancer recurred when I was MS4, and again about four years ago. She is alive and kicking at age 81.)

What brought you to Charlottesville?

My husband, Mike, took the Pediatric Hematology/Oncology Division Chief position at UVA in October 2018. Our youngest son, Jack, and I stayed in Utah so that Jack could complete high school. The plan has always been that I would join Mike once Jack graduated. The last two years have not worked out exactly as we expected, with my health surprises and a worldwide pandemic, but we have survived and even thrived!

What excites you about your work?

Like most General Internists, my career has been diverse and unpredictable. Clinically, I have practiced primary care, inpatient general medicine (teaching and non-teaching services), general medicine urgent care, consultative medicine at a Rehab hospital, and most recently in Utah, urgent care for adult cancer patients. I have been involved in both graduate and undergraduate medical education. I have done administrative work around professional and hospital billing and work with the American College of Physicians and the Society of General Internal Medicine to affect change in reimbursement for primary care. What excites me is the variety of opportunities that I have as a Generalist and the constant learning that comes as a result!

Proudest/greatest achievement outside the professional realm?

Raising three functioning, contributing young adults, all of whom still want to spend time with us. Lauren, 25, is a high school math teacher in inner-city Las Vegas. Ben, 22, is a senior at the University of Nevada, Reno, majoring in Journalism; he will graduate in spring 2021. Jack, 19, started his freshman year at UVA this fall, focusing on biochemistry and music with plans to attend medical school.

Next life?

I sure hope so. I've always said that I will sew children's clothes if I get tired of medicine.

What are you usually doing on the weekend?

Well, for the last six months, weekends have revolved around downsizing and prepping to move from Utah to Virginia, all while managing a graduating HS senior during a pandemic. We might have thrown in a backyard prom.

Favorite vacation/activity spot?

Honestly, as a family, we are happy if we can be together. It is more about the company than the location. We have enjoyed great family vacations to Gulf Coast beaches, Hawaii, Southern Utah, Grand Cayman Island, New York City, and when the kids were younger, Disney World!! Before the pandemic, we enjoyed cruises for the variety of activities and relaxation they offered!



Most admired person, and why?

My most admired person is my sister, Colette. She made changes in her life and career over the past 15 years, which took great courage. She lives her life unapologetically, yet with grace.

Best advice anyone ever gave you?

On the medical side, from my residency director, about six months into my first faculty position at Vanderbilt when I felt overwhelmed by a subset of primary care patients that I could not "fix." Jeannine, 10% of your patients will take up 90% of your time. You are fixing them by spending the time.

For life, in general, an Engel family mantra: There is no such thing as failure, only "pre-success."

From my mouth, something I came across today and needed to see: On my worst day, I have a fabulous life.

What about you would surprise us?

I have been singing most of my life, and have sung in choral groups for many years. In college, our choral group sang with Barry Manilow during his tour through St. Louis. That's right, I have sung BACK UP FOR BARRY!!

DIVISION OF GENERAL MEDICINE - SPOTLIGHT PROFILES

FACULTY PROFILE - Katie Merrill



Why Healthcare?

There are so many reasons I love working in healthcare. It is such fulfilling work, and we do indeed get to make a difference in the lives of patients and their families. I love how fast-paced the environment can be so that I am always learning and always moving. I love that providing excellent care is a team effort, meaning that I get to work alongside amazing and inspiring people every day. I am continually trying to convince friends and strangers to get into healthcare if they ever feel lost in their current jobs.

What brought you to Charlottesville?

I am coming home from a 4-year stint in San Francisco. I grew up in Northern Virginia and went to undergraduate and graduate nursing school at UVA. I also worked on 8 West as an RN from 2012-2016. California is great, but there is nowhere else like Charlottesville.

What excites you about your work?

As a Palliative Care NP, I am lucky enough to get to offer symptom relief to patients who are suffering. To watch a patient's pain, nausea, or anxiety ease over time-based on my recommendations, is borderline thrilling.

Proudest/greatest achievement outside the professional realm?

I ran a 50-mile trail race out in Oregon last year, which was a very cool experience.



What are you usually doing on the weekend?

You can find me kayaking on the Rivanna or running around the Monticello trails with my big red dog!

Favorite vacation/activity spot?

Lake Tahoe! Tahoe is a magical place, both in the summer and in the winter. In the summer, you can hike, mountain bike, float the Truckee River, and boat on the lake- and the weather is perfect every day. Then, during the winter, Tahoe gets about 20 feet of snow throughout the season, and the ski resorts are an absolute blast.

Most admired person, and why?

Barack Obama. He is a kind human who knows how to lead a country.

Best advice anyone ever gave you?

Before walking into a patient's room, take three deep breaths to try and re-center yourself and to be present in the moment.

What about you would surprise us?

I am such a UVA/Charlottesville nut- I lived on the Range while I was in grad school getting my NP!



DIVISION OF GENERAL MEDICINE - SPOTLIGHT PROFILES

STAFF PROFILE - Cindy Peery



Why Healthcare?

My sister in law persuaded me to apply for a job at UVA when there was an opening where she was working in Pediatrics. I fell in love with the kids immediately and genuinely enjoyed the group with which I was working. Getting to know the doctors, nurses, and the support staff and seeing the passion they have for their patients and their families brought me to realize I had found the place I was meant to be. I am so proud of this organization and everything it does to help its patients, employees, and community. The bonus was I met one of my closest, dearest friends, Shaun Wickline.

What brought you to Charlottesville?

We moved from Northern Virginia to Albemarle County when I was a sophomore in high school. The atmosphere here was different from where I grew up, and I loved it. I felt like people were more open and friendlier here.

What excites you about your work?

I get my greatest happiness from helping people. In pediatrics, it was helping the patients. Now in Gen Med, it's helping the Dr.'s and my fellow staff members. I enjoy learning new things and working in the medical field, especially with everything going on these days. I learn new things daily.

Proudest/greatest achievement outside the professional realm?

A cliché, I know, but my children. My kids are three of the most genuinely kind-hearted people I know. They are hard-working, kind, and always there for their mom. Plus, they've given me four (so far) of the most precious grandchildren a person could have.

Next life?

The only thing I can hope for in the next life is to be as blessed as I am in this one. To be fortunate enough to be surrounded by great family and friends.

What are you usually doing on the weekend?

I love a good road trip with my best friends. I also enjoy gardening when the weather is cooperating, or you can find me at my workbench playing with my woodworking.

Favorite vacation/activity spot?

My favorite vacation was a road trip I took a few years ago with my two best friends. We headed west with no destination and no reservations. I had never traveled any further west than Tennessee and wanted to see where the road would take us. We woke each morning with the decision of which road/direction to go in. We wandered. We stopped when we wanted to see something and stayed off of the interstate so we could see the countryside and all the quaint little towns. We ended up going through 11 states and making it as far west as Kansas in that week. It was great!



Most admired person, and why?

That one is too hard. I couldn't pick just one person. One of my dearest friends has taught me that no one is perfect, but we can all wake with the goal to be better than we were yesterday. He truly lives by this and sets a great example, and inspires many.

Best advice anyone ever gave you?

Pick your battles. As you grow older, you see how true this is. Not everything (not even most things) needs to be a battle. Life is much more peaceful if you just let things go and don't stress it.

What about you that would surprise us?

Of those that know me, I don't think anything would surprise them about me. I'm pretty adventurous and willing to try almost anything. I don't know if it's surprising or very anti-climactic, but I love to do laundry. I like to hang them out on the line and have them smelling like softener and sunshine!



DIVISION OF GENERAL MEDICINE - SPOTLIGHT PROFILE

STAFF PROFILE - Lisa Stokes



Why healthcare?

When I graduated from high school, I thought I was going into healthcare, but the path I took was slightly different. I spent 30 years in Human Resources internationally and then had an opportunity to come back home to UVA. Although an indirect route, I ended up in The School of Medicine, working on a research study with stage four non-small cell lung cancer patients. So in a sense, healthcare has chosen me, it has allowed me to give back and give hope to those we serve.

What brought you to Charlottesville?

I was born and raised in Charlottesville. Although I have lived in many places since birth, it has been the beauty of the landscape, the peacefulness of the mountains, and family that has brought me back home with every move I made.

What excites you about your work?

I enjoy the patients I interact with and the relationships that develop. I learned a long time ago that people of all ages and walks of life could teach you more than any textbook. In this particular role, I watch people who are terminally ill who continue to have hope, strength, and keep a smile on their face no matter what they are facing. It has allowed me to see what is important, what to let go

of, and, most importantly, how to seize every moment!

Proudest/greatest achievement outside the professional realm?

The greatest accomplishment, which I am still working on, is being a mom. I have two amazing children who have overcome more in their short time on earth than I ever did at their age, and they have done it with grace and ease.

Next life?

Not sure I could do another life. HAHA! I would love to buy and run a boarding school for troubled teens. My philosophy has always been there are no bad kids, just kids that make poor choices. And unfortunately, the bad decisions tend to stick with them for the rest of their life. If I could do anything to help them or make a difference in their lives, that would be my goal.

What are you usually doing on the weekend?

My weekends are spent on the “rivah” in Colonial Beach. I have found it a community of people who genuinely care for each other and love to have a good time. Interestingly enough, everyone’s doors are always open for people to stop by without an invite, making me feel like a kid again.



Lisa's Family



Lisa's Family

Favorite vacation/activity spot?

I enjoy spending time with family and friends in OBX. It is a place that you can go and do as much or as little as you want as you relax along the beautiful beaches.

Most admired person, and why?

My parents. My mom and dad always cared for people regardless of their situation. I have seen them open their doors, give money, give food, and give a shoulder to lean on at whatever time of day or night. This happened regardless of their emotional strength, their financial ability, or anything else they may have been dealing with at the time.

Best advice anyone ever gave you?

Always find the good in people even when it is hard to find, and they are hard to love. If you talk to them long enough, you will find out why they are the way they are!

What about you would surprise us?

Although I only have two biological children, I have “assisted” in raising approximately 16. I only count teens that have been in my home for over a year in that number but can assure you the number would be a lot greater if I went down to the six-month mark. In the 16 children, I have had them as little as one year and as long as seven. These were not foster children but teens who were either headed down the wrong path or had nowhere to go and found a comfortable spot in our home to get themselves going in the right direction.